August 14, 2020

To: All certified and licensed agencies
All certified and licensed individuals

From: Dale Adkerson  
Administrative Program Manager – EMS Division  
OSDH – Emergency Systems

Re: Changes to EMS Regulations:

On September 11, 2020, several regulatory changes will go into effect for all certification and licensed agencies.

The regulatory changes are summarized below. The complete text for the regulatory changes is included with this memo.

In addition to the regulatory changes, information relating to:
- Regulatory changes to the Oklahoma Emergency Response Stabilization and Improvement Revolving Fund (OERSSIRF)
- Individual and agency expiration dates (memo and supporting documents)
- Department guidance for the quarantine of Covid-19 exposed personnel;
- Statutory guidance for the Riley Boatwright Act;

Our office will work diligently to make this regulatory transition as smooth as possible. Feel free to contact our office if you have any questions or concerns. You may contact us at 405.271.4027 or by email at esystems@health.ok.gov

Summary of regulatory changes:
- 310:641-3-20 Ground Ambulance Vehicles (amendments);
- 310:641-5 – Military Reciprocity Certification and Licensure (new);
- 310:641-5-20 Scope of Practice (amendments);
- 310:641-13-9 Air Ambulance Temporary Permits (amendments);
- 310:641-15-11 Prehospital emergency medical Response agency equipment (amendments);
- 310:641-17 Stretcher Van Service (amendments); and
- 310:642-3-1 Proposals (amendment)
TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH

CHAPTER 641. EMERGENCY MEDICAL SERVICES

SUBCHAPTER 1. GENERAL EMS PROGRAMS

310:641-1-7. Definitions [AMENDED]

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.


"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) 1-2503].

"AMLS" means Advanced Medical Life Support.

"ATLS" means Advanced Trauma Life Support.

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

"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.
"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.

"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.


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

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

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

"Title 47" means the Oklahoma Motor Vehicle statutes.

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

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

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

"Trauma transfer and referral center" means an organization certified by the Department and staffed and equipped for the purpose of directing trauma patient transfers within a region that consists of a county with a population of three hundred thousand (300,000) or more and its contiguous communities, and facilitating the transfer of trauma patients into and out of the region for definitive trauma care at medical facilities that have the capacity and capability to appropriately care for the emergent medical needs of the patient.
310:641-3-20. Ground ambulance vehicles [AMENDED]

(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. An ambulance manufactured prior to January 1, 2021 shall meet or exceed the standards established in the U.S. General Services Administration Federal Specification for the Star-of-Life Ambulance (GSA KKK-A-1822) in effect on November 1, 1994.

(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;
5. KKK-A-1822D, effective November 1, 1994;
6. KKK-A-1822E, effective June 1, 2002;

A new or remounted production ground ambulance that is ordered or purchased after January 1, 2021 shall comply fully with the ambulance design criteria in either:

1. The Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances (GVS), effective July 1, 2019. A decal or letter of verification from the manufacturer certifying that the vehicle meets the GVS standard, if ordered after January 1, 2021, shall be made available upon inspection; or
2. The National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances – 2019 Editions. A decal or letter of verification from the manufacturer certifying that the vehicle meets the NFPA standard, if ordered after January 1, 2021, shall be made available upon inspection;

(c) Additionally, each ground ambulance service vehicle purchased or ordered after January 1, 2021 will meet the following requirements:

1. The business name, and/or a logo of the licensed ambulance service or acceptable legal abbreviation of the name of the 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 A minimum of one Star of Life emblem that is a minimum of three (3) inches in diameter shall be placed on the front, sides, and rear of the vehicle.
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. The word “Ambulance”, “Emergency Medical Services”, “EMS”, or other acceptable nomenclature licensure level shall be on the sides and rear of the vehicle in at least three (3) inch high letters.
   (A) If nomenclature is placed on a vehicle relating to a license level as defined in 63 O.S. § 1-2503, the nomenclature must reflect the agency license level of the agency owning (operating)-the vehicle.
4. Ambulances vehicles shall be exempt from the sections of GVS and NFPA specifications which specify color, emblems, and markings except for (c) of this sub-chapter.

(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.

(f) The purchaser of any vehicle that is not compliant with this section shall be responsible for corrective action.

(g) A decal, notice, or other documentation showing the ambulance meets the manufacturing standard at the time of manufacture will be affixed to the vehicle.

(h) Ambulances purchased after January 1, 2021 by Federal healthcare systems such as Department of Defense or Indian Health Services shall meet one of the following standards:

(1) The Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances (GVS), effective July 1, 2019. A decal or letter of verification from the manufacturer certifying that the vehicle meets the GVS standard, if ordered after January 1, 2021, shall be made available upon inspection;

(2) The National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances – 2019 Editions. A decal or letter of verification from the manufacturer certifying that the vehicle meets the NFPA standard, if ordered after January 1, 2021, shall be made available upon inspection; or


TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH

CHAPTER 641. EMERGENCY MEDICAL SERVICES

SUBCHAPTER 5. PERSONNEL LICENSES AND CERTIFICATION

310:641-5-11.1 Military Reciprocity Certification and License qualifications [NEW]

(a) Emergency medical personnel while on duty will have a copy of their certification or license.

(b) Persons applying for a Military Reciprocity Certification or License shall submit an application to the Department using Department approved forms.

(c) Persons applying for shall meet the requirements for qualification, application, and procedure as follows:

(1) Emergency Medical Responder certification:

(A) Applicant shall be at least eighteen (18) years of age.

(B) Applicant shall submit the following documentation:

(i) A copy of their orders or their spouses orders, their honorable discharge to Oklahoma, or other evidence of their affiliation with the Department of Defense and their requirement to serve within the State of Oklahoma.

(ii) Documentation showing that the applicant is Certified or Licensed in another State or Territory as an Emergency Medical Responder.

(iii) A signed "Affidavit of Lawful Presence" form.

(iv) Documentation describing the scope of practice authorized by the State issuing the certification or license as an Emergency Medical Responder.

(2) Emergency Medical Technician, or EMT:

(A) Applicant shall be at least eighteen (18) years of age.

(B) Applicant shall submit the following documentation:

(i) A copy of their orders or their spouses orders, their honorable discharge to Oklahoma, or other evidence of their affiliation with the Department of Defense and their requirement to serve within the State of Oklahoma.
(ii) Documentation showing that the applicant is Certified or Licensed in another State or Territory as an Emergency Medical Technician.

(iii) A signed "Affidavit of Lawful Presence",

(iv) Documentation describing the scope of practice authorized by the State issuing the certification or license as an Emergency Medical Technician.

(3) Intermediate

(A) Applicant shall be at least eighteen (18) years of age,

(B) Applicant shall submit the following documentation:

(i) A copy of their orders or their spouses orders, their honorable discharge to Oklahoma, or other evidence of their affiliation with the Department of Defense and their requirement to serve within the State of Oklahoma,

(ii) Documentation showing that the applicant is Certified or Licensed in another State or Territory as an Intermediate.

(iii) A signed "Affidavit of Lawful Presence",

(iv) Documentation describing the scope of practice authorized by the State issuing the certification or license as an Intermediate.

(4) Advanced EMT:

(A) Applicant shall be at least eighteen (18) years of age,

(B) Applicant shall submit the following documentation:

(i) A copy of their orders or their spouses orders, their honorable discharge to Oklahoma, or other evidence of their affiliation with the Department of Defense and their requirement to serve within the State of Oklahoma,

(ii) Documentation showing that the applicant is Certified or Licensed in another State or Territory as an Advanced EMT.

(iii) A signed "Affidavit of Lawful Presence",

(iv) Documentation describing the scope of practice authorized by the State issuing the certification or license as an Advanced EMT.

(5) Paramedic

(A) Applicant shall be at least eighteen (18) years of age,

(B) Applicant shall submit the following documentation:

(i) A copy of their orders or their spouses orders, their honorable discharge to Oklahoma, or other evidence of their affiliation with the Department of Defense and their requirement to serve within the State of Oklahoma,

(ii) Documentation showing that the applicant is Certified or Licensed in another State or Territory as a Paramedic.

(iii) A signed "Affidavit of Lawful Presence",

(iv) Documentation describing the scope of practice authorized by the State issuing the certification or license as a Paramedic.

(c) Initial licensure and certification shall be from the date of issue through the second June 30 after the initial date.

(d) Any certification or license application submitted to the Department under this subchapter may be denied on the basis of a felony conviction, adjudication, or plea of guilty or nolo contender for any of the following offenses:

(1) assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery;

(2) murder or attempted murder; manslaughter, except involuntary manslaughter;

(3) rape, incest, or sodomy; indecent exposure and indecent exhibition; pandering;

(4) child abuse; abuse, neglect, or financial exploitation of any person entrusted to his care or possession;
(5) burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm;
(6) arson, substance abuse, or any such other conviction, adjudication, or plea of guilty or nolo contendere, or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public;
(7) Each decision shall be determined on a case-by-case basis.
(e) A license application may be denied on the basis of any falsification. Application for initial licensure pursuant to the Act shall constitute authorization for an investigation by the Department.
(f) Applicants will be notified in writing of the status of their application. The notification will be completed by either issuing the certification or license or by providing a denial to the application with an explanation of the denial and what steps are required to make the application acceptable.
(g) An applicant may request a review of adverse decisions, made within this section, by applying in writing within thirty (30) calendar days after the notice of rejection. Review, by the Department, shall be held in accordance with the Administrative Procedures Act.
(h) The Department shall maintain a registry of all qualified Emergency Medical Responders.

310:641-5-13.1 Issuance of a Military Reciprocity License and certification [NEW]
(a) Upon successful completion of the application and submission of supporting documentation, a Military Reciprocity Certification or License shall be issued at the most appropriate Oklahoma Certification or License level that can be verified.
(b) Initial licensure and certification shall be from the date of issue through the second June 30 after the initial date.
(c) If the applicant has a current certification from the National Registry of Emergency Medical Technicians, a Military Reciprocity Certification or License may be provided to the applicant at that certification same level.

310:641-5-20. Scope of practice authorized by certification or licensure [AMENDED]
(a) The Department shall establish a scope of practice for each certificate and license level.
(b) The medical control physician may limit an individual certificate or license holder's scope of practice.
(c) Certified and licensed emergency medical personnel may perform authorized skills and procedures when authorized by medical control. When emergency medical personnel are without medical control, the scope of practice for any level of emergency medical personnel is limited to first aid, CPR, and the use of the AED.
(d) Certified Emergency Medical Responders may perform to the following level or within this scope of practice:
   (1) patient assessment, including the determination of vital signs, and triage,
   (2) oxygen administration and airway management,
   (3) basic wound management, including hemorrhage controls to include the use of tourniquets; treatment of shock,
   (4) cardiopulmonary resuscitation (CPR) and the use of only adjunctive airway devices and the use of a semi-automated external defibrillator (SAED),
   (5) splinting of suspected fractures;
   (6) rescue and extrication procedures,
   (7) assistance of patient prescribed medications including sublingual nitroglycerin, epinephrine auto injector and hand held aerosol inhalers,
   (8) administration of agency supplied oral glucose, activated charcoal, aspirin, agency supplied epinephrine auto injector, albuterol or approved substitute per medical direction, and nasally administered or atomized naloxone,
(9) such other emergency medical care skills and measures included in the instructional guidelines adopted by the Department, and,
(10) upon the approval of the Department additional skills may be authorized upon the written request of a local medical director,

(e) A licensed Emergency Medical Technician may perform to the following level or within this scope of practice:

1. all skills listed for the Emergency Medical Responder,
2. patient assessment, determination of vital signs, diagnostic signs, and triage,
3. bandaging, splinting, control of hemorrhage, and shock management,
4. Administration of medications per medical direction and approved by the Department,
5. maintenance of established intravenous fluids without medications,
6. CPR, use of adjunctive airway devices to include supraglottic airway devices, and the use of the AED,
7. Upon the approval of the Department, additional skills may be authorized upon the written request of a local medical director.

(f) A licensed Intermediate may perform to the following level or within this scope of practice,

1. all skills listed within the Emergency Medical Responder and Emergency Medical Technician scope of practice,
2. establishment of vascular or intraosseous access for the administration of fluids without medications. Approved fluids include; lactated ringers, normal saline, \( \frac{1}{2} \) normal saline, dextrose 5%, and dextrose 10%,
3. administration of medications per medical direction and approved by the Department,
4. venipuncture to obtain blood samples per local medical control,
5. the use and placement of definitive airway adjuncts for adults, children, and infants,
6. all other emergency medical care skills and measures included in the instructional guidelines adopted by the Department which are not specifically listed above, and
7. Upon the approval of the Department, additional skills may be authorized upon the written request of a medical director.

(g) A licensed Advanced Emergency Medical Technician may perform to the following level and within this scope of practice:

1. all skills listed for the Emergency Medical Responder, Emergency Medical Technician and Intermediate,
2. other skills and procedures included in the instructional guidelines adopted by the Department, and
3. upon approval of the Department, additional skills may be authorized upon the written request of the medical director.

(h) A licensed Paramedic may perform to the following level or within this scope of practice:

1. all skills listed for the other certified or licensed emergency medical personnel recognitions, interpretation, treatment of cardiac arrhythmias using a cardiac monitor/defibrillator/external pacemaker,
2. advanced management of pediatric emergencies, including resuscitation, airway placement, and medication,
3. advanced management of obstetric and gynecologic emergency including medication administration,
4. advanced interventions of psychiatric patients including medication administration,
5. all other emergency medical skills and measures included in the instructional guidelines adopted by the Department, and
6. Upon approval of the Department, additional skills may be authorized upon the written request of a medical director.
Pursuant to 63 O.S. 1-502.1, emergency medical personnel shall assist Good Samaritans who may have been exposed to a communicable disease. This includes, but is not limited to:

1. Providing OSDH information relating to communicable disease exposure, and
2. Assistance with completing OSDH approved forms.

Emergency medical personnel may also consult with a Good Samaritan for potential exposures based on OSDH guidance.

The Department will provide support to emergency medical personnel through educational material to ensure evidence based material is available.

Scope of practice authorized by Military Reciprocity certification or licensure [NEW]

(a) As part of the Military Reciprocity Certification or License Application process, the applicant is required to submit documentation that details the Scope of Practice for their level that is authorized by the source state.

(b) The Department will review and compare the source state scope of practice with the Scope of Practice detailed in O.A.C. 310:641-5-20.

(c) Based on the submitted documentation, the Department will issue a certification or license to the applicant that most closely matches an OSDH Emergency Personnel certification or license as described in this subchapter.

Certification and licensure enforcement actions [AMENDED]

(a) The Department may revoke, suspend, place on probation, fine, or deny a license or certificate, or renewal of any license or certificate for the following:

1. Violations of any provision of Oklahoma statutes, the Act, or this Chapter;
2. permitting, aiding, abetting, or conspiring with a person to violate or circumvent a law relating to licensure or certification;
3. fraud, misrepresentation, deception, or concealment of a material fact in applying for or assisting in securing a license or license renewal or in taking an examination required for licensure;
4. signing or issuing, in the licensee's professional capacity, a document or statement that the licensee knows or reasonably ought to know contains a false or misleading statement;
5. a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
6. offering, giving, or promising anything of value or benefit, as prohibited in Oklahoma law or rule, to a Federal, state, or local government employee or 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 occupation;
7. conviction, adjudication, or plea of guilty or nolo contendere, for an offense involving moral turpitude, whether a misdemeanor or felony, and whether or not an appeal is pending;
8. permitting, aiding, or abetting any illegal act;
9. conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
10. conduct likely to deceive, defraud, or harm the public including, but not limited to, practicing while subject to a physical or mental condition which renders the licensee unable to safely engage in activities required of a licensee under this subchapter;
11. acting in such a manner as to present a danger to public health or safety, or to any patient including, but not limited to, incompetence, negligence, malpractice, or engaging in conduct in the course of one's practice while suffering from a contagious or infectious disease involving serious risk to public health without taking adequate precautions;
12. engaging in any act which is designed or intended to hinder, impede, or obstruct an investigation of any matter governed by the Act or by lawful authority;
(13) making a false or misleading statement regarding the licensee's skill in connection with the activities required of a licensee under this subchapter;

(14) use of a false, fraudulent, or deceptive statement, whether written or verbal, in connection with the activities required of a licensee under this subchapter;

(15) knowingly make a false statement of material fact;

(16) failure to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation;

(17) failure to respond to a demand for information made by the Department or any designated representative thereof;

(18) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by 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;

(19) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization, based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for disciplinary action. A report from the National Practitioners Database (NPDB) or a certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;

(20) having voluntarily relinquished or surrendered a professional or occupational license, certificate, or registration in this state or in another state;

(21) having withdrawn an application for licensure, certification, or registration while under investigation or prior to a determination of the completed application in this state or in another state or jurisdiction;

(22) failure to practice within the scope of practice of the certificate or license as established by the Department or by the medical director;

(23) failure to practice within adopted protocols and procedures established and approved by the Department and the medical director;

(24) failure to practice within the protocols set forth by the medical director and approved by the Department;

(25) habitual intemperance or excessive use of an addictive drug, alcohol, or other substance to the extent that the use impairs the user physically or mentally; this provision does not apply to a licensee who is in compliance with an approved therapeutic regimen under a physicians' care;

(26) filing a complaint with or providing information to the Department which the licensee knows, or ought to know, is false or misleading. This provision does not apply to any filing of a complaint or providing information to the board when done in good faith;

(27) failing to report to the Department any adverse judgement or award arising from a medical liability claim or other unprofessional conduct;

(28) committing any act of sexual abuse, misconduct, or exploitation by the licensee whether or not related to the practice;

(29) failing to exercise technical competence in carrying out medically authorized skills, medication administration, or procedures related to their scope of practice;

(30) unauthorized possession of patient care reports, falsifying, or altering patient care reports, intentionally documenting patient records incorrectly, failing to document patient care records, or prepare patient care reports;

(31) revealing confidential information obtained as the result of a professional relationship without the prior consent of the recipient of services except as authorized or required by law;

(32) diversion of a medication for any purpose or a violation of state or Federal laws governing the administration of medications;

(33) failing as a clinical preceptor or lead instructor, to supervise, manage or train students practicing under the licensee's supervision, according to:
(A) scope of practice,
(B) generally accepted standards of patient care,
(C) board approved instructional guidelines,
(D) protocols, policies, and procedures,
(34) willfully harassing, abusing, or intimidating a patient or student, either physically or verbally;
(35) practicing as an emergency medical professional at any level without a current, active Oklahoma certification or license;
(36) failing to comply with administrative orders, to include probation, suspension, or revocation orders;
(37) failure to comply with a term, condition, or limitation of a certificate or license by final order of the Department;
(38) any other act, whether specifically enumerated or not, that in fact constitutes unprofessional conduct;
(39) failing to report to the Department the unprofessional conduct or noncompliance of regulations of other certified or licensed emergency medical providers;
(40) conduct that does not meet the generally accepted standards of practice, which may be, but not required to be, supported by malpractice judgements, or tort judgements; and
(41) failing to report the institution of or final action on a malpractice action, including a final decision on appeal, against the licensee or of an action against the licensee by a:

(A) peer review committee;
(B) professional association; or
(C) local, state, Federal, territorial, provincial, or tribal government.

(b) Any license or certificate issued by the Department may voluntarily be surrendered at any time during the license period for any reason by the license/certificate holder. The voluntary surrender of a license or certificate does not preclude the Department's authority to complete any pending action against said license/certificate holder. A surrendered license / certificate shall be treated as if revoked by the Department.

(c) The Department may require a one (1) year period from the date of revocation before the license / certificate holder may apply for a license or certificate from the Department.

(d) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause for conduct of any practice that is detrimental to the welfare of the patient or potential users of the service exists.

(e) In addition to any other penalties, a civil fine of not more than one hundred ($100.00) dollars per violation per day may be assessed, for violations of the Act or this Chapter.

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 641. EMERGENCY MEDICAL SERVICES
SUBCHAPTER 13. AIR AMBULANCE SERVICE

(a) An air ambulance vehicle (aircraft) may be fixed wing, single or multi-engine, or rotary wing, single or multi-engine.
(b) Operations of the aircraft shall be under the appropriate provisions of the Federal Aviation Regulations (FAR) within 14 CFR, Part 1 Et Seq.
(c) The interior of the patient compartment of their aircraft shall have the capability of being climate
controlled to avoid adverse effects on patients and medical personnel on board by a means other than flight
operations and flying to an altitude.
(d) The aircraft design and configuration shall not compromise patient stability in loading, unloading or
in-flight operations.
   (1) The aircraft shall have an entry that allows loading and unloading without excessive
maneuvering (no more than 45 degrees about the lateral axis and 30 degrees about the longitudinal
axis) of the patient, and does not compromise functioning of monitoring systems, intravenous lines,
and manual or mechanical ventilation.
   (2) A minimum of one stretcher shall be provided that can be carried to the patient.
   (3) Aircraft stretchers and the means of securing it in-flight must be consistent with FAR's.
   (4) The type and model of stretcher indicates the maximum gross weight allowed (inclusive of
patient and equipment) as labeled on the stretcher.
   (5) The stretcher shall be large enough to carry an American adult male.
   (6) The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary
resuscitation. If a backboard or equivalent device is required to achieve this, such device will be
readily available.
   (7) The head of the stretcher is capable of being elevated at least 30 degrees for patient care and
comfort.
   (8) If the ambulance stretcher is floor supported by its own wheels, there is a mechanism to secure
it in position under all conditions. These restraints permit quick attachment and detachment for
patient transfer.
(e) Patients transported by air will be restrained with a minimum of three straps, including shoulder straps
that must comply with FAA regulations. The following additional requirements shall apply to achieve
patient stability.
   (1) Patients less than 60 pounds (27kg) shall be provided with an appropriately sized restraining
device (for patient's height and weight) which is further secured by a locking device. All patients
less than 40 pounds must be secured in a five-point safety strap device that allows good access to
the patient from all sides and permits the patient's head to be raised at least 30 degrees. Velcro
straps are not encouraged for use on pediatric devices.
   (2) If a car seat is used, it shall have an FAA approved sticker.
   (3) There shall be some type of restraining device within the isolette to protect the infant in the
event of air turbulence.
(f) A Supplemental lighting system shall be installed in the aircraft in which standard lighting is
insufficient for patient care and a self-contained lighting system powered by a battery pack or portable light
with a battery source must be available.
(g) Medical transport personnel shall be able to determine if medical oxygen is on the patient care area.
   (1) Each gas outlet shall be clearly marked for identification.
   (2) Oxygen flow shall be capable of being started and stopped at or near the oxygen source from
inside the aircraft.
   (3) The following indicators shall be accessible to medical transport personnel while en route:
      (A) Quantity of oxygen remaining.
      (B) Measurement of liter flow.
(h) A variety of medical oxygen delivery devices consistent with the service's medical protocols shall be
available.
(i) An appropriately secured portable medical oxygen tank with a delivery device shall be carried on the
aircraft. Portable medical oxygen tank may not be secured between patient's legs while the aircraft is in
motion.
(j) There shall be a back-up source of medical oxygen sufficient to allow completion of the transport in the event the main system fails. For air transports, this back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight.

(k) Storage of oxygen shall comply with applicable OSHA standards within 29 CFR, Par 19 D.

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

(m) In the event the licensee will be utilizing a substitute aircraft not previously permitted by the Department for a period of more than five (5) days, the licensee shall notify the Department to have the aircraft inspected and permitted by the Department into operation.

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

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

(n) Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department as detailed within this section of 310:641 Subchapter 15.

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH

CHAPTER 641. EMERGENCY MEDICAL SERVICES

SUBCHAPTER 15. EMERGENCY MEDICAL RESPONSE AGENCY


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

(b) Certified agencies shall ensure that all, recalled, outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from the response vehicles immediately.

(c) The unit checklist will establish the equipment, supplies, and medications for each unit. A list of the equipment, supplies, and medication will be included in the application. For medications this is to include the number, weight, and volume of the containers.

(d) At a minimum, the following equipment and supplies will be present on for each emergency medical response:

(1) one (1) each adult, pediatric, and infant size bag-valve-mask resuscitators;

(2) one (1) complete set of oropharyngeal airways, single wrapped for sanitation purposes;

(3) portable oxygen system with two (2) each oxygen masks in adult, pediatric, and infant sizes;

(4) two (2) adult nasal cannulas;

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

(6) one (1) bulb syringe with saline drops, sterile, in addition to any bulb syringes in an obstetric kit;

(7) instant cold packs;

(8) sterile dressing and bandages, to include:

(A) sterile burn sheets,

(B) sterile 4"x4" dressings,

(C) sterile 6"x8" or 8"x10" dressings,

(D) roller bandages, 2" or larger,

(E) rolls of tape (minimum of one (1) inch width),

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

(G) triangular bandages, and

(H) scissors.
Title 310. Oklahoma State Department of Health

Chapter 641. Emergency Medical Services

Subchapter 17. Stretcher Aid Van Service [Amended]

310:641-17-1. Purpose [Amended]
(a) This Subchapter incorporates the authorization, licensure, and minimum requirements for operating a Stretcher Aid Van Ambulance Service that transports patients that are medically stable, but need to be transported in a reclining position, and
(b) provide standards for the enforcement of the provisions of the Act and this Chapter.

310:641-17-2. Stretcher Aid Van Service License Required [Amended]
(a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of stretcher aid van service without first obtaining a license to operate a stretcher aid van service from the Department. The Department shall have sole discretion to approve or deny an application for a stretcher aid van service license based on the ability of the applicant to meet the requirements of this rule.
(b) State and Federal agencies that respond to stretcher aid van transports off State and Federal property are required to become licensed by the Department.
(c) Persons, companies, and governmental entities which operate on their own premises are exempt from this licensing requirement, unless the stretcher aid van patient(s) is/are transported on the public streets or highways of Oklahoma or outside of their own premises.
(d) An application to operate a stretcher aid van service shall be submitted on forms prescribed and provided by the Department.
(e) The application shall be signed under oath by the party or parties seeking to secure the license.
The party or parties who sign the application shall be considered the owner or agent (licensee) and responsible for compliance to the Act and this Chapter.

The application shall contain, but not be limited to the following:

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

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

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

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

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

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

5. Copy of any contract(s) for vehicles, medical equipment, and/or personnel if such exist;

6. A written communication policy addressing:

   A. The receiving and dispatching of calls;

   B. Ensuring compliance with State and local EMS Communication Plans; and

   C. Applicants for this license will provide documentation that a screening process is in place to ensure a request for the transport of a stretcher aid van patient passenger will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient passenger care report or call log.

7. Provide a response plan that includes:

   A. Providing for and receiving mutual aid with all surrounding, contiguous, or overlapping service areas; and

   B. Providing for and receiving disaster assistance in accordance with local and regional plans and command structures.

8. Confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient passenger health information;

9. An application for an initial or new license shall be accompanied by a non-refundable fee of six hundred ($600.00) dollars plus twenty ($20.00) dollars for each vehicle in excess of two (2) vehicles utilized for patient passenger transport. An additional fee of one hundred fifty ($150.00) dollars shall be included for each stretcher aid van substation in addition to the base station.

10. A map or narrative description which identifies the proposed service area;

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

12. The defined hours of operation for the service; and

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

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

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

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

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

(i) Any passenger condition where the passenger entered the 911 system,

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

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

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

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

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

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

310:641-17-3. Issuance of a stretcher aid van service license [AMENDED]

(a) The Department shall have sole discretion to approve or deny an application for a stretcher aid van service license based on the ability of the applicant to meet the requirements of this Chapter.

(b) A license may be issued for a stretcher aid van service.

(c) The license shall be issued only for the name, service area, and service provided. The license is not transferable or assignable.

(d) The initial license period shall expire the second June 30th; following the date of issue. Subsequent renewal periods shall be twenty-four (24) months, or two (2) years.

(e) The original, or a copy of the original, 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.

(f) The stretcher aid van service is limited to the transportation of stable patients passengers that can only be transported in a reclining position. As such, the medical interventions the staff members can provide are that of first aid, BLS CPR, and AED interventions. Agency supplied medications are prohibited for this license type.

811310:641-17-4. Renewal of a stretcher aid van service license [AMENDED]

(a) The Department shall provide to all licensed stretcher aid van services a "Survey/Renewal Form" in December each year. This form shall be considered and utilized as a renewal application if due. The "Survey/Renewal Form" along with proof of the required types of insurance shall be returned to the Department by January 31st 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 a stretcher aid van 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) A stretcher aid van service license shall be renewed if:

(A) the service has applied for such renewal;

(B) the 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.

(b) A stretcher aid van service license; if not renewed by midnight June 30 of the expiration year, shall be considered non-renewed.

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

(2) 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:

(A) the safety, need, and well-being of the public and general populace to be served by the stretcher aid van service;

(B) the availability of personnel, equipment, and the financial ability of the applicant to meet the minimum standards of emergency medical services law;

(C) the number of estimated runs to be made by the stretcher aid van service;

(D) the desire of the community(ies) to be served

310:641-17-5. Denial for an initial stretcher aid van license [AMENDED]

(a) A stretcher aid van license application may be denied for any of the following reasons:

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

(2) falsification of Department required information;

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

(4) licensure or re-licensure may not be in the best interest of the public as determined by the Department.

(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 indications of the corrective action necessary to obtain a license or renewal shall be given, if applicable. A license application may be re-submitted, but each resubmission shall be considered an initial application.

310:641-17-8. Stretcher aid van staffing [AMENDED]

(a) Each stretcher aid van service shall be staffed by a minimum of two (2) persons.

(b) The patient passenger shall be accompanied by a minimum of:

(1) an attendant that has a current Oklahoma Emergency Medical Responder certification and maintains current BLS certification and

(2) the driver shall hold a valid Oklahoma driver's license, possess a current BLS certification, and have completed an agency defensive driving course that includes driving a vehicle similar to a stretcher aid van.

(c) Under no circumstance during the transport of a stretcher aid van patient passenger shall the attendant be less than an Oklahoma certified Emergency Medical Responder.

(d) Each stretcher aid van service shall provide to each attendant and driver an orientation designed to familiarize these individuals with the local and regional emergency medical system and other Oklahoma public safety resources.

(e) Agencies will maintain training records demonstrating competency in emergency procedures, patient passenger handling, and vehicle operations for all personnel utilized by the agency prior to patient passenger contact or vehicle operations.


(a) A stretcher aid van vehicle may not be permitted by the Department prior to the submission and approval of all required documentation, fees, and a Department inspection.
(b) Authorized stretcher aid van vehicles of licensed services shall be in good mechanical and serviceable condition at all times, so as not to be hazardous to the patient(s) passenger(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 stretcher aid van vehicles of licensed 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) and until repairs are made to reduce the amounts of carbon monoxide below ten parts per million (10ppm).

(d) A class "S" permit shall be affixed to a vehicle in compliance and utilized as a stretcher aid van vehicle.

(e) Stretcher aid van vehicles shall place a permit or inspection decal affixed by the Department. These decals shall be placed in the driver side rear window unless it is impossible or impractical to place in this area.

(f) Stretcher aid van vehicles are not ambulances, and may not be authorized as emergency vehicles within Title 47, relating to definitions of emergency vehicles.

(g) Violations that may justify immediate removal of a vehicle permit include:

1. inadequate sanitation, including the presence of contamination by blood and or bodily fluids,
2. inoperable heater or air conditioner as detailed within the vehicle manufacturing standards and specifications,
3. inoperable AED,
4. tires that do not meet Oklahoma Statutes Title 47, Chapter 12 requirements,
5. carbon monoxide levels greater than fifty (50) parts per million,
6. lapse of vehicle liability insurance,
7. lapse of worker compensation insurance,
8. inability to affix a class S" permit to the vehicle,
9. vehicle that does not comply with statutory safety equipment found in Title 47.
10. 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 the vehicle is compliant and has been re-inspected and permitted by the Department.

(h) The stretcher aid van vehicle must utilize a stretcher or gurney and locking system that meets or manufactures standards.

(i) The stretcher aid van vehicle shall have: Stretcher van vehicles purchased after the effective date of these amendments shall comply with the following:

1. a mounted seat with seatbelts for the patient passenger care attendant in the passenger compartment or area of the vehicle,
2. mounted cabinets for the purpose of storing supplies and equipment,
3. mounted and rear loading lights,
4. the capability to contact 911 should an emergency arise while transporting a passenger, and
5. display exterior markings identifying the vehicle as a stretcher aid van and the business name in six (6) inch letters in a contrasting color on the rear and sides of the vehicle.
6. brackets or other retaining system for securing oxygen cylinders on the gurney and within the stretcher van, and
7. modifications made to stretcher van vehicles after initial testing may require the vehicle to undergo new AMD 004, 012, and/or 013 standard testing.

(j) All stretcher aid van vehicles purchased after the effective date of this Chapter's amendments shall comply with OAC 310:641-3-20 except for

1. oxygen systems,
2. emergency lights, and
3. sirens.
A stretcher van shall meet Ambulance Manufacturers Division (AMD) Standards 004, 012, and 013, and shall pass corresponding safety tests. Stretcher vans must not have functioning emergency lights or sirens.

(k) Stretcher aid van vehicles shall comply with the guidelines for displaying the Star of Life as set out in Star of Life Emergency Medical Care Symbol, Background, Specifications, and Criteria, U.S. Department of Transportation, National Highway Traffic Safety Administration, DOT HS 808 721, revised June 1995. Documentation of vehicle safety testing or manufacturer certification must be maintained in agency files.

310:641-17-10. Equipment for stretcher aid van vehicles [AMENDED]

Each stretcher aid van vehicle shall carry, at a minimum the following:

(1) one (1) each pediatric and adult size bag-valve mask resuscitators;

(2) one suction unit (portable or vehicle mounted) which is capable of delivering adequate suction to clear the airway, with wide-bore tubing (one quarter inch) (1/4”), and rigid and soft catheters for the types of patients the agency transports;

(3) one (1) emesis basin;

(4) one (1) pair of scissors or shears;

(5) one (1) body substance isolation kits with gowns, gloves, eye protection, and masks;

(6) one (1) latex or equivalent gloves separate from body substance isolation kits;

(7) pediatric and adult oropharyngeal airways;

(8) two (2) five (5) pound fire extinguishers, secured, with one (1) accessible to the driver and one (1) accessible to the patient care attendant;

(9) one (1) elevating gurney with locking equipment that complies with AMD 004;

(10) an AED with adult and pediatric capabilities if the agency transports pediatric passengers;

(11) if the agency transports children, then the agency is required to provide a child restraint system;

(12) portable and spare oxygen cylinders shall be appropriately secured; and

(13) one (1) stretcher mount portable oxygen securing device.

Stretcher van agencies may carry and provide oxygen and utilize equipment necessary for the provision of oxygen as prescribed by the physician, excluding agency supplied ventilator equipment.

310:641-17-11. Stretcher aid van medical control [AMENDED]

As the scope of practice by the patient care attendant employed at a stretcher aid van service is limited to first aid, BLS CPR, and the use of an AED, a medical director or Department approved protocols are not required.

(a) As defined in O.S. § 63-1-2503; Stretcher van agencies may carry and provide oxygen and utilize any equipment necessary for the provision of oxygen.

(b) As defined in O.S. § 63-1-2503; Stretcher van passengers transported in or by Stretcher vans are to be medically stable, nonemergent, and do not require medical monitoring equipment or assistance during transport except oxygen.

(c) As defined in O.S. § 63-1-2503; all passengers transported by stretcher vans must be screened by a certified medical dispatching protocol approved by the Department.

(d) Passengers that will continue oxygen during their Stretcher van transport will need to have a prescription or physician order for oxygen. This physician order or prescription completes the requirement for an agency specific medical director or medical control. This physician order completes the requirement for certified and licensed agencies and personnel to have medical control as defined in O.S. 63-1-2503.

310:641-17-12. Sanitation requirements [AMENDED]
(a) The following shall apply regarding sanitation standards for all stretcher aid van 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 passenger is transported, and the used linen will be 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 patient passengers;
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;
12. when a vehicle has been utilized to transport a patient passenger known to the operator to have a communicable disease, the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted;
13. all storage spaces used for storage of linens, equipment, medical supplies and other supplies at the base station shall be kept clean;
14. personnel shall:
   - be clean, especially hands and fingernails, and well groomed;
   - clothing worn by personnel shall be clean;
   - while on duty, employees shall wear an identifiable uniform or agency specific photo identification;
   - The licensee shall provide in each vehicle a means of hand washing for the attendants;
15. expired supplies and equipment shall be discarded appropriately. Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited; and
16. the station facility, ambulance bays, living quarters, and office areas shall be clean, orderly, and free of safety and health hazards.

(b) Stretcher aid vans and service facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas consistent with the provisions of 310:641-1-4 (e).
(a) The Department shall conduct unannounced inspections of every licensed stretcher aid van 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 and license owner.

(c) A representative of the agency will be with the Department employee during the inspection.

1020:641-17-14. Stretcher aid van notice of violation [AMENDED]

(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.

104310:641-17-16. Operational protocols [AMENDED]

(a) Stretcher aid van vehicles are to be used for stretcher aid van patients or passengers only.

1. Emergency transfers are prohibited.

2. Stretcher aid vans are prohibited from conducting patient transfers or providing transportation from the pre-hospital setting.

(b) Stretcher aid van services are limited to providing non-emergency transportation to medically stable, non-emergent individuals who need to be transported in a reclining position on a stretcher but who do not require any type of monitoring or administration of medical care.

(c) Passenger supplied medications for self-administration are permitted.

(d) Patient care Passenger attendants are limited to first aid, BLS CPR, and AED interventions, and the continuation of oxygen.

(e) Stretcher aid vans shall define the days and hours of operation in which transportation is provided.

(f) When a facility requests a stretcher aid van, the agency will provide an accurate estimated time of arrival and ensure the passenger needs will be able to be met for the service being requested within the scope of the licensure capabilities and capacity.

(g) Stretcher aid transport may be made to and from any State or Federal Veteran Centers.

(h) When a stretcher aid van develops an emergency condition, the service shall:

1. Contact 911 or the local emergency number;
2. Proceed to the closest hospital or to a rendezvous point;
3. Provide appropriate first aid, BLS CPR, and AED interventions; and
4. Submit an incident report to the Department within 48 hours of the incident;

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

1071 Transfer protocols [AMENDED]
1072 (a) Patients transported by stretcher aid van services may originate from a location other than a medical setting provided the patient's condition is appropriately screened to ensure the patient condition is within the service's licensure capabilities.
1074 (b) Transports that occur between medical facilities will be screened to ensure that any care and treatment at the sending facility has been discontinued prior to discharge or transport except for oxygen.
1076 (c) Direct admits from a pre-hospital setting or admissions through the emergency room at a receiving facility are prohibited.

1079 Stretcher aid van service records and files [AMENDED]
1080 (a) All required records for licensure will be maintained for a minimum of three years.
1081 (b) Each licensed stretcher aid van service shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:
1084 (1) a record of each patient transport to include, but not be limited to:
1085 (A) personal information such as name, date of birth and address;
1086 (B) contact information;
1087 (C) originating location;
1088 (D) destination;
1089 (E) reason for the transport; and
1090 (F) a call log that contains:
1091 (i) time requested,
1092 (ii) time arrived,
1093 (iii) time departed,
1094 (iv) time at destination,
1095 (v) time transport was complete,
1096 (vi) unit number, and
1097 (vii) staff members on transport. If oxygen was continued.
1098 (2) Records shall be submitted to the Department as required.
1099 (c) All passenger and patient transport reports and information shall be considered as confidential.
1100 (d) All stretcher aid van agencies shall maintain electronic or paper records on the maintenance and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call or on a daily basis, whichever is less frequent.
1103 (e) All stretcher aid van agencies shall maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:
1105 (1) Oklahoma license and certification,
1106 (2) Basic Life Support certification that meets or exceeds American Heart Association standards,
1107 (3) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
1109 (4) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course,
1111 (f) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care the passenger.
1114 (g) Copies of staffing patterns, schedules, or staffing reports.
1115 (h) Copies of in-service training and continuing education records.
(i) Copies of the stretcher aid van service's:
   (1) operational policies, guidelines, or employee handbook;
   (2) OSHA and/or Department of Labor exposure plan, policies, or guidelines.

(j) A log of each request for service call received and/or initiated, to include the:
   (1) disposition of the request and the reason for declining the request, if applicable;
   (2) 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) time requested;
   (9) time arrived;
   (10) time departed;
   (11) time transport complete;
   (12) unit number;
   (13) staff member on transport; and
   (14) medical screening documentation.

(k) Documentation that verifies an ongoing quality assurance program.

(l) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.

(m) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed service as defined in the Act. Reports of the data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department, in writing.

(n) Review and the disclosure of information contained in the stretcher aid van service files shall be confidential, except for information which pertains to the requirements for license, certification, or investigation issued by the Department.

(o) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.

(p) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.

(q) A representative of the agency will be present during the record review.

### Sole source ordinances [AMENDED]

(a) A stretcher aid van 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 ordinances and resolutions.

(b) A stretcher aid van 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.
(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. conduct of any practice that is detrimental to the welfare of the patient passenger or potential users of the service;
4. responding to requests for service or completing transports that are not permitted by the type of license issued by the Department;
5. placing a vehicle into service before it is properly inspected, approved, and permitted by the Department;
6. failure to comply with a written order issued by the Department within the time frame specified by the Department;
7. engaging in any act which is designed or intended to hinder, impede, or obstruct the investigation of any matter governed by the Act or by any lawful authority;
8. a stretcher aid van 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;
9. a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
10. offering, giving, promising anything of value or benefit, as defined in Oklahoma Statutes or Department Policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
11. interference with an investigation disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
12. failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this Chapter.

(b) No person, company, governmental entity or trust authority may operate an ambulance service or emergency medical response agency except in accordance with the Act and the rules as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.

(c) A license/certificate/permit holder or applicant in connection with a license application or an investigation conducted by the Department pursuant to this rule shall not:

1. knowingly make a false statement of material fact;
2. fail to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation; or
3. fail to respond to a demand for information made by the Department or any designated representative thereof.

(d) If in the course of an investigation, the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause for conduct of any practice that is detrimental to the welfare of the patient passenger or potential users of the service.

(e) In addition to any other penalties, a civil fine of not more than one hundred ($100.00) dollars per violation per day may be assessed, for violations of the Act or this Chapter.
Subchapter 3 – Proposals

310:642-3-1. Proposal review and disposition

(a) General procedures. The general procedure to be followed in the funding proposal, review and consideration process for financial assistance under the OERSSIRF program shall be as follows:

1) Pre-proposal conference.

(A) All potential applicants are encouraged to participate in a pre-proposal conference. The Department shall summarize available funding, areas of need identified by any state assessment, and the status of previous OERSSIRF-funded projects.

(B) At the pre-proposal conference, preliminary matters may be generally discussed to familiarize all concerned parties with the proposal period, requirements and procedures.

2) Proposal. An applicant shall initiate proposal review and consideration by submission to the Department of applicant’s proposal for financial assistance. A proposal shall be submitted by the qualified entity using forms described in 310:642-7-1 (relating to content of application), within the application period specified in OAC 310:642-3-2 (relating to deadlines for filing.)

3) Scoring and selection. Eligible proposals shall be scored by the following process.

(A) A public meeting shall be scheduled for the purpose of scoring the eligible OERSSIRF proposals and awarding the funds that have been identified by the Department as the balance available for distribution on the last day of the preceding calendar year.

(i) A nine (9)-five (5) person review panel shall be selected by lot each year from volunteers present at the awards meeting appointed by the Commissioner.

(ii) Each panel appointed member so selected will sign an attestation stating the volunteer appointee has no financial or other direct personal interest in any of the project proposals before the Department.

(iii) Only a single representative from a professional or business entity may serve on the review panel at the same time.

(iv) If a selected volunteer is determined by Department staff to have any such interest in the selection, the volunteer will be disqualified and another name shall be selected by the same method, until nine members are empanelled.

(B) The panel shall be seated and the reviews will begin under the direction of Department staff.

(i) Department staff will distribute proposals and scoring tools, collect the completed scoring tools for each proposal from the panelists, and tally the scores for each proposal at the end of the process.

(ii) The tallied scores shall be posted as soon as the totals are computed.

(C) The project with the highest score of total points shall be selected for funding, and the projected cost of the project deducted from the balance of the fund.

(D) The project with the next highest score of total points shall be selected for funding, and the cost deducted from the balance of the fund and continuing in like manner until insufficient funds remain to fund the next highest-scoring project.

(E) Any remaining funding shall be retained by the fund and distributed the next year.
Title 310 - Oklahoma State Department of Health
Chapter 642 – Emergency Response Systems Stabilization and Improvement Revolving Fund

(b) Criteria applicability.
   (1) The criteria set forth in subsections (c) and (d) of this Section shall constitute guidelines and standards for proposal review and consideration by the Department.
   (2) The criteria and standards set forth in subsections (c) and (d) of this Section shall be applied to each proposal without exception.

(c) General approval standards and criteria. The Department shall be under a continuing obligation to ensure the following standards and criteria are satisfied before any proposal is approved for funding and may determine compliance with these standards and criteria during preliminary review, scoring and selection or during a post selection review:
   (1) Compliance with applicable law. The proposed project must be found to be in compliance with 63 O.S. § 1-2512.1, and applicant must possess all necessary and incidental legal rights and privileges necessary to project commencement and operation.
   (2) Eligibility. The applicant must be a qualified entity and the proposed project must be for a qualified purpose as defined in 63 O.S. § 1-2512.1.
   (3) Local need, support and priority. The applicant shall demonstrate that the project is needed in the area to be served and is sufficient, as proposed, to serve such needs. Applicant shall demonstrate local support, interest and commitment in and to the proposed project.
   (4) Availability of other assistance. Applicant shall demonstrate appropriate due diligence to ensure no alternative sources of revenue could be obtained and utilized for project financing.
   (5) Economic feasibility. The applicant shall demonstrate the overall economic viability and feasibility of the project.
   (6) Project feasibility. The applicant shall demonstrate that the project is feasible and cost effective.
   (7) Statewide needs and public interest. The applicant shall demonstrate the relationship between the proposed project and the overall EMS development needs within the State of Oklahoma and show that proposed project will serve the public interest and welfare.

(d) Criteria for denying a proposal. The Department may deny a proposal for OERSSIRF funding for any of the following reasons:
   (1) The applicant is not an eligible entity.
   (2) The project does not serve the goals of 63 O.S. § 1-2512.1.
   (3) Insufficient availability of funding.
   (4) The proposal is received after the deadline.

(e) Department action.
   (1) After reviewing and considering the submitted proposal, the Department may take one of the following actions:
      (A) The Department may approve and fund the proposal as submitted.
      (B) The Department may reject and deny the proposal based upon any applicable criteria described in subsection (d) of this Section.
   (2) Upon approval of a proposal, the Department may authorize the execution of all necessary funding documents and instruments, and may accordingly authorize and provide for disbursements and such further or additional action as may be necessary to complete and implement the approved transaction.

[Source: Added at 27 Ok Reg 697, eff 2-2-10 through 7-14-10 (emergency); Added at 27 Ok Reg 2536, eff 7-25-10] (Regulatory changes in OAC 310:641-3-1 will be effective 9-11-2020)

Is my individual certification or license still current?

All individual certifications and licenses that expired on June 30, 2020 are currently valid. This is because of two separate actions.

The first is the current Executive Order (Executive Order 2020-20 3rd Amendment - https://www.sos.ok.gov/gov/execorders.aspx). This order extended the expiration date on all individual certifications and licenses. The expiration date in the Order is not fixed or known. So, these licenses will be valid for fourteen (14) days after the Order is withdrawn or terminated. Since we do not know when the order will end, it is important to complete your renewals as quickly as possible. The second action is the OSDH Extension for all emergency medical personnel. This action extends the expiration date for all personnel due to “hardships and unforeseen circumstances”. This is a ninety day extension which ends on September 28, 2020. If the Executive order ends prior to September 14, 2020, individuals are valid to September 28, 2020. If the Executive Order ends after September 14, 2020, then all individual certifications and licenses are valid for 14 days after the end of the Executive order.

Again, since we do not know when the Order will end, it is important to get your renewals into the Department as quickly as possible. (See OAC 310:641-5-15 (c) (and (d).

Is my agency certification or license still current?

All agency certifications and licenses that expired on June 30, 2020 are currently valid. This is because of two separate actions. The first is the current Executive Order (Executive Order 2020-20 3rd Amendment - https://www.sos.ok.gov/gov/execorders.aspx). This order required the Department to “promulgate any emergency rules necessary to respond to the emergency” in the order. The emergency rules the Department enacted is the second action. The emergency rules extended agency certifications and licenses through the termination or withdrawal of the emergency order. Agencies do not have a grace period after the Order ends. Once the Order ends, the certifications and licenses expire at that time. (See O.A.C. 310:2-8-8). Therefore, it is very important to submit your agency renewals (and surveys) as quickly as possible.

What is the status of my Conditional Oklahoma License?

Conditional Certifications and Licenses are based on the completion of the appropriate cognitive exams only. The Psychomotor exam is not required to receive a conditional certification or license. These conditional certifications and licenses are based on two separate actions. The first is the current Executive Order (Executive Order 2020-20 3rd Amendment (https://www.sos.ok.gov/gov/execorders.aspx).
This order required the Department to “promulgate any emergency rules necessary to respond to the emergency” in the order. The emergency rules the Department enacted is the second action. The emergency rules allowed the Department to provide for conditional certification and licenses.

These are valid for fourteen (14) days after the order ends. After (See O.A.C. 310:2-8-8 and the Conditional Certification and License application: https://www.ok.gov/health2/documents/Conditional%20license%20application%205-15-2020.pdf)

What is needed to “convert” a conditional certification or license to a standard certification or license?

When an individual with a conditional certification or license completes their psychomotor exam, they will receive a standard NREMT certification. That certification, along with a completed application and fee will need to be submitted to the Department for processing.

What is the current wait time for processing the renewals for certificates and licenses?

Expect a four week processing time. This is another reason to submit your renewals as quickly as possible.

If you sent your renewal to the Department more than four weeks ago:

- Check your spam folder for the email account on your application. We are emailing all certifications and licenses at this time. The email with your license may go into your spam folder. Look for an email with the last part @health.ok.gov.

- If you have not received your license (via email) and it has been more than 4 weeks since you have submitted your application, please email esystems@health.ok.gov to inquire about your status.
On July 30th, the 35,740th case of a novel coronavirus ("COVID-19"), was confirmed in the State of Oklahoma. As noted in a previous Executive Order, the United States Centers for Disease Control and Prevention has identified the potential public health threat posed by COVID-19 as "high" both globally and in the United States. In addition, on March 14, 2020, the President of the United States declared a national health emergency in the United States as a result of the national spread of COVID-19. On March 15, 2020, I issued Executive Order 2020-07, which was last amended in Eighth Amended Executive Order 2020-07, declaring an emergency caused by the impending threat of COVID-19 to the people of this State and the public's peace, health, and safety, and I have issued a series of Executive Orders over the last few months addressing this health crisis, the last of which, Amended Executive Order 2020-20, was issued on June 12, 2020. This health crisis still exists, and still needs to be addressed in various ways by Executive Order.

As COVID-19's impact continues to affect our State and its citizens, it is important to continue to take measures to protect all Oklahomans against this threat. Therefore, I believe, after consultation with numerous health experts within my administration, it is still necessary to provide for the rendering of mutual assistance among the State and political subdivisions of the State and to cooperate with the Federal government with respect to carrying out emergency functions during the continuance of the State emergency pursuant to the provisions of the Oklahoma Emergency Management Act of 2003.

In view of the foregoing, I, J. Kevin Stitt, Governor of the State of Oklahoma, pursuant to the power vested in me by Section 2 of Article VI of the Oklahoma Constitution hereby declare and order the following:

1. There is hereby declared an emergency caused by the threat of COVID-19 to the people of this State and the public's peace, health, and safety. The counties included in this declaration are:

   All 77 Oklahoma Counties

2. The State Emergency Operations Plan has been activated, and resources of all State departments and agencies available to meet this emergency are hereby committed to the reasonable extent necessary to prepare for and respond to COVID-19 and to protect the health and safety of the public. These efforts shall be coordinated by the Director of the Department of Emergency Management with comparable functions of the federal government and political subdivisions
of the State.

3. State agencies, in responding to this emergency, may make necessary emergency acquisitions to fulfill the purposes of this declaration. If using a P-Card to make such acquisitions, agencies may purchase the necessary acquisitions without regard to the current P-Card policy limitation of $5,000.00 purchase limit. Agencies may make the necessary emergency acquisitions without the requirement to follow bidding requirement/limitations on such emergency acquisitions, without the need to purchase from State Use Vendors, or to purchase from mandatory Statewide contracts. Such necessary emergency purchases shall be capped at $250,000.00 per transaction. All such purchases must be readily identifiable as such, as following the conclusions of this threat, all such necessary emergency acquisitions will be audited to determine if they were made for emergency purposes.

4. Effective immediately, a moratorium is placed on all out-of-state travel for all employees and officers of agencies that is paid for, in whole or in part, by the State of Oklahoma. This moratorium shall apply to all travel expenses not already incurred as of the date of this Order. Any state employee or officer seeking an exception to this moratorium may submit a written request to the Governor, who shall have the sole discretion to approve or deny the request.

5. State agencies, in responding to this emergency, may employ additional staff without regard to the classification requirements of such employment.

6. The requirement in Amended Executive Order 2019-3 that the Chief Administrative Officer request and obtain approval from the Cabinet Secretary for an exemption to the personnel freeze for agencies under the Secretary of Health and Mental Health shall be waived.

7. State agencies shall continue to follow guidance for interaction with the public provided by the Oklahoma Department of Health.

8. Emergency responders employed by the State of Oklahoma who are correctional officers, law enforcement officers, and fire personnel shall not be excluded from the application of and benefits under the Emergency Paid Sick Leave Act of the Families First Coronavirus Response Act (FFCRA) if:

   a. They are subject to a coronavirus quarantine or isolation order;
   b. They have been advised by a healthcare provider to self-quarantine due to coronavirus concerns; or
   c. They are experiencing symptoms of coronavirus and are seeking a medical diagnosis.

In addition, I direct as follows:

1. All State agencies shall continue to transmit a clear delegation of authority for state agency directors and designate an Emergency Management Liaison.
2. All State agencies shall establish and, if necessary, implement a remote work policy that balances the safety and welfare of state employees with the critical services they provide.

3. All State agencies shall encourage Oklahomans interacting with agency services to utilize online options whenever possible.

4. All State agencies shall ensure continued compliance with Executive Order 2019-13, which limits non-essential out-of-state travel.

5. All State agencies shall promulgate any emergency rules necessary to respond to the emergency and to comply with the directives contained herein.

6. All occupational licenses issued by any agency, board, or commission of the State of Oklahoma that expire during this emergency shall be extended. All occupational licenses extended during this Order will expire fourteen (14) days following the withdrawal or termination of this Order.

7. Any medical professional who holds a license, certificate, or other permit issued by any state that is a party to the Emergency Management Compact evidencing the meeting of qualifications for the practice of certain medical services, as more particularly described below, shall be deemed licensed to practice in Oklahoma so long as this Order shall be in effect, subject to the following conditions:

   a. This shall only apply to Medical (MD) and Allied Licenses issued by the Board of Medical Licensure and Supervision, Licenses issued by State Board of Osteopathic Examiners, and Licenses and Certificates issued by the Board of Nursing, all three shall collectively be referred to as “Boards”;

   b. Any medical professional intending to practice in Oklahoma pursuant to this Order, hereinafter referred to as “Applicant,” shall first apply with and receive approval from appropriate Board;

   c. It is the responsibility of each Board to verify the license status of any applicant and, upon verification of good standing, shall issue a temporary license to practice within this State; and

   d. Any applicant licensed under this Order shall be subject to the oversight and jurisdiction of the licensing Board, which includes the ability of the Board to revoke said license and to initiate any administrative or civil proceeding related to any alleged misconduct of the applicant.

8. Hospitals and Physician Clinics (collectively referred to as “hospitals”) operating in the State shall cooperate with and respond to all requests for critical data from the Oklahoma State Department of Health (“OSDH”), as applicable to the services they provide. This shall include, but will not be limited to, the daily submission, no later than noon, of critical data in a manner and format prescribed by OSDH. Critical Data shall include, but not be limited to:
a. The number of available (i) ICU beds, (ii) medical surgery beds, (iii) operating room beds, (iv) pediatric beds, (v) PICU beds, (vi) ventilators, (vii) anesthesia machines capable of patient ventilation, (viii) ventilator connecting circuits, (ix) patient interfaces, (x) negative flow rooms, (xi) and overall occupancy status;

b. COVID-19 Test Availability, as measured by the number of COVID-19 testing kits available for use at the hospital;

c. The number of (i) positive patients and persons under investigation in the hospital receiving treatment and (ii) positive patients and persons under investigation sent home for self-quarantine; and

d. Personal Protective Equipment stock on hand.

9. Every public or private entity that is utilizing, or has utilized, an FDA-approved test, including an emergency use authorization test, for human diagnostic purposes of COVID-19, shall submit to Oklahoma State Department of Health (OSDH), as well as to the local health department, daily reports of all test results, both positive and negative, the number of test supplies ordered, the number of test supplies available, the number of samples/specimens received and pending processing, and timeframe of test completion, for all days from the date hereof forward. In addition, OSDH shall promptly share this information with the CDC.

10. The OSDH shall provide daily an aggregated summary of the information requested in the preceding paragraphs to the Office of the Governor by 3:00 p.m.

11. Telemedicine shall be used to maximum potential and shall be allowed for non-established patients for the purposes of the COVID-19 response. The preexisting patient relationship requirement for telemedicine, as required by 59 O.S. § 478.1, only applies to the prescribing of opiates and other controlled dangerous substances. 59 O.S. § 478.1 already allows the physician to see patients using telemedicine without the prior establishment of the physician patient relationship. Nothing in this Order shall waive 59 O.S. § 478.1 (C) for the purpose of prescribing opiates and other controlled dangerous substances reference therein.

12. The requirement that an individual be unemployed for a waiting period of one (1) week before benefits are paid, as required by 40 O.S. § 2-206, is hereby waived.

13. Oklahoma State regulations requiring Clinical Laboratory Improvement Amendment (CLIA) certification for testing laboratories are hereby suspended for the universities named below and for the narrow purposes described herein. During this suspension, laboratories operated by or through the University of Oklahoma, including the OU Medicine Laboratory, and
Oklahoma State University are authorized to conduct testing and testing-related activities in response to the COVID-19 pandemic. Further, the Oklahoma Commissioner of Health, acting through and on behalf of OSDH, is hereby authorized to contract with the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, the Board of Regents for the University of Oklahoma, and/or their constituent agencies and the OU Medicine Laboratory, to perform laboratory tests and test-related activities, without regard to CLIA certification requirements, as necessary to detect and report COVID-19 infection in compliance with applicable law. The Commissioner of Health is authorized to negotiate and execute any and all agreements and terms necessary to execute and implement this provision.

14. All citizens of Oklahoma (but particularly adults over the age of sixty-five (65) and people of any age who have serious underlying medical conditions collectively referred to as “vulnerable individuals”) are encouraged to regularly consult the Oklahoma State Department of Health’s COVID-19 Alert System (www.coronavirus.health.ok.gov/covid-19-alert-system) and follow the Guidelines published therein for their County of residence. Vulnerable individuals are strongly encouraged to follow the “General Guidelines for High-Risk Individuals” on the Department of Health’s Alert System website described above. For those vulnerable individuals living in Counties color-coded Orange or Red on the Department of Health’s Alert System website, such individuals should consider staying in their home or place of residence except for working in a critical infrastructure sector, and conducting essential errands. Essential errands shall mean those errands which are critical to everyday life and includes obtaining medication, groceries, gasoline, and visiting medical providers. Vulnerable individuals are also encouraged to use delivery and/or curbside services whenever available.

15. Unless otherwise specified in the Open Up and Recover Safely (OURS) Plan on the Oklahoma Department of Commerce website, individuals should follow Centers for Disease Control (CDC) guidelines for social distancing and gathering in groups.

16. All businesses should adhere to the statewide Open Up and Recover Safely (OURS) Plan as provided on the Oklahoma Department of Commerce website.

17. Until June 15, 2020, except for end-of-life situations, visitors are prohibited from entering and visiting patients and residents at nursing homes, long-term care facilities, and retirement homes. On and after June 15, 2020, visitation, outings, group meals and communal dining shall be in accordance with guidance issued by the Oklahoma State Department of Health based on recommendations from the Centers for Disease Control and Prevention.

18. All delivery personnel including package, floral, and food delivery shall, at the request of a hospital, clinic, long-term care facility, or childcare facility submit to a screening prior to delivering goods. Such screening shall include a
temperature check and may include a short questionnaire about potential exposure. Additionally, package delivery drivers must take their own temperature daily and shall not deliver packages if it registers over 100.4 degrees Fahrenheit. Questionnaires shall include questions about recent travel to areas with significant community spread and personal contact with individuals who have tested positive for COVID-19.

19. As supporting front-line healthcare workers is essential to our battle against COVID-19, front-line healthcare workers and their children, who have not tested positive for COVID-19 and are not otherwise exhibiting the symptoms thereof, shall not – simply because they are healthcare workers or children of healthcare workers – be discriminated against in housing or childcare services.

20. Any statutory or rule-based time requirements for completing training and becoming certified as a peace officer for duly appointed or elected peace officers during the existence of this emergency are hereby waived during the period of the emergency and for thirty days after the emergency is declared to be over.

21. Any requirements that county reserve deputies, municipal reserve officers, or other duly appointed reserve peace officers in this State be CLEET-certified prior to serving in an individual capacity or be accompanied by a CLEET-certified peace officer prior to becoming CLEET-certified are hereby waived during the period of the emergency and for thirty days after the emergency is declared to be over. Any such reserve deputy, municipal reserve officer, or other duly appointed reserve peace officer must be commissioned and authorized by his or her appointing agency’s head or designee before being allowed to work as a peace officer under this provision.

22. I hereby direct all persons who enter the State of Oklahoma from another state or country to follow CDC travel guidelines found at https://coronavirus.health.ok.gov/travel.

23. The OSDH shall work with the Oklahoma State Department of Education to create a plan for, at a minimum, the optional monthly COVID-19 testing of every Teacher, as defined by 70 O.S. § 1-116, and Support Employee, as defined by 70 O.S. § 1-116. The Plan should prioritize the testing of people physically working in school buildings and may include creating private-public partnerships to increase testing capacity and coordinating with County Health Departments and other stakeholders, as necessary. The Plan shall be finalized by August 21, 2020. Neither the Plan nor this provision shall limit the ability of a local board of education to provide for additional testing.

24. I direct the Oklahoma Department of Agriculture, Food, and Forestry as follows:

a. Assist in the depopulation of any animals that are unable to be processed at
available processing facilities due to COVID-19.

b. Assist in the disposal of animal carcasses resulting from the euthanasia in a manner that protects the environment, does not create a public health hazard, does not result in contamination of public or private drinking water supplies, and ensures watersheds and groundwater are adequately protected pursuant to 2 O.S. § 20-10(B).

c. Utilize all necessary equipment and manpower available and to freely move the equipment and manpower across state lines in cooperation with bordering states.

d. Cooperate with appropriate agencies, including but not limited to Oklahoma Department of Transportation, Oklahoma Department of Public Safety, and Oklahoma Department of Environmental Quality to ensure roadways are protected and all solid wastes are managed and disposed of appropriately.

e. Ensure ease of licensing, including the use of umbrella licensing, for vehicles utilized to move animal carcasses.

Further, I hereby order the temporary suspension of the following as they apply to vehicles in the support efforts:

1. The cost and fees of oversize/overweight permits required of carriers whose sole purpose is transportation of materials, equipment, and supplies used for recovery/relief efforts which require an overweight permit under Title 47 of Oklahoma statutes.

2. By execution of this Order, motor carriers and drivers providing direct assistance in support of relief efforts related to the COVID-19 outbreaks are granted emergency relief from Parts 390 through 399 of Title 49 Code of Federal Regulations, except as restricted herein. Direct assistance means transportation and other relief services provided by a motor carrier or its driver(s) incident to the immediate restoration of essential services, such as medical care, or essential supplies such as food, related to COVID-19 outbreaks during the emergency.

a. This Emergency Declaration provides regulatory relief for commercial motor vehicle operations that are providing direct assistance in support of emergency relief efforts related to the COVID-19 outbreaks, including transportation to meet immediate needs for: (1) medical supplies and equipment related to the testing, diagnosis and treatment of COVID-19; (2) supplies and equipment necessary for community safety, sanitation, and prevention of community transmission of COVID-19 such as masks, gloves, hand sanitizer, soap and disinfectants; (3) food for emergency restocking of stores; (4) equipment, supplies and persons necessary to establish and manage temporary housing, quarantine, and isolation facilities related to COVID-19; (5) persons designated by Federal, State or local authorities for medical, isolation, or quarantine purposes; (6) persons necessary to
provide other medical or emergency services, the supply of which may be affected by the COVID-19 response; (7) fuels and petroleum products (to include fuel oil, diesel oil, gasoline, kerosene, propane, and liquid petroleum); and (8) livestock, poultry, feed for livestock and poultry, and crops and other agricultural products ready to be harvested.

b. Direct assistance does not include routine commercial deliveries, or transportation of mixed loads that include essential supplies, equipment and persons, along with supplies, equipment and persons that are not being transported in support of emergency relief efforts related to the COVID-19 outbreaks.

c. Direct assistance terminates when a driver or commercial motor vehicle is used in interstate commerce to transport cargo or provide services that are not in support of emergency relief efforts related to the COVID-19 outbreaks or when the motor carrier dispatches a driver or commercial motor vehicle to another location to begin operations in commerce. 49 CFR 390.23(b). Upon termination of direct assistance to emergency relief efforts related to the COVID-19 outbreaks, the motor carrier and driver are subject to the requirements of 49 CFR Parts 390 through 399, except that a driver may return empty to the motor carrier's terminal or the driver's normal work reporting location without complying with Parts 390 through 399. However, if the driver informs the motor carrier that he or she needs immediate rest, the driver must be permitted at least 10 consecutive hours off duty before the driver is required to return to the motor carrier's terminal or the driver's normal reporting location. Once the driver has returned to the terminal or other location, the driver must be relieved of all duty and responsibilities and must receive a minimum of 10 hours off duty if transporting property, and 8 hours if transporting passengers.

3. The requirements for licensing/operating authority as required by the Oklahoma Corporation Commission.

4. The requirements for licensing/registration authority as required by the Oklahoma Tax Commission.

Nothing contained in this Order shall be construed as an exemption from the Controlled Substance and Alcohol Use and testing requirements. (49 C.F.R. part 382), the Commercial Driver License requirements (49 C.F.R. part 383), the Financial Responsibilities requirements (49 C.F.R. part 387), or any other portion of the regulations not specifically identified herein. Motor carriers that have an Out-of-Service Order in effect cannot take advantage of the relief from regulation that this declaration provided.

This Order shall be effective until the end of thirty (30) days after the filing of this Order.
Copies of this Executive Order shall be distributed to the Director of Emergency Management, the Oklahoma State Health Commissioner, the Commissioner of the Department of Public Safety, the Director of the Office of Management and Enterprise Services, the Oklahoma Tax Commission, the Oklahoma Corporation Commission who shall cause the provisions of this Order to be implemented by all appropriate agencies of State government.

IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, this 30th day of July, 2020.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

[Signature]

J. KEVIN STITT

ATTEST:

[Seal]

MICHAEL ROGERS, SECRETARY OF STATE
To: All certified and licensed Emergency Medical Services and emergency medical personnel

From: OSDH – EMS Division Dale Adkerson

Re: Guidance Update for EMS Providers exposed to suspected or confirmed COVID-19 patients (updated from April 7, 2020 memo)

The Oklahoma State Department of Health understands that Emergency Medical Services play a vital role in response to COVID-19. Response to the Coronavirus is dynamic and changes very quickly. This guidance is intended to assist with assessment, monitoring, and work restriction decisions for EMS Providers.

EMS Provider Agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2.

EMS providers who are exposed to a suspected or confirmed COVID-19 patient should identify risk based on Personal Protective Equipment (PPE) worn during the encounter. The EMS Provider may continue to work, regardless of risk exposure, with appropriate precautions in place to include: wearing a facemask, actively monitoring temperature for fever, monitoring for shortness of breath and cough at least twice a day (while on and off duty).

Precaution Recommendations:
- Screen EMS personnel before beginning the shift
- Symptomatic Staff should be removed from duty and referred

The CDC has issued guidance on discontinuation of isolation for persons with COVID-19 that provide options:

1. Time-since illness onset and time-since recovery (non-test based strategy)
   a. At least 10 days have passed since symptoms first appeared, and
   b. At least 24 hours have passed since last fever without using fever reducing medications, and
   c. Improvement in symptoms.
   d. Health care providers with serve to critical illness, or who are severely immunocompromised, the recommended duration for work exclusion has been extended to 20 days after symptom onset or their initial positive SARS-CoV-2 diagnostic test. (CDC Update Dated July 17, 2020)

2. Test-based strategy
   Except for rare situations, a test based strategy is no longer recommended to determine when to allow health care providers to return to work. (CDC Update Dated July 17, 2020) Testing healthcare providers should follow CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2.
Please review the table to assist with determination of Exposure Risk:

<table>
<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
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<td>None</td>
</tr>
</tbody>
</table>

HCP=healthcare personnel; PPE=personal protective equipment
<sup>a</sup>The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
<sup>b</sup>The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
April 7, 2020

Enclosed:


Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 at:  
RULEMAKING ACTION:
   EMERGENCY adoption

RULES:
   Subchapter 3. General Operation and Procedures [AMENDED]
   310:2-3-8 [NEW]

AUTHORITY:
   Oklahoma State Commissioner of Health, Title 63 O.S. Section 1-104; Oklahoma Executive
   Department's Executive Order 2020-13

ADOPTION:
   May 6, 2020

EFFECTIVE:
   Immediately upon Governor's approval

EXPIRATION:
   Effective through the duration of the Governor's emergency declaration for the COVID-19
   outbreak, as declared by executive order of the Governor, or through September 14, 2021, whichever
   occurs first, unless superseded by another rule or disapproved by the Legislature

SUPERSEDED EMERGENCY ACTIONS:
   n/a

INCORPORATIONS BY REFERENCE:
   n/a

FINDING OF EMERGENCY:
   The proposed new rules in 310:2-3-8 are pursuant to Executive Order 2020-13, signed by
   Governor Stitt and filed with the Secretary of State on April 8, 2020. The proposed rules are necessary to
   respond to the emergency by assuring the continuation of critical services regulated by the Oklahoma
   State Department of Health. During the emergency individuals and organizations providing critical
   services may experience difficulty and delays in satisfying licensing requirements and maintaining
   adequate staffing because of closures, suspensions of business operations or re-scheduling of required
   examinations.

GIST/ANALYSIS:
   Executive Order 2020-13 allows for the promulgation of emergency rules by State agencies to
   address the emergency. These emergency rules will maintain and increase staffing shortages and the
   continuation of business operations for those providing critical services during the emergency.
   The proposed new rules allow the Department to extend renewal deadlines for any occupational or
   professional license, certificate, permit, or registration issued by the Department. The rules allow the
   Department to extend renewal deadlines for any organization, establishment, facility, shop, or premises
   license, certificate, permit or registration. Under the rules, the Department may waive, defer or suspend
   inspection requirements. The Department may extend completion deadlines for applications for licensure.
   Fingerprinting requirements may be deferred. Conditional licenses may be granted to emergency medical
   personnel.

CONTACT PERSON:
   Audrey C. Talley, Agency Rules Liaison, Oklahoma State Department of Health, 1000 N.E. 10th Street,
   Oklahoma City, OK 73117-1207; phone (405) 271-9444 ext. 56535 e-mail: AudreyT@health.ok.gov.

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY
RULES ARE CONSIDERED PROMULGATED AND EFFECTIVE UPON APPROVAL BY THE
GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253(F):
SUBCHAPTER 3. GENERAL OPERATION AND PROCEDURES

310:2-3-8. Pandemic emergency rules

(a) **Purpose.** The rules in this Section have been adopted for the purpose of maintaining and increasing the number of individuals, organizations, facilities and premises that provide beneficial and critical services in the State of Oklahoma and are subject to the regulatory authority of the Department.

(b) **Emergency** means the threat of COVID-19 to the people of Oklahoma and the public’s peace, health, and safety, as declared in Executive Order 2020-07, and its amendments (Executive Order) and as defined in 63 O.S. § 6104.

(c) **Suspension of requirements for licensure renewal.**

   (1) The Department shall extend renewal deadlines for any occupational or professional license, certificate, permit, or registration issued by the Department to any individual, business, or organization that has expired or will expire during the emergency declared in the Executive Order. Such licenses, certificates, permits and registrations shall remain valid until fourteen (14) days following the withdrawal or termination of the Executive Order.

   (2) The Department may extend renewal deadlines for any organization, establishment, facility, shop, or premises license, certificate, permit, or registration issued by the Department to any individual, business or organization that has expired or will expire during the emergency declared in the Executive Order. Such licenses, certificates, permits or registrations shall remain valid until the withdrawal or termination of the Executive Order.

   (3) The Department may waive any late, delinquent, penalty, or expiration fees associated with any license, certificate, permit or registration referred to in Sections (1) and (2) above until the withdrawal or termination of the Executive Order.

   (4) The Department may suspend in-person skills testing, certification, re-certification and continuing education requirements until the withdrawal or termination of the Executive Order.

(d) **Pending applications.** The Department may extend completion deadlines for any initial or pending license, certificate, permit, or registration during the emergency.

(e) **License renewal activities.** The Commissioner may waive, suspend or defer inspection requirements for current, extended or initial applications for any organization, establishment, facility, shop, premises license, certificate, permit, or registration issued by the Department. No inspection waivers, suspensions or deferments may be granted following the withdrawal or termination of the Executive Order.

(f) **Continuity of care and continuation of services.**

   (1) The Department shall take such action, as necessary, to maintain and increase healthcare professionals licensed by the Department, including home health care providers and emergency medical personnel.

   (2) The Department may reduce or waive staffing requirements and supervisory requirements and waive licensure requirements, including education requirements, skills testing and experience. All reductions or waivers of staffing and supervisory requirements shall terminate upon the withdrawal or termination of the Executive Order. All individuals who receive a license under the terms of this paragraph shall be supervised by an individual who has completed all licensure requirements, has obtained a current license from the Department, and is not the subject of any administrative proceeding initiated by the Department.

   (3) The Department may grant provisional approval of a license without fingerprinting. Any license issued under this provision shall remain valid until fourteen (14) days following the withdrawal or termination of the Executive Order.

   (4) Emergency medical personnel applicants with a NREMT Provisional Certification or that have successfully completed the CareerTech Emergency Medical Responder cognitive exam shall have their psychomotor skills verified by their employer and be specifically approved by their medical control physician prior to being scheduled for duty. Specific quality assurance processes shall be
developed by the medical control physician to ensure quality care is provided by this type of license holder. These specific quality assurance processes shall remain in place until:

(A) the license holder successfully completes all aspects of the psychomotor exam; and
(B) obtains a non-emergency certification or license by the Department.

(5) Conditional licenses issued under this paragraph will expire fourteen (14) days following the withdrawal or termination of the Executive Order.
Frequently Asked Question(s)

This memo is intended to provide guidance for the “Riley Boatwright Act” as it relates with your agency and school districts.

Dale Adkerson

SB 1198, also known as the “Riley Boatwright Act” became effective July 1, 2020.

The citation for this new law is O.S. 70 § 27-104. The link to the act is: http://webserver1.lsb.state.ok.us/cf_pdf/2019-20%20ENR/SB/SB1198%20ENR.PDF

The new law reads; in part, prior to the beginning of the 2020-2021 school year, each school district board of education shall coordinate with the emergency medical services provider that serves the area in which the school district is located to develop an plan for the provision of emergency medical services at athletic events or activities held at school district facilities. The plan shall be reviewed and updated annually as appropriate and placed on file with the school district and the emergency medical provider. The law shall be effective July 1, 2020.

The responsibility for the plan is with the school district. The school district is to coordinate with their emergency medical service provider. Therefore, it will be beneficial for each provider to work with the Districts to develop that plan.

The Act does not:

- define what activities require the presence of EMS.
- define the level of response that is required for these events.
- define the requirement to have an ambulance present at all events.

Because the statute only requires there to be a plan for the provision of EMS at events, the specific requirements to make a plan for your school can include, but are not limited to:

- Who (personnel) is required to be at events;
- What athletic events require the presence of EMS personnel and equipment;
- How Emergency Medical Response Agencies can be utilized in the Plan;
- When agency units and personnel are required;
- Where events are being held;
- Communication procedures for scheduling events; and/or
- Any compensation.

Additional information may be available from the Oklahoma State School Board as well as from your local school district

Please contact the Department at 405.271.4027 or by email at esystems@health.ok.gov if he have additional questions or concerns.