



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL RESPONSE AGENCY LICENSURE INSPECTION CHECKLIST

NAME OF EMERGENCY MEDICAL RESPONSE AGENCY	LOCATION	DATE
(1) GENERAL REQUIREMENTS FOR EMERGENCY MEDICAL RESPONSE AGENCY LICENSURE		
	MET NOT MET	COMMENTS
1. Prompt response to all requests for service	<input type="checkbox"/> <input type="checkbox"/>	
2. Services, personnel and supplies to meet anticipated emergency call volume	<input type="checkbox"/> <input type="checkbox"/>	
3. Medical director qualifications/credentials	<input type="checkbox"/> <input type="checkbox"/>	
4. Medical control plan – Transfer of care between agencies	<input type="checkbox"/> <input type="checkbox"/>	
5. Ability to communicate with dispatch, hospital, local ambulance service	<input type="checkbox"/> <input type="checkbox"/>	
6. Agreement between service and medical director	<input type="checkbox"/> <input type="checkbox"/>	
8. Medical Director and service administrator have implemented and annually reviewed: <input type="checkbox"/> Air ambulance utilization <input type="checkbox"/> Triage and transport protocols <input type="checkbox"/> Protocols for DO-NOT-Resuscitate requests <input type="checkbox"/> Medications and medical equipment to be utilized <input type="checkbox"/> Medical and treatment protocols for medical, trauma and pediatric patients	<input type="checkbox"/> <input type="checkbox"/>	
(2) POLICIES AND PROCEDURES		
	MET NOT MET	
1. Safety program including infection control program	<input type="checkbox"/> <input type="checkbox"/>	
2. Communications procedures	<input type="checkbox"/> <input type="checkbox"/>	
3. Standards for clinical care (medical protocols)	<input type="checkbox"/> <input type="checkbox"/>	
4. Equipment maintenance procedures	<input type="checkbox"/> <input type="checkbox"/>	
5. Controlled substance security and record keeping	<input type="checkbox"/> <input type="checkbox"/>	
6. Disaster/multiple casualty protocols	<input type="checkbox"/> <input type="checkbox"/>	
7. Maintenance, storage, usage and replacement of medical equipment, devices and medications	<input type="checkbox"/> <input type="checkbox"/>	
8. Quality Improvement Program including problem identification and resolution	<input type="checkbox"/> <input type="checkbox"/>	
(3) RECORDS AND FORMS		
1. A report to record information on each emergency call	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	
2. Medical Director protocol and policy authorization	<input type="checkbox"/> <input type="checkbox"/>	
3. Equipment maintenance records	<input type="checkbox"/> <input type="checkbox"/>	
4. Records required by other regulatory agencies	<input type="checkbox"/> <input type="checkbox"/>	

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5. Memorandum of understanding with ambulance services a. Triage protocols b. Do-Not-Resuscitate requests c. Air utilization requests d. Medical trauma treatment protocols e. Quality assurance and improvement program f. Response capabilities of the emergency medical response agency	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
(4) PATIENT CARE REVIEW		
	MET NOT MET N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REMARKS		
SIGNATURE OF BUREAU OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE	DATE	
SIGNATURE OF EMERGENCY MEDICAL RESPONSE AGENCY REPRESENTATIVE	DATE	