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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.]

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(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.

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"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.

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"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

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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]

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310:641-3-1. Purpose

The rules of this Subchapter are promulgated to:

- (1) incorporate the authorization, licensure, and the minimum requirements for operating a ground ambulance service that responds to both pre-hospital and interfacility requests for service with certified and licensed personnel at the Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician, and Paramedic levels, and
- (2) Provide standards for the enforcement of the "Oklahoma Emergency Response Systems Development Act" and this Chapter.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-2. Definitions [AMENDED AND RENUMBERED TO 310:641-1-7]

[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; Amended at 18 Ok Reg 101, eff 10-30-00 (emergency); Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 19 Ok Reg 386, eff 11-19-01 (emergency); Amended at 19 Ok Reg 1053, eff 5-13-02; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 21 Ok Reg 3113, eff 7-14-04 through 7-14-05 (emergency); Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 24 Ok Reg 1183, eff 4-2-07 (emergency); Amended at 25 Ok Reg 2443, eff 7-11-08; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-1-7 at 33 Ok Reg 1529, eff 9-11-16]

EDITOR'S NOTE: 'This emergency action expired without being superseded by a permanent action. Upon expiration of an emergency amendatory action, the last prior permanent text is reinstated. Therefore, on 7-15-05 (after the 7-14-05 expiration of the emergency action), the text of 310:641-3-2 reverted back to the permanent text that became effective 7-12-04, as was last published in the 2004 OAC Supplement, and remained as such until amended again by permanent action on 6-25-06.

310:641-3-3. Compliance required

All ambulance services licensed 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.

[Source: Added at 17 Ok Reg 392, eff 11-1-99 (emergency); Added at 17 Ok Reg 2948, eff 7-13-00]

310:641-3-10. License required

- (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.
- (c) 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.

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- (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:

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- (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.

[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; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1183, eff 4-2-07 (emergency); Amended at 25 Ok Reg 2443, eff 7-11-08; Amended at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-11. Issuance of a ground ambulance license

- (a) The Department shall have sole discretion to approve or deny an application for a ground ambulance service license based on the ability of the applicant to meet the requirements of this subchapter.
- (b) A license may be issued for Basic Life Support, Intermediate Life Support, Advanced Life Support, or Paramedic Life Support.
- (1) Basic life support means that the ambulance service vehicles are equipped with the minimum basic equipment, and staffed with at least one EMT on each request for emergency medical services.
 - (2) Intermediate life support means that the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one Intermediate on each request for emergency medical services, except as permitted in this subchapter.
 - (3) Advanced life support means that the ambulance service vehicles are equipped with the minimum advanced EMT equipment and staffed with at least one Advanced EMT on each request for service, except as permitted in this subchapter.
 - (4) Paramedic life support means that the ambulance service vehicles are equipped with the minimum paramedic equipment, and staffed with at least one EMT-P on each request for emergency medical services, except as permitted in this subchapter.
- (c) The license shall be issued only for the name, service area (area of coverage), level, and type of service given in the application.
- (d) The license is not transferable or assignable.
- (e) 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.
- (f) A temporary license, not to exceed one hundred twenty (120) days and for one (1) time only, may be issued at the sole discretion of the Department. to an applicant that substantially meets all requirements of the application. Factors that may also be considered include:
- (1) an area of Oklahoma that may otherwise be without ambulance service;
 - (2) the safety, need, and well-being of the public and general populace to be served by the ambulance service;
 - (3) availability of personnel in the area and equipment of the ambulance service;
 - (4) financial ability of the applicant to meet the minimum standards of emergency medical services law;

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- (5) the number of estimated runs to be made by the ambulance service;
 - (6) the desire of the community(ies) to be served.
- (g) The original, or a copy of the original, license shall be posted in a conspicuous place in the principal business office. If an office, or other public place is not available, then the license shall be available to anyone requesting to see the license, during regular business hours. A copy of the license shall be provided to the governmental agency(ies) providing a letter of support.
- (h) A licensed ambulance service may request a voluntary downgrade of its ambulance service license to certification as Emergency Medical Response Agency. The Department shall verify that the agency can maintain the requirements for Emergency Medical Response Agency Certification. No fee shall be required for such a downgrade.
- (i) The Department shall have the authority to upgrade or downgrade an Intermediate, Advanced or Paramedic life support ambulance provider's license upon evidence that the license no longer meets existing license requirements for that level of care.
- (1) Under no circumstance shall a downgrade be for less than basic life support.
 - (2) The service must continue to use approved protocols at the lower license level.
 - (3) The service must continue to provide care under appropriate medical direction.
 - (4) A fee of fifty (\$50.00) dollars shall be required for reinstatement.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 19 Ok Reg 386, eff 11-19-01 (emergency); Amended at 19 Ok Reg 1053, eff 5-13-02; Amended at 19 Ok Reg 2087, eff 6-27-02; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-12. Renewal of a ground ambulance license

The Department shall provide to all licensed ground ambulance services a "Survey/Renewal Form" each December. This form shall be considered and utilized as a renewal application, if due. The "Survey/Renewal Form" along with proof of current workers' compensation and liability insurance shall be returned to the Department by January 31 each year.

- (1) Upon receipt of a complete and correct renewal application, a renewal fee statement shall be mailed by the Department to each licensee in need of renewal.
- (2) A non-refundable fee for the renewal of an ambulance service license shall be one hundred dollars (\$100.00), fifty dollars (\$50.00) for each substation, plus twenty dollars (\$20.00) for each vehicle in excess of two (2).
- (3) An ambulance service license shall be renewed if:
 - (A) The ambulance service has applied for such renewal;
 - (B) The ambulance service has no outstanding deficiencies or is in need of correction as may be identified during inspection of the service, and;
 - (C) The proper fee has been received by the Department.
- (4) An ambulance service license, if not renewed by midnight June 30 of the expiration year, shall be considered non-renewed.
 - (A) A grace period of thirty (30) days is permitted under 63 O.S. Section 1-1702.
 - (B) Thereafter a new application shall be required for the continuation of any such license, and the applicant shall be subject to initial application procedures. An extension may be granted by the Department for the purpose of renewal, subject to a determination by the Department of the following:
 - (i) The safety, need, and well-being of the public and general populace to be served by the ambulance service;
 - (ii) The availability of personnel, equipment, and the financial ability of the applicant to meet the minimum standards of emergency medical services law;
 - (iii) The desire of the community(ies) to be served.

[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; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 33 Ok Reg 1529, eff 9-11-16]

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310:641-3-13. Denial of an initial or renewal license

- (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) insufficient number of personnel to properly staff one vehicle on a twenty four (24) hour basis at the highest level of the service license.
- (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 re-submission shall be considered an initial application.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 10 Ok Reg 3459, eff 7-1-93 (emergency); Amended at 11 Ok Reg 2641, eff 6-25-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-13.1. Denial of an application for renewal of license

- (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 the service,
 - (3) insufficient number of personnel to properly staff one vehicle on a twenty-four (24) hour basis at the licensure level,
 - (4) outstanding notice of violation that has not been addressed with an acceptable plan of correction,
 - (5) insufficient financial resources,
 - (6) falsification of Department required information,
 - (7) ownership, management, or administration by principals of an entity whose ambulance service license has been revoked,
 - (8) re-licensure may not be in the best interest of the public as determined by the Department,
 - (9) revocation or denial of a governmental letter of support as required in 310:641-3-10.
- (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]

310:641-3-14. Severance of action, amendment, and re-instatement

- (a) The issuance or renewal of a license after notice of a violation(s) has/have 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 the violation(s).
- (b) Any change in the name of the service, level, service area, addition of substation, or type of service shall necessitate an application to amend the license and shall be accompanied by a fee of one hundred dollars (\$100.00).
- (c) Addition of a substation that expands the service area shall comply with 310:641-3-11.
- (d) Changing or moving the location of a substation requires written notification to the Department.
- (e) If an existing license is placed on probation or suspension, a fee of one hundred (\$100.00) dollars, in addition to any other provision of the action, shall be submitted prior to re-instatement of the license to full privilege

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[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 33 Ok Reg 1529, eff 9-11-16]

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;

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- (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.

[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; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 19 Ok Reg 386, eff 11-19-01 (emergency); Amended at 19 Ok Reg 1053, eff 5-13-02; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 33 Ok Reg 1529, eff 9-11-16]

Subchapter 3 – Ground Ambulance Services
Part 5 Ground Transport Vehicles

310:641-3-20. Ground ambulance vehicles

- (a) A used vehicle which has new ownership, or a new vehicle which is of first registration, either leased, contracted for, or purchased on or after July 18, 1991, shall conform to the General Services Administration (GSA) specifications KKK-A-1822 in effect at the time of manufacture.
- (b) Copies of the GSA KKK-A-1822, and their respective dates of effect, may be obtained from the Department. These several specifications are as follows:
 - (1) KKK-A-1822, effective January 2, 1974;
 - (2) KKK-A-1822A, effective April 1, 1980;
 - (3) KKK-A-1822B, effective June 1, 1985;
 - (4) KKK-A-1822C, effective January 1, 1990;
 - (5) KKK-A-1822D, effective November 1, 1994;
 - (6) KKK-A-1822E, effective June 1, 2002;
 - (7) KKK-A-1822F, effective August 1, 2007.
- (c) Additionally, each ground ambulance service vehicle will meet the following requirements:
 - (1) the business name, and/or a logo of the licensed ambulance service shall be placed on each side and the rear of the vehicle, and shall be at least three (3") inch high letters,
 - (2) the purchaser of any vehicle that is not compliant with this section shall be responsible for corrective action, and
 - (3) A decal, notice, or other documentation showing the ambulance meets the manufacturing standard at the time of manufacture will be affixed to the vehicle.
- (d) If while waiting delivery of a new, remounted, or refurbished vehicle, a manufacturer or dealer provides a service with a vehicle on a temporary loan or lease, such temporarily loaned or leased vehicle shall comply with specification KKK-A-1822 in effect at the time of manufacture and shall be inspected and permitted by the Department prior to utilization as an ambulance.
- (e) A vehicle may not be permitted by the Department as an ambulance prior to the submission and approval of all required documentation, fees, and a Department inspection.

[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; Amended at 19 Ok Reg 386, eff 11-19-01 (emergency); Amended at 19 Ok Reg 1053, eff 5-13-02; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 25 Ok Reg 2443, eff 7-11-08; Amended at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-21. Ground transport vehicles currently in use [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 17 Ok Reg 392, eff 11-1-99 (emergency); Revoked at 17 Ok Reg 2948, eff 7-13-00]

310:641-3-22. General provisions for ground transport vehicles

- (a) Authorized emergency vehicles of licensed ambulance services shall comply at all times with the applicable requirements of Title 47, the Oklahoma Motor Vehicle Code to include audio and visual warning indicators.

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- (b) Authorized emergency vehicles of licensed ambulance services shall be in good mechanical and serviceable condition at all times, so as not to be hazardous to the patient(s) or crewmembers. If, in the determination of the Department, a vehicle does not meet this requirement, it may be removed from service until repairs are made.
- (c) Authorized emergency vehicles of licensed ambulance services shall be tested for interior carbon monoxide, in a manner acceptable to the Department. Carbon monoxide levels of more than ten parts per million (10ppm) shall be considered in excess, and shall render the vehicle "out of compliance.". Vehicles shall be removed from service if carbon monoxide levels exceed fifty parts per million (50ppm) until repairs are made to reduce the amounts of carbon monoxide below ten parts per million (10ppm).
- (d) Authorized emergency vehicles of licensed ambulance services utilized for the provision of patient care shall be equipped with communication equipment (such as two-way radio using VHF frequency 155.3400) which shall provide voice contact with the emergency departments of licensed hospitals. Acceptable frequencies shall be approved and consistent with the, Statewide Interoperability Governing Board communication plan, as adopted under the rules of the Federal Communications Commission (FCC). No paging shall be allowed on these designated medical frequencies. Encoder numbers for Oklahoma hospitals, and approval of frequencies may be obtained by contacting the Division.
- (e) Authorized emergency vehicles of licensed ambulance services shall have a permit and/or inspection decal affixed by the Department. These decals shall be placed in the lower left corner of a rear window unless it shall be impossible or impractical to utilize this area.
- (f) The following permit classifications of vehicle permits shall be recognized as authorized emergency vehicles of ambulance services:
- (1) "Temporary Permit" may be affixed by the agency and will be valid for ten (10) business days. The temporary permit will be sent to the agency by the Department in the event the vehicle cannot be inspected by Department personnel within three (3) days of the Department receiving notification that a vehicle is ready for inspection.
 - (A) To receive a temporary permit, the agency will send to the Department:
 - (i) a Department inspection form completed by an agency representative,
 - (ii) pictures of the interior and exterior of the vehicle,
 - (iii) copies or pictures of the vehicle tag,
 - (iv) copies or pictures of the insurance verification
 - (B) Upon approval of the documentation, a temporary permit will be sent to the agency.
 - (C) Prior to the expiration of the temporary permit, the agency will make arrangements with the Department to ensure a complete inspection is conducted by the Department for the purpose of affixing a class "A" permit to the vehicle.
 - (2) Class "A" permit shall be affixed to an ambulance in compliance with all applicable standards. Emergency and non-emergency ambulance patients may be transported in class "A" ambulances.
 - (3) Class "B" permit shall be affixed to an ambulance in compliance with manufacturing, communication, safety, and Title 47 of Oklahoma Statutes requirements. Class "B" vehicles shall have the required medical equipment on board when placed in-service to respond to emergency calls or transport any ambulance patients.
 - (4) Class "E" permit shall be affixed to other vehicles owned or operated by a licensed ambulance service and utilized in provision of emergency medical services. Ambulance patients shall not be transported on the public streets or highways in a class "E" vehicle. A list of patient care equipment that is carried on class "E" units will be part of the agency's standard operating procedure or guideline manuals.
 - (5) The licensee shall notify the Department in writing on forms provided by the Department prior to placing a substitute (not a new vehicle purchase or part of a lease or loan from a dealer) vehicle into operation. A substitute vehicle may operate up to 5 days in temporary service provided it is available for inspection.
- (g) When a vehicle is sold or removed from service, the agency will notify the Department on a Department form detailing the agency and unit identifiers, remove the permit, and return the form and permit to the Department within thirty (30) days.
- (h) A vehicle with any of the following deficiencies or malfunctions may not be used for any patient transports:
- (1) inadequate sanitation, including the presence of contamination by blood and or bodily fluids;

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- (2) inoperable heater or air conditioner as detailed within the vehicle manufacturing standards and specifications;
 - (3) inoperable AED or defibrillator;
 - (4) tires that do not meet Title 47 O.S. Section 12-405;
 - (5) inoperable emergency lighting and or siren;
 - (6) inoperable oxygen system or less than 200 psi in onboard oxygen system;
 - (7) both portable and vehicle suction apparatus are inoperable;
 - (8) carbon monoxide levels greater than fifty (50) parts per million;
 - (9) lapse of vehicle liability insurance;
 - (10) lapse of worker compensation insurance;
 - (11) inability to affix a class "A" or "B" permit on an existing permitted vehicle;
 - (12) vehicle that does not comply with statutory safety equipment found in Title 47.
- (i) If such violation is not or cannot be corrected immediately, any affected vehicle shall be removed from service and the ambulance permit shall be removed until such time as the vehicle is compliant and has been re-inspected and permitted by the Department.
- (j) Any patient care equipment and supplies that is/are carried on an ambulance that is/are not on the approved equipment list will need Department approval through the protocol approval process.
- (k) All lighting, both interior and exterior, shall be fully operational, including lens caps.
- (l) All designated seating positions in the patient compartment shall be equipped with functioning safety restraint systems appropriate for each type of seating configuration.
- (m) All oxygen tanks, (portable and onboard) shall be secured within brackets compliant with the ambulance's manufacture standard.
- (n) Each vehicle shall not have any structural or functional defects that may adversely affect the patient, personnel, or the safe operation of the vehicle to include windshield wipers, steering systems, brakes, seatbelts, and interior or exterior compartment doors and latches.
- (o) Each permitted vehicle shall have an accessible copy (electronic or paper) of the agency's approved protocols.

[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; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 19 Ok Reg 386, eff 11-19-01 (emergency); Amended at 19 Ok Reg 1053, eff 5-13-02; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 33 Ok Reg 1529, eff 9-11-16]

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 will be detailed on a unit checklist 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.
 - (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.

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- (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.

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- (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 manufacturers 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.

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- (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 manufactures requirements. These types of equipment include, but are not limited to, suction devices, pulse oximetry, glucometers, capnography monitors, end-tidal co2 monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

[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; Amended at 19 Ok Reg 386, eff 11-19-01 (emergency); Amended at 19 Ok Reg 1053, eff 5-13-02; Amended at 19 Ok Reg 2087, eff 6-27-02; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 25 Ok Reg 2443, eff 7-11-08; Amended at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-24. Medical control requirement

- (a) Each Oklahoma licensed ambulance service that initiates and responds to calls within the state shall have a physician medical director who is fully licensed, non-restricted Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) by the State of Oklahoma.
- (b) Each licensed ambulance 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.
 - (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 not 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,
 - (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) An agency that only provides care within the Basic Life Support scope of practice, the medical director shall:
 - (1) hold a valid, non-restricted medical license,
 - (2) not be restricted from obtaining or maintaining OBNDD and DEA registrations for controlled dangerous substances,
 - (3) 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) An agency that provides Intermediate, Advanced, or Paramedic level interventions by individual protocols or licensure level, the medical director shall:
 - (1) hold a valid, non-restricted medical license,
 - (2) maintain current OBNDD and DEA registrations for controlled dangerous substances,
 - (3) 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) The physician medical director of a ground ambulance based in another state shall not be required to be licensed to practice in the State of Oklahoma, but shall be fully licensed in good standing in the home state of that ground ambulance service. Otherwise, the medical director will meet EMS Medical Director requirements listed in this subchapter.

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- (f) The physician medical director for an ambulance service operated by the federal government shall be fully licensed in good standing in Oklahoma or another state. If not licensed in Oklahoma, the physician shall be actively employed by the federal agency responsible for the operation of the ambulance service or emergency medical response agency.
- (g) The physician 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. The appointment of a designee to assist in QA and educational activities does not absolve the medical director of their responsibility for 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, as well as contact information such as a phone number and email address(es);
 - (C) the current OBNDD registrant number or state equivalent, as appropriate;
 - (D) current Oklahoma medical license;
 - (E) on-line and/or off line specific licensure level medical 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:
 - (A) medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency;
 - (B) one hour of continuing education each year 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]

310:641-3-25. 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 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.

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- (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.

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

310:641-3-26. 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]

**Subchapter 3 – Ground Ambulance Services
Part 7 – Air Ambulances [Revoked]**

310:641-3-30. Air ambulance license [AMENDED AND RENUMBERED TO 310:641-13-2]

[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 25 Ok Reg 2443, eff 7-11-08; Amended and renumbered to 310:641-13-2 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-31. Air medical service [REVOKED]

[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; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 26 Ok Reg 1498, eff 6-11-09; Revoked at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-32. Air ambulance vehicles [AMENDED AND RENUMBERED TO 310:641-13-9]

[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 25 Ok Reg 2443, eff 7-11-08; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-13-9 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-33. Air ambulance equipment [AMENDED AND RENUMBERED TO 310:641-13-10]

[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-13-10 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-34. Air ambulance medical staffing [AMENDED AND RENUMBERED TO 310:641-13-8]

[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-13-8 at 33 Ok Reg 1529, eff 9-11-16]

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310:641-3-35. Air medical director [AMENDED AND RENUMBERED TO 310:641-13-11]

[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; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-13-11 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-36. Operational protocols [AMENDED AND RENUMBERED TO 310:641-13-12]

[Source: Added at 21 Ok Reg 2755, eff 7-12-04; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-13-12 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-37. Communications [AMENDED AND RENUMBERED TO 310:641-13-13]

[Source: Added at 21 Ok Reg 2755, eff 7-12-04; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-13-13 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-38. Aircraft utilization [REVOKED]

[Source: Added at 21 Ok Reg 2755, eff 7-12-04; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 26 Ok Reg 1498, eff 6-11-09; Revoked at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-39. Rotorwing standards - certificate of the aircraft operator [REVOKED]

[Source: Added at 21 Ok Reg 2755, eff 7-12-04; Amended at 26 Ok Reg 1498, eff 6-11-09; Revoked at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-40. Specialty care [REVOKED]

[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; Amended at 23 Ok Reg 2386, eff 6-25-06; Revoked at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-41. Application [AMENDED AND RENUMBERED TO 310:641-11-2]

[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; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended and renumbered to 310:641-11-2 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-42. Issuance of a specialty care license [AMENDED AND RENUMBERED TO 310:641-11-3]

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

310:641-3-43. Personnel [AMENDED AND RENUMBERED TO 310:641-11-8]

[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; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-11-8 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-44. Vehicles [RENUMBERED TO 310:641-11-9]

[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; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended and renumbered to 310:641-11-9 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-45. Renewal [AMENDED AND RENUMBERED TO 310:641-11-4]

[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; Amended and renumbered to 310:641-11-4 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-46. Denial and other requirements [AMENDED AND RENUMBERED TO 310:641-11-5]

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[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; Amended and renumbered to 310:641-11-5 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-47. Equipment [AMENDED AND RENUMBERED TO 310:641-11-12]

[Source: Added at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-11-12 at 33 Ok Reg 1529, eff 9-11-16]

**Subchapter 3 – Ground Ambulance Services
Part 10 – Stretcher Aid Vans [Revoked]**

310:641-3-48. Stretcher aid van license [AMENDED AND RENUMBERED TO 310:641-17-2]

[Source: Added at 19 Ok Reg 386, eff 11-19-01 (emergency); Added at 19 Ok Reg 1053, eff 5-13-02; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-17-2 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-48.1. Stretcher aid van services [REVOKED]

[Source: Added at 19 Ok Reg 386, eff 11-19-01 (emergency); Added at 19 Ok Reg 1053, eff 5-13-02; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Revoked at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-48.2. Stretcher aid van vehicles [AMENDED AND RENUMBERED TO 310:641-17-9]

[Source: Added at 19 Ok Reg 386, eff 11-19-01 (emergency); Added at 19 Ok Reg 1053, eff 5-13-02; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-17-9 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-48.3. Stretcher aid van equipment and supplies [AMENDED AND RENUMBERED TO 310:641-17-10]

[Source: Added at 19 Ok Reg 386, eff 11-19-01 (emergency); Added at 19 Ok Reg 1053, eff 5-13-02; Amended and renumbered to 310:641-17-10 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-48.4. Stretcher aid van staffing [AMENDED AND RENUMBERED TO 310:641-17-8]

[Source: Added at 19 Ok Reg 386, eff 11-19-01 (emergency); Added at 19 Ok Reg 1053, eff 5-13-02; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended and renumbered to 310:641-17-8 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-48.5. Stretcher aid van medical control [AMENDED AND RENUMBERED TO 310:641-17-11]

[Source: Added at 19 Ok Reg 386, eff 11-19-01 (emergency); Added at 19 Ok Reg 1053, eff 5-13-02; Amended and renumbered to 310:641-17-11 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-50. Requirement [AMENDED AND RENUMBERED TO 310:641-3-4]

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-3-4 at 33 Ok Reg 1529, eff 9-11-16]

**Subchapter 3 – Ground Ambulance Service
Part 11 – Medical Control [Revoked]**

310:641-3-51. Authority to carry controlled substances on a vehicle

(a) An ambulance service, 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

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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, and accountability of controlled substances, shall be reported to the OBNDD and DEA through their established procedures and requirements, and to the Department, within ten (10) working days.

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

310:641-3-53. Inspections

(a) The Department shall conduct unannounced inspections of every licensed ambulance service. 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 subchapter.

(b) All inspection reports will be sent to the agency director, license 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]

310:641-3-55. 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]

310:641-3-57. Emergency medical services regions

(a) Region(s), 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.

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

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310:641-3-59. Operational protocols

- (a) Authorized emergency vehicles of licensed ambulance services shall adhere to 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.

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

**Subchapter 3 – Ground Ambulance Service
Part 13 – Sanitation [Revoked]**

310:641-3-60. Sanitation requirements [AMENDED AND RENUMBERED TO 310:641-3-25]

[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended and renumbered to 310:641-3-25 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-61. Transfer protocols

- (a) Department approved medical and trauma triage, transport, and transfer protocols shall adhere to the principle of delivering time-sensitive medical and trauma patients to appropriate facilities as outlined by the regional advisory boards and the Department approved protocols.
- (b) Specific triage, transport, and transfer protocols or destination protocols shall be developed by medical control for the region, area, and/or local service and submitted to the Department for approval.
- (c) Each agency shall designate the receiving facility(ies) that are within their reasonable service range.
- (1) An agency may still transport to facilities outside of the reasonable service range on a case by case basis.

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- (2) Repeated transports to facilities that are outside of the agency's reasonable range will require modifications to the designated receiving facility list maintained at the Department with the agency's approved protocols.
- (d) Triage, transport and transfer protocols approved by the Department shall include the following requirements:
- (1) medical and trauma non- emergency transports shall be transported to the facility of the patient's choice, if within reasonable service range,
 - (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,
 - (3) emergency, injury related transports shall adhere to the Oklahoma Triage, Transport, and Transfer Guidelines as authorized in 63 O.S. 1-2530.3 and shall ensure that patients are delivered to the most appropriate classified hospital, either within their region or contiguous regions,
 - (4) Severely injured patients as described in the Oklahoma Triage, Transport, and Transfer Guidelines as authorized in 63 O.S. 1-2530.3 shall be transported to a hospital classified at Level I or II for trauma and emergency operative services unless a Level III facility that is identified within a regional plan is capable of providing definitive care. If time and distance factors are detrimental to patient outcomes, patients shall be transported to the closest appropriate hospital in accordance with the State approved regional trauma plan.
 - (5) Stable patients at risk for severe injury or with minor-to-moderate injury as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility. These patients may be transported to the hospital of the patient's or patients' legal representative's choice consistent with regional guidelines.
 - (6) Emergency, life threatening, non-injury transports shall be to the nearest facility that can provide evaluation and stabilization appropriate to the patient's condition.
 - (7) Transports or transfers from a pre-hospital setting that occur as a result of a physician order shall be transported to the facility ordered by the physician except when:
 - (A) the patient or the patient's guardian chooses a different facility;
 - (B) the patient condition changes, and going to a different facility is in the best interest of the patient;
 - (C) the receiving facility's ability to receive that patient has changed;
 - (D) the facility is not within a reasonable range of the agency; or
 - (E) the Trauma Referral Center requests a change in destination or presents reasonable options for a destination.
- (e) In counties with populations of 300,000 or more and their contiguous communities, injury related transports shall be directed and coordinated by the trauma transfer and referral center for the region.
- (1) All ambulance services providing pre-hospital emergency services in these regions shall contact the trauma transfer and referral center at intervals determined by the Department to register the transport of an injured patient to a hospital.
 - (2) All ambulance services transporting injured patients on a pre-hospital basis from areas outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region. The trauma transfer and referral center shall direct the ambulance to the appropriate hospital based on the regional plan, the severity of the injury, and the capacity status of the hospitals in the region.
 - (3) All ambulance services transferring injured patients from hospitals outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.
- (f) The patient has a right to refuse transport.
- (g) Each ambulance service shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.
- (h) All licensed ambulance services are required to participate in the regional and statewide systems of care established through statute and administered by the Department to ensure patients are transported to the appropriate facility in a timely manner to receive appropriate care.

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

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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. Each vehicle must be inspected and a checklist completed after each call, or on a daily basis, whichever is less frequent;
 - (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
 - (A) Oklahoma license and certification;
 - (B) Basic Life Support certification that meets or exceeds American Heart Association standards;
 - (C) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards as applicable for advanced licensure level(s);
 - (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:

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- (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
 - (7) nature of the call;
 - (8) 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.

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

310:641-3-65. Sole source ordinances

- (a) An ambulance service which operates as a sole source provider established by EMS regions, ambulance service districts or municipalities shall file with the Department a copy of the ordinance or regulation and a copy of the contract to operate as a sole source provider. This requirement shall be retroactive and includes all established sole source ambulance services.
- (b) An ambulance service which operates as a sole source provider for a "region" as established pursuant to the Oklahoma Interlocal Cooperation Act (Title 74, Section 1001 et seq.) shall file, with the Department, a copy of the interlocal agreement and any ordinance or other regulations or contract or agreement established by the region for ambulance service provision.
- (c) Violation of contracts established herein may be cause for enforcement action by the Department.

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

310:641-3-67. Suspension, revocation, probation, or non-renewal of a license

- (a) The Department may suspend or revoke a license, and/or fine or place on probation a license or licensee 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) failure to provide emergency service to any person, unless a vehicle and/or personnel is not available, and failure to summon mutual aid;
 - (4) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
 - (5) failure to operate the service on a twenty four (24) hour basis,
 - (6) placing a vehicle into service before it is properly inspected, approved and permitted by the Department;
 - (7) failure to comply with a written order issued by the Department within the time frame specified by the Department;

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- (8) engaging in any act which is designed or intended to hinder, impede or obstruct the investigation of any matter governed by the Act, by any lawful authority;
 - (9) an ambulance service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules, shall be considered an expired or lapsed licensee, and therefore no longer licensed as an ambulance service in the State of Oklahoma.;
 - (10) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
 - (11) offering, giving, or 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;
 - (12) interference with an investigation or 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; or
 - (13) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this this Chapter.
- (b) No person, company, governmental entity or trust authority may operate an ambulance service or emergency medical response agency except in accordance with Title 63, Section 1-2501, et seq., 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.
- (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 exists if an agency fails to provide emergency service to any person, unless a vehicle and/or personnel is not available, and failure to summon mutual aid, or there is 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 dollars (\$100.00) per violation per day may be assessed, for violations of the Act or OAC 310:641.

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

310:641-3-70. Storage of intravenous solutions [AMENDED AND RENUMBERED TO 310:641-3-26]

[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; Amended and renumbered to 310:641-3-26 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-80. Authority to carry controlled substances on a vehicle [AMENDED AND RENUMBERED TO 310:641-3-51]

[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; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-3-51 at 33 Ok Reg 1529, eff 9-11-16]

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310:641-3-90. Inspections [AMENDED AND RENUMBERED TO 310:641-3-53]

[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; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended and renumbered to 310:641-3-53 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-91. Correction orders [AMENDED AND RENUMBERED TO 310:641-3-55]

[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; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended at 26 Ok Reg 1498, eff 6-11-09; Amended and renumbered to 310:641-3-55 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-100. Water ambulances [REVOKED]

[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; Revoked at 23 Ok Reg 2386, eff 6-25-06]

310:641-3-110. Emergency medical services regions [AMENDED AND RENUMBERED TO 310:641-3-57]

[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; Amended at 20 Ok Reg 2368, eff 7-11-03; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended and renumbered to 310:641-3-57 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-120. Operational protocols [AMENDED AND RENUMBERED TO 310:641-3-59]

[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; Amended at 18 Ok Reg 2501, eff 6-25-01; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-3-59 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-130. Transfer protocols [AMENDED AND RENUMBERED TO 310:641-3-61]

[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; Amended at 21 Ok Reg 571, eff 1-12-04 (emergency); Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 25 Ok Reg 2443, eff 7-11-08; Amended and renumbered to 310:641-3-61 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-140. Subscription program [REVOKED]

[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; Revoked at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-150. Certified emergency medical response agencies [AMENDED AND RENUMBERED TO 310:641-15-2]

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-15-2 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-160. Ambulance service, emergency medical response agency and stretcher aid van files [AMENDED AND RENUMBERED TO 310:641-3-63]

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-3-63 at 33 Ok Reg 1529, eff 9-11-16]

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310:641-3-170. Sole source ordinances [AMENDED AND RENUMBERED TO 310:641-3-65]

[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; Amended at 23 Ok Reg 2386, eff 6-25-06; Amended and renumbered to 310:641-3-65 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-180. Regional emergency medical services system [REVOKED]

[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; Revoked at 23 Ok Reg 2386, eff 6-25-06]

310:641-3-190. Suspension, revocation, probation, or non-renewal of a license [AMENDED AND RENUMBERED TO 310:641-3-67]

[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; Amended at 21 Ok Reg 2755, eff 7-12-04; Amended at 22 Ok Reg 2418, eff 7-11-05; Amended at 24 Ok Reg 1991, eff 6-25-07; Amended and renumbered to 310:641-3-67 at 33 Ok Reg 1529, eff 9-11-16]

310:641-3-200. 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]

310:641-3-201. Severance [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]

310:641-3-202. 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]