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Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

Subchapter 3 – Ground Ambulance Service  
Part 1 – General Provision

**310:641-1-1. Purpose**

The purpose of this Chapter is to implement the "Oklahoma Emergency Response Systems Development Act" as established at Title 63 O.S. Section 1-2501 et seq., as amended (the Act), and:

- (1) to describe and give a cross-reference to the several other subchapters of emergency medical service rules, and
- (2) to provide definitions and implement emergency medical service law.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 33 Ok Reg 1529, eff 9-11-16]

**310:641-1-2. Emergency medical service rules [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Revoked at 33 Ok Reg 1529, eff 9-11-16]

**310:641-1-3. Impersonation, assault, battery, penalties**

(a) *Every person who willfully delays, obstructs or in any way interferes with an emergency medical technician or other emergency medical care provider in the performance of or attempt to perform emergency medical care and treatment or in going to or returning from the scene of a medical emergency, upon conviction, is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six (6) months, or by a fine not to exceed Five Hundred Dollars (\$500.00), or by both such fine and imprisonment [Section 650.3 of Title 21, Oklahoma Statutes].*

(b) *Every person who, without justifiable or excusable cause and with intent to do bodily harm, commits any assault, battery or assault and battery upon the person of an emergency medical care provider who is performing medical care duties, upon conviction, is guilty of a felony punishable by imprisonment in the custody of the Department of Corrections for a term not exceeding two (2) years, or by a fine not exceeding One Thousand Dollars (\$1,000.00), or by both such fine and imprisonment [Section 650.4 of Title 21, Oklahoma Statutes].*

(c) *It is unlawful for any person to knowingly discharge, or cause to be discharged, any electrical stun gun, tear gas weapon, mace, tear gas, pepper mace or any similar deleterious agent against another person knowing the other person to be a peace officer, corrections officer, probation or parole officer, firefighter, or an emergency medical technician or paramedic who is acting in the course of official duty. Any person violating the provisions of this section, upon conviction, shall be guilty of a felony punishable by imprisonment in the custody of the Department of Corrections for a term of not exceeding ten (10) years, or by imprisonment in the county jail for a term of not exceeding one (1) year [Section 1272.3 of Title 21, Oklahoma Statutes].*

(d) *Except as provided in subsection B of this section, every person who falsely personates any public officer, civil or military, any firefighter, any law enforcement officer, any emergency medical technician or other emergency medical care provider, or any private individual having special authority by law to perform any act affecting the rights or interests of another, or who assumes, without authority, any uniform or badge by which such officers or persons are usually distinguished, and in such assumed character does any act whereby another person is injured, defrauded, harassed, vexed or annoyed, upon conviction, is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six (6) months, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment [Section 1533 of Title 21, Oklahoma Statutes].*

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 33 Ok Reg 1529, eff 9-11-16]

**310:641-1-4. Purpose, authority and indoor tobacco smoke**

(a) The purpose of this section is to establish a prevention program for several non-communicable diseases, which will improve the health of Oklahomans by eliminating exposure to secondhand tobacco smoke and its deadly effects. This section abates the public health nuisance of secondhand smoke under the authority of the Commissioner of Health as specified under Section 1-106(b)(1) of Title 63 of the Oklahoma Statutes. This section also further specifies how compliance with the Smoking in Public Places Act will be accomplished. [63 O.S. §§ 1-1521 et seq.]

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

(b) The Commissioner of Health has conducted a study and is recommending these measures to the Board of Health under his authority as stated in section 1-106 of the Public Health Code. [63 O.S. § 1-106] The Board has the authority to establish prevention programs for non-communicable disease and to promulgate rules for the control of causative or toxic substances, which can cause disease under section 1-502b of the Public Health Code. [63 O.S. § 1-502b] The Board is adopting this rule under its authority in sections 1-104 and 1-1526 of Title 63 of the Oklahoma Statutes. [63 O.S. §§ 1-104 & 1-1526]

(c) Smoking or possessing a lighted tobacco product is prohibited in an ambulance or stretcher aid van.

[Source: Added at 19 Ok Reg 2087, eff 7-1-02]

### **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 Aid 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 1-2501(1)].

"**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.

"**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**" 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.

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

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

**"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.

**"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 aid van service licensed pursuant to Subchapter 17.

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

**"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 instruction for initial courses, but may also teach refresher and continuing education courses.

**"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.

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

**"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.

**"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

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

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 aid 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 (18) and (25)].

**"Stretcher aid van patient"** 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.

[Source: Amended and renumbered from 310:641-3-2 at 33 Ok Reg 1529, eff 9-11-16]

### **310:641-1-10. 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.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00]

### **310:641-1-11. Repealer [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Revoked at 33 Ok Reg 1529, eff 9-11-16]

### **310:641-1-12. Effective date [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Revoked at 33 Ok Reg 1529, eff 9-11-16]

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services  
**Subchapter 15 - Emergency Medical Response Agency**

**310:641-15-1. Purpose**

The purpose of this Subchapter is to:

- (1) incorporate the authorization, licensure, and minimum requirements for operating an emergency medical response agency, and
- (2) provide standards for the enforcement of the provisions of the Act and this Chapter.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-2. Certified pre-hospital emergency medical response agency**

- (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 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;

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

- (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

[Source: Amended and renumbered from 310:641-3-150 at 33 Ok Reg 1529, eff 9-11-16]

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

**310:641-15-3. Event standby emergency medical response agency application**

- (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;



Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

- (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.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-4. Issuance of a prehospital emergency medical response agency certification**

- (a) The Department shall issue a pre-hospital emergency medical response agency certification to applicants that meet certification requirements.
- (b) The certificate shall be issued for the name and service area only.
- (c) The certificate is not transferable or assignable.
- (d) The initial license 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.

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Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

(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 shall be available to anyone requesting to see certification during regular business hours.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**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 shall be available to anyone requesting to see the certification during regular business hours.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-6. Renewal of an emergency medical response agency certificate**

(a) Each agency shall complete a renewal form in a manner prescribed by the Department. The Department shall send to all certified emergency medical response agency a "survey/renewal" form in December of each year.

(1) Upon receipt of a complete and correct renewal application, a renewal fee statement shall be provided by the Department to each certificate holder due to renew.

(2) A non-refundable fee for the renewal of any emergency medical response agency certification shall be twenty (\$20.00) dollars.

(b) An emergency medical response agency certification shall be renewed if:

(1) the agency has applied for a renewal;

(2) the agency has no outstanding deficiencies in need of correction as may be identified during inspection of the agency;

(3) the fee has been received by the Department;

(4) the safety, need, and well-being of the public and general populace is best served to by the renewal of the agency;

(5) the availability of personnel, equipment, and the financial ability of the agency to meet the minimum standards of the Act and this Chapter;

(6) A certificate that is not renewed by midnight June 30 of the expiration year shall be considered non-renewed.

(7) A grace period of thirty (30) days is permitted under 63 O.S. Section 1-1702.

(8) Within the grace period the agency may continue to operate without penalty.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-7. Denial for an initial emergency medical response agency application**

(a) An application may be denied for any of the following reasons:

(1) A felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation, or the person designated to supervise the service; to include, but not be limited to, fraud, grand larceny, child abuse, sexual offense(s), drug offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service;

(2) Falsification of Department required information;

(3) Ownership, management, or administration by principals of an entity whose license has been revoked; and

(4) certification may not be in the best interest of the public as determined by the Department.

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Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

(b) An applicant shall be notified in writing within sixty (60) days, from the date the Department receives a complete application, of the granting or denial of a license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a license or renewal shall be given if applicable. A license application may be re-submitted, but each resubmission shall be considered an initial application.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-8. Denial of a certificate being renewed**

(a) A license application for renewal may be denied for any of the following:

- (1) the failure to meet standards set forth by statute or rule,
- (2) a felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation, or the person designated to manage the service to include, but not limited to fraud, grand larceny, child abuse, sexual offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of a service;
- (3) outstanding notice of violation that has not been addressed with an acceptable plan of correction;
- (4) insufficient financial resources;
- (5) falsification of Department required information;
- (6) ownership, management, or administration by principals of an entity whose certification has been revoked;
- (7) re-certification may not be in the best interest of the public as determined by the Department;
- (8) revocation or denial of a governmental letter of support as required for initial certification;

(b) An applicant shall be notified in writing within sixty (60) days, from the date the Department receives a complete renewal application, of the granting or denial of a renewed license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a renewed license shall be given if applicable. A license application may be resubmitted, but each re-submission shall be considered an initial application.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-9. Severance of action, amendment, and re-instatement**

(a) The issuance or renewal of a certificate after notice of a violation(s) has been given shall not constitute a waiver by the Department of its power to rely on the violation(s) for subsequent license revocation or other enforcement action which may arise out of the notice of violation(s).

(b) Any change in the name of the service, level, service area, addition of substation, or services provided service shall necessitate an application to amend the certification.

(c) The addition of a substation that expands the service area shall comply with initial certification requirements such as letters of support and maps of the proposed service area.

(d) Changing or moving the location of a substation requires written notification to the Department.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**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) 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.

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**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,
  - (18) patient care reports,
  - (19) digital thermometer.
- (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) An electronic or paper copy of patient care protocols will be available to responding agency members.
- (h) 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.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-12. Event standby emergency medical response agency equipment**

- (a) The event standby agency will be equipped with the minimum equipment described for pre-hospital emergency medical response agencies.

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Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

(b) In the event the medical control physician does not approve procedures or interventions requiring this equipment, the minimum equipment list may be modified for the applicant.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**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, 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 OBNDD registrant number or appropriate state equivalent as appropriate;

(D) current Oklahoma medical license;

(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.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-14. Emergency medical response agency operational protocols**

(a) Emergency medical response agencies are not licensed or permitted to transport patients.

(b) Emergency medical response agencies do not have a duty to act, as defined within the Act.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

**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 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;
  - (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 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 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 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.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-16. Emergency medical response agency storage of intravenous solutions**

- (a) Medication and vascular fluid shall be stored in a manner that complies with manufacturer and FDA standards.
- (b) Each agency shall maintain medications in a manner that deters theft and diversion of all medications.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-17. Emergency medical response agency authority to carry controlled substances on a vehicle**

- (a) An emergency medical response agency, with personnel licensed to utilize such, is hereby authorized to carry a limited supply of controlled substances, secured and stored in a manner that is compliant with State and Federal statutes and regulations. The utilization, procurement, and accountability of such drugs shall be supervised by medical control for the service. An inventory shall be kept and signed according to the requirement of the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) and the United States Department of Justice Drug Enforcement Administration (DEA). Each responsible medical director shall maintain a copy of their OBNDD certificate to the Department for this purpose.
- (b) Any loss or deficiency which occurs in the utilization, procurement, or accountability of controlled substances shall be reported the OBNDD and DEA through their procedures and requirements, and to the Department, within ten (10) working days.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

**310:641-15-18. Emergency medical response agency inspections**

- (a) The Department shall conduct unannounced inspections of every certified emergency medical response agency. Inspection may include a review of any requirements of the Act and rules promulgated thereunder. The Department may require copies of such records as deemed necessary consistent with the files section of this sub chapter.
- (b) All inspection reports will be sent to the agency director, certificate owner, and medical director.
- (c) A representative of the agency will be with the Department employee during the inspection.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-19. Emergency medical response agency notice of violation**

- (a) A violation of the Act or this Chapter is ground for the Department to issue a written order, sent via certified mail, citing the violation, affording the agency an opportunity to demonstrate compliance, and indicating the time no less than fifteen (15) days after receipt of the notice in which any needed correction shall be made. The fifteen-day notice period may be reduced as, in the opinion of the Department, may be necessary to render an order of compliance reasonably effectual.
- (b) Unless the Department specifies a reduced period, within thirty (30) days after receipt of the notice of violation, the agency shall submit to the Department a written demonstration of compliance and/or plan of correction.
- (c) A plan of correction shall include at least the following:
  - (1) When the correction was or will be completed;
  - (2) How the correction was or will be made;
  - (3) What measures will prevent a recurrence; and
  - (4) Who will be accountable to ensure future compliance.
- (d) The Department shall ensure that the agency is afforded due process in accordance with the Procedures of the State Department of Health, Oklahoma Administrative Code, Title 310, Chapter 2, and the Administrative Procedures Act, Title 75 O.S. Section 250 et seq.
- (e) Violations found by the Department which require immediate correction shall be handled in compliance with Title 75 of the Oklahoma Statutes, Section 314.1 and the Oklahoma Administrative Code, Title 310, Chapter 2, specifically 310:2-21-23.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-20. Emergency medical services regions**

- (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.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-21. Triage, transport, and transfer protocols**

- (a) Certified emergency medical response agencies, as part of their protocols, will include:
  - (1) specific prioritization definitions for medical and trauma patients as defined in regional plans for statewide systems,
  - (2) A process for making appropriate transportation choices to include ground and air ambulance requests,
  - (3) a quality assurance plan or policy.
- (b) Emergency medical response agencies will utilize the regional medical and trauma plans for patient prioritization and implementation of transport decisions.

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**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) personal information such as name, date of birth, and address, if known;
      - (ii) patient assessment with 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 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 OKEMSIS 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. Each vehicle must be inspected and a checklist completed after each call or on a daily basis, whichever is less frequent. 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 that meets or exceeds American Heart Association standards,
  - (5) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards if applicable for licensure,
  - (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,



Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

- (4) patient care report times,
  - (5) location of the incident,
  - (6) where the ambulance originated, 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.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]

**310:641-15-23. Suspension, revocation, probation, or non-renewal of a certification**

- (a) The Department may suspend or revoke a certification and/or fine or place on probation a certification or certificate holder for the following:
- (1) violations of any of the provision of the Oklahoma Statutes, the Act or this chapter;
  - (2) permitting, aiding or abetting in any illegal act in connection with the ambulance service;
  - (3) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
  - (4) failure to comply with a written order issued by the Department within the time frame specified by the Department;
  - (5) engaging in any act which is designed or intended to hinder, impede, or obstruct the investigation of any matter governed by the Act or by any lawful authority;
  - (6) an emergency medical response agency that fails to renew their Oklahoma certification within the time frame and other requirements as specified in these rules shall be considered an expired or lapsed licensee and therefore no longer certified as an service in the State of Oklahoma;
  - (7) a misleading, deceptive, or false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
  - (8) offering, giving, promising anything of value or benefit, as defined in Oklahoma Statutes or Department Policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
  - (9) interference with an investigation disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
  - (10) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this Chapter.
- (b) No person, company, governmental entity or trust authority may operate an emergency medical response agency except in accordance with the Act and the rules as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.

Official Copy  
Title 310 – Oklahoma State Department of Health  
Chapter 641 – Emergency Medical Services

- (c) A license/certificate/permit holder or applicant, in connection with a license application or an investigation conducted by the Department pursuant to this rule shall not:
- (1) knowingly make a false statement of material fact;
  - (2) fail to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation; or
  - (3) fail to respond to a demand for information made by the Department or any designated representative thereof.
- (d) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause for conduct of any practice that is detrimental to the welfare of the patient or potential users of the service.
- (e) In addition to any other penalties, a civil fine of not more than one hundred (\$100.00) dollars per violation per day may be assessed, for violations of the Act or this Chapter.

[Source: Added at 33 Ok Reg 1529, eff 9-11-16]