

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 641. EMERGENCY MEDICAL SERVICES**

RULEMAKING ACTION:

PERMANENT final adoption

RULES:

Subchapter 1. General EMS Programs

Part 1. General Provisions

310:641-1-7 [AMENDED]

310:641-1-8 [NEW]

Part 3. Special Provisions [REVOKED]

310:641-1-10 [REVOKED]

Subchapter 2. Emergency Medical Service Agency Applications [NEW]

Part 1. Special Provisions [NEW]

310:641-2-1 [NEW]

310:641-2-2 [NEW]

310:641-2-3 [NEW]

Subchapter 3. Ground Ambulance Service

Part 3. Ground Ambulance Services

310:641-3-10 [REVOKED]

310:641-3-15 [AMENDED]

Part 5. Ground Transport Vehicles

310:641-3-23 [AMENDED]

310:641-3-25 [AMENDED]

Part 11. Medical Control

310:641-3-59 [AMENDED]

Part 13. Sanitation

310:641-3-63 [AMENDED]

Subchapter 5. Personnel Licenses and Certification

Part 5. Emergency Medical Personnel Licenses

310:641-5-11 [AMENDED]

310:641-5-18 [REVOKED]

310:641-5-19 [AMENDED]

Subchapter 7. Training Programs

Part 1. General Provisions

310:641-7-1 [AMENDED]

Part 3. Training Programs

310:641-7-10 [AMENDED]

310:641-7-11 [AMENDED]

310:641-7-12 [AMENDED]

310:641-7-13 [AMENDED]

310:641-7-14 [AMENDED]

310:641-7-14.1 [NEW]

310:641-7-15 [AMENDED]

310:641-7-16 [AMENDED]

Part 5. Instructor Qualifications

310:641-7-20 [AMENDED]

310:641-7-21 [AMENDED]

310:641-7-24 [AMENDED]

Part 13. Semi-Automated External Defibrillator Training

310:641-7-60 [REVOKED]

310:641-7-61 [AMENDED]
Subchapter 11. Specialty Care Ambulance Service
310:641-11-2 [REVOKED]
310:641-11-11 [AMENDED]
310:641-11-12 [AMENDED]
310:641-11-14 [AMENDED]
310:641-11-20 [AMENDED]
310:641-11-22 [AMENDED]
Subchapter 13. Air Ambulance Service
310:641-13-2 [REVOKED]
310:641-13-10 [AMENDED]
310:641-13-19 [REVOKED]
310:641-13-21 [AMENDED]
Subchapter 15. Emergency Medical Response Agency
310:641-15-2 [REVOKED]
310:641-15-3 [REVOKED]
310:641-15-5 [AMENDED]
310:641-15-10 [AMENDED]
310:641-15-11 [AMENDED]
310:641-15-13 [AMENDED]
310:641-15-15 [AMENDED]
310:641-15-22 [AMENDED]
Subchapter 17. Stretcher Van Service
310:641-17-2 [REVOKED]
310:641-17-18 [AMENDED]

AUTHORITY:

Commissioner of the Oklahoma State Department of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-701 et seq.

SUBMISSION OF PROPOSED RULES TO GOVERNOR AND CABINET SECRETARY:

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APPROVED BY GOVERNOR'S DECLARATION:

Approved by Governor's declaration on June 21, 2022

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EFFECTIVE:

September 11, 2022

SUPERSEDED EMERGENCY ACTIONS:

n/a

INCORPORATIONS BY REFERENCE:

n/a

GIST/ANALYSIS:

The Oklahoma Trauma and Emergency Response Advisory Council asked the EMS Division to form a subcommittee to review potential changes for the EMS Regulations. The Subcommittee worked in

2019 and 2020 to complete these changes. Additionally, the Governors EO (2020-003) has mandated the need to review existing rules in an effort to remove duplicative, outdated, and unnecessary regulations. The proposed rules include both rule reduction language, clarifying language, deletions, revocations, amendments, and new rules. This has resulted in:

- One new subchapter – while revoking 6 application sections;

- Two new rules – One provides options for staffing ambulances, and the other establishes new criteria for training programs renewing their certification;

- The section for renewing EMR certifications was included in the Section for renewing licensed emergency medical personnel;

 - Revoking a section of Air Ambulance Regulations that is not enforceable due to Federal preemption;

 - Revoking a minimum driver standard for Emergency Medical Response Agencies;

 - Removes a requirement for submitting a minimum equipment list for Emergency Medical Response Agencies;

 - Deleting a requirement for EMRA personnel to obtain signatures for transferring care to EMS transport agencies;

 - Deleting a requirement for tracking the origination of an ambulance for Stretcher Van Agencies; and

 - A total of 51 proposed revocations, deletions, and amendments will better define, clarify, delete, or improve aspects of a specific regulation for the agencies, personnel and the communities that served by the certified and licensed personnel and agencies.

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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTIONS 250.3 (5) AND 308 (E), WITH AN EFFECTIVE DATE OF SEPTEMBER 11, 2022:

SUBCHAPTER 1. GENERAL EMS PROGRAMS

PART 1. GENERAL PROVISIONS

310:641-1-7. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"**ACLS**" means Advanced Cardiac Life Support.

"**Act**" means the "Oklahoma Emergency Response Systems Development Act".

"**Advanced Emergency Medical Technician**" means an AEMT as licensed pursuant to the Act or this chapter.

"**Advanced Life Support (ALS) Emergency Medical Services Training Program**" means an organization approved by the Department to conduct the following ALS training: Emergency Medical Responder, Emergency Medical Responder Refresher, Emergency Medical Technician, Emergency Medical Technician Refresher, Advanced Emergency Medical Technician, Advanced Emergency Medical Technician Refresher, Intermediate Refresher, Paramedic, Paramedic Refresher, Continuing Education at the Intermediate and Paramedic Levels, and such other courses of instruction that may be designated by the Department.

"**Agency**" means a Ground Ambulance Service, Specialty Care Ambulance Service, Stretcher Van Service, Air Ambulance Service, or Emergency Medical Response Agency.

"**AHA**" means the American Heart Association.

"Ambulance" means any ground, air or water vehicle which is or should be approved by the Commissioner of Health, designed and equipped to transport a patient or patients and to provide appropriate on-scene and en route patient stabilization and care as required. Vehicles used as ambulances shall meet such standards as may be required by the State Board of health for approval, and shall display evidence of such approval at all times. [Title 63 O.S. Section 1-2503].

~~"AMLS" means Advanced Medical Life Support.~~

~~"ATLS" means Advanced Trauma Life Support.~~

"Base Station" means ~~the primary location from which ambulances and crews respond to emergency calls on a twenty four (24) hour basis. The Base Station may include the principal business office, living quarters for personnel, training institution, and/or communications center~~ a location from which an ambulance responds. The Base Station may include the principle business office, living quarters for personnel training, and communication center.

"Basic Life Support (BLS) Emergency Medical Services Training Program" means an organization approved by the Department to conduct the following BLS training: Emergency Medical Responder, Emergency Medical Responder Refresher, Emergency Medical Technician Basic, Emergency Medical Technician Basic Refresher, Continuing Education at the Emergency Medical Technician Basic level, and such other courses of instruction that may be designated by the Department.

"BLS" means Basic Life Support, and includes cardiopulmonary resuscitation (CPR) and utilization of Semi-Automated Advisory Defibrillator (SAAD).

~~"BTLS" means Basic Trauma Life Support.~~

"Board" means the State Board of Health.

"Call Log" or "request for service log" means a summary of all requests for service that an agency receives, regardless of disposition.

"Call Received" means that a call has been received by an agency when enough information has been received to begin responding to a request for service.

"Certificate" means any certification or certificate issued by the Department, pursuant to the Act or this Chapter.

"Clinical Coordinator" means the individual designated in writing by a training program as responsible for coordination and supervision of clinical experiences.

"Clinical Experience" means all supervised learning experiences required and included as part of a training course in which the student provides or observes direct patient care. This includes vehicular experiences with a licensed ambulance service.

"Council" means the Oklahoma Trauma and Emergency Response Advisory Council.

"Critical Care Paramedic" means an Oklahoma licensed Paramedic that has received additional training to provide specialized care to patients during interfacility transfers and has provided his or her registration information to the Department.

"Department" means the State Department of Health.

"Distance Learning" is instruction of didactic portions of curriculum which requires participation of the instructor and students but does not require the students to be physically present in the same location as the instructor.

"Distributive Education" means educational activity, in which the learner, the instructor, and the educational materials are not all present in the same place at the same time, e.g., continuing education activities that are offered on the Internet, via CD ROM or video, or through journal articles or audio tapes.

"Documents, Records, or Copies" means an electronic or paper copy maintained at the agency, on units, or provided to receiving facilities.

"DOT" means the United States Department of Transportation.

"Division" means the Emergency Medical Services Division.

"Emergency" means the patient being treated or transported is in an immediate risk of dying or losing a limb.

"Emergency Medical Dispatcher (EMD)" means a person trained using a Department-approved curriculum for the management of calls for emergency medical care.

"Emergency Medical Personnel" means all certified and licensed personnel which provide emergency medical care for an ambulance service.

"Emergency Medical Responder" means a person who has successfully completed a state-approved course using the national standard Emergency Medical Responder curriculum and passed a competency-based examination from a state approved testing agency such as the National Registry of EMTs.

"Emergency Medical Response Agency" or "EMRA" means a person, company, or governmental entity that will utilize certified or licensed emergency medical personnel to provide emergency care but does not transport or transfer patients to a facility. The Department will provide two types of certification.

(A) Pre-hospital EMRAs will operate as part of an Emergency Medical System, responding to requests for service within a response area, supporting and being supported by a licensed ambulance service.

(B) Event Stand-by EMRAs will operate or contract for on-site medical care at locations that are open to the public or that will respond to the public. These types of EMRAs are certified to standby at a location or site and provide medical care to the public.

"EMS" means Emergency Medical Services.

"Emergency Medical System" means a network of hospitals, different ambulance services, and other healthcare providers that exist in the state.

"Emergency Medical Technician (EMT)" means an individual licensed by the Department as an Emergency Medical Technician, formerly known as an EMT-B or Basic.

"Emergency transfer" means the movement of an acutely ill or injured patient from the scene to a health care facility (pre-hospital), or the movement of an acutely ill or injured patient from one health care facility to another health care facility (interfacility).

"Emergency Vehicle Operators Course" means a course that is meant to improve existing driving skills and familiarize an emergency vehicle operator or driver with the unique characteristics of driving emergency vehicles.

"En route Time" means the elapsed time from the time the emergency call is received by the EMS agency until the ambulance and complete crew is en route to the scene of the emergency.

"FDA Class One Device" means a device that is not life-supporting or life-sustaining and does not present a reasonable source of injury through normal usage. In the regulatory context, this applies to the stretcher/gurney and its locking system within the unit or vehicle.

"First Aid" means help given to the sick or injured person until full medical treatment arrives or is available. It is the initial response to an injury or illness, which can be given by a non-professional as soon as a medical problem arises.

"Ground ambulance service" means an ambulance service licensed at the basic, intermediate, advanced or paramedic life support level as provided in Subchapter 3. It does not mean a specialty care service licensed pursuant to Subchapter 11 or a stretcher van service licensed pursuant to Subchapter 17.

"Initial Certification or Initial Licensure" means the first certification or license that an applicant receives after an initial course, or the license or certification an applicant receives after the previous license or certification expired.

"Intermediate" means an Emergency Medical Technician-Intermediate as licensed pursuant to the Act or this chapter.

"Instructor" means a Department approved instructor that provides is certified to provide instruction at one of three levels:

(A) for initial courses, Level 1 Instructors teach Emergency Medical Responder courses, but may also teach refresher and continuing education courses classes.

(B) Level 2 Instructors can teach all courses allowed for Level 1 Instructors, plus initial certification and licensure courses.

(C) Level 3 instructors can teach all courses allowed for Level 1 and Level 2 instructors, plus initial instructor courses, refresher courses, and instructor continuing education.

"Lapse in Medical Direction" means the Medical Director for an agency has not been accessible to the agency for a period of time as detailed with the agency's policies and agreement.

"Lead Instructor" means the lead instructor based on accreditation requirements.

"License" means any license issued by the Department, pursuant to the Act or this Chapter.

"Licensed Service Area" means the contiguous geographical area identified in an initial ambulance service application or in an amendment to an existing license. The geographic area is identified by the application and supported with documents provided by the local governmental jurisdictions. For ground ambulance services, this is the geographic area the ambulance service has a duty to act within.

"Medical Control Physician" or "Medical Director" means the licensed physician (M.D. or D.O.) that authorizes certified or licensed emergency medical personnel to perform procedures and interventions detailed in the agency's approved protocols.

"NHTSA" means National Highway Traffic Safety Administration.

"National Registry" means the National Registry of Emergency Medical Technicians (NREMT), Columbus, Ohio.

"Non-emergency" means the patient being treated or transported is not in an immediate risk of dying or a limb.

"Non-emergency transfer" means the movement of any patient in an ambulance other than an emergency transfer.

"OKEMISIS" means Oklahoma Emergency Medical Services Information System.

"PALS" means Pediatric Advanced Life Support.

"Patient" means the person who requests assistance or the person for whom assistance is being requested from an agency.

"Paramedic" means an individual licensed by the Department as a Paramedic, formerly known as an EMT-P.

~~**"PEPP"** means Pediatric Education for the Prehospital Professional.~~

~~**"PHTLS"** means Prehospital Trauma Life Support.~~

"PIC" means Pilot in Command.

~~**"PPC"** means Prehospital Pediatric Care.~~

"Post" means a location where an ambulance may be positioned for an unspecified period of time while awaiting dispatch.

"Preceptor" means an individual with education, experience, and expertise in healthcare and approved by a training program to supervise and provide instruction to EMS students during clinical experiences.

"Program Administrator" means the individual designated in writing by a training program as responsible for all aspects of EMS training.

"Program Coordinator" means the individual designated in writing by a training program as responsible for all aspects of a specified course(s) or EMS program. This individual shall have at least two (2) years experience of full-time equivalent employment as a healthcare practitioner.

"Protocols" means the medical treatment and transport guidelines or standing orders that an agency uses when responding to requests for service. An agency's protocols will be approved by the Department.

"Response time" means the time from which a call is received by the EMS agency until the time the ambulance and complete crew arrives at the scene, unless the call is scheduled in advance.

"State Interoperability Governing Body" or "SIGB" means the formal group of public safety officials from across the State working with the Oklahoma Office of Homeland Security to improve communication interoperability.

"Semi-Automated Advisory Defibrillator" or "SAAD" means a defibrillator that is part of the Basic Life Support curriculum and is also known as Automated External Defibrillator (AED) and Semi-Automated External Defibrillator (SAED).

"Specialty Care Transports" or ("SCT") means interfacility transfers of critically ill or injured patients by an agency with the provision of medically necessary supplies and equipment, above the level of care of the Paramedic. SCT is necessary when a patient's condition requires ongoing care that must be provided by one or more healthcare providers in an appropriate specialty area. Examples include emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a

Paramedic with additional training in IV infusions including vasopressors, vasoactive compounds, antiarrhythmics, fibrinolytics, tocolytics, and/or any other parenteral pharmaceutical unique to the patient's special health care needs or special monitors or procedures such as mechanical ventilation, multiple monitors, cardiac balloon pump, external cardiac support (ventricular assist devices, etc.), or any other specialized device or procedure outside the Paramedic scope of practice certified by the referring physician as unique to the patient's health care needs.

"Statewide Ambulance coverage area" means a map of all ambulance response areas, maintained by the Department.

"State Designated Resource Status Reporting and Communication Tool" means the electronic system utilized to communicate in near real time status of the emergency medical system.

"Stretcher van" means any ground vehicle *which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus* [Title 63 O.S. Section 1-2503 (25)].

"Stretcher van passenger" means any person who is or will be transported in a reclining position on a stretcher or gurney, who is medically stable, nonemergent and does not require any medical monitoring equipment or assistance during transport [Title 63 O.S. Section 1-2503 (26)].

"Substation" means a permanent structure where an ambulance(s) is/are stationed and available for calls on a twenty-four (24) hour basis.

"Tax Hold" means an individual with an Oklahoma certification or license who is not in compliance with Title 68 O.S. Section 238.1 and the Oklahoma Administrative Code 710:95-9 as it pertains to professional licensing compliance.

"Title 47" means the Oklahoma Motor Vehicle statutes.

"Training" means that education which is received through training programs as authorized by emergency medical services rule for training programs (Subchapter 7 of this Chapter).

"Training Manager" means an instructor or manager that provides or oversees the training that occurs at an agency, such as continuing education or refresher courses.

"Transfer" means the movement of a patient in an ambulance.

"Trauma transfer and referral center" means an organization certified by the Department and staffed and equipped for the purpose of directing trauma patient transfers within a region that consists of a county with a population of three hundred thousand (300,000) or more and its contiguous communities, and facilitating the transfer of trauma patients into and out of the region for definitive trauma care at medical facilities that have the capacity and capability to appropriately care for the emergent medical needs of the patient.

310:641-1-8. Severance

If any part or section of this Chapter is found to be invalid and/or declared un-enforceable, then the remaining parts or sections shall remain in effect.

PART 3. SPECIAL PROVISIONS [REVOKED]

310:641-1-10. Severance [REVOKED]

~~If any part or section of this Chapter is found to be invalid and/or declared un-enforceable, then the remaining parts or sections shall remain in effect.~~

SUBCHAPTER 2. EMERGENCY MEDICAL SERVICE AGENCY APPLICATIONS

PART 1. SPECIAL PROVISIONS

310:641-2-1. Purpose

The rules of this Subchapter are promulgated to:

- (1) incorporate the authorization and the minimum requirements for completing an application for all certified and licensed emergency medical service agencies, and
- (2) Provide standards for the enforcement of the "Oklahoma Emergency Response Systems Development Act" and this Chapter.

310:641-2-2. Compliance required

All applications submitted pursuant to the Act shall comply with all appropriate Federal, State, and local laws, providing such local law does not conflict with Federal or State law.

310:641-2-3. Certification or License required

(a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of emergency medical service agency without first obtaining a certification or license to operate from the Department. The Department shall have sole discretion to approve or deny an application based on the ability of the applicant to meet the requirements of the Act or this chapter of rules.

(b) Persons, companies and governmental entities that respond to requests for service off private or governmental property or premises are required to be certified or licensed by the Department. Entities that limit the interventions and activities of their staff members to first aid, CPR, and the use of an AED are not required to be a certified Emergency Medical Response Agency.

(1) Governmental entities not certified or licensed by the Department may be part of mutual aid and disaster plans.

(2) Governmental entities may transport patients of governmental entities off governmental property to appropriate facilities.

(3) Contractors for governmental entities that provide transport services shall be licensed by the Department.

(c) Persons, companies, and governmental entities which operate on their own premises, are exempt from certification and licensing requirement.

(d) An application for a certification or license shall be submitted on forms prescribed and provided by the Department. Ground ambulance, air ambulance, an emergency medical response agency, stretcher van and specialty care services shall each be considered a separate license.

(1) Specialty care licenses are statutorily limited to patient care and interventions above the Paramedic scope of practice.

(2) Specialty Care applicants will declare in the application the type or types of specialty care and patients that will be transported by the agency. The types of specialty care and patients may include, but not be limited to:

(A) adult, pediatric, infant, neonatal, or a combination of age types,

(B) cardiac care, respiratory, neurological, septicemia, or other single or multi-system complications or illnesses requiring specialized treatment during the transport of the patient.

(3) Ground ambulance services are required to meet the duty to act requirements as described in 63 O.S. § 1-2504.1.

(e) The application shall be signed under oath by the party or parties seeking to secure the license.

(f) The party or parties who sign the application shall be considered the owner or agent (licensee), and responsible for compliance to the Act and this chapter.

(g) All applications shall contain, but not be limited to the following:

(1) a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service;

(A) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.

- (B) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.
- (C) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.
- (D) For purposes of unannounced inspections, the days and times the business office is open.
- (2) Agencies that use emergency vehicles as defined in Title 47 O.S. Section 103 shall show proof of vehicle liability insurance, at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed. Air ambulances are to maintain aircraft liability insurance as required within Federal regulation.
- (3) Proof of professional liability insurance, at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act," Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
- (4) Proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
- (h) Ground Ambulance Services, Air Ambulances, Emergency Medical Response Agencies, and Specialty Care agencies shall have medical control as prescribed by the Act and these rules and submit with the application:
- (1) a letter of agreement from the physician to provide medical direction and establish the protocols and the scope of practice provided at the service;
- (2) the physicians primary practice address or home address if the physician does not have a practice and email address;
- (3) For agencies providing care within the Intermediate, Advanced EMT, and Paramedic scope of practice, submit an Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) registrant certification or number;
- (4) a current Oklahoma medical license; and
- (5) a curriculum vitae,
- (i) a copy of any contract(s) for vehicles, medical equipment, and/or personnel, if such exist;
- (j) Ground Ambulance Services, Air Ambulances, Emergency Medical Response Agencies, and Specialty Care agencies shall submit a copy of patient care protocols and quality assurance plan or policy as required by the medical director and as prescribed by the Act and this chapter:
- (1) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.
- (2) The quality assurance documentation shall be maintained by the agency for three (3) years.
- (3) The quality assurance policy shall include, but not be limited to:
- (A) refusals,
- (B) air ambulance utilization,
- (C) airway management,
- (D) cardiac arrest interventions,
- (E) time sensitive medical and trauma cases,
- (F) other selected patient care reports not specifically included , and
- (G) how to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation
- (H) treatment protocols that expand beyond the published state protocols;
- (k) Ground ambulance service and Pre-hospital emergency medical response agency applications are required to submit documentation that supports agency licensure from the governmental authority (ies) having jurisdiction over the proposed emergency response area. If the emergency response area encompasses multiple jurisdictions, a written endorsement shall be presented from each. The ground

ambulance and prehospital emergency medical response agency application shall contain from each endorsement the following:

- (1) a map and written description of the endorsed or approved response area,
- (2) name(s) and title(s) of the person(s) providing approval,
- (3) any expiration date,
- (4) name of the service receiving the endorsement.
- (5) Ground ambulance service supporting documentation will be consistent with the County EMS plan as required in 19 O.S. Section 1-1203.

(l) Pre-hospital emergency medical response agency applications shall include a letter of support or agreement from a licensed ambulance service within the proposed emergency medical response service area that includes:

- (1) support of the application,
- (2) support of the medical control physician choice, and
- (3) plans or policies for supporting or participating in quality assurance activities.
- (4) If an applicant is unable to provide a letter of support from a licensed ambulance service within their proposed response area, the applicant can request an exemption. The Department has the discretion to approve or deny the exemption request.

(m) Event standby emergency response agency applications will include the following restrictions and requirements:

- (1) if the applicant is providing care to the public on public property, then letters of governmental support and documents verifying coordination with local ambulance services are required for that agency to have the authority to provide care at that setting.
- (2) if the agency is providing care to the public in a business or establishment open to the public on private property, then letters of governmental support are not required.
- (3) At all times, the standby event emergency medical response agency shall coordinate with other licensed and certified EMS agencies responsible for the event location when the event is within a licensed ambulance service area or approved area for prehospital emergency medical response agencies.

(n) All emergency medical response agencies are prohibited from transporting patients

(o) Stretcher Van service applications will include the following restrictions and requirements:

- (1) Stretcher Vans are prohibited from carrying medications other than oxygen and those other medications which are passenger supplied and administered. The passenger must have a current physician prescription and/or order for the administration of oxygen. A copy of the order shall be maintained in agency files.
- (2) Stretcher van applications will include a quality assurance process or policy that includes:
 - (A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.
 - (B) The quality assurance documentation shall be maintained by the agency for three (3) years.
 - (C) Any passenger condition where the passenger entered the 911 system,
 - (D) If oxygen is continued, the physician order must be maintained with the trip report or passenger report;
 - (E) a review other selected passenger reports not specifically included, and
 - (F) process to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation.

(p) Stretcher Van Services are to submit the following with their application:

- (1) A map or narrative description which identifies the proposed service area;
- (2) evidence that the proposed service area is an emergency medical service region, ambulance district, or county with a population in excess of five hundred thousand (500,000) people;

(q) Ground ambulance services will include a description of the proposed level of service in the proposed licensed service area, including:

- (1) a map defining the whole licensed service area including location(s) of base station, substations, and posts;
- (2) a description of the level of care to be provided;
- (r) Ground Services, Air Ambulances, and prehospital emergency medical response agencies shall submit a communication policy addressing:
 - (1) receiving and dispatching emergency and non-emergency calls;
 - (2) ensuring compliance with State and local EMS communication plans.
- (s) Specialty Care Services and Stretcher Van services shall submit communication policy addressing the screening process that ensures a request for service will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.
- (t) a response plan that includes:
 - (1) providing and receiving mutual aid with all surrounding, contiguous, or overlapping, licensed service areas,
 - (2) providing for and receiving disaster assistance in accordance with local and regional plans and command structures such as an incident command structure using national incident management support models.
- (u) confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.
- (v) For an initial or new ground ambulance service, air ambulance service, specialty care, and stretcher van service license application, shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle, in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station. An Emergency Medical Response Agency Application shall be accompanied by a non-refundable fee of fifty (\$50.00) dollars.
- (w) All applicants except air ambulance services are required to show documentation of compliance with any "Sole Source" Ordinance or Resolution. If an area of Oklahoma is being served by a licensed ambulance service, or services, and the area has adopted "sole source" resolutions or ordinances or an Emergency Services District as established pursuant to Article 10, Section 9 (c) of the Oklahoma Constitution, the Department shall require the approval of the community (ies) and/or the emergency medical services authority of that service area, before an additional ambulance service shall be licensed for that same service area.
- (x) For all license applications, a business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year is required to be submitted with the application.

SUBCHAPTER 3. GROUND AMBULANCE SERVICE

PART 3. GROUND AMBULANCE SERVICES

310:641-3-10. License required [REVOKED]

- ~~(a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of ambulance service without first obtaining a license to operate an ambulance service from the Department. The Department shall have sole discretion to approve or deny an application for ambulance service license based on the ability of the applicant to meet the requirements of this rule.~~
- ~~(b) Governmental entities that respond to requests for service off governmental property are required to become licensed by the Department.~~
 - ~~(1) Governmental entities not licensed by the Department may be part of mutual aid and disaster plans.~~

~~(2) Governmental entities may transport patients of governmental entities off governmental property to appropriate facilities.~~

~~(3) Contractors for governmental entities that provide transport services shall be licensed by the Department.~~

~~(e) Persons, companies, and governmental entities which operate on their own premises, are exempt from this licensing requirement, unless an ambulance patient is transported on the public streets and highways of Oklahoma, or outside of their own premises.~~

~~(d) An application for a license to operate an ambulance service shall be submitted on forms prescribed and provided by the Department. Ground, air, stretcher aid van and specialty care services shall each be considered a separate license.~~

~~(e) The application shall be signed under oath by the party or parties seeking to secure the license.~~

~~(f) The party or parties who sign the application shall be considered the owner or agent (licensee), and responsible for compliance to the Act and rules.~~

~~(g) The application shall contain, but not be limited to the following:~~

~~(1) a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service;~~

~~(A) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.~~

~~(B) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.~~

~~(C) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.~~

~~(2) proof of vehicle and liability insurance, at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(3) proof of professional liability insurance, at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act," Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(4) Proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(5) each licensee shall have medical control as prescribed by the Act and these rules;~~

~~(6) a copy of any contract(s) for vehicles, medical equipment, and/or personnel, if such exist;~~

~~(7) a copy of patient care protocols and quality assurance plan or policy as required by the medical director and as prescribed by the Act and this chapter;~~

~~(A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.~~

~~(B) The quality assurance documentation shall be maintained by the agency for three (3) years.~~

~~(C) The quality assurance policy shall include, but not be limited to:~~

~~(i) policy to review refusals,~~

~~(ii) policy to review air ambulance utilization,~~

~~(iii) policy to review airway management,~~

~~(iv) policy to review cardiac arrest interventions,~~

~~(v) policy to review time sensitive medical and trauma cases,~~

~~(vi) policy to review other selected patient care reports not specifically included, and~~

- (vii) ~~policy to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation;~~
- (8) ~~Documents that support agency licensure from the governmental authority(ies) having jurisdiction over the proposed emergency response area. If the emergency response area encompasses multiple jurisdictions, a written endorsement shall be presented from each and will be consistent with the County EMS plan as required in 19 O.S. Section 1-1203. Each endorsement shall contain the following:~~
 - (A) ~~a map and written description of the endorsed or approved response area,~~
 - (B) ~~name(s) and title(s) of the person(s) providing approval,~~
 - (C) ~~any expiration date,~~
 - (D) ~~name of the service receiving the endorsement.~~
- (9) ~~a description of the proposed level of service in the proposed licensed service area, including:~~
 - (A) ~~a map defining the licensed service area including location(s) of base station, substations, and posts;~~
 - (B) ~~a description of the level of care to be provided, describing variations in care within the proposed service area, and;~~
 - (C) ~~en route response time standards consistent with the requirements in this Chapter.~~
- (10) ~~written policy addressing:~~
 - (A) ~~receiving and dispatching emergency and non-emergency calls;~~
 - (B) ~~ensuring compliance with State and local EMS communication plans.~~
- (11) ~~a response plan that includes:~~
 - (A) ~~providing and receiving mutual aid with all surrounding, contiguous, or overlapping, licensed service areas;~~
 - (B) ~~providing for and receiving disaster assistance in accordance with local and regional plans and command structures such as an incident command structure using national incident management support models.~~
- (12) ~~confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.~~
- (13) ~~An application for an initial, or new license, shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle, in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station.~~
- (14) ~~If an area of Oklahoma is being served by a licensed ambulance service, or services, and the area has adopted "sole source" resolutions or ordinances or an Emergency Services District as established pursuant to Article 10, Section 9 (c) of the Oklahoma Constitution, the Department shall require the approval of the community(ies) and/or the emergency medical services authority of that service area, before an additional ambulance service shall be licensed for that same service area.~~

310:641-3-15. Ground ambulance service - personnel staffing

- (a) Each licensed ground ambulance service shall be staffed and available to respond to any request for service within the primary service area twenty-four (24) hours per day.
- (b) Each ground ambulance service shall have on staff an adequate number of emergency medical personnel and a sufficient number of ambulances available in order to be en route to 90% of all emergency calls within five (5) minutes of the time the call is received in dispatch at the highest level of care for which the service is licensed.
 - (1) The request for emergency medical services shall be considered "received in dispatch" as soon as the licensed agency receives sufficient information to allow an appropriate response, i.e., location of the emergency and nature of the call.
 - (2) Staff licensed below the level of the ambulance service may be utilized provided one or more of the following conditions have been met:

- (A) The request for service has been screened by a Department approved emergency medical dispatch system, or
 - (B) The patient is to be transported from a higher to a lower level of care, or
 - (C) The transport is approved in writing by the transferring physician at a specified lower level of care and scheduled in advance.
 - (D) An agency that screens emergency calls through an emergency medical prioritization program shall establish en route times for the priority levels established by the agency. The en route times established by the agency shall be included in the agency's policy and/or procedure manual.
- (c) Under no circumstance during the transport of an ambulance patient shall the attendant be less than a licensed emergency medical technician.
- (d) In addition to the requirement of licensed emergency medical technicians, each ground ambulance service shall have drivers who, at a minimum, are certified as an Emergency Medical Responder. All drivers of a ground ambulance service shall successfully complete an emergency vehicle operator course approved by the Department within 120 days of employment. Emergency vehicle operators shall successfully complete a refresher course approved by the Department every two (2) years.
- (e) In a unique and unexpected circumstance, including a disaster, the minimum driver requirement may be altered to facilitate a transport of an ambulance patient. The attendant, who is in charge of the vehicle while a patient is on board, may request a law enforcement officer or a firefighter, familiar with the operation of an authorized emergency vehicle, to drive the vehicle. If this option is utilized, a written report of the circumstances, reason, and any other pertinent information regarding the call shall be forwarded to the Division within ten (10) working days. Abuse and/or re-occurring incidents of this nature shall require a reassessment of the service's staff and staffing patterns. The service may be required to obtain additional personnel or other action by the Department may result.
- (f) Only emergency personnel authorized by this Act, except for a physician, shall be utilized by an ambulance service for pre-hospital, or on-scene, patient care and transport. In some cases, involving inter-hospital transfer of an ambulance patient(s), a physician, physician assistant (PA), nurse practitioner, respiratory care practitioner, registered nurse, or licensed practical nurse may be required to assist the emergency medical technician because the medical care required exceeds the level of the ambulance service personnel. If this option is utilized, written orders by a physician and/or documentation of orders given via radio or telephone contact with a physician, shall become a part of the ambulance patient run report.
- (g) Each agency will maintain training records demonstrating competency in medical skills and interventions, patient handling, and emergency vehicle operations for all personnel utilized by the agency.
- (h) An agency that is unable to fulfill the twenty-four (24) hours staffing requirement may contract with another ground ambulance service to provide personnel to meet the staffing requirement. Contracts will contain but not be limited to the following information:
- (1) how and from what location personnel will respond;
 - (2) procedure for notifying the contractor that personnel are needed;
 - (3) communication policy to ensure coverage is in place for the licensed service area;
 - (4) contingency plan for system overload;
 - (5) copies of contracts will be provided to the Department as part of application requirements in 310:641-3-10;
 - (6) scope of practice and protocol requirements for the contractual response; and
 - (7) emergency plan in the event a contracted service is unable to respond within the contracted requirements, and how the request for service will be answered.
- (i) An agency may enter into a contract or other memorandum of agreement with a non-transport agency or entity that is not a certified emergency medical response agency. The purpose of this contract or agreement is to improve emergency medical system responses. The agreement is to allow for interested individuals, who are certified and/or licensed by the Department, at the non-transport agency to respond

with ground ambulance services using non-transport agency equipment. The result will be for these individuals to serve as an extension of the ambulance service through the contract or agreement.

- (1) The Contract or Memorandum of Agreement will address the following topics:
 - (A) Name of the non-certified Emergency Medical Response Agency;
 - (B) The specific vehicles and equipment to be used by the personnel for ambulance service responses;
 - (C) the parties that supply or maintain the supplies and equipment;
 - (D) communication arrangements.
- (2) The personnel will be authorized to perform procedures under the ambulance services medical director. The ambulance service medical director will establish the scope of practice for the non-transport agency personnel.
- (3) The ambulance service will be responsible for all quality assurance activities.

PART 5. GROUND TRANSPORT VEHICLES

310:641-3-23. Equipment for ground ambulance vehicles

- (a) The tampering, modification, or removal of the manufacturer's expiration date is prohibited.
- (b) Licensed ambulance services shall ensure that all recalled, outdated, misbranded, adulterated, deteriorated fluids, supplies, and medications are removed from ambulances immediately.
- (c) The medical control physician will authorize all equipment and medications placed on the units for patient care.
 - (1) The authorized equipment and medications will be detailed on a unit checklist and will match the equipment and supplies with defined minimums needed to treat patients in the manner detailed in the agency approved protocols. The checklist will also meet the requirements described in the ambulance file section of this subchapter.
 - (2) The medications authorized by the medical director will be detailed on the unit checklist ~~described in the ambulance file section of this subchapter,~~ to will include the number, weight, and volume of the medication containers.
 - (3) An electronic or paper copy of patient care protocols will be on each in-service ambulance.
- (d) Each ground ambulance service vehicle shall carry:
 - (1) airway and breathing equipment and supplies, to include:
 - (A) a pulse oximetry device with pediatric and adult capability.
 - (B) a functioning portable suction apparatus with wide-bore tubing (1/4"), and rigid and soft suction catheters for adults, children, and infants, as detailed by agency protocols in addition to the vehicle mounted suction unit.
 - (C) One (1) bulb syringe, with saline drops, sterile, in addition to any bulb syringes in obstetric kits.
 - (D) a minimum of two (2) each, single use adult, pediatric, and infant bag-valve mask resuscitators with an adult, child, and infant clear masks.
 - (E) oropharyngeal airways set or a minimum of two (2) of each size for adult, child, and infant individually wrapped for sanitation purposes. Nasopharyngeal airways are optional.
 - (F) a portable ventilator as directed by the agency medical director and approved protocols.
 - (G) wall mounted oxygen set with variable flow regulators and adequate tubing.
 - (H) portable oxygen cylinder and regulator with a spare oxygen cylinder appropriately secured.
 - (I) a minimum of two (2) each adult, child, and infant sized oxygen masks.
 - (J) a minimum of two (2) adult nasal cannulas.
 - (K) a nebulizer; adult and pediatric, sizes per local protocols.
 - (2) Bandaging materials to include:
 - (A) two (2) burn sheets; clean, wrapped, and marked in a plastic bag.
 - (B) fifty (50) sterile 4"x4" dressings.
 - (C) six (6) sterile 6"x8" or 8"x10" dressings.

- (D) ten (10) roller bandages, 2" or larger, such as kerlix, kling, or equivalent.
 - (E) four (4) rolls of tape (minimum of one (1) inch width).
 - (F) four (4) sterile occlusive dressings, 3" x 8" or larger.
 - (G) four (4) triangular bandages.
 - (H) one (1) pair of bandage scissors must be on the ambulance or on the on-duty personnel.
- (3) Fracture immobilization devices, to include:
- (A) one (1) adult and one (1) pediatric traction splint or equivalent device capable of adult and pediatric application.
 - (B) two (2) upper and two (2) lower extremity splints in adult and pediatric sizes.
 - (C) short spine board or vest type immobilizer, including straps and accessories as described within agency protocols.
 - (D) two (2) adult and one (1) pediatric size long spine board including straps and head immobilization devices(s), as described within the agency protocols.
 - (E) two (2) rigid or adjustable extrication collars in large, medium, small adult sizes, and pediatric sizes for children ages 2 years or older, and one (1) infant collar, as described within the agency protocols. Collars shall not be foam or fiber filled.
- (4) Miscellaneous medical equipment, to include:
- (A) one (1) infant, one (1) child, two (2) adult, and one (1) extra-large blood pressure cuffs.
 - (B) stethoscope, one (1) adult and one (1) pediatric size.
 - (C) obstetrical kit, with towels, 4"x4" dressing, umbilical tape, bulb syringe, cord cutting device, clamps, sterile gloves, aluminum foil, and blanket.
 - (D) universal communicable disease precaution equipment including gloves, mask, goggles, gown, and other universal precautions.
 - (E) blood-glucose measurement equipment per medical direction.
 - (F) CPAP per medical direction.
 - (G) Semi-automatic advisory defibrillator (SAAD) with adult and pediatric capability.
- (5) Other mandatory equipment, to include:
- (A) Two (2) appropriately labeled or designated waste receptacles for:
 - (i) waste that is contaminated by bodily fluids or potentially hazardous or infectious waste, and,
 - (ii) waste that does not present a biological hazard, such as plastic and paper products that are not contaminated.
 - (B) one (1) flexible, portable, soft stretcher for confined space and extrication as approved by medical direction.
 - (C) two way radio communication equipment as detailed in this Chapter and through the Statewide Interoperability Governing Body utilizing VHF frequency 155.3400.
 - (D) one (1) sturdy, lightweight, all-level cot for the primary patient and mounting cot fastener and/or anchorage assembly that is compliant with the vehicle manufacturing standards in place at the time of purchase.
 - (E) at least three (3) strap type restraining devices (chest, hip, and knee), and compliant shoulder harness shall be provided per stretcher, cot, and litter (not less than two (2)" inches wide, nylon, easily removable for cleaning, two (2) piece assembly with quick release buckles).
 - (F) electronic or paper patient care reports.
 - (G) two (2) fire extinguishers one (1) in the cab of the unit, and one (1) in the patient compartment of the vehicle. Each mounted in a manner that allows for quick release and is compliant with the ambulance manufactures standards. Each extinguisher is to be dry powder, ABC, and a minimum of five (5#) pounds.
 - (H) two (2) operable flashlights.
 - (I) all ambulance equipment and supplies shall be maintained in accordance with the sanitation requirements in this subchapter. Additionally, sterility shall be maintained on all sterile packaged items.

- (J) digital or strip type thermometer and single use probes.
 - (K) six (6) instant cold packs.
 - (L) one (1) length/weight based drug dose chart or tape.
 - (M) a minimum of two (2) DOT approved reflective vests.
 - (N) one (1) pair of binoculars.
 - (O) a current copy of the emergency response guide, electronic or paper format.
 - (P) As approved by local medical direction, a child restraint system or equipment for transporting pediatric patients.
- (e) Intermediate equipment, in addition to the basic equipment, intermediate licensed service ambulance vehicles shall carry:
- (1) intravenous administration equipment in a sufficient quantity to treat multiple patients requiring this level of care, including intravenous catheters 14 to 24 gauge, six (6) each.
 - (2) interosseous needles, two (2) each for adult and pediatric patients, and associated administration equipment if approved by local medical control.
 - (3) appropriate quantities of sterile fluid as approved by local medical control.
 - (4) adequate advanced airway equipment per medical control;
 - (A) endotracheal tubes, two (2) sets of cuffed 2.5 to 8.0, as permitted and approved by local medical control. Uncuffed endotracheal tubes are optional, based on medical director approval.
 - (B) supraglottic airway devices to be used as a primary or secondary airway intervention, as approved by medical control.
 - (C) Laryngoscope handle with extra batteries and bulbs with blade sizes and styles as approved by local medical control.
 - (5) blood sampling equipment if approved by medical control.
 - (6) one (1) Occupational Safety and Health Administration (OSHA) approved sharps container.
 - (7) magill forceps one (1) pediatric and one (1) adult size, individually wrapped.
 - (8) continuous waveform capnography required for use in endotracheal intubation and specific supraglottic airway devices.
- (f) Advanced Emergency Medical Technician equipment, in addition to the required equipment for the EMT and the Intermediate, will carry:
- (1) medication that is permitted within the AEMT scope of practice and as approved by the medical control physician;
 - (2) equipment and supplies that are permitted within the AEMT scope of practice and approved by the medical control physician.
- (g) Paramedic equipment, in addition to the required EMT, Intermediate, and AEMT equipment, the Paramedic level ambulance will carry:
- (1) cardiac monitor/defibrillator with printout, and appropriate pads, paddles, leads and/or electrodes (adult and pediatric). Telemetry capability is optional.
 - (2) medication with quantities to be carried on each ambulance as detailed in the formulary of agency approved protocols.
 - (3) nasogastric tubes; two (2) each 8 french to 16 french, in accordance with medical control authorization.
- (h) All ambulance vehicles, regardless of licensure level or level of care provided, shall carry:
- (1) three (3) reflectors (triangular) or battery powered warning lights;
 - (2) two (2) OSHA approved hard hats, with goggles or face shield;
 - (3) two (2) pair of heavy work gloves; and
 - (4) one (1) spring-loaded window punch or other tool that may be used to access a patient through a window.
- (i) All ambulance services shall have sufficient and appropriate rescue equipment to gain access to patients either on board the ambulance or provided through an extrication agreement with a rescue department or team.

(j) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufacturer's requirements. These types of equipment include, but are not limited to, gurneys or stretchers, suction devices, pulse oximetry, glucometers, capnography monitors, end-tidal co2 monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-3-25. Sanitation requirements

(a) The following shall apply regarding sanitation standards for all ambulance services facilities, vehicles, and personnel:

(1) the interior of the vehicle and the equipment within the vehicle shall be sanitary, secured and maintained in good working order, at all times;

(2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;

(3) linen shall be changed after each patient is transported and bagged and stored in an outside or separate compartment;

(4) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris;

(5) freshly laundered linen or disposable linen shall be used on the cots and pillows and changed between patients;

(6) pillows and mattresses shall be kept clean and in good repair, and any repairs made to pillows, mattresses, and padded seats shall be permanent;

(7) soiled linen shall be placed in a container that deters accidental exposure. Any linen which is suspected of being contaminated with bodily fluids or other potentially hazardous infectious waste shall be placed in an appropriately marked closed container for disposal;

(8) contaminated disposable supplies shall be placed in appropriately marked or designated containers, in a manner that deters accidental exposure;

(9) exterior and interior surfaces of vehicles shall be cleaned routinely;

(10) blankets and hand towels used in any vehicle shall be clean;

(11) implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items.

(b) When a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted.

(c) All storage spaces used for storage of linens, equipment, medical supplies, and other supplies at the base station shall be kept clean.

(d) personnel shall be clean, especially hands and fingernails, and well groomed. Clothing worn by personnel shall be clean. The licensee shall provide in each vehicle a means of hand washing for the attendants.

(e) All oxygen humidifiers shall be single use;

(f) All medications, supplies, and sterile equipment with expiration dates shall be current.

(1) Expired medications, supplies, and sterile equipment shall be discarded appropriately.

(2) Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited.

(g) The station facility, ambulance bays, living quarters, and office areas shall be clean, orderly, free of safety and health hazards.

(h) Ambulance vehicles and ambulance service facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas, consistent with the provisions of 310:641-1-4.

PART 11. MEDICAL CONTROL

310:641-3-59. Operational protocols

(a) Authorized emergency vehicles of licensed ambulance services shall adhere to the requirements of Title 47 O.S. Section 1-101 et seq. (the "Motor Vehicle Code") for all vehicle operations. ~~the following for physically displaying and/or orally transmitting via voice communications, to the following modes of operation:~~

(1) ~~"Code 1" shall mean a non-emergency mode, or status, for the purpose of operation of an ambulance service vehicle. Neither red lights nor siren shall be utilized, and the vehicle shall not be considered or afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code");~~

(2) ~~"Code 3" shall mean an emergency mode, or status, for the purpose of operation of an ambulance service vehicle. Both red lights and siren shall be utilized, and the vehicle shall be considered and afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code").~~

(b) There is a required duty to act within the licensed service area upon acceptance of an ambulance service license. All licensed ambulance services shall respond appropriately; consistent with the level of licensure when called for emergency service, regardless of the patient's ability to pay. Non-emergency interfacility transfers are exempt from the statutory duty to act.

(c) If the ambulance service can not physically respond within the limits of "The Ambulance Services District" Act, then the ambulance service called has a duty to immediately call for mutual aid from a neighboring licensed ambulance service.

(d) If an ambulance service receives a call for an emergency which is in the licensed service area of another licensed ambulance service, the ambulance service called has a responsibility to immediately contact the licensed ambulance service with that licensed service area.

(1) If the emergency is in an area that is not within a licensed service area, the service that received the call will contact the closest ambulance to the call.

(2) Any licensed service that receives a call in an area that is outside of a licensed service area shall report the event to Emergency Systems within the Department.

(3) The Department will report the event to the county commissioners of the county where the call occurred.

(e) Mutual aid plans between licensed ambulance services and surrounding licensed or certified emergency medical services providers shall be developed and placed in the service files for inspection. Plans will be periodically reviewed to ensure accuracy and completeness. Licensed ambulance services shall provide mutual aid, if the capability exists without jeopardizing the primary service area.

(f) An ambulance service requesting an air ambulance shall;

(1) call the closest air ambulance to the location of the scene, or

(2) call the air ambulance service the patient or the patient family chooses to utilize.

PART 13. SANITATION

310:641-3-63. Ambulance service files

(a) All required records for licensure will be maintained for a minimum of three years.

(b) Each licensed ambulance service shall maintain electronic or paper records about the operation, maintenance, and such other required documents, at the business office. These files shall be available for review by the Department, during normal work hours. Files which shall be maintained include the following:

- (1) Patient care records:
 - (A) At the time a patient is transported to a receiving facility, the following information will be, at a minimum, provided to the facility staff members at the time the patient(s) are accepted:
 - (i) personal information such as name, date of birth, and address;
 - (ii) patient assessment with medical history;
 - (iii) medical interventions and patient responses to interventions;
 - (iv) any known allergies;
 - (v) other information from the medical history that would impact the patient outcomes if not immediately provided.
 - (B) A signature of the receiving facility health care staff member will be obtained to show the above information and the patient was received.
- (2) A complete copy of the patient care report shall be sent to the receiving facility within twenty-four (24) hours of the hospital receiving the patient.
- (3) Completed patient care reports shall contain demographic, administrative, legal, medical, community health and public information required by the Department through the OKEMSIS Data Dictionary;
- (4) all run reports and patient care information shall be considered confidential.
- (5) all licensed agencies shall maintain records on the maintenance, and regular inspections of each vehicle.
 - (A) Each vehicle must be inspected and a detailed equipment checklist completed after each call, or on a daily basis, whichever is less frequent; and
 - (B) documentation that shows routine vehicle maintenance for each vehicle as required by vehicle manufacture recommendations.
- (6) all licensed agencies shall maintain a credential or licensure file for licensed and certified emergency medical personnel employed by or associated with the service that includes:
 - (A) Oklahoma license and certification;
 - (B) Basic Life Support certification or documentation of BLS cognitive objectives and psychomotor skills that meets or exceeds American Heart Association standards, and approved by the medical director ;
 - (C) Advanced Cardiac Life Support certification or documentation of BLS cognitive objectives and psychomotor skills that meets or exceeds American Heart Association Standards as applicable for advanced licensure level(s) and approved by the medical director;
 - (D) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent;
 - (E) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course;
 - (F) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment and medications for each certified or licensed member employed or associated with the agency; and
 - (G) a copy of the medical director credentials will be maintained at the agency.
- (7) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (8) Copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage, at the highest level of license;
- (9) Copies of in-service training and continuing education records;
- (10) Copies of the ambulance service:
 - (A) operational policies, guidelines, or employee handbook;
 - (B) medical protocols;
 - (C) a list of the patient care equipment that is carried on any "Class E" unit(s) will be part of the standard operating procedure or guideline manual and;

- (D) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (c) A log of each request for service received and/or initiated, to include the:
 - (1) Disposition of the request and the reason for declining the request, if applicable;
 - (2) the patient care report number;
 - (3) date of request;
 - (4) patient care report times as required by the OKEMSIS data dictionary;
 - (5) location of the incident;
 - ~~(6) where the ambulance originated; and~~
 - ~~(7)~~ (6) nature of the call;
 - ~~(8)~~ (7) Such other documents which may be determined necessary by the Department.
- (d) Documentation that verifies an ongoing, physician involved quality assurance program.
- (e) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (f) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department, in writing.
- (g) Review and the disclosure of information contained in the ambulance service files shall be confidential, except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (h) Department representatives shall have prompt access to files, records and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment or property may result in summary suspension of licensure by the Commissioner of Health.
- (i) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.

SUBCHAPTER 5. PERSONNEL LICENSES AND CERTIFICATION

PART 3. EMERGENCY MEDICAL PERSONNEL LICENSES

310:641-5-11. License and certification qualifications

- (a) Emergency medical personnel while on duty will have a copy of their certification or license.
- (b) Persons applying for initial certification or license shall meet the requirements for qualification, application, and procedure as follows:
 - (1) Emergency Medical Responder certification:
 - (A) Applicant shall be at least eighteen (18) years of age.
 - (B) Applicant shall submit the following:
 - (i) An appropriate State application form specifying the level of certification, true, correct, and complete information as to eligibility and character,
 - (ii) A signed "Affidavit of Lawful Presence" form,
 - (C) Completion of a Department approved Emergency Medical Responder course,
 - (D) successful completion of a National Registry practical skills examination administered by the approved training program or agency,
 - (E) successful completion of a written examination from either:
 - (i) National Registry of Emergency Medical Technicians (NREMT), or
 - (ii) Oklahoma Department of Career and Technology Education.
 - (F) First responders or Emergency Medical Responders trained in a Department approved course prior to January 1, 2000 will be required to obtain a current Emergency Medical Responder certification by September 30, 2017 by providing to the Department the following:

- (i) verification of refresher/transition course completion every two years since March 31, 2012,
 - (ii) signed "Affidavit of Lawful Presence",
 - (iii) verification of a practical exam of EMR skill administered during a refresher or transition course after March 31, 2012.
- (G) A fee of ten (\$10.00) dollars for the line of duty death benefit as detailed in the Act.
- (H) The Department shall maintain a registry of all qualified Emergency Medical Responders.
- (2) Emergency Medical Technician, or EMT:
- (A) Applicant shall be at least eighteen (18) years of age,
 - (B) Applicant shall submit the following:
 - (i) an appropriate State application form specifying the level of licensure, true, correct, and complete information as to eligibility and character, and
 - (ii) a signed "Affidavit of Lawful Presence",
 - (iii) successful completion of an NREMT EMT psycho-motor exam,
 - (iv) successful completion of an NREMT EMT cognitive exam,
 - (v) submission to the Department a copy of the applicants NREMT EMT certification,
 - (vi) a license fee of Seventy-five (\$75.00) dollars for licensure and an additional ten (\$10.00) dollars for the line of duty death benefit as detailed in the Act. Fees are non-refundable except if the application is rejected.
- (3) Advanced EMT and Paramedic:
- (A) Applicant shall be at least eighteen (18) years of age,
 - (B) the applicant shall submit the following:
 - (i) an appropriate State application form specifying true, correct, and complete information as to eligibility and character,
 - (ii) a signed "Affidavit of Lawful Presence",
 - (iii) submission of the applicant's NREMT certification after completion of the NREMT cognitive and psychomotor examinations.
 - (I) The Department shall conduct or oversee the NREMT psycho-motor examination for the Advanced EMT and Paramedic using Department approved evaluators.
 - (II) AEMT candidates are required to complete and pass the endotracheal intubation exam prior to licensure.
 - (iv) The fee for the ~~initial psycho-motor examination~~ examination(s) is included within the applicant's initial license fee determined by the Department, testing site, or the testing vendor for the Department.
 - (v) ~~The initial license fee for Advanced EMT applicants and is one hundred fifty (\$150.00) dollars. The initial license fee for Paramedic applicants is two hundred (\$200.00)~~ seventy-five (\$75.00) dollars. The fees shall be submitted with the application. Fees shall be in an acceptable form and made payable to the Oklahoma State Department of Health. An additional ten (\$10.00) fee is required for the line of duty death benefit detailed in the Act. Fees are non-refundable except if the application is rejected.
 - (I) ~~Subsequent examination fees are one hundred dollars (\$100.00) for a full psychomotor retest and fifty (\$50.00) for a partial psychomotor retest.~~
 - (II) ~~A psychomotor retest application and appropriate fee must be submitted to the Department for this purpose.~~
- (c) Initial licensure and certification will be from the date of issue through the second June 30 after the initial date. Subsequent licensure and certification periods will be for two years, expiring on June 30.
- (d) The Department shall ensure oversight of the AEMT and Paramedic practical skills examinations conducted within the State.
- (e) Any certification or license application submitted to the Department under this subchapter may be denied on the basis of a felony conviction, adjudication, or plea of guilty or nolo contendere for any of the following offenses:

- (1) assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery;
 - (2) murder or attempted murder; manslaughter, except involuntary manslaughter;
 - (3) rape, incest, or sodomy; indecent exposure and indecent exhibition; pandering;
 - (4) child abuse; abuse, neglect, or financial exploitation of any person entrusted to his care or possession;
 - (5) burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm;
 - (6) arson, substance abuse, or any such other conviction, adjudication, or plea of guilty or nolo contendere, or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public;
 - (7) Each decision shall be determined on a case-by-case basis.
- (f) A license application may be denied on the basis of any falsification. Application for initial licensure pursuant to the Act shall constitute authorization for an investigation by the Department.
- (g) Candidates for initial Oklahoma licensure shall successfully complete the NREMT certification examinations. Practical and written examinations shall adhere to current policies of NREMT and the Department. Candidates shall demonstrate competency in all required skills. The Department reserves the right to review and require additional practical examination of any candidate.
- (h) An applicant may request a review of adverse decisions, made within this section, by applying in writing within thirty (30) calendar days after the notice of rejection. Review, by the Department, shall be held in accordance with the Administrative Procedures Act.

310:641-5-18. Renewal requirements of the Emergency Medical Responder [REVOKED]

~~A completed Emergency Medical Responder certification renewal application shall be completed and submitted to the Department with:~~

- ~~(1) the fee for the line of duty death benefit detailed in the Act,~~
- ~~(2) a current NREMT emergency medical responder certification, or~~
- ~~(3) a course completion certificate or final roster showing satisfactory completion of a Department approved refresher course,~~
- ~~(4) current copy of a provider level CPR card that meets or exceeds American Heart Association standards,~~
- ~~(5) completed criminal conviction and character statement. If a candidate for renewal has been convicted, adjudicated, or pled guilty or nolo contendere to a crime, documentation of the disposition and outcome of the case will be sent to the Department for a case by case review. The Department may at its discretion deny a renewed certificate to anyone convicted of a crime.~~
- ~~(6) applications for renewal must be postmarked no later than June 30 of the expiration year.~~
- ~~(7) subsequent recertification shall be for a two year period beginning July 1, to June 30.~~

310:641-5-19. Renewal requirements for certified and licensed emergency medical personnel

(a) For certified and licensed emergency medical personnel compliant with OAC 310:641-5-15 and without a current NREMT certification, the following will be submitted to the Department:

- (1) a completed EMR, EMT, Intermediate, Advanced EMT, or Paramedic renewal application; ;
- (2) line of duty death benefit fee as defined in 63 O.S. § 1-2505.1, 2, and 3;
- (3) renewal fee of:
 - (A) twenty (\$20.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an EMT renewal;
 - (B) twenty-five (\$25.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an Intermediate or Advanced EMT renewal;
 - (C) thirty (\$30.00) dollars plus the renewal death benefit fee as detailed in the Act is required for a Paramedic renewal; and
- ~~(3) (4) a refresher course completion certificate or final roster showing satisfactory completion for the appropriate licensure level. documentation showing the completion of specific continuing~~

education courses or classes that meet or exceed the National Registry National Continued Competency Program guidelines.

(A) EMR applications shall submit 16 hours of continuing;

(B) EMT applicants shall submit 40 hours of continuing education;

(C) Intermediates and Advanced EMT applicants shall submit 50 hours of continuing education;

(D) Paramedic applicants shall submit 60 hours of continuing education.

(b) The renewing EMT shall also submit: All renewing certified and licensed emergency medical personnel shall submit a current CPR certification or verification of competency that meets or exceeds American Heart Association standards.

~~(1) verification of 48 hours of continuing education on topics within the EMT DOT instruction guidelines. No more than twelve (12) hours is permitted in any one topic area.~~

~~(2) current copy of a provider level of BLS CPR that meets or exceeds AHA standards.~~

(c) The renewing Intermediate, Advanced EMT, and Paramedic shall also submit:

~~(1) verification that 36 hours of continuing education on topics within the EMT DOT instruction guidelines. No more than twelve (12) hours is permitted in any one topic area.~~

~~(2) current copy of a provider level of BLS CPR that meets or exceeds AHA standards.~~

~~(3) Complete an documentation of appropriate skills review and maintenance verification completed and signed by medical control, and ensure the medical director completes the skills verification portion of the renewal application.~~

(d) The renewing Paramedic shall also submit: a current ACLS certification or verification of ACLS Competency that meets or exceeds American Heart Association standards.

~~(1) verification that 24 hours of continuing education on topics within the EMT DOT instruction guidelines. No more than twelve (12) hours is permitted in any one topic area.~~

~~(2) current copy of a provider level of BLS CPR that meets or exceeds AHA standards, and~~

~~(3) Complete biennial certification requirements for Advanced Cardiac Life Support (ACLS), in accordance with the American Heart Association. If a structured ACLS course is not available, the medical control may affirm, in writing, that ACLS skills and knowledge has been demonstrated;~~

(e) Certified and Licensed emergency medical personnel with a current NREMT certification may renew by submitting:

(1) a completed EMR, EMT, Intermediate, Advanced EMT, or Paramedic renewal application,

(2) submitting a renewal the required line of duty death benefit fee as defined in 63 O.S. §§ 1-2505.1, 2, and 3, and

(3) a renewal fee of:

~~(A) twenty (\$20.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an EMT renewal, for the Emergency Medical Technician,~~

~~(B) twenty-five (\$25.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an Advanced EMT renewal, for the Intermediate and Advanced EMS renewal fee.~~

~~(C) Paramedic renewal fee is thirty (\$30.00) dollars plus the renewal death benefit fee as detailed in the Act is required for a Paramedic renewal, and~~

~~(3) (4) a current copy of the applicants NREMT certification.~~

(f) No more than twelve (12) hours in any one topic is permitted. Continuing education topics include, but are not limited to:

(1) Airway, respirations, and ventilation;

(2) Cardiovascular;

(3) Trauma;

(4) Medical; and

(5) Operations

(g) Individuals renewing with an inactive NREMT certification will be able to receive an Inactive Oklahoma Certification or License.

(1) The certification or license will be designated as inactive.

(2) The individuals with an inactive certification or license are not authorized to provide patient care until the license is converted to a standard certification or license.

(3) The conversion to a standard certification or license requires the applicant to provide the Department documentation that verifies the applicant possesses an active NREMT certification.

(h) Individuals renewing their Oklahoma Intermediate or Paramedic Oklahoma License without any NREMT certification and without the Oklahoma ALS skills review and verification may receive an inactive license.

(1) The certification or license will be designated as inactive.

(2) The individuals with an inactive certification or license are not authorized to provide patient care until the license is converted to a standard license.

(3) The conversion process to a standard license requires the applicant to provide to the Department documentation that an agency medical director has verified the applicants ALS skills.

(i) Certified and licensed emergency medical personnel participating in training and education courses shall be allowed to perform skills determined to be appropriate for the training level of the student with supervision, as described in 63 O.S. 1-2504 (C) and (D).

SUBCHAPTER 7. TRAINING PROGRAMS

PART 1. GENERAL PROVISIONS

310:641-7-1. Purpose

The purpose of this Subchapter is to:

~~(1) establish minimum standards for emergency medical services training programs, emergency medical technician training courses, emergency medical services instructors, and emergency medical services training, and;~~

~~(2) provide standards for the evaluation, quality assurance, and enforcement of the "Oklahoma Emergency Response Systems Development Act".~~

The purpose of this subchapter is to establish minimum requirements for emergency medical services that includes:

(1) initial and ongoing education and training programs;

(2) instructor and educator qualifications;

(3) evaluation, quality assurance and quality improvement.

PART 3. TRAINING PROGRAMS

310:641-7-10. Training and education programs

~~(a) All training programs shall be in compliance with the requirements of this Subchapter.~~

~~(b) Each training program shall submit to the Department an application for approval to conduct emergency medical services training. The application shall be on forms provided by the Department. Training programs Programs must be currently certified to teach EMS related in Oklahoma before beginning courses.~~

~~(c) Training programs must be certified by the Department prior to teaching any courses required for the initial licensure of emergency medical personnel in Oklahoma.~~

~~(d) Training program applicants may apply to become certified for the following levels:~~

~~(1) Emergency Medical Responder Technician, which includes the ability to provide Emergency Medical Responder training,~~

~~(2) Advanced Emergency Medical Technician Emergency Medical Technician,~~

~~(3) Advanced Emergency Medical Technician, and~~

~~(4) Paramedic.~~

~~(e) (d) A separate certificate will be issued for each training level.~~

~~(f) Only paramedic training programs accredited or receiving a Letter of Review (LOR) by CoAEMSP may enroll new paramedic students [63:1-2511(7)].~~

~~(g)~~ (e) Approved training programs shall use a quality assurance process that is approved by the Department.

310:641-7-11. Training program applications

(a) The application process shall be completed by the applicant through the established process. The information submitted to the Department shall include but is not be limited to, the following:

- (1) name of the training program, address, telephone number, email and fax number;
- (2) levels of training that the program anticipates being able to provide;
- (3) the name of the Program ~~Administrator~~ Director and a curriculum vitae;
- (4) the name of the ~~Program Course~~ Coordinator and ~~Curriculum Vitae or Resume~~ curriculum vitae or resume that includes address, telephone number, fax number and an electronic mail address;
- (5) the name of the Medical Director, a ~~Curriculum Vitae or Resume~~ curriculum vitae or resume which includes address, telephone number, fax number, and an electronic-mail address, a current copy of their Oklahoma State medical license, and a current copy of their Oklahoma Bureau of Narcotics and Dangerous Drugs registration ~~expiration date~~;
- (6) a copy of the student ~~grievance/appeal~~ grievance and appeal policy;
- (7) list of all instructors and individual resume for each with copies of required documentation of instructor qualifications;
- (8) ~~copies~~ of all current agreements for clinical experience locations required to conduct courses;
- (9) ~~copies~~ of inventories of equipment and supplies;
- (10) ~~copies of~~ course plans (syllabi) and curriculum objectives for the course; and
- (11) site applications for additional sites of instruction with required attachments.

(b) Department personnel may make site visits, inspections or observations, to determine the training program's ability to conduct emergency medical services training in accordance with the Act and rules.

(c) Certified training programs will have a plan or policy in place to address a sudden lapse of medical direction, ~~such as a back-up medical director~~, to ensure coverage when a physician medical director is not available.

(1) The Department shall be notified the next business day of any lapse or change of medical direction by the respective program. If the agency has made arrangements for a back-up medical director or an immediate replacement, then a lapse has not occurred.

(2) In the event of a lapse in medical direction, in that a medical director is not available, the training program will cease instruction of students until the program is able to implement their policy for a substitute or find a replacement for their medical director.

(d) minimum attendance policy, and

(e) for EMR and EMT programs, the name of the National Registry Coordinator.

310:641-7-12. Training program renewal

(a) Training programs ~~continuing to conduct emergency medical services training~~ shall submit an application for renewal, at least sixty (60) days prior to the expiration of their certificate on forms provided by the Department.

~~(b) The program shall renew using forms and processes established by the Department.~~

~~(c)~~ In addition to the renewal application, the following documentation will be submitted to the Department with the renewal application:

- (1) changes in information pertaining to the program ~~administrator~~ director, course coordinator, and ~~or~~ medical director;
- (2) copies of current clinical agreements;
- (3) current equipment and supply inventory;
- (4) changes to emergency medical services instructors affiliated with the training program;
- (5) current training site locations; ~~and~~

- (6) previous three years of benchmark data to include:
 - (A) NREMT cumulative pass rates in three attempts, and
 - (B) student retention based on the program policies; and
- ~~(6)~~ (7) any other pertinent information requested by the Department.

310:641-7-13. Training program responsibilities

- (a) Each training program sponsoring emergency medical services training shall be responsible for:
 - (1) course completion based on Oklahoma instructional guidelines, and
 - (2) respond to and resolve student complaints and grievances.
- (b) Each training program shall issue a course completion certificate and/or course transcript to each student successfully completing an approved course. The completion documentation will include:
 - (1) ~~instructor~~ program representative name,
 - (2) course authorization number,
 - (3) type of course, and
 - (4) completion dates.
- (c) The minimum course attendance will be based on the training programs policy.
- (d) The student ratio for lab activities will be one (1) instructor to ten (10) students.
- (e) Records for each course offered shall be maintained by the training program for at least three (3) years. Records shall include at a minimum:
 - (1) attendance records,
 - (2) clinical experience summaries,
 - (3) student evaluations and grades,
 - (4) a record of lab assistants and their documentation of qualifications, and
 - (5) ~~skill sheets~~ all lab documentation for the course and National Registry practical examinations.
 - (6) National Registry practical examination skill sheets are required for Emergency Medical Responder and Emergency Medical Technician courses only.
- (f) Each training program shall ensure that all Department required equipment is in good, safe, and operational condition.
 - (1) The equipment and supplies for courses must be dedicated for training purposes,
 - (2) Equipment and supplies used on live participants must meet manufacturer guidelines and recommendations;
 - (3) Equipment shall be available for inspection by Department representatives at any time during a regularly scheduled class, and
 - ~~(3)~~ (4) Sufficient equipment quantities shall be made available for each course conducted.
- (g) Each training program shall ensure that a qualified preceptor supervises each student during scheduled clinical experiences.
- (h) Each training program shall administer a final written and practical examination for each course and provide National Registry's practical examinations for both Emergency Medical Responder and Emergency Medical Technician courses after course completion.
- (i) ~~The training program shall require instructors to follow the Department approved course syllabus, use lesson plans, and provide instruction for all course objectives. Following successful completion of all components of the course each EMR and EMT training program must provide a National Registry psychomotor examination.~~
- (j) ~~For all courses which require a practical examination, the training program shall follow the National Registry Practical Examination Standards. The program shall require instructors to follow the Department approved course syllabus, use lesson plans, and provide instruction for all course objectives.~~
- (k) For all courses which require a practical examination, the training program shall follow the National Registry Practical Examination Standards established within the educational guidelines as published by the Department.

310:641-7-14. Training and education program initial and ongoing approval

- (a) Any application for approval submitted by an applicant pursuant to the Act shall constitute authorization for any inspection or investigation by the Department.
- (b) A training program in compliance with all requirements shall be issued a training program certificate by the Department expiring the second June 30 after the certification date. Subsequent certifications will be valid for two (2) years.
- (c) The Department may conduct quality management visits to any training program. Visits may include, but not be limited to class visits, instructor evaluations, student surveys, review or required records, and visits to clinical sites.

310:641-7-14.1. Denial of a training program renewal

A training program renewal application may be denied for programs that fail to maintain a minimum pass rate on the cognitive exam that is within:

- (1) 20% of National Registry three (3) year average, or
- (2) a minimum of 50% course retention as defined by the training program.

310:641-7-15. Course approval

- (a) Each training program shall submit a written course application to the Department on forms provided by the Department. The Department may approve course requests that do not fully meet course application requirements if non-approval would be detrimental to the public.
- (b) The course application shall be submitted at least thirty (30) days prior to the course start date with exceptions at the Department discretion and shall include, but not be limited to:
 - (1) Course information including type of course, location, start and end date, class session days and times, course coordinator, instructors, and final practical examination date, and time and location as required;
 - (2) Course outline including date and time, topic, curriculum division and section number, instructor and location if different than those listed on the application for each class session, and
 - (3) A list of locations and site coordinator for each location, if multiple locations via distance learning technology are used;
- (c) Each training program conducting emergency medical services training and education shall use the Department approved course guidelines.
- (d) Each training program shall ensure that course participants have access to a CPR, PALS, PEPP, and/or ACLS instructors that meet or exceed AHA standards ~~as appropriate~~.
- (e) For each course conducted by a training program, rosters reflecting the students participating in a given course shall be submitted to the Department under the following guidelines:
 - (1) An initial student roster within twenty-one (21) ~~calendar~~ days of the course start date. Amendments to the initial student roster may be made after the twenty-one (21) day requirement only with Department approval. In no case will a student be accepted on a final student roster that does not appear on an initial student roster for that course.
 - (2) A final student roster within twenty-one (21) calendar days of the course end date. This roster shall identify students who have successfully completed all course requirements, withdrawn from the course, failed the course, or whose class work was incomplete;
 - (3) Amendments to the final student roster for incomplete course objectives may be made after the twenty-one (21) day requirement only with Department approval. ~~In no case will an~~ An amended final student roster will be accepted after ninety (90) calendar days of the course ending date with Department approval. A request for Department approval shall include a description of the circumstances requiring additional time.
- (f) The Department may invalidate all or any portion of a course conducted where a violation of the Act or rules has been substantiated.

310:641-7-16. Curriculum

The Department shall provide curricula and instructional guidelines based on the National Highway Traffic Safety Administration National Emergency Medical Services Education Standards of ~~2009~~ 2020 for Emergency Medical Responder, Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technicians, and Paramedics initial, refresher, and transitional courses.

PART 5. INSTRUCTOR QUALIFICATIONS

310:641-7-20. Instructor requirements

(a) ~~State Certified Emergency Medical Service Instructor.~~

~~(1)~~ A registry of approved emergency medical services instructors shall be maintained by the Department. Each instructor candidate shall submit to the Department an application for initial instructor certification. The application shall be on forms provided by the Department and accompanied by current documentation of qualification. This application shall constitute authorization for any inspection or investigation by the Department The initial period for instructor certification will be concurrent with current Oklahoma Emergency Medical Personnel certification or licensure. The initial renewal requirement will be pro-rated based on the remaining time to the expiration date.

~~(2)~~ (1) Qualifications for a Level I and Level II instructor certification include:

(A) A resume or letter documenting two (2) years of direct field experience in emergency medical services within the previous five (5) years which meets or exceeds the level of training being taught;

~~(B) Current approval as a Basic Life Support Healthcare Provider Instructor (CPR) in accordance with American Heart Association (AHA) Instructor, American Red Cross Professional Rescuer Instructor, or National Safety Council CPR for the Health Care Provider Instructor standards. At the paramedic level, the instructor shall be a current American Heart Association, Advanced Cardiac Life Support (ACLS) provider and a Pediatric Advanced Life Support (PALS), Pediatric Emergency Medicine (APLS), Pediatric Prehospital Care (PPC) or Pediatric Education for the Prehospital Professional (PEPP) provider. Copies of all required documentation will be forwarded to the Department with application;~~

~~(C) Successful completion of a Department approved EMS Instructor Training Course or Fire Service Instructor I and/or II, with the EMS Instructor Training Bridge (ITC) Course or equivalent within the previous two (2) years. Applicants with credentials greater than two year old will need to provide documentation of classroom or instructor experience totaling eight (8) hours annually from the date their initial credential(s) was issued, or complete a sixteen (16) hour instructor refresher to update their credential(s); and~~

~~(D) (C) Current state certification or licensure; and~~

~~(D) within three (3) years of the effective date of this regulation, the instructor identified as the lead instructor on a course authorization form of an initial paramedic course at an accredited program must possess a minimum of an associate's degree.~~

~~(3)~~ (2) To teach, a qualified instructor must have a letter from the director and medical director of a certified first response agency or ambulance service or the coordinator of an approved training institution, documenting affiliation. Level 1 instructors can teach at training institutions, but will be required to renew as Level 2 instructors.

(b) ~~Emergency Medical Service Lab Assistant Instructor.~~

(1) ~~A An individual file for each of~~ qualified Lab Assistants Instructor shall be maintained by each ~~certified~~ training program, licensed ambulance service, or certified first response agency emergency medical response agency including documentation of qualification.

(2) Qualifications for lab assistants include:

(A) ~~Affiliation with an approved training program, licensed ambulance service or certified first response agency;~~

- ~~(B)~~ Two (2) years of current experience in medical services which meets or exceeds the level of training being assisted or evaluated; and
- ~~(C)~~ (B) Any certification required for the skill being assisted or evaluated.
- (c) Emergency Medical Service Level 3 Instructor Educator certification.
 - (1) Instructor Training Courses (ITC) and Instructor Refresher Courses (IRC) shall be taught by a state certified Level 3 Instructor Educator.
 - (2) An application for a Level 3 Instructor-Educator shall be submitted on forms provided by the Department and accompanied by current documentation of qualification.
 - (3) Qualifications for a Level 3 Instructor educator include:
 - (A) Affiliation with an approved training program
 - (B) Current Oklahoma licensure as a Basic an EMT or higher.
 - (C) Five (5) years experience as a an EMS field provider.
 - (D) Current approval as an Oklahoma EMS Instructor
 - (E) Completion of the NHTSA/DOT EMS Instructor Training Course;
 - (F) Successful completion of instruction of at least 3 major (initial) EMT courses at the Basic level or higher; Complete a minimum of 500 hours of didactic training as the lead or primary instructor in initial EMT, AEMT, or Paramedic courses; and
 - (G) Attendance at all mandatory meetings with the Department and other Instructor Educators.
 - (4) ~~EMS Level 3 instructor educators~~ must maintain EMS instructor certification(s). A registry of approved emergency medical services instructor educators shall be maintained by the Department.

310:641-7-21. Instructor and instructor educator renewal

- (a) Instructors and instructor educators shall submit an application for renewal every two (2) years.
- (b) Each renewal will include ~~sixteen (16)~~ verification hours of instructor continuing education or refresher course.
 - (1) Level 1 instructors are required to submit eight (8) hours of continuing education or refresher course hours.
 - (2) Level 2 and 3 instructors are required to submit sixteen (16) hours of continuing education or refresher course hours.
- (c) Instructor continuing education may consist of, but not be limited to:
 - (1) technology and software utilized in instruction and tracking student activities,
 - (2) psycho-motor exam evaluator,
 - (3) objective and evaluation writing,
 - (4) curriculum review and utilization,
 - (5) classroom management,
 - (6) instructional theory and application,
 - (7) teaching initial, refresher, and continuing education classes and courses for emergency medical professionals,
 - (8) courses, classes, and workshops approved by the Department,
- (d) ~~Unless otherwise approved by the Department, an instructor applying for renewal~~ Instructors are -is limited to a maximum of four (4) hours of actual didactic, psycho-motor, or affective domain classes in any one area or topic.
- (e) ~~Instructor educators~~ Level 3 instructors providing the continuing education hours as a refresher course shall submit a course authorization request for approval ~~the assignment of a course authorization number.~~
- (f) The Department may deny, refuse to renew, revoke, suspend, or place on probation any instructor or instructor educator for reasons which include, but are not limited to:
 - (1) Failure to attend Department required workshops or mandatory Department meetings for EMS instructor educators;
 - (2) Failure to follow Department rules;

- (3) Failure to maintain professional license or certification qualifications;
- (4) Falsification of any training document;
- (5) Failure to maintain professional conduct at all times when providing EMS instruction;
- (6) Failure to obtain sixteen (16) hours of instructor continuing education during the two (2) year certification period for EMS instructors or to complete a Department approved EMS Instructor Refresher.

(g) This application shall constitute authorization for any inspection or investigation by the Department.

(h) An instructor's certification expiration date is concurrent with their Oklahoma Emergency Medical Personnel Certification or License expiration date. For the initial renewal of an instructor certification, any continuing education renewal requirements will be pro-rata based on the next expiration date .

310:641-7-24. Training manager authorization

(a) Licensed ambulance services and certified emergency medical response agencies shall be authorized to conduct training based upon the need for training and continuing education activities. This agency supplied training is limited to refresher courses, emergency medical responder courses, continuing education, and other training courses as designated by the Department.

(b) Ambulance services and emergency medical response agencies ~~shall~~ must use Level 1, 2, or 3 approved instructors to either provide and/or oversee the training. A guest presenter may be used provided an approved instructor is present and responsible for the training session.

(c) An attendance policy or statement shall be sent with course authorization requests for approval by the Department.

(1) Attendance shall be maintained at the agency for three years.

(2) Attendance records will be provided when requested to the Department or to agencies to verify activities.

(d) The Department may attend any training or educational activity to ensure compliance.

(e) The Department may invalidate all or any portion of training conducted if a violation of the Act or rules has been substantiated.

PART 13. SEMI-AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING

310:641-7-60. Approved program providers [REVOKED]

~~Semi-automated external defibrillator (SAED) training providers approved by the American Red Cross, American Heart Association, National Safety Council or other Department approved training programs shall be deemed acceptable to the Department as approved training programs for persons administering SAED in accordance with 76 O.S. Supp. 1999 ' 5A. Training programs offered by approved providers shall be at least four (4) hours in length, cover the use of the semi-automated external defibrillator and cardiopulmonary resuscitation in accordance with American Heart Association Standards.~~

310:641-7-61. Approved instructors course directors and trainers

~~Instructors approved by the American Red Cross, American Heart Association, National Safety Council, or other Department approved training program to provide semi-automated external defibrillation and cardiopulmonary resuscitation training shall be deemed acceptable to the Department as approved instructors of training programs for persons administering emergency defibrillation in accordance with 76 O.S. Supp. 1999 ' 5A. To be subject to 76 O.S. § 5A, the Department requires course directors and trainers to complete cardiopulmonary resuscitation training from the American Red Cross, American Heart Association, National Safety Council, or any other similar course that is approved by the Department.~~

SUBCHAPTER 11. SPECIALTY CARE AMBULANCE SERVICE

310:641-11-2. License required [REVOKED]

- (a) ~~No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as being a specialty care ambulance service without first obtaining a license to operate a specialty care ambulance service from the Department. The Department shall have sole discretion to approve or deny an application for a specialty care ambulance service license based on the ability of the applicant to meet the requirements of this rule.~~
- (b) ~~State and Federal agencies that respond to specialty care transports off State and Federal property are required to become licensed by the Department.~~
- (c) ~~Persons, companies, and governmental entities which operate on their own premises are exempt from this licensing requirement, unless the specialty care patient(s) is/are transported on the public streets or highways of Oklahoma or outside of their own premises.~~
- (d) ~~An application to operate a specialty care ambulance service shall be submitted on forms prescribed and provided by the Department. Ground, air, stretcher aid van, and specialty care services shall each be considered a separate license.~~
- (e) ~~The application shall be signed under oath by the party or parties seeking to secure the license.~~
- (f) ~~The party or parties who sign the application shall be considered the owner or agent (licensee), and responsible for compliance to the Act and rules.~~
- (g) ~~The application shall contain, but not be limited to the following:~~
- ~~(1) a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service.
 - ~~(A) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.~~
 - ~~(B) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.~~~~
 - ~~(2) Proof of vehicle insurance at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - ~~(3) proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - ~~(4) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - ~~(5) each licensee shall have a medical control physician or medical director as prescribed by the Act and this Chapter;~~
 - ~~(6) copy of any contract(s) for vehicles, medical equipment, and/or personnel, if such exist;~~
 - ~~(7) a copy of patient care protocols and quality assurance plan detailing the care, interventions, and scope of practice beyond the Paramedic, as required by medical control physician and as prescribed by the Act and this Chapter.
 - ~~(A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.~~
 - ~~(B) The quality assurance documentation shall be maintained by the agency for three (3) years.~~
 - ~~(C) The quality assurance policy shall include, but not be limited to:
 - ~~(i) policy to review refusals;~~
 - ~~(ii) policy to review air ambulance utilization;~~
 - ~~(iii) policy to review airway management;~~
 - ~~(iv) policy to review cardiac arrest interventions;~~~~~~

- ~~(v) policy to review time sensitive medical and trauma cases;~~
- ~~(vi) policy to review other selected patient care reports not specifically included;~~
- ~~(vii) policy to provide internal and external feedback of findings determined through reviews, and~~
- ~~(viii) documentation of the feedback will be maintained as part of the quality assurance documentation.~~
- ~~(8) A written communication policy addressing:

 - ~~(A) the receiving and dispatching of emergency and non-emergency calls;~~
 - ~~(B) ensuring compliance with State and local EMS Communication Plans; and~~
 - ~~(C) applicants for this license will provide documentation that a screening process is in place to ensure a request for transport of a specialty care patient will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.~~~~
- ~~(9) Provide a response plan that includes:

 - ~~(A) providing and receiving mutual aid with all surrounding, contiguous, or overlapping licensed service areas; and~~
 - ~~(B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.~~~~
- ~~(10) A confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.~~
- ~~(11) An application for an initial or new license shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle, in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station.~~
- ~~(h) Specialty care license applicants will provide documentation that reflects compliance with existing sole source ordinances.~~
- ~~(i) Applicants will declare in the application the type or types of specialty care and patients that will be transported by the agency. The types of specialty care and patients may include, but not be limited to:

 - ~~(1) adult, pediatric, infant, neonatal, or a combination of age types;~~
 - ~~(2) cardiac care, respiratory, neurological, septicemia, or other single or multi-system complications or illnesses requiring specialized treatment during the transport of the patient.~~~~
- ~~(j) Specialty care ambulance services are exempt from the duty to act requirements and continuous staffing coverage.~~
- ~~(k) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year is required to be submitted with the application.~~

310:641-11-11. Specialty care air ambulance aircraft

- (a) An air ambulance aircraft may be fixed wing, single or multi-engine; or rotary wing, single or multi-engine.
- (b) Operations of the aircraft shall be under the appropriate provisions of the Federal Aviation Regulations (FARs).
- (c) The interior of the patient compartment of their aircraft shall have the capability of being climate controlled to avoid adverse effects on patients and medical personnel on board by a means other than flight operations and flying to an altitude.
- (d) The aircraft design and configuration shall not compromise patient stability in loading, unloading, or in-flight operation to include:
 - (1) the aircraft shall have an entry that allows loading and unloading without excessive maneuvering (no more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis) of the patient and does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation;
 - (2) a minimum of one stretcher shall be provided that can be carried to the patient;

- (3) aircraft stretchers and the means of securing it in-flight must be consistent with applicable Supplemental Type Certificates (STCs).
 - (4) the type and model of stretcher indicates the maximum gross weight allowed (inclusive of patient and equipment) as labeled on the stretcher;
 - (5) the stretcher shall be large enough to carry an American adult male .
 - (6) the stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available;
 - (7) the head of the stretcher is capable of being elevated at least 30 degrees for patient care and comfort;
 - (8) if the ambulance stretcher is floor supported by its own wheels, there is a mechanism to secure it in position under all conditions. These restraints permit quick attachment and detachment for patient transfer.
- (e) Patients transported by air will be restrained with a minimum of three straps, including shoulder straps, which must comply with FAA regulations. The following additional requirements shall apply to achieve patient stability:
- (1) patients less than 60 pounds (27kg) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device. All patients less than 40 pounds must be secured in a five-point safety strap device that allows good access to the patient from all sides and permits the patient's head to be raised at least 30 degrees. Velcro straps are not encouraged for use on pediatric devices;
 - (2) if a car seat is used, it shall have an FAA approved sticker;
 - (3) there shall be some type of restraining device within the isolette to protect the infant in the event of air turbulence.
- (f) A supplemental lighting system shall be installed in the aircraft/ambulance in which standard lighting is insufficient for patient care, and a self-contained lighting system powered by a battery pack or portable light with a battery source must be available.
- (g) An electric power outlet shall be provided with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment packages without compromising the operation of any other system or equipment. A back-up power source to enable use of equipment may be provided by an extra battery of appropriate voltage and capacity.
- (h) There shall be access and necessary space to ensure any onboard patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
- (i) ~~(k)~~ Medical transport personnel shall be able to determine if medical oxygen is on in the patient care area.
- (1) Each gas outlet shall be clearly marked for identification.
 - (2) Oxygen flow shall be capable of being started and stopped at or near the oxygen source from inside the aircraft.
 - (3) The following indicators shall be accessible to medical transport personnel while en route:
 - (A) quantity of oxygen remaining; and
 - (B) measurement of liter flow.
- (j) ~~(h)~~ A variety of medical oxygen delivery devices consistent with the service's medical protocols shall be available.
- (k) ~~(m)~~ An appropriately secured portable medical oxygen tank with a delivery device shall be carried on the aircraft. Portable medical oxygen tank may not be secured between patient's legs while the aircraft is in motion.
- (l) ~~(n)~~ There shall be a back-up source of medical oxygen sufficient to allow completion of the transport in the event the main system fails. For air transports, this back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight.
- (m) ~~(o)~~ Storage of oxygen shall comply with applicable standards.

~~(n) (p)~~ Oxygen flow meters and outlets shall be located to prevent injury to medical transport personnel to the extent possible.

~~(o) (q)~~ ~~The licensee shall notify the Department prior to placing a substitute aircraft into operation. Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department. In the event the licensee will be utilizing a substitute aircraft not previously permitted by the Department for a period of more than five (5) days, the licensee shall notify the Department to have the aircraft inspected and permitted by the Department.~~

~~(1) Licensees with a substitute aircraft utilized for periods of five (5) days or less, the licensee shall complete an agency specific equipment log documenting the transfer of all required equipment onto the substitute aircraft at the time of transfer.~~

~~(2) The agency will maintain documentation of the transfer in accordance with OAC 310:641-13-21 Air ambulance service records and files.~~

~~(p) Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department as detailed within this section of OAC 310:641 Subchapter 11.~~

310:641-11-12. Equipment for specialty care transport vehicles (air and ground)

(a) The tampering, modification, or removal of the manufacturer's expiration date is prohibited.

(b) Licensed specialty care ambulance services shall ensure that all recalled, outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from ambulances immediately.

(c) The medical control physician will authorize all equipment and medications placed on the units for patient care.

(1) The authorized equipment and medications will be detailed on a unit checklist and will match the equipment and supplies with detailed defined minimums needed to treat patients in the manner in the agency approved protocols. The checklist will also meet the requirements described in the ambulance file section of this subchapter.

(2) ~~The medications authorized by the medical director will be detailed on the unit checklist described in the ambulance files section of this subchapter,~~ to include the number, weight, and volume of the medication containers.

(d) At a minimum, the following equipment and supplies will be present on each specialty care unit when transported specialty care patients:

(1) age and size appropriate oropharyngeal and nasopharyngeal airways, single wrapped for sanitation purposes;

(2) functioning portable suction device with age and size appropriate tubing and tips;

(3) age and size appropriate bag-valve-mask resuscitators;

(4) portable (secured in each vehicle) and wall mounted oxygen sets, with age and size appropriate tubing cannulas and masks;

(5) spare portable oxygen cylinder, secured to manufacturing specifications;

(6) Bandaging materials to include:

(A) two (2) burn sheets clean wrapped and marked in plastic bag that need not be sterile.

(B) fifty (50) sterile 4"x4" dressings.

(C) six (6) sterile 6"x8" or 8"x10" dressings.

(D) ten (10) roller bandages, 2" or larger.

(E) four (4) rolls of tape (minimum of one (1") inch width).

(F) four (4) sterile occlusive dressings, 3" x 8" or larger.

(G) four (4) triangular bandages.

(H) one (1) pair of bandage scissors.

(7) Fracture immobilization devices to include:

(A) one (1) adult and one (1) pediatric traction splint or equivalent device capable of adult and pediatric application.

(B) two (2) upper and two (2) lower extremity splints in adult and pediatric sizes.

- (C) short spine board or vest type immobilizer, including straps and accessories as described within the agency protocols.
 - (D) two (2) adult and one (1) pediatric size long spine board including straps and head immobilization devices.
 - (E) two (2) rigid or adjustable extrication collars in large, medium, small adult sizes, and pediatric sizes for children ages 2 years or older and one (1) infant collar. Collars shall not be foam or fiber filled.
- (8) Miscellaneous medical equipment to include:
- (A) one (1) infant, one (1) child, two (2) adult, and one (1) extra-large blood pressure cuffs;
 - (B) stethoscope, one (1) adult and one (1) pediatric sizes.
 - (C) obstetrical kit with towels, 4"x4" dressing, umbilical tape, bulb syringe, cord cutting device, clamps, sterile gloves, aluminum foil, and blanket.
 - (D) universal communicable disease precaution equipment including gloves, mask, goggles, gown, and other universal precautions.
 - (E) blood-glucose measurement equipment per medical direction and Department approval.
 - (F) CPAP per medical direction and Department approval.
- (9) Other mandatory equipment to include:
- (A) Two (2) appropriately labeled or designated waste receptacles for:
 - (i) waste that is contaminated by bodily fluids or potentially hazardous infectious waste, and
 - (ii) waste that does not present a biological hazard, such as plastic or paper products that are not contaminated.
 - (B) two way radio communication equipment utilizing VHF frequency 155.3400 as detailed in this Chapter and through the Statewide Interoperability Governing Body.
 - (C) one (1) sturdy, lightweight, all-level cot for the primary patient that is compliant with the vehicle manufacturing standards in place at the time of purchase.
 - (D) at least three (3) strap type restraining devices (chest, hip, and knee), and compliant shoulder harness shall be provided per stretcher, cot, and litter (not less than two (2)" inches wide, nylon, easily removable for cleaning, two (2) piece assembly with quick release buckles).
 - (E) electronic or paper patient care run reports.
 - (F) two (2) fire extinguishers; one (1) in the cab of the unit, and one in the patient compartment of the vehicle each mounted in a manner that allows for quick release and is compliant with the ambulance manufactures building standards. Each extinguisher is to be dry powder, ABC, and a minimum of five (5) pounds.
 - (G) two (2) operable flashlights;
 - (H) all ambulance equipment and supplies shall be maintained in accordance with sanitation requirements in this Chapter. Additionally, sterility shall be maintained on all sterile packaged items.
 - (I) digital or strip type thermometer and single use probes.
 - (J) six (6) instant cold packs.
 - (K) one (1) length/weight based drug dose chart or tape.
 - (L) a minimum of two (2) DOT approved reflective vests.
 - (M) As approved by local medical direction, a child restraint system or equipment for pediatric patients, as provided under the limits of the agency license.
- (e) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufactures guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufactures requirements. These types of equipment include, but are not limited to, gurneys or stretchers, suction devices, pulse oximetry, glucometers, capnography monitors, end-tidal co2 monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-11-14. Specialty care agency sanitation requirements

(a) The following shall apply regarding sanitation standards for all specialty care ambulance services facilities, vehicles, and personnel:

- (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary, secured and maintained in good working order at all times;
- (2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;
- (3) linen shall be changed after each patient is transported; and bagged and stored in an outside or separate compartment;
- (4) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris;
- (5) freshly laundered linen or disposable linen shall be used on the cots and pillows and changed between patients;
- (6) pillows and mattresses shall be kept clean and in good repair and any repairs made to pillows, mattresses, and padded seats shall be permanent;
- (7) soiled linen shall be placed in a closed container that deters accidental exposure. Any linen which is suspected of being contaminated with bodily fluids or other potentially hazardous infectious waste shall be placed in appropriately marked or designated closed container for disposal;
- (8) contaminated disposable supplies shall be placed in appropriately marked or designated containers in a manner that deters accidental exposure.
- (9) exterior and interior surfaces of vehicles shall be cleaned routinely;
- (10) blankets and hand towels used in any vehicle shall be clean;
- (11) implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items;
- (12) when a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted;
- (13) all storage spaces used for storage of linens, equipment, medical supplies, and other supplies at the base station shall be kept clean;
- (14) personnel shall be clean, especially hands and fingernails, and well groomed. Clothing worn by personnel shall be clean. The licensee shall provide in each vehicle a means of hand washing for the attendants;
- (15) the oxygen humidifier(s) shall be single use;
- (16) All medications, supplies, and sterile equipment with expiration dates shall be current;
- (17) Expired medications, supplies, and sterile equipment shall be discarded appropriately. Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited;
- (18) The station facility, ambulance bays, living quarters, and office areas shall be clean, orderly, and free of safety and health hazards;
- (19) Specialty care ambulance vehicles and service facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas consistent with the provisions of 310:641-1-4.

310:641-11-20. Operational protocols

(a) Authorized emergency vehicles of licensed ambulance services shall adhere to the requirements of Title 47 O.S. Section 1-101 et seq. ("Motor Vehicle Code") for all vehicle operations. following for physically displaying and/or orally transmitting via voice communications, to the following modes of operation:

~~(1) "Code 1" shall mean a non-emergency mode for the purpose of operation of an ambulance service vehicle. Neither red lights nor siren shall be utilized, and the vehicle shall not be considered or afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code");~~

~~(2) "Code 3" shall mean an emergency mode for the purpose of operation of an ambulance service vehicle. Both red lights and siren shall be utilized, and the vehicle shall be considered and afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code").~~

(b) When a facility requests a specialty care transport, the specialty care agency will provide an accurate estimated time of arrival and ensure the patient needs will be able to be met for the service being requested.

(c) Mutual aid plan(s), regarding interfacility transports only, with licensed services shall be developed and placed in the agency files for inspection. Plans will be periodically reviewed to ensure accuracy and completeness. Licensed specialty care agencies shall provide mutual aid, if the agency has the capability and if the requested activity is within the licensure requirements.

310:641-11-22. Specialty care ambulance service records and files

(a) All required records for licensure will be maintained for a minimum of three (3) years.

(b) Each licensed specialty care ambulance service shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:

(1) Patient care records:

(A) at the time a patient is transported to a receiving facility, the following information will be, at a minimum provided to the facility staff members at the time the patient is accepted:

- (i) personal information such as name, date of birth, and address;
- (ii) patient assessment with medical history;
- (iii) medical interventions and patient responses to interventions;
- (iv) any known allergies; and
- (v) other information from the medical history that would impact the patient outcomes if not immediately provided.

(B) A signature of the receiving facility health care staff member will be obtained to show the above information and the patient were received.

(2) A complete copy of the patient care report shall be sent to the receiving facility within twenty-four (24) hours of the hospital receiving the patient.

(3) Completed patient care reports shall contain demographic, administrative, legal, medical, community health, and patient care information required by the Department through the OKEMSIS Data Dictionary.

(4) All run reports and patient care information shall be considered confidential.

(c) All licensed agencies shall maintain electronic or paper records on the maintenance, and regular inspections of each vehicle.

(1) Each vehicle must be inspected and a detailed equipment checklist completed after each call, or on a daily basis, whichever is less frequent, and

(2) documentation that shows routine vehicle maintenance for each vehicle as required by vehicle manufacture recommendations.

(d) All licensed agencies shall maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:

(1) Oklahoma license and certification,

(2) Basic Life Support certification, or documentation of BLS cognitive objectives and psychomotor skills that meets or exceeds American Heart Association standards, and approved by the medical director;

- (3) Advanced Cardiac Life Support certification or documentation of BLS cognitive objectives and psychomotor skills that meets or exceeds American Heart Association Standards, as approved by the medical director if applicable for the license level,
- (4) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
- (5) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course,
- (6) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency, and
- (7) a copy of the medical director credentials will be maintained at the agency.
- (e) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (f) Copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage at the highest level of license;
- (g) Copies of in-service training and continuing education records.
- (h) Copies of the ambulance service:
 - (1) operational policies, guidelines, or employee handbook;
 - (2) a list of the patient care equipment that is carried on any "Class E" unit(s) will be part of the standard operating procedure or guideline manual,
 - (3) medical protocols; and
 - (4) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (i) A log of each request for service received and/or initiated, to include the:
 - (1) disposition of the request and the reason for declining the request if applicable,
 - (2) patient care report number,
 - (3) date of request,
 - (4) patient care report times as required in the OKEMSIS Data Dictionary,
 - (5) location of the incident, and
 - (6) ~~where the ambulance originated, and~~
 - (7) nature of the call.
- (j) Documentation that verifies an ongoing, physician involved quality assurance program.
- (k) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (l) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department, in writing.
- (m) Review and the disclosure of information contained in the ambulance service files shall be confidential, except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (n) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (o) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (p) A representative of the agency will be present during the record review.

SUBCHAPTER 13. AIR AMBULANCE SERVICE

310:641-13-2. License required [REVOKED]

(a) ~~No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any air ambulance service without first obtaining a license to operate an air ambulance service from the Department. The Department shall have sole discretion to approve or deny any application for air ambulance service license based on the ability of the applicant to meet the requirements of this rule.~~

~~(1) State and Federal agencies are exempt from this licensing requirement unless the State and Federal agency air ambulance service routinely responds to emergency requests for service off State and/or Federal property.~~

~~(2) An application for a license to operate as an air ambulance service shall be submitted on forms prescribed and approved by the Department.~~

~~(3) The application shall be signed by the party or parties seeking to secure the license.~~

~~(4) The party or parties who sign the application shall be considered the owner or agency (licensee) and responsible for compliance to the Act and this Chapter.~~

~~(5) The application shall contain, but not be limited to the following:~~

~~(A) a statement of ownership shall include the name, address, telephone number(s), occupation, and other business activities of all owners or agents who shall be responsible for the service;~~

~~(B) if the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included;~~

~~(C) If the owner is an entity of government, governmental trust, trust authority, or non profit corporation, the name of each board member, or the chief administrative officer, and/or chief operation officer shall be included;~~

~~(D) Proof of aircraft insurance as required within Federal regulations;~~

~~(E) Proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(F) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(G) each licensee shall have a medical control physician or medical director as prescribed by the Act and this Chapter;~~

~~(H) copy of any contract(s) medical equipment, and/or personnel;~~

~~(I) a copy of patient care protocols and quality assurance plan detailing the care and interventions as required by medical control physician and as prescribed by the Act and this Chapter;~~

~~(J) the Department may require quality assurance documentation for review and shall protect the confidentiality of that information;~~

~~(K) the quality assurance documentation shall be maintained by the agency for three (3) years;~~

~~(L) the quality assurance policy shall include, but not be limited to:~~

~~(i) policy to review refusals;~~

~~(ii) policy to review air ambulance utilization;~~

~~(iii) policy to review airway management;~~

~~(iv) policy to review cardiac arrest interventions;~~

~~(v) policy to review time sensitive medical and trauma cases;~~

~~(vi) policy to review other selected patient care reports not specifically included;~~

~~(vii) policy to provide internal and external feedback of findings determined through reviews;~~

- ~~(viii) documentation of the feedback will be maintained as part of the quality assurance documentation.~~
- ~~(M) a written communication policy addressing:

 - ~~(i) the receiving and dispatching of emergency and non-emergency calls; and~~
 - ~~(ii) ensuring compliance with State and local EMS Communication Plans.~~~~
- ~~(N) air ambulance specialty care license applicants will provide documentation that a screening process is in place to ensure a request for transport of a specialty care patient will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.~~
- ~~(6) Provide a response plan that includes:

 - ~~(A) providing and receiving mutual aid with all surrounding, contiguous, or overlapping air ambulance licensed service areas that provides for support when an agency is not able to meet a request for medical assistance;~~
 - ~~(B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.~~~~
- ~~(7) Confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.~~
- ~~(b) An application for an initial or new license shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station.~~
- ~~(c) Air ambulance services are exempt from a duty to act requirements and continuous staffing coverage.~~
- ~~(d) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.~~

310:641-13-10. Air ambulance equipment

- (a) Medical control shall determine the patient's needs and level of care required when deciding what equipment shall be aboard each flight and the type of aircraft required for transport. Equipment kits, cases and/or packs which are carried on any given flight shall be available for the following categories: trauma, cardiac, burn, toxicologic, pediatric, neonatal, and obstetrics.
- (b) controlled substances shall be in a locked system and kept in a manner consistent with Federal and States requirements and applicable sections of this Chapter.
- (c) storage of medications shall allow for protection from extreme temperature changes if environment deems it necessary.
- (d) The following medical equipment shall be required to be on board every aircraft certified by the Department for air medical services:
 - (1) readily available IV supplies and fluids, readily available;
 - (2) hangers or hooks to secure IV solutions in place and equipment to provide high flow fluids if needed. Glass IV containers shall not be used unless required by specific medications and properly secured;
 - (3) a minimum of three (3) IV infusion pumps immediately available for critical care transports;
 - (4) accessible medications, consistent with the service's medical protocols;
 - (5) a cardiac monitor, defibrillator and external pacemaker shall be secured and positioned so that displays are visible. Two (2) extra batteries or a power source shall be available for cardiac monitor / defibrillator or external pacemaker (adult and pediatric);
 - (6) laryngoscope and tracheal intubation supplies, to include laryngoscope blades, bag-valve-mask, and oxygen supplies, including PEEP valves; appropriate for ages and potential needs of patient transported;
 - (7) a mechanical ventilator appropriate for critical care transports;

- (8) two (2) suction units, one of which is portable and both of which are capable of delivering adequate suction to clear the airway with wide bore (1/4") tubing and rigid and soft suction catheters for adults, children, and infants;
 - (9) pulse oximetry with adult and pediatric capability;
 - (10) continuous waveform capnography monitoring capabilities and equipment;
 - (11) automatic blood pressure device;
 - (12) devices for decompressing a pneumothorax and performing an emergency cricothyroidotomy;
 - (13) doppler stethoscope;
 - (14) continuous/bi level positive airway pressure device as allowed by protocol; and
 - (15) arterial line blood pressure monitoring as allowed by protocol.
- (e) All medical equipment (including specialized equipment) and supplies shall be secured according to FAR's.
- (f) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained by the agency, and made available to the Department upon request, showing the periodic tests, maintenance, and calibration are being conducted in accordance with manufacturer's requirements. Equipment shall include, but not be limited to, stretcher or gurney, suction devices, pulse oximetry, glucometers, end-tidal CO₂, and capnography monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-13-19. Emergency medical services regions [REVOKED]

- ~~(a) Regions established pursuant to Section 1-2503 (21) and (22) of the Act shall not be recognized without Department approval for this purpose. Pursuant to Title 74, O.S., Section 1006, of the "Interlocal Cooperation Act" (relating to Approval of Agreements), the Department shall exercise authority granted to approve or disapprove all matters within its jurisdiction, in addition to and in substitution for the requirement of submission to and approval by the Attorney General.~~
- ~~(b) The Department shall recognize regions which comply with the law and this Chapter.~~
- ~~(c) Any regional emergency medical services system shall provide the name of the regional medical director, copies of regional standards, rules, and transport protocols established for the regional emergency medical services system to the Department.~~

310:641-13-21. Air ambulance service records and files

- (a) All required records for licensure will be maintained for a minimum of three years.
- (b) Each licensed air ambulance service shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:
- (1) At the time a patient is transported to a receiving facility, the following patient care records will be, at a minimum, provided to the facility staff members at the time the patient(s) are accepted:
 - (A) personal information such as name, date of birth, and address,
 - (B) patient assessment with medical history,
 - (C) medical interventions and patient responses to interventions,
 - (D) any known allergies,
 - (E) other information from the medical history that would impact the patient outcomes if not immediately provided.
 - (2) A signature of the receiving facility health care staff member will be obtained to show the above information and the patient were received.
 - (3) A complete copy of the patient care report shall be sent to the receiving facility within twenty-four (24) hours of the hospital receiving the patient.
 - (4) Completed patient care reports shall contain demographic, administrative, legal, medical, community health, and patient care information required by the Department through the OKEMSIS Data Dictionary.

- (5) All run reports and patient care information shall be considered confidential.
- (c) All licensed air ambulance agencies shall maintain electronic or paper records on the maintenance and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call or on a daily basis, whichever is less frequent.
- (d) All licensed air ambulance agencies shall maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:
- (1) Oklahoma license and certification,
 - (2) Basic Life Support certification, or documentation of BLS cognitive objectives and psychomotor skills that meets or exceeds American Heart Association standards and approved by the medical director,
 - (3) Advanced Cardiac Life Support certification, or documentation of BLS cognitive objectives and psychomotor skills that meets or exceeds American Heart Association Standards and approved by the medical director, as applicable for advanced licensure levels,
 - (4) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
 - (5) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency,
 - (6) a copy of the medical director credentials will be maintained at the agency.
- (e) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (f) All licensed air ambulance agencies shall maintain:
- (1) copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage, at the highest level of license;
 - (2) copies of in-service training and continuing education records;
 - (3) copies of the air ambulance services:
 - (A) operational policies, guidelines, or employee handbook. The standard operating procedure or guideline manual will include list of the patient care equipment that is carried on any "Class E" unit(s);
 - (B) medical protocols; and
 - (C) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
 - (4) A log of each request for service received and/or initiated, to include the following:
 - (A) disposition of the request and the reason for declining the request, if applicable,
 - (B) the patient care report number,
 - (C) date of request,
 - (D) patient care report times as defined in the OKEMSIS Data Dictionary,
 - (E) location of the incident,
 - (F) ~~where the ambulance originated, and~~
 - (G) nature of the call;
 - (5) Documentation that verifies an ongoing, physician-involved quality assurance program.
 - (6) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (g) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department in writing.
- (h) Review and the disclosure of information contained in the ambulance service files shall be confidential except for information which pertains to the requirements for license, certification, or investigation issued by the Department.

- (i) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (j) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (k) A representative of the agency will be present during the record review.

SUBCHAPTER 15. EMERGENCY MEDICAL RESPONSE AGENCY

310:641-15-2. Certified pre-hospital emergency medical response agency [REVOKED]

- (a) ~~The Department may issue a certification to prehospital emergency medical response agency applicants.~~
- (b) ~~No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of care or response above the Emergency Medical Responder level without first obtaining a certificate from the Department. The Department shall have sole discretion to approve or deny an application for an emergency medical response agency certification based on the ability of the applicant to meet the requirements of this rule.~~
- (c) ~~State and Federal agencies that respond off State and Federal property are required to become certified by the Department.~~
- (d) ~~Persons, companies, and governmental entities which operate on their own premises and do not provide services to the public are exempt. Entities that limit the interventions and activities of their staff members to first aid, CPR, and the use of an AED are not required to become a certified Emergency Medical Response Agency.~~
- (e) ~~An application for the certification shall be submitted on forms prescribed and provided by the Department~~
- (f) ~~The application shall be signed under oath by the party or parties seeking to secure the license.~~
- (g) ~~The party or parties who sign the application shall be considered the owner or agent (certificate holder) and responsible for compliance of the Act and rules.~~
- (h) ~~The application shall contain, but not be limited to the following:~~
 - (1) ~~a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service;~~
 - (A) ~~If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.~~
 - (B) ~~If the owner is an entity of government, governmental trust, trust authority, or non profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.~~
 - (2) ~~if the agency operates vehicles through ownership or contract, then proof of vehicle insurance at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - (3) ~~proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - (4) ~~participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed.~~

- (5) ~~Each certified agency shall have a medical control physician or medical director as prescribed by the Act and this Chapter and submit with the application:~~
- (A) ~~a letter of agreement from the physician to provide medical direction and establish the protocols and the scope of practice provided at the service;~~
 - (B) ~~the physician's primary practice address or home address if the physician does not have a practice and email address;~~
 - (C) ~~an Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) registrant number;~~
 - (D) ~~a current Oklahoma medical license;~~
 - (E) ~~a curriculum vitae;~~
- (6) ~~Copy(ies) of any contract(s) for vehicles, medical equipment, and/or personnel, if such exist;~~
- (7) ~~a copy of patient care protocols and quality assurance plan detailing the care, interventions, and scope of practice as authorized by the medical director and as prescribed by the Act and this Chapter;~~
- (A) ~~the Department may require quality assurance documentation for review, and shall protect the confidentiality of that information.~~
 - (B) ~~the quality assurance documentation shall be maintained by the agency for three (3) years.~~
 - (C) ~~The quality assurance policy shall include, but not be limited to:~~
 - (i) ~~policy to review refusals~~
 - (ii) ~~policy to review air ambulance utilization;~~
 - (iii) ~~policy to review airway management;~~
 - (iv) ~~policy to review cardiac arrest interventions;~~
 - (v) ~~policy to review time sensitive medical and trauma cases;~~
 - (vi) ~~policy to review other selected patient care reports not specifically included;~~
 - (vii) ~~policy to provide internal and external feedback of findings determined through reviews;~~
 - (viii) ~~documentation of the feedback will be maintained as part of the quality assurance documentation.~~
- (8) ~~A written communication policy addressing:~~
- (A) ~~the receiving and dispatching of emergency and non-emergency calls; and~~
 - (B) ~~ensuring compliance with State and local EMS Communication Plans.~~
- (9) ~~Provide a response plan that includes:~~
- (A) ~~providing and receiving mutual aid with all surrounding, contiguous, or overlapping licensed service area~~
 - (B) ~~providing for and receiving disaster assistance in accordance with local and regional plans and command structures;~~
- (10) ~~Confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.~~
- (11) ~~An application for an initial or new certification shall be accompanied by a non-refundable fee of fifty (\$50.00) dollars.~~
- (i) ~~Applications shall include a letter of support or agreement from a licensed ambulance service within the proposed emergency medical response service area that includes:~~
- (1) ~~support of the application;~~
 - (2) ~~support of the medical control physician choice; and~~
 - (3) ~~plans or policies for supporting or participating in quality assurance activities.~~
- (j) ~~a letter documenting support and need from the governmental authority(ies) that have jurisdiction over the proposed emergency response area. If the emergency response area encompasses multiple jurisdictions, a written endorsement shall be presented from each jurisdiction.~~
- (k) ~~A description of the proposed level of service in the response area including:~~
- (1) ~~a map defining the primary emergency response area including base station, substations, posts, and consistent with local or regional emergency communication plans (e.g. 911 center);~~
 - (2) ~~a description of the level of care to be provided and describing any variations in care within the area; and~~

~~(3) Emergency Medical Response Agency applicants will provide documentation that reflects compliance with existing sole source ordinances.~~

~~(l) Pre-hospital emergency medical response agencies are prohibited from transporting patients~~

310:641-15-3. Event standby emergency medical response agency application [REVOKED]

~~(a) The Department may issue an event standby emergency medical response agency certification to applicants.~~

~~(b) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of care or response at or above the Emergency Medical Responder level without first obtaining a certificate from the Department. The Department shall have sole discretion to approve or deny an application for an Event Standby Emergency Medical Response agency certificate based on the ability of the applicant to meet the requirements of this rule.~~

~~(c) Federal agencies that routinely respond off Federal property are required to become certified by the Department unless their responses are specifically part of a Federal mission.~~

~~(d) State agencies that routinely respond off state property are required to become certified. An exception are those state entities that are part of Oklahoma Office of Homeland Security, Oklahoma State Department of Health, or Medical Reserve Corps providing support to established systems of care.~~

~~(e) Persons, companies, and governmental entities which operate on their own premises, and do not provide services to the public are exempt.~~

~~(f) Persons, companies, and governmental entities that limit the activities and interventions of their staff members to that of first aid, CPR, and the use of an AED are not required to become a certified emergency medical response agency.~~

~~(g) An application for the event stand by emergency medical response agency certification shall be submitted on forms prescribed and provided by the Department.~~

~~(h) The application shall be signed under oath by the party or parties seeking to secure the license.~~

~~(i) The party or parties who sign the application shall be considered the owner or agent (licensee) and responsible for compliance to the Act and rules.~~

~~(j) The application shall contain, but not be limited to, the following:~~

~~(1) A statement of ownership shall include the name, address, telephone number, occupation, and/or other business activities of all owners or agents who shall be responsible for the service;~~

~~(2) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal) and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included;~~

~~(3) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, chief administrative officer, and/or chief operation officer shall be included;~~

~~(4) If the agency operates vehicles through ownership or contract, then proof of vehicle insurance at least in the amount of one million dollars (\$1,000,000.00), or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(5) Proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000), or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(6) proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;~~

~~(7) each certified agency shall have a medical control physician or medical director as prescribed by the Act and this Chapter and submit with the Application;~~

- (A) ~~letter of agreement from the physician to provide medical direction and establish the protocols and the scope of practice provided at the service;~~
- (B) ~~physicians primary practice address or home address if the physician does not have a practice and email address;~~
- (C) ~~an Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) registrant number;~~
- (D) ~~current Oklahoma medical license;~~
- (E) ~~a curriculum vitae;~~
- (8) ~~copy of any contract(s) for vehicles, medical equipment, and/or personnel;~~
- (9) ~~a copy of patient care protocols and quality assurance plan detailing the care, interventions and scope of practice at the agency as required by medical control physician and as prescribed by the Act and this Chapter;~~
 - (A) ~~The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.~~
 - (B) ~~The quality assurance documentation shall be maintained by the agency for three (3) years.~~
 - (C) ~~The quality assurance policy shall include, but not be limited to:~~
 - (i) ~~policy to review refusals~~
 - (ii) ~~policy to review air ambulance utilization;~~
 - (iii) ~~policy to review airway management;~~
 - (iv) ~~Policy to review cardiac arrest interventions;~~
 - (v) ~~policy to review time sensitive medical and trauma cases;~~
 - (vi) ~~policy to review other selected patient care reports not specifically included;~~
 - (vii) ~~policy to provide internal and external feedback of findings determined through reviews;~~
 - (viii) ~~documentation of the feedback will be maintained as part of the quality assurance documentation.~~
- (10) ~~A written communication policy addressing:~~
 - (A) ~~the receiving and dispatching of emergency and non-emergency calls; and~~
 - (B) ~~compliance with State and local EMS communication plans.~~
- (11) ~~Provide a response plan that includes:~~
 - (A) ~~if and how the applicant enters into an Incident Command System as part of a disaster. If this type of agency is part of a community or disaster plan, then documents from governmental entities and local ambulance services showing support for their activities will be provided.~~
 - (B) ~~providing for and receiving disaster assistance in accordance with local and regional plans and command structures;~~
- (12) ~~Confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.~~
- (13) ~~An application for an initial or new certification shall be accompanied by a non-refundable fee of fifty (\$50.00) dollars.~~
- (k) ~~For an event standby emergency response agency applicant:~~
 - (1) ~~if the applicant is providing care to the public on public property, then letters of governmental support and documents verifying coordination with local ambulance services are required for that agency to have the authority to provide care at that setting.~~
 - (2) ~~if the agency is providing care to the public in a business or establishment open to the public on private property, then letters of governmental support are not required.~~
- (l) ~~At all times, the standby event emergency medical response agency shall coordinate with other licensed and certified EMS agencies responsible for the event location when the event is within a licensed ambulance service area or approved area for prehospital emergency medical response agencies.~~
- (m) ~~Ambulance Services licensed under Subchapter 3 of this chapter are exempt from the requirements of this subchapter.~~

310:641-15-5. Issuance of an event standby emergency medical response agency certification

- (a) The Department shall issue an event standby emergency medical response agency certification to applicants that meet certification requirements:
- (b) The certificate shall be issued for the name only.
- (c) The certificate is not transferable or assignable.
- (d) The initial certification period shall expire the second June 30 following the date of issue. Subsequent renewal periods shall be twenty-four (24) months, or two (2) years.
- (e) The original or a copy of the original certification shall be posted in a conspicuous place in the principal business office. If an office or other public place is not available then the certificate or a copy shall be available to anyone requesting to see the certification during regular business hours.

310:641-15-10. Emergency medical response agency personnel

- (a) Emergency medical response agencies shall have at least one person of the responding personnel providing patient care certified or licensed by the Department.
- (b) All drivers that operate emergency vehicles for an agency shall complete an emergency vehicle operator's course prior to emergency vehicle operations. Emergency vehicle operators shall complete an emergency vehicle operator's renewal course every two (2) years.
- (c) ~~In a unique and unexpected circumstance, the minimum driver requirement may be altered to facilitate a response of an agency. An incident report shall be sent to the Department within ten (10) days of the occurrence of such an event.~~
- ~~(d)~~ Only emergency personnel authorized by this Act, except for a physician, shall be utilized by any emergency medical response agency.
- ~~(e)~~ (d) Agencies will maintain training records demonstrating competency in medical skills, patient handling, and emergency vehicle operations for all personnel employed or associated with the agency and utilized for patient care.

310:641-15-11. Prehospital emergency medical response agency equipment

- (a) The tampering, modification, or removal of the manufacturer's expiration date is prohibited.
- (b) Certified agencies shall ensure that all, recalled, outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from the response vehicles immediately.
- (c) The unit checklist will establish the equipment, supplies, and medications for each unit. A list of the equipment, supplies, and medication will be included in the application. For medications this is to include the number, weight, and volume of the containers.
- (d) At a minimum, the following equipment and supplies will be present on for each emergency medical response:
 - (1) one (1) each adult, pediatric, and infant size bag-valve-mask resuscitators;
 - (2) one (1) complete set of oropharyngeal airways, single wrapped for sanitation purposes;
 - (3) portable oxygen system with two (2) each oxygen masks in adult, pediatric, and infant sizes;
 - (4) two (2) adult nasal cannulas;
 - (5) portable suction device with age and size appropriate tubing and tips;
 - (6) one (1) bulb syringe with saline drops, sterile, in addition to any bulb syringes in an obstetric kit;
 - (7) instant cold packs;
 - (8) sterile dressing and bandages, to include:
 - (A) sterile burn sheets,
 - (B) sterile 4"x4" dressings,
 - (C) sterile 6"x8" or 8"x10" dressings,
 - (D) roller bandages, 2" or larger,
 - (E) rolls of tape (minimum of one (1) inch width),
 - (F) sterile occlusive dressings, 3" x 8" or larger,
 - (G) triangular bandages, and
 - (H) scissors;

- (9) blood pressure cuff kit in adult, pediatric, and infant sizes;
 - (10) obstetrics kit;
 - (11) blankets;
 - (12) universal precaution kit for each person attending a patient;
 - (13) blood-glucose measurement equipment per medical direction and Department approval;
 - (14) AED with adult and pediatric capability;
 - (15) adult and pediatric upper and lower extremity splints;
 - (16) spinal immobilization equipment per medical control authorization;
 - (17) adult traction splint per medical control authorization and;
 - (18) patient care reports.
- (e) ~~A list of equipment in addition to the minimum equipment will be sent to the Department with the application.~~
- (f) The agency will have the equipment to support the procedures and interventions detailed within the protocols as authorized by the medical director.
- ~~(g)~~ (f) An electronic or paper copy of patient care protocols will be available to responding agency members.
- ~~(h)~~ (g) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing the periodic tests, maintenance, and calibration are being conducted in accordance with manufacturer's requirements. Equipment shall include, but not be limited to suction devices, pulse oximetry, glucometers, end-tidal Co2 and capnography monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-15-13. Emergency medical response agency medical control requirement

- (a) Each certified emergency medical response agency certified in Oklahoma shall have a physician medical director who is a fully licensed, non-restricted Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) by the State of Oklahoma.
- (b) Certified emergency medical response agencies will have a plan or policy that describes how the agency will address a sudden lapse of medical direction, such as a back-up medical director, that is used to ensure coverage when the medical director is not available.
- (1) The Department shall be notified the next business day of any lapse or change of medical direction by the respective agency. If the agency has made arrangements for a back-up medical director or an immediate replacement, then a lapse has not occurred.
 - (2) In the event of a lapse in medical direction, in that, there is no a medical director providing the authority for medical interventions for an agency's certified and licensed personnel, the agency will, pursuant to 63 O.S. Section 1-2506 relating to the medical authority to perform medical procedures:
 - (A) ~~cease all operations involving patient care,~~ may respond to a request for service to provide first aid, CPR, and the use of an AED, and
 - (B) implement mutual aid plans to ensure requests for service receive responses until the agency is able to implement their plan or policy for substitution or back-up medical direction.
- (c) The medical director shall:
- (1) be accessible, knowledgeable, and actively involved in quality assurance and the educational activities of the agency's personnel, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of the responsible designee(s). The appointment of a designee does not absolve the medical director of their responsibility of providing oversight.
 - (2) Provide a written statement to the Department which includes:
 - (A) an agreement to provide medical direction and establish treatment protocols and the agency specific scope of practice for all certified and licensed agency personnel;
 - (B) the physician's primary practice address or home address if the physician does not have a practice and email address(es);

- (C) ~~an OBND D registrant number or appropriate state equivalent as appropriate;~~ An agency that only provides care within the Basic Life Support scope of practice, the medical director shall:
- (i) hold a valid, non-restricted medical license,
 - (ii) not be restricted from obtaining or maintaining OBND D and DEA registrations for controlled dangerous substances,
 - (iii) demonstrate appropriate training and experience in adult and pediatric emergency care. Demonstrated training and experience may include appropriate board training, basic life support, or pre-hospital trauma life support courses.
- (D) ~~current Oklahoma medical license;~~ An agency that provides Intermediate, Advanced, or Paramedic level interventions by State approved protocols, the medical director shall:
- (i) hold a valid, non-restricted medical license,
 - (ii) maintain current OBND D and DEA registrations for controlled dangerous substances,
 - (iii) demonstrate appropriate training and competence in adult and pediatric emergency medical services, to include pediatric and adult trauma. Demonstrated training and experience may include completed residency training as well as relevant work experience with current clinical competency.
- (E) demonstrate appropriate training and experience in the types of patients the service will be treating. Demonstrated training may include board training and appropriate certifications or supplemental training;
- (F) development of on-line or off-line protocols with medication formulary for patient care techniques. Protocols shall include medication to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled dangerous substances;
- (3) Attend or demonstrate participation in medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency.
- (4) Attend or demonstrate participation in one hour of continuing education specific to providing medical oversight to EMS providers and agencies each year, provided by the Department subject to the availability of funding.

310:641-15-15. Emergency medical response agency sanitation requirements

- (a) The following shall apply regarding sanitation standards for each emergency medical response agency's equipment, facilities, vehicles, and personnel:
- (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times when in service;
 - (2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;
 - (3) clean linen, blankets, washcloths, and hand-towels shall be stored in a ~~closed cabinet~~ manner that is free of dirt and debris,
 - (4) medical supplies and equipment shall be stored in a safe and secure manner.
- (b) soiled linen shall be placed in a closed container which may include plastic bags with ties. Any linen which is suspected of being contaminated with blood borne pathogens or other infectious disease shall be placed in a properly marked closed container for cleaning or disposal;
- (c) contaminated disposable supplies shall be placed in properly marked appropriately marked or designated containers in a manner that deters accidental exposure.
- (d) Implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items.
- (e) Personnel shall be clean, especially hands and fingernails, and well groomed. Clothing worn by personnel shall be clean. The licensee shall provide in each vehicle a means of hand ~~washing~~ decontamination for the attendants.

- (f) Oxygen humidifier(s) shall be single use;
- (g) All medications, supplies and sterile equipment with expiration dates shall be current.
- (h) Expired medications, supplies, and sterile equipment shall be discarded appropriately.
- (i) Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited.
- (j) The station facility, ambulance bays, living quarters, and office areas shall be clean, orderly, and free of safety and health hazards;
- (k) All storage spaces used for storage of linens, equipment, medical supplies, and other supplies at the base station shall be kept clean;
- (l) Agency vehicles and facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas consistent with the provisions of 310:641-1-4.

310:641-15-22. Emergency medical response agency records and files

- (a) All required records for certification will be maintained for a minimum of three (3) years.
- (b) Each certified emergency medical response agency shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:
 - (1) Patient care records:
 - ~~(A)~~ At the time a patient care is transferred to an ambulance service, the following information will be, at a minimum, provided to the ambulance staff members at the time the patient(s) are accepted:
 - ~~(i)~~ (A) personal information such as name, date of birth, and address, if known;
 - ~~(ii)~~ (B) patient assessment with history;
 - ~~(iii)~~ (C) medical interventions and patient responses to interventions,
 - ~~(iv)~~ (D) any known allergies; and
 - ~~(v)~~ (E) other information from the medical history that would impact the patient outcome if not immediately provided.
 - ~~(B)~~ A signature from the staff member will be obtained to show the above information and the patient was received.
 - (2) Certified emergency medical response agency patient care reports shall contain demographic, legal, medical, community health, and patient care information as detailed in the OKEMIS data dictionary.
 - (3) All run reports and patient care information shall be considered confidential.
- (c) All certified emergency medical response agencies shall:
 - (1) maintain electronic or paper records on the maintenance and regular inspections of each vehicle.
 - (A) Each vehicle must be inspected and a detailed equipment checklist completed after each call or on a daily basis, whichever is less frequent.
 - (B) documentation that shows routine vehicle maintenance for each vehicle as required by vehicle manufacture recommendations,
 - (C) Event standby agencies will complete a checklist of equipment prior to scheduled events or duties.
 - (2) maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:
 - (3) Oklahoma license and certification,
 - (4) Basic Life Support certification, or documentation of BLS cognitive objectives and psycho-motor skills that meets or exceeds American Heart Association standards, and approved by the medical director;
 - (5) Advanced Cardiac Life Support certification, or documentation of BLS cognitive objectives and psycho motor skills that meets or exceeds American Heart Association Standards if applicable for licensure, and approved by the medical director;

- (6) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
- (7) verification of an emergency vehicle operations course or other agency approved defensive driving course,
- (8) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency,
- (9) a copy of the medical director credentials will be maintained at the agency.
- (d) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (e) Copies of in-service training and continuing education records.
- (f) Copies of the emergency medical response agency's:
 - (1) operational policies, guidelines, or employee handbook;
 - (2) medical protocols;
 - (3) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (g) A log of each request for service received and/or initiated to include the:
 - (1) disposition of the request and the reason for declining the request, if applicable,
 - (2) the patient care report number,
 - (3) date of request,
 - (4) patient care report times,
 - (5) location of the incident,
 - (6) ~~where the ambulance originated, and~~ transporting ambulance agency name, and
 - (7) nature of the call;
- (h) Documentation that verifies an ongoing, physician involved quality assurance program.
- (i) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (j) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each emergency medical response agency. Reports shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department in writing.
- (k) Review and the disclosure of information contained in the certified agency files shall be confidential except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (l) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (m) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (n) A representative of the agency will be present during the record review.

SUBCHAPTER 17. STRETCHER VAN SERVICE

310:641-17-2. Stretcher van service license required [REVOKED]

~~(a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of stretcher van service without first obtaining a license to operate a stretcher van service from the Department. The Department shall have sole discretion to approve or deny an application for a stretcher van service license based on the ability of the applicant to meet the requirements of this rule.~~

- (b) ~~State and Federal agencies that respond to stretcher van transports off State and Federal property are required to become licensed by the Department.~~
- (c) ~~Persons, companies, and governmental entities which operate on their own premises are exempt from this licensing requirement, unless the stretcher van passenger(s) is/are transported on the public streets or highways of Oklahoma or outside of their own premises.~~
- (d) ~~An application to operate a stretcher van service shall be submitted on forms prescribed and provided by the Department.~~
- (e) ~~The application shall be signed under oath by the party or parties seeking to secure the license.~~
- (f) ~~The party or parties who sign the application shall be considered the owner or agent (licensee) and responsible for compliance to the Act and this Chapter.~~
- (g) ~~The application shall contain, but not be limited to the following:~~
- ~~(1) a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service:
 - ~~(A) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.~~
 - ~~(B) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.~~~~
 - ~~(2) proof of vehicle insurance, at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - ~~(3) proof of professional liability insurance, at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - ~~(4) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;~~
 - ~~(5) copy of any contract(s) for vehicles, medical equipment, and/or personnel if such exist;~~
 - ~~(6) a written communication policy addressing:
 - ~~(A) the receiving and dispatching of calls;~~
 - ~~(B) ensuring compliance with State and local EMS Communication Plans; and~~
 - ~~(C) applicants for this license will provide documentation that a screening process is in place to ensure a request for the transport of a stretcher van passenger will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the passenger care report or call log.~~~~
 - ~~(7) Provide a response plan that includes:
 - ~~(A) providing for and receiving mutual aid with all surrounding, contiguous, or overlapping service areas; and~~
 - ~~(B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.~~~~
 - ~~(8) confidentiality policy ensuring confidentiality of all documents and communications regarding protected passenger health information;~~
 - ~~(9) an application for an initial or new license shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle in excess of two (2) vehicles utilized for passenger transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each stretcher van substation in addition to the base station.~~
 - ~~(10) A map or narrative description which identifies the proposed service area;~~

~~(11) evidence that the proposed service area is an emergency medical service region, ambulance district, or county with a population in excess of five hundred thousand (500,000) people;~~

~~(12) the defined hours of operation for the service; and~~

~~(13) Stretcher Vans are prohibited from carrying medications other than oxygen and those other medications which are passenger supplied and administered. The passenger must have a current physician prescription and/or order for the administration of oxygen. A copy of the order shall be maintained in agency files.~~

~~(14) A quality assurance plan or policy that includes:~~

~~(A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.~~

~~(B) The quality assurance documentation shall be maintained by the agency for three (3) years.~~

~~(C) The quality assurance policy shall include, but not be limited to:~~

~~(i) Any passenger condition where the passenger entered the 911 system;~~

~~(ii) If oxygen is continued, the physician order must be maintained with the trip report or passenger report;~~

~~(iii) policy to review other selected passenger reports not specifically included, and~~

~~(iv) policy to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation.~~

~~(h) Stretcher van license applicants will provide documentation that reflects compliance with existing sole source ordinances.~~

~~(i) Stretcher van services are exempt from a duty to act requirements and continuous staffing coverage.~~

~~(j) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.~~

310:641-17-18. Stretcher van service records and files

(a) All required records for licensure will be maintained for a minimum of three years.

(b) Each licensed stretcher van service shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:

(1) a record of each passenger transport to include, but not be limited to:

(A) personal information such as name, date of birth and address;

(B) contact information;

(C) originating location;

(D) destination;

(E) reason for the transport; and

(F) if oxygen was continued.

(2) Records shall be submitted to the Department as required.

(c) All passenger transport reports and information shall be considered as confidential.

(d) All stretcher van agencies shall maintain electronic or paper records on the maintenance and regular inspections of each vehicle.

(1) Each vehicle must be inspected and a detailed equipment checklist completed after each call or on a daily basis, whichever is less frequent.

(2) Documentation that shows routine vehicle maintenance for each vehicle as required by vehicle manufacture recommendations.

(e) All stretcher van agencies shall maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:

(1) Oklahoma license and certification,

(2) Basic Life Support certification that meets or exceeds American Heart Association standards,

- (3) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
- (4) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course,
- (f) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to the passenger.
- (g) Copies of staffing patterns, schedules, or staffing reports.
- (h) Copies of in-service training and continuing education records.
- (i) Copies of the stretcher van service's:
 - (1) operational policies, guidelines, or employee handbook;
 - (2) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (j) A log of each request for service call received and/or initiated, to include the:
 - (1) disposition of the request and the reason for declining the request, if applicable;
 - (2) passenger care report number;
 - (3) date of request;
 - (4) location of the incident;
 - (5) ~~where the ambulance originated;~~
 - ~~(6)~~ nature of the call;
 - ~~(7)~~ (6) time requested;
 - ~~(8)~~ (7) time arrived;
 - ~~(9)~~ (8) time departed;
 - ~~(10)~~ (9) time at destination;
 - ~~(11)~~ (10) time transport complete;
 - ~~(12)~~ (11) unit number;
 - ~~(13)~~ (12) staff member on transport; and
 - ~~(14)~~ (13) medical screening documentation.
- (k) Documentation that verifies an ongoing quality assurance program.
- (l) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (m) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed service as defined in the Act. Reports of the data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department, in writing.
- (n) Review and the disclosure of information contained in the stretcher van service files shall be confidential, except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (o) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (p) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (q) A representative of the agency will be present during the record review.