

## Agency Protocol Application

### PLEASE TYPE OR PRINT ALL INFORMATION

#### INTRODUCTORY INFORMATION

This protocol application packet is to be used by the following types of agencies:

- Ground Ambulance Service (310:641- Subchapter 3)
- Air Ambulance Service (310:641- Subchapter 13)
- Emergency Medical Response Agency (310:641- Subchapter 15)

#### 1. TYPE OF APPLICATION

- Initial License Application (An agency not yet licensed)
- Amending or modifying existing protocols  
(Agency has approved protocols, and is submitting a change or modification.)
- Change in Medical Director (When a new medical director is authorizing care)

#### 2. BUSINESS INFORMATION

NAME of AGENCY:

MAILING ADDRESS: (where the agency receives mail)

PHYSICAL ADDRESS (the address where the main business office is located, to include city/state/zip)

BUSINESS TELEPHONE:

FAX NUMBER:

NAME OF AGENCY DIRECTOR:

SECONDARY POINT OF CONTACT: (the name of the person who is administratively responsible for all communications in regards to the protocols)

#### 3. LEVEL OF CARE

Emergency Medical Responder (EMR) (310:641-15-2 (k) (2)) allows for the use of Emergency Medical Responders as their level of care.

Basic Life Support (BLS) (310:641-3-11 (b) (1)):

Means that the ambulance services vehicles are equipped with the minimum basic equipment, and staffed with at least one EMT-Basic Attendant on each request for emergency medical service

Intermediate Life Support (310:641-3-11 (b) (2)):

Means that the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one EMT-Intermediate Attendant on each request for emergency medical service

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#### Advanced Life Support (310:641-3-11 (b) (3)):

Means that the ambulance service vehicles are equipped with the minimum advanced EMT equipment and staffed with at least one Advanced EMT Attendant on each request for service, except as permitted in this subchapter

#### Paramedic Life Support (310:641-3-11 (b) (4) and

Means that the ambulance service vehicles are equipped with the minimum paramedic equipment and staffed with at least one Paramedic Attendant on each request for emergency medical service, or

#### Air Ambulance Paramedic Life Support (310:641-13-8 (a) (1) - (3)):

Paramedic life support means that the air ambulance vehicles are equipped with the minimum Paramedic equipment and staffed with at least one Paramedic on each request for service and may respond to both pre-hospital requests and interfacility transfers.

#### **4. MEDICAL DIRECTOR (Do not complete if amending or modifying existing protocols)**

The information regarding the physician licensed in the State of Oklahoma providing Medical Direction for you service. If your medical director has changed and you have not notified the Department, please submit documents from the medical director checklist.

**Please provide the plan or policy for addressing a sudden lapse in medical direction.**

#### **5. Destination Protocols: See Page Three**

#### **6. QUALITY ASSURANCE PLAN**

**(Do not complete if amending or modifying existing protocols)**

**The Medical Director shall** 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. The appointment of a designee to assist in QA and educational activities does not absolve the medical director of their responsibility for providing oversight.

**The Agency must submit a clearly defined Quality Assurance Plan/Policy that meets or exceeds the following requirements:**

- Protect the confidentiality of the information;
- Review patient refusals;
- Review air ambulance utilization;
- Review airway management;
- Review cardiac arrest interventions;
- Review time sensitive medical and trauma cases;
- Review other selected patient care reports not specifically included;
- Provide internal and external feedback of findings determined through reviews; Documentation of the feedback will be maintained as part of the quality assurance documentation by the agency for three (3) years.

AGENCY PROTOCOL APPLICATION

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**7. DECLARE PROTOCOL OPTION**

Option #1:

The Agency is adopting the state protocols updates **as written**.

Option #2

The Agency is adopting the state protocols with **alterations/deletions**.  
Must supply an electronic copy of the changes made.

Additionally, Option 2 is to be used when an agency has approved protocols and is requesting a change to their existing protocols. The information that is required is the:

- license level authorized;
- treatment protocol; and
- indication, contraindications, administration route, and dose.

Option #3

The Agency is **rejecting** the state protocols and will use their own protocols. The agency must submit an electronic copy of their current protocols.

**8. LIST EACH PROTOCOL ALTERATION / DELETION**

**9. SIGNATURES:**

EMS Director and Medical Director

REMINDER: See Example one below.

**10. ATTACH A COMPLETED COPY OF THE SUMMARY OF AGENCY PROTOCOLS**

**(Return this document to the Department)**

This form is a summary of your agency protocols. Please complete each scope of practice field that your medical director has authorized to perform each medication, technique, or intervention. (See enclosed example)

**11. Individual List of Authorized procedures (also known as Authorized Procedure List or APL)**

**Do not return the individuals list of authorized procedures document to the Department.**

This form is an example of a credentialing document or list of authorized procedures detailed in the regulations to show what an individual crew member has been authorized by the Medical Director to perform. These forms need to be available for inspection by EMS Administrators.

## AGENCY PROTOCOL APPLICATION

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The enclosed copies of the Summary of Agency Protocols and the Individual List of Authorized Procedures list the same medications, techniques, and interventions. However, based on the authorizations of the medical director, an individual may not have all the agency protocols provided to them.

The individual form is an example. You will not need to return this document to the Department. Your agency may use your specific method for tracking the list of authorized procedures. However, the list will need to be retained in the credential file for each staff member. (See example Two)

### EXAMPLE ONE

Option 1- When accepting the protocols as written; all of the equipment and supplies are required.

Example – Mechanical CPR Devices are in the 2018 protocols. If your agency does not have these devices, then alter that protocol.

Regardless of the protocols that are approved, the agency is required to ensure that the equipment and supplies

### EXAMPLE TWO

Agency protocols include specific details of who can do what to patients exhibiting specific symptoms, signs, and diagnosis's

Example: The Intubation protocol provides all of the details for providing care for patients in respiratory arrest, and who can provide what care based on scope of practice.

The Summary of the Agency protocols details what can be done at an agency and by whom within the agency.

Example: OPA can be performed by all personnel, but ETI can only be performed by ALS Personnel

The Individual List of Authorized Procedures takes the summary and defines what a specific employee can do within the protocol

Example: Employee 1 is a Paramedic and can perform ETI. However, Rapid Sequence Induction (RSI) has not be approved for Employee 1.

## Agency Protocol Application

### SECTION 1 – TYPE OF APPLICATION (Print or Type)

Date of Application: \_\_\_\_\_ License No: \_\_\_\_\_

Purpose:

- Initial license application       Amending existing protocols       Medical Director change

### SECTION 2 – BUSINESS INFORMATION

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address : \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Agency Director / Administrator Name: \_\_\_\_\_

Secondary point of contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Section 3 – Level of Care (check the certification or license level of agency or agency application)

Emergency Medical Responder     Basic Life Support     Intermediate Life Support

Advanced (EMT) Life Support     Paramedic Life Support (ground)     (Air)

### Section 4 - Medical Director

Name: \_\_\_\_\_ MD  DO  Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

State License Number: \_\_\_\_\_ OBNDD Number: \_\_\_\_\_

**(If your medical director has changed, submit the documents required on the medical director checklist.)**

(Each agency or service will have a plan or policy that will address a sudden lapse of medical direction, such as a back-up or reserve medical director, which is used to ensure coverage when a medical director is not available. Include your policy or plan with this application.)

Section 5 – Destination Protocols: *See Page Three*

**SECTION 6 – QUALITY ASSURANCE PLAN**

**(Attach a copy of the Quality Assurance Plan with this application)**

The Agency must submit a clearly defined Quality Assurance Plan/Policy that meets or exceeds the following requirements:

- Protect the confidentiality of the information;
- Review patient refusals;
- Review air ambulance utilization;
- Review airway management;
- Review cardiac arrest interventions;
- Review time sensitive medical and trauma cases;
- Review other selected patient care reports not specifically included;
- Provide internal and external feedback of findings determined through reviews;

Documentation of the feedback will be maintained as part of the quality assurance documentation by the agency for three (3) years.

**Section 7 – Declare Protocol Option**

(The agency must make one of the options below)

- Option 1:  
The agency is adopting the 2018 state protocol updates as written.
- Option 2:  
The agency is adopting the 2018 state protocols with additions, deletions, or alterations.
- Option 3:  
The agency is not adopting the 2018 state protocols and will use their own protocols.

**Section 8 – Define each protocol addition, deletion, or alteration**

(Use additional pages if needed)

(Agency must attach scientific data or evidence for protocol requests that are not within the state protocols or existing scope of practice)

(See Page 4)

**Section 9 – Signatures**

Medical Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Director/ Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 10 and 11 – Summary of Agency Protocols and List of Authorized Procedures**  
(See Instructions)

## Section 5 - Destination Protocols (See O.A.C. 310:641-3-61)

Regulation	Facilities within a reasonable range (Please list)
3-61 (c) or 13-20 (f)	

3-61 (d) or 13-20 (g)	(1) medical and trauma non-emergency transports shall be transported to facility of patient's choice, if within reasonable service range (see list above)
3-61 (d) or 13-20 (g)	(2) emergency, non-injury related, non-life threatening transports shall be transported to the facility of the patient's choice if within reasonable service range (see list above)
3-61 (d) or 13-20 (g)	(3) emergency, injury related transports shall adhere to the OK Triage, Transport, and Transfer Guidelines... and ensure that patients are delivered to the most appropriate hospital, either within their region or contiguous regions.
List facilities that your agency would transport to:	A. B. C.
3-61 (d) or 13-20 (g)	(4) severely injured patients as described in the OK Triage, Transport and Transfer Guidelines...shall be transported to a hospital classified at Level I or II...unless a Level III facility identified in a regional plan is capable of providing definitive care. If time and distance are detrimental to the patient, then transport to the closest appropriate hospital identified in the regional plan.
List facilities that your agency would transport to:	A. B. C.
3-61 (d) or 13-20 (g)	(5) Stable patients at risk for severe injury or with minor to moderate injury as described in the OK Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility, or by patient choice consistent with regional guidelines.
List facilities that your agency would transport to:	A. B. C.

### Section 8 – Protocol addition, deletion, or alteration

<b>Protocol Name</b>	<b>Protocol page #</b>	<b>Item being added, deleted, or altered</b>	<b>Evidence or explanation provided</b>



# Authorized Procedure List

**AGENCY**

**INDIVIDUAL**

<b>Agency Name:</b>											
<b>Agency Director Signature:</b>						<b>DATE:</b>					
<b>Medical Director Signature:</b>						<b>DATE:</b>					
<b>Employee Name:</b>		<b>Level:</b>		<b>Signature:</b>		<b>DATE:</b>					
<b>***APL MUST MATCH PROTOCOLS***</b>						<b>***APL MUST MATCH PROTOCOLS***</b>					
<b>SCOPE OF PRACTICE</b>						<b>SCOPE OF PRACTICE</b>					
AIRWAY	EMR	EMT	I/85	AEMT	NRP	CARDIAC - CIRCULATION	EMR	EMT	I/85	AEMT	NRP
Airway Assessment						CPR					
Oxygen Therapy--Nasal Cannula						AED					
Oxygen Therapy--Non Rebreather Mask						Mechanical CPR Device					
Oxygen Therapy-Partial Rebreather Mask						12-Lead Cardiac Monitor Application					
Oxygen Therapy-Simple Face Mask						12-Lead Cardiac Monitor Transmission					
Oxygen Therapy-Venturi Mask						12-Lead Cardiac Monitor Interpretive					
Oxygen therapy-Humidifiers						Single Lead Cardiac Monitor Interpretive					
Airway Obstruction Management						Manual Defibrillation					
Head Tilt-Chin lift						Cardioversion-Electrical					
Jaw Thrust						Carotid Massage					
Modified Jaw Thrust						Transcutaneous Pacing-Manual					
BLS Artificial Ventilation						Internal pacing-monitor ONLY					
Pulse Oximetry						Ventricular assist device					
BVM						Induced Hypothermia Therapy					
Airway-Nasal						<b>IMMOBILIZATION / LIFTING</b>	<b>EMR</b>	<b>EMT</b>	<b>I/85</b>	<b>AEMT</b>	<b>NRP</b>
Airway-Oral						C-Collar					
Airway-Laryngeal Mask						CID (Cervical Immobilization)					
Intubation-Orotrachael						Pedi Board					
Intubation-Nasal Trachael						Long Spine Board					
Airway Dual Lumen						Scoop					
Airway Supraglottic						Rapid Manual Extrication					
Suctioning-Upper Airway						Extremity Stabilization					
Suctioning-Tracheobronchial						Vest Type Extrication Device					
Obstruction-Direct laryngoscopy						Traction Splint					
Non-Invasive Positive Pressure Ventilation						Mechanical Patient Restraint					
End Tidal-Co2 Monitoring						Urgent Maneuvers Endangered Patient					
Wave-Form Capnography						Pelvic Splint					
Impedance Threshold Device						Portable Pt. Transport Device (Megamover)					
Automated Transport Ventilator (ATV)						<b>MEDICATION ADMINISTRATION ROUTES</b>	<b>EMR</b>	<b>EMT</b>	<b>I/85</b>	<b>AEMT</b>	<b>NRP</b>
Chest decompression--Needle						Intraosseous					
Cricothyrotomy--Percutaneous						Auto-injector					
Cricothyrotomy--Surgical						IV Push					
Gastric Decompression--NG Tube						IV Bolus					
Gastric Decompression--OG Tube						IV Piggyback					
Stoma/Tracheostomy Management						Indwelling Catheters					
<b>MEDICATION ADMINISTRATION ROUTES</b>	<b>EMR</b>	<b>EMT</b>	<b>I/85</b>	<b>AEMT</b>	<b>NRP</b>	Implanted Central IV Ports					
Inhalation						Rectal					
Oral						Ophthalmic					
Sublingual						Topical					
Nasogastric						Transdermal					
Intranasal						Buccal					
Intramuscular						Subcutaneous					

**\*\*\*BLACK OUT BOX COMPLETELY FOR ITEMS NOT IN THE PROTOCOL\*\*\***

