



Emergency Medical Services Statutes and Regulations

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Statutes and Regulations

Table of Contents

Title 63 of the Oklahoma Statutes Sections 1-2501 to 1-2515	Pages 3 - 13
Constitution of Oklahoma Article 10, Section 9 C	Pages 14 - 16
Title 19 of the Oklahoma Statutes Sections 371 and 372 Sections 1- 1201 to 1-1221 Section 1-1710.1	Pages 17 - 24
Oklahoma Administrative Code Chapter 641- Emergency Medical Services Subchapter 1- General EMS programs Subchapter 3- Ground ambulance service Subchapter 5- Personnel licenses and certification Subchapter 7- Training programs Subchapter 9- Trauma referral centers Subchapter 11- Specialty care ambulance service Subchapter 13- Air ambulance service Subchapter 15- Emergency medical response agency Subchapter 17- Stretcher aid van services	Pages 25 - 125
Appendix 1 Summary of rule changes Approved changes to the June 11, 2009 effective date to the September 11, 2016 effective date	

§63-1-2501. Short title.

Sections 1-2502 through 1-2521 of this title shall be known and may be cited as the "Oklahoma Emergency Response Systems Development Act".

Added by Laws 1990, c. 320, § 5, emerg. eff. May 30, 1990. Amended by Laws 1999, c. 156, § 1, eff. Nov. 1, 1999.

NOTE: Editorially renumbered from § 1-2401 of this title to avoid a duplication in numbering.

§63-1-2502. Legislative findings and declaration.

The Legislature hereby finds and declares that:

1. There is a critical shortage of providers of emergency care for:
 - a. the delivery of fast, efficient emergency medical care for the sick and injured at the scene of a medical emergency and during transport to a health care facility, and
 - b. the delivery of stabilizing and definitive care at a health care facility; and
2. Improved emergency service is required to reduce the mortality rate during the first critical minutes immediately following the onset of a medical emergency.

Added by Laws 1990, c. 320, § 6, emerg. eff. May 30, 1990. Amended by Laws 1999, c. 156, § 2, eff. Nov. 1, 1999.

NOTE: Editorially renumbered from § 1-2402 of this title to avoid a duplication in numbering.

§63-1-2503. Definitions.

As used in the Oklahoma Emergency Response Systems Development Act:

1. "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;
2. "Ambulance authority" means any public trust or nonprofit corporation established by the state or any unit of local government or combination of units of government for the express purpose of providing, directly or by contract, emergency medical services in a specified area of the state;
3. "Ambulance patient" or "patient" means any person who is or will be transported in a reclining position to or from a health care facility in an ambulance;
4. "Ambulance service" means any private firm or governmental agency which is or should be licensed by the State Department of Health to provide levels of medical care based on certification standards promulgated by the Board;
5. "Ambulance service district" means any county, group of counties or parts of counties formed together to provide, operate and finance emergency medical services as provided by Section 9C of Article X of the Oklahoma Constitution or Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes;
6. "Board" means the State Board of Health;
7. "Certified emergency medical responder" means an individual certified by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;
8. "Certified emergency medical response agency" means an organization of any type certified by the Department to provide emergency medical care, but not transport. Certified emergency medical response agencies may utilize certified emergency medical responders or licensed emergency medical personnel; provided, however, that all personnel so utilized shall function under the direction of and consistent with guidelines for medical control;
9. "Classification" means an inclusive standardized identification of stabilizing and definitive emergency services provided by each hospital that treats emergency patients;
10. "CoAEMSP" means the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions;
11. "Commissioner" means the State Commissioner of Health;

12. "Council" means the Trauma and Emergency Response Advisory Council created in Section 44 of this act;

13. "Critical care paramedic" or "CCP" means a licensed paramedic who has successfully completed critical care training and testing requirements in accordance with the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;

14. "Department" means the State Department of Health;

15. "Emergency medical services system" means a system which provides for the organization and appropriate designation of personnel, facilities and equipment for the effective and coordinated local, regional and statewide delivery of health care services primarily under emergency conditions;

16. "Letter of review" means the official designation from CoAEMSP to a paramedic program that is in the "becoming accredited" process;

17. "Licensed emergency medical personnel" means an emergency medical technician (EMT), an intermediate, an advanced emergency medical technician (AEMT), or a paramedic licensed by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development Act and the rules and standards promulgated by the Board;

18. "Licensure" means the licensing of emergency medical care providers and ambulance services pursuant to rules and standards promulgated by the Board at one or more of the following levels:

- a. Basic life support,
- b. Intermediate life support,
- c. Paramedic life support,
- d. Advanced life support,
- e. Stretcher aid van, and
- f. Specialty care, which shall be used solely for interhospital transport of patients requiring specialized en route medical monitoring and advanced life support which exceed the capabilities of the equipment and personnel provided by paramedic life support.

Requirements for each level of care shall be established by the Board. Licensure at any level of care includes a license to operate at any lower level, with the exception of licensure for specialty care; provided, however, that the highest level of care offered by an ambulance service shall be available twenty-four (24) hours each day, three hundred sixty-five (365) days per year.

Licensure shall be granted or renewed for such periods and under such terms and conditions as may be promulgated by the Board;

19. "Medical control" means local, regional or statewide medical direction and quality assurance of health care delivery in an emergency medical service system. On-line medical control is the medical direction given to licensed emergency medical personnel, certified emergency medical responders and stretcher aid van personnel by a physician via radio or telephone. Off-line medical control is the establishment and monitoring of all medical components of an emergency medical service system, which is to include stretcher aid van service including, but not limited to, protocols, standing orders, educational programs, and the quality and delivery of on-line control;

20. "Medical director" means a physician, fully licensed without restriction, who acts as a paid or volunteer medical advisor to a licensed ambulance service and who monitors and directs the care so provided. Such physicians shall meet such qualifications and requirements as may be promulgated by the Board;

21. "Region" or "emergency medical service region" means two or more municipalities, counties, ambulance districts or other political subdivisions exercising joint control over one or more providers of emergency medical services and stretcher aid van service through common ordinances, authorities, boards or other means;

22. "Regional emergency medical services system" means a network of organizations, individuals, facilities and equipment which serves a region, subject to a unified set of regional rules and standards which may exceed, but may not be in contravention of, those required by the state, which is under the

medical direction of a single regional medical director, and which participates directly in the delivery of the following services:

- a. medical call-taking and emergency medical services dispatching, emergency and routine, including priority dispatching of first response agencies, stretcher aid van and ambulances,
- b. emergency medical responder services provided by emergency medical response agencies,
- c. ambulance services, both emergency, routine and stretcher aid van including, but not limited to, the transport of patients in accordance with transport protocols approved by the regional medical director, and
- d. directions given by physicians directly via radio or telephone, or by written protocol, to emergency medical response agencies, stretcher aid van or ambulance personnel at the scene of an emergency or while en route to a hospital;

23. "Regional medical director" means a licensed physician, who meets or exceeds the qualifications of a medical director as defined by the Oklahoma Emergency Response Systems Development Act, chosen by an emergency medical service region to provide external medical oversight, quality control and related services to that region;

24. "Registration" means the listing of an ambulance service in a registry maintained by the Department; provided, however, registration shall not be deemed to be a license;

25. "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. Vehicles used as stretcher aid vans 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. Stretcher aid van services shall only be permitted and approved by the Commissioner in emergency medical service regions, ambulance service districts, or counties with populations in excess of 300,000 people. Notwithstanding the provisions of this paragraph, stretcher aid van transports may be made to and from any federal or state veterans facility;

26. "Stretcher aid van patient" means any person who is or will be transported in a reclining position on a stretcher or gurney, who is medically stable, nonemergent and does not require any medical monitoring equipment or assistance during transport; and

27. "Transport protocol" means the written instructions governing decision-making at the scene of a medical emergency by ambulance personnel regarding the selection of the hospital to which the patient shall be transported. Transport protocols shall be developed by the regional medical director for a regional emergency medical services system or by the Department if no regional emergency medical services system has been established. Such transport protocols shall adhere to, at a minimum, the following guidelines:

- a. nonemergency, routine transport shall be to the facility of the patient's choice,
- b. urgent or emergency transport not involving life-threatening medical illness or injury shall be to the nearest facility, or, subject to transport availability and system area coverage, to the facility of the patient's choice, and
- c. life-threatening medical illness or injury shall require transport to the nearest health care facility appropriate to the needs of the patient as established by regional or state guidelines.

Added by Laws 1990, c. 320, § 7, emerg. eff. May 30, 1990. Amended by Laws 1999, c. 156, § 3, eff. Nov. 1, 1999; Laws 2001, c. 411, § 5, eff. Nov. 1, 2001; Laws 2005, c. 433, § 1, eff. July 1, 2005; Laws 2006, c. 171, § 1, emerg. eff. May 17, 2006; Laws 2007, c. 1, § 49, emerg. eff. Feb. 22, 2007; Laws 2013, c. 23, § 1, eff. Nov. 1, 2013; Laws 2013, c. 229, § 65, eff. Nov. 1, 2013.

NOTE: Editorially renumbered from § 1-2403 of this title to avoid duplication in numbering.

NOTE: Laws 2006, c. 155, § 1 repealed by Laws 2007, c. 1, § 50, emerg. eff. Feb. 22, 2007.

§63-1-2504. Utilization of emergency medical personnel in hospital or health care facilities - EMT students - Nurses.

A. Any hospital or health care facility operating within the state may utilize Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician or Paramedic or Critical Care Paramedic personnel for the delivery of emergency medical patient care within the hospital or health care facility. All licensed ambulance services shall use Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician or Paramedic personnel for on-scene patient care and stabilization and the delivery of prehospital and en route emergency medical care.

B. While participating in an Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician or Paramedic training course approved by the Department, the student shall be allowed to perform in the hospital, clinic or prehospital setting, while under the direct supervision of a physician, registered nurse, or licensed emergency medical personnel who are licensed at a level equal to or above the level of training of the student, or other allied health preceptor, any of the skills determined to be appropriate for the training level of the student by the Department.

C. A registered nurse or licensed practical nurse may be used in the back of an ambulance during an interhospital transfer to supplement the skills of licensed emergency medical personnel. A registered nurse or licensed practical nurse functioning in this fashion must be following written orders of a physician or be in direct radio or telephone contact with a physician.

Added by Laws 1990, c. 320, § 8, emerg. eff. May 30, 1990. Amended by Laws 2013, c. 23, § 2, eff. Nov. 1, 2013.

§63-1-2504.1. Duty to act - Mutual aid - Exemption.

A. There is a required duty to act within the licensed area upon the acceptance of an ambulance service license. All licensed ambulance services shall respond appropriately, consistent with the level of licensure, when called for emergency service regardless of the patient's ability to pay.

B. If the ambulance service cannot physically respond within the limits of the Ambulance Service Districts Act, then the ambulance service called shall immediately call for mutual aid from a neighboring licensed ambulance service. Nonemergency, interfacility transfers are exempt from the requirements of this subsection.

Added by Laws 2010, c. 295, § 21, emerg. eff. June 6, 2010.

§63-1-2505. Licensed personnel - Levels of care.

Personnel licensed in the following levels of care may perform as designated under their classification:

1. "Emergency Medical Technician (EMT)" means an individual licensed by the Department of Health following completion of a standard Basic Emergency Medical Technician training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill, administered by the Department or other entity designated by the Department. The licensed Emergency Medical Technician is allowed to perform such skills as may be designated by the Department;

2. "Intermediate" means an individual licensed as an EMT, has completed an intermediate training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill administered by the Department or other entity designated by the Department. The Intermediate is allowed to perform such skills as may be designated by the Department;

3. "Advanced Emergency Medical Technician (AEMT)" means an individual licensed as an Emergency Medical Technician or Intermediate who has completed an AEMT training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skills administered by the Department or other entity designated by the Department. The Advanced Emergency Medical Technician is allowed to perform such skills as may be designated by the Department; and

4. "Paramedic" means an individual licensed as an EMT, Intermediate or AEMT, who has completed a standard Paramedic training program, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill administered by the Department or other entity designated by the Department. The Paramedic is allowed to perform such skills as may be designated by the Department.

Added by Laws 1990, c. 320, § 9, emerg. eff. May 30, 1990.

Amended by Laws 2013, c. 23, § 3, eff. Nov. 1, 2013.

§63-1-2505.1. Emergency medical technician and medical responder death benefit.

A. In the event of the death of any licensed emergency medical personnel or a certified emergency medical responder resulting from the official duties of such licensed emergency medical personnel or certified emergency medical responder performed while in the line of duty, the State Department of Health shall pay the designated beneficiary of the deceased the sum of Five Thousand Dollars (\$5,000.00).

B. If the designated beneficiary predeceases the emergency medical personnel or certified emergency medical responder and there is not an alternate or contingent beneficiary, the death benefit shall be payable to the personal representative of the decedent.

C. All payments made pursuant to the provisions of this section shall be paid from the Emergency Medical Personnel Death Benefit Revolving Fund created pursuant to Section 1-2505.2 of this title.

Added by Laws 2008, c. 43, § 1, eff. July 1, 2008. Amended by Laws 2010, c. 94, § 1, eff. July 1, 2010; Laws 2013, c. 23, § 4, eff. Nov. 1, 2013.

§63-1-2505.2. Emergency Medical Personnel Death Benefit Revolving Fund.

There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Emergency Medical Personnel Death Benefit Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the State Department of Health from the fees imposed pursuant to Section 1-2505.3 of this title. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the State Department of Health for the purpose of making death benefit payments to the named beneficiary or personal representative of a deceased licensed emergency medical personnel or certified emergency medical responder pursuant to Section 1-2505.1 of this title. Expenditures from said fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

Added by Laws 2008, c. 43, § 2, eff. July 1, 2008. Amended by Laws 2010, c. 94, § 2, eff. July 1, 2010; Laws 2012, c. 304, § 489; Laws 2013, c. 23, § 5, eff. Nov. 1, 2013.

§63-1-2505.3. Application fee – Apportionment to revolving fund.

A. In addition to any other fee that may be authorized by law or pursuant to administrative rule of the State Department of Health effective July 1, 2010, there shall be imposed a fee of:

1. Ten Dollars (\$10.00) for each original application for licensed emergency medical personnel;
 2. Two Dollars and fifty cents (\$2.50) for each renewal application for licensed emergency medical personnel;
 3. Ten Dollars (\$10.00) for each original application for a certified emergency medical responder;
- and
4. Five Dollars (\$5.00) for each renewal application for a certified emergency medical responder.

B. The fees authorized by subsection A of this section shall be apportioned to the Emergency Medical Personnel Death Benefit Revolving Fund created pursuant to Section 1-2505.2 of this title.

Added by Laws 2008, c. 43, § 3, eff. July 1, 2008. Amended by Laws 2010, c. 94, § 3, eff. July 1, 2010; Laws 2013, c. 23, § 6, eff. Nov. 1, 2013.

§63-1-2506. Performance of medical procedures.

Licensed and certified emergency medical personnel, while a duty to act is in effect, shall perform medical procedures to assist patients to the best of their abilities under the direction of a medical director or in accordance with written protocols, which may include standing orders, authorized and developed by the medical director and approved by the State Department of Health when not in conflict with standards approved by the State Board of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council created in Section 44 of this act. Licensure, certification and authorization for emergency medical personnel to perform medical procedures must be consistent with provisions of this act, and rules adopted by the Board. Medical control and medical directors shall meet such requirements as prescribed through rules adopted by the Board.

Added by Laws 1990, c. 320, § 10, emerg. eff. May 30, 1990. Amended by Laws 2005, c. 204, § 1, eff. July 1, 2005; Laws 2013, c. 229, § 66, eff. Nov. 1, 2013.

§63-1-2506.1. Administration of opiate antagonists.

A. First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose. For the purposes of this provision, a first responder shall include:

1. Law enforcement officials;
2. Emergency medical technicians;
3. Firefighters; and
4. Medical personnel at secondary schools and institutions of higher education.

B. Any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.

Added by Laws 2013, c. 322, § 1, eff. Nov. 1, 2013.

§63-1-2506.2. Prescription of opiate antagonists to family members.

A. Upon request, a provider may prescribe an opiate antagonist to an individual for use by that individual when encountering a family member exhibiting signs of an opiate overdose.

B. When an opiate antagonist is prescribed in accordance with subsection A of this section, the provider shall provide:

1. Information on how to spot symptoms of an overdose;
2. Instruction in basic resuscitation techniques;
3. Instruction on proper naloxone administration; and
4. The importance of calling 911 for help.

C. Any family member administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.

Added by Laws 2013, c. 322, § 2, eff. Nov. 1, 2013.

§63-1-2507. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

§63-1-2508. Repealed by Laws 2013, c. 23, § 8, eff. Nov. 1, 2013.

§63-1-2509. Operation of ambulance service - Violation of act - Penalties - Public nuisance - Injunctions.

A. 1. No person, company, governmental entity or trust authority may operate an ambulance service within this state except as provided in this section. The State Commissioner of Health, the district attorney of the county wherein the ambulance service operates or may be found, or the Attorney General of this state shall have the authority to bring an action to enjoin the operation of any ambulance service not in compliance with the provisions of this act.

2. A ground ambulance service based outside of this state that is licensed and in good standing in its home state may respond to an emergency request for care and transport of a patient within this state

provided no local licensed ambulance service is readily available, and may be exempt from the licensing requirements of this state pursuant to rules promulgated by the State Board of Health.

3. Requests for service must be referred by an Oklahoma emergency dispatch center. The Board may require such exempt ambulance service to subsequently provide documentation of emergency response activities performed within this state.

4. The State Department of Health shall have the authority to investigate any complaint associated with an emergency response by an out-of-state ambulance service in the same manner as ambulance services licensed by the Department within this state.

B. The Commissioner shall have the authority to revoke or suspend any license, to issue probationary licenses, or to levy such administrative fines and penalties as may be deemed necessary, for violations of the provisions of this act, subject to the provisions of the Administrative Procedures Act. The powers afforded the Commissioner within the general enforcement provisions of the Public Health Code are additionally incorporated herein.

C. In addition to any other penalties, any person, company, governmental entity or trust authority who violates any of the provisions of this act relating to compliance with the provisions of this act or of standards, specifications, procedures and rules adopted by the Board may be punished by the assessment of a civil penalty of not more than One Hundred Dollars (\$100.00) for each violation. Each day a violation continues shall be considered a separate offense.

D. The operation or maintenance of an ambulance service in violation of this act, or the rules promulgated by the Board, is declared a public nuisance inimical to the public welfare. The Commissioner in the name of the people of the state, through the Attorney General, or the district attorney of the county in which the ambulance service is located, may, in addition to other remedies herein provided, bring action for an injunction to restrain such violation or to enjoin the future operation or maintenance of any such ambulance service.

Added by Laws 1990, c. 320, § 13, emerg. eff. May 30, 1990. Amended by Laws 2005, c. 191, § 1, eff. Nov. 1, 2005; Laws 2006, c. 16, § 46, emerg. eff. March 29, 2006.

NOTE: Editorially renumbered from § 1-2409 of this title to avoid duplication in numbering.

NOTE: Laws 2005, c. 204, § 2 repealed by Laws 2006, c. 16, § 47, emerg. eff. March 29, 2006.

§63-1-2510. Division of Emergency Medical Services created.

There is hereby created within the State Department of Health the Division of Emergency Medical Services, for the operation of an Oklahoma Emergency Medical Services Program.

Added by Laws 1990, c. 320, § 14, emerg. eff. May 30, 1990.

§63-1-2511. Commissioner - Powers and duties relating to Oklahoma Emergency Medical Services Improvement Program.

The State Commissioner of Health shall have the following powers and duties with regard to an Oklahoma Emergency Medical Services Improvement Program:

1. Administer and coordinate all federal and state programs, not specifically assigned by state law to other state agencies, which include provisions of the Federal Emergency Medical Services Systems Act and other federal laws and programs relating to the development of emergency medical services in this state. The administration and coordination of federal and state laws and programs relating to the development, planning, prevention, improvement and management of emergency medical services shall be conducted by the Division of Emergency Medical Services, as prescribed by Section 1-2510 of this title;

2. Assist private and public organizations, emergency medical and health care providers, ambulance authorities, district boards and other interested persons or groups in improving emergency medical services at the local, municipal, district or state levels. This assistance shall be through professional advice and technical assistance;

3. Coordinate the efforts of local units of government to establish service districts and set up boards of trustees or other authorities to operate and finance emergency medical services in the state as

provided under Section 9C of Article X of the Oklahoma Constitution or under Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes. The Commissioner shall evaluate all proposed district areas and operational systems to determine the feasibility of their economic and health services delivery;

4. Prepare, maintain and utilize a comprehensive plan and program for emergency medical services development throughout the state to be adopted by the State Board of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council created in Section 44 of this act, and incorporated within the State Health Plan. The plan shall establish goals, objectives and standards for a statewide integrated system and a timetable for accomplishing and implementing different elements of the system. The plan shall also include, but not be limited to, all components of an emergency medical services system; regional and statewide planning; the establishment of standards and the appropriate criteria for the designation of facilities; data collection and quality assurance; and funding;

5. Maintain a comprehensive registry of all ambulance services operating within the state, to be published annually and maintain a registry of critical care paramedics. All ambulance service providers shall register annually with the Commissioner on forms supplied by the State Department of Health, containing such requests for information as may be deemed necessary by the Commissioner;

6. Develop a standard report form which may be used by local, regional and statewide emergency medical services and emergency medical services systems to facilitate the collection of data related to the provision of emergency medical and trauma care. The Commissioner shall also develop a standardized emergency medical services data set and an electronic submission standard. Each ambulance service shall submit the information required in this section at such intervals as may be prescribed by rules promulgated by the State Board of Health;

7. Evaluate and certify all emergency medical services training programs and emergency medical technician training courses and operational services in accordance with specifications and procedures approved by the Board. Nonaccredited paramedic training programs shall begin their final paramedic training class by December 31, 2012. Only paramedic training programs accredited or receiving a Letter of Review (LOR) by CoAEMSP may enroll new paramedic students after January 1, 2013;

8. Provide an emergency medical personnel and ambulance service licensure program to include a requirement that ambulance services licensed as specialty care ambulance providers shall be used solely for interhospital transport of patients requiring specialized en route medical monitoring and advanced life support which exceeds the capabilities of the equipment and personnel provided by paramedic life support;

9. Employ and prescribe the duties of employees as may be necessary to administer the provisions of the Oklahoma Emergency Response Systems Development Act;

10. Apply for and accept public and private gifts, grants, donations and other forms of financial assistance designed for the support of emergency medical services;

11. Develop a classification system for all hospitals that treat emergency patients. The classification system shall:

- a. identify stabilizing and definitive emergency services provided by each hospital, and
- b. require each hospital to notify the regional emergency medical services system control when treatment services are at maximum capacity and that emergency patients should be diverted to another hospital; and

12. Develop and monitor a statewide emergency medical services and trauma analysis system designed to:

- a. identify emergency patients and severely injured trauma patients treated in Oklahoma,
- b. identify the total amount of uncompensated emergency care provided each fiscal year by each hospital and ambulance service in Oklahoma, and
- c. monitor emergency patient care provided by emergency medical service and hospitals.

Added by Laws 1990, c. 320, § 15, emerg. eff. May 30, 1990. Amended by Laws 1994, c. 236, § 1, eff. Sept. 1, 1994; Laws 1999, c. 156, § 4, eff. Nov. 1, 1999; Laws 2001, c. 411, § 6, eff. Nov. 1, 2001; Laws 2005, c. 204, § 3, eff. July 1, 2005; Laws 2013, c. 23, § 7, eff. Nov. 1, 2013; Laws 2013, c. 229, § 67, eff. Nov. 1, 2013.

§63-1-2512. Rules.

A. The State Board of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council as created in Section 44 of this act, shall promulgate rules to enact the provisions of the Oklahoma Emergency Response Systems Development Act.

B. Such rules shall specify which vehicles of licensed ambulance service providers shall be considered authorized emergency vehicles pursuant to the provisions of Section 1-103 of Title 47 of the Oklahoma Statutes. The rules shall provide that vehicles transporting licensed ambulance service personnel or life saving equipment that meet all other specifications required by the Board shall be considered authorized emergency vehicles.

Added by Laws 1990, c. 320, § 16, emerg. eff. May 30, 1990. Amended by Laws 1991, c. 167, § 2, eff. July 1, 1991; Laws 2001, c. 411, § 7, eff. Nov. 1, 2001; Laws 2013, c. 229, § 68, eff. Nov. 1, 2013.

§63-1-2512.1. Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund - Rules.

A. There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of monies received by the State Department of Health in accordance with state law. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for the purpose of funding assessment activities, stabilization and/or reorganization of at-risk emergency medical services, development of regional emergency medical services, training for emergency medical directors, access to training front line emergency medical services personnel, capital and equipment needs. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

B. The State Board of Health shall promulgate rules establishing a formula and procedure for the distribution of funds from the Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund.

Added by Laws 2008, c. 393, § 8, eff. Nov. 1, 2008. Amended by Laws 2012, c. 304, § 490.

§63-1-2513. Operation of ambulance service - Application for license – Air Ambulance providers.

A. All persons, companies, governmental entities or trust authorities desiring to operate an ambulance service shall file with the State Commissioner of Health an application for a license to operate the service. The Commissioner shall, within two (2) months of the date of the application, notify the applicant in writing of the granting or rejection of the license and shall, in the event of rejection, specify the reasons for the rejection.

B. The Commissioner may issue an Oklahoma Air Ambulance Provider License to an Air Ambulance provider, duly licensed in good standing and operating from bases in an adjoining state, that makes application and provides documentation pursuant to rules promulgated by the State Board of Health. Such ambulance provider staff shall not be required to be licensed in this state but shall be required to meet the licensure requirements in the state of origin.

Added by Laws 1990, c. 320, § 17, emerg. eff. May 30, 1990. Amended by Laws 2005, c. 191, § 2, eff. Nov. 1, 2005.

NOTE: Editorially renumbered from § 1-2413 of this title to avoid duplication in numbering.

§63-1-2514. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

§63-1-2515. EMS Regions, Ambulance Service districts or municipalities - Regulation and control of Ambulance Service transports - Exemptions.

A. Notwithstanding any other provision of this title, Emergency Medical Services (EMS) Regions, Ambulance Service districts or municipalities are hereby authorized to regulate and control, pursuant to duly enacted ordinance or regulation, Ambulance Service transports originating within the jurisdiction of such EMS Regions, Ambulance Service districts or municipalities.

B. Any ordinance or regulation adopted pursuant to subsection A of this section shall meet and may exceed, but shall not be in contravention of, the standards promulgated by the State Board of Health for Ambulance Service transports.

C. 1. Any ordinance or regulation adopted by an EMS Region, Ambulance Service district or a municipality may establish a sole-provider system for stretcher aid van and/or Ambulance Service transports; provided, however, any such designated or contracted sole-provider which is not an EMS Region, Ambulance Service district, municipality, or other public entity shall be selected by competitive bidding.

2. A contract entered into pursuant to such bidding shall be with the lowest and best bidder and may be for an initial term of such duration as deemed operationally and fiscally prudent by the contracting agency. The term of such sole-provider contract shall be made public at the time bids are solicited, which solicitation shall be not less than sixty (60) days prior to the contract start date.

D. Any EMS Region, Ambulance Service district or municipality may establish a sole-provider system for stretcher aid van and/or Ambulance Service transports and may allow additional geographic or political subdivisions to join such a system at any time. Whenever such a geographic or political subdivision joins such a sole-provider system, competitive bidding shall not be required and provision for servicing the new jurisdiction may be accomplished by amending the existing sole-provider contract. Furthermore, in the event the expansion of the service area of the EMS Region, Ambulance Service district or the municipality is substantial (in the sole opinion of the governing body of the EMS Region, Ambulance Service district or municipality), the existing sole-provider contract may be extended for a period sufficient to allow reasonable opportunity for recovery of capital costs of expansion, as determined by the contracting agency.

E. The provisions of this section shall not be construed or applied to limit the operation of any emergency medical service district established and operating pursuant to Section 9C of Article 10 of the Oklahoma Constitution; provided, however, that, upon invitation and approval of a majority of the voters of the district, any such district is hereby authorized to join by appropriate agreement any system established by an EMS Region, Ambulance Service district or a municipality pursuant to the provisions of this section.

F. The following types of patient transports shall be exempt from regulation by EMS Regions, Ambulance Service districts or municipalities:

1. Any ambulance owned or operated by, or under contract to perform ambulance transport services for, the Federal or State government, or any agency thereof;

2. Any ambulance owned and operated by a hospital and in use to transport a patient of the owner-hospital, which patient has been admitted to and not been discharged from the owner-hospital, to or from another hospital or medical care facility at which the patient receives a diagnostic or therapeutic procedure not available at the owner-hospital;

3. Any ambulance engaged in a routine transport call to transport a patient from a hospital, nursing home, or dialysis center located within an EMS Region, Ambulance Service district or municipality to any location outside the EMS Region, Ambulance Service district or municipality;

4. Any ambulance engaged in the transport of a patient from a location outside an EMS Region, Ambulance Service district or municipality to a location inside an EMS Region, Ambulance Service district or municipality; or

5. Any ambulance engaged in the interstate transport of a patient.

Added by Laws 1990, c. 320, § 18, emerg. eff. May 30, 1990. Amended by Laws 1991, c. 167, § 3, eff. July 1, 1991; Laws 1995, c. 194, § 4, eff. Nov. 1, 1995; Laws 1997, c. 281, § 1, eff. July 1, 1997; Laws 2001, c. 411, § 8, eff. Nov. 1, 2001.

§63-1-2516. Repealed by Laws 2013, c. 229, § 99, eff. Nov. 1, 2013.

§63-1-2517. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

§63-1-2518. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

§63-1-2519. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

§63-1-2520. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

§63-1-2521. Repealed by Laws 2005, c. 204, § 5, eff. July 1, 2005.

SECTION X-9C

Emergency Medical Service Districts

(a) The board of county commissioners, or boards if more than one county is involved, may call a special election to determine whether or not an ambulance service district shall be formed. An election shall also be called by the board or boards involved upon petition signed by not less than ten percent (10%) of the registered voters of the area affected. Said area may embrace a county, a part thereof, or more than one county or parts thereof, and in the event the area covers only a part or parts of one or more counties, the area must follow school district boundary lines. All registered voters in such area shall be entitled to vote, as to whether or not such district shall be formed, and at the same time and in the same question authorize a tax levy not to exceed three (3) mills for the purpose of providing funds for the purpose of support, organization, operation and maintenance of district ambulance services, known as emergency medical service districts and hereinafter referred to as "districts." If the formation of the district and the mill levy is approved by a majority of the votes cast, a special annual recurring ad valorem tax levy of not more than three (3) mills on the dollar of the assessed valuation of all taxable property in the district shall be levied. The number of mills shall be set forth in the election proclamation, and may be increased in a later election, not to exceed a total levy of three (3) mills. This special levy shall be in addition to all other levies and when authorized shall be made each fiscal year thereafter.

Each district which is herein authorized, or established, shall have a board of trustees composed of not less than five members. Such trustees shall be chosen jointly by the board or boards of county commissioners, provided that such membership shall be composed of not less than one individual from each county or part thereof which is included in said district.

Original members of the board of trustees shall hold office, as follows: At the first meeting of said board, board members shall draw lots to determine each trustee's original length of term in office. The number of lots to be provided shall be equal to the number of original members of the board, and lots shall be numbered sequentially from one through five, with lots in excess of the fifth lot being also numbered sequentially from one through five until all lots are numbered. Each original member or members added by an expansion area of the board shall hold office for the number of years indicated on his or her lot. Each year, as necessary, the board or boards of county commissioners shall appoint successors to such members of the board of trustees whose terms have expired, and such subsequent appointments shall be for terms of five (5) years.

Such board of trustees shall have the power and duty to promulgate and adopt such rules, procedures and contract provisions necessary to carry out the purposes and objectives of these provisions, and shall individually post such bond as required by the county commissioners, which shall not be less than Ten Thousand Dollars (\$10,000.00).

The district board of trustees shall have the additional powers to hire a manager and appropriate personnel, contract, organize, maintain or otherwise operate the emergency medical services within said district and such additional powers as may be authorized by the Legislature.

(b) Any district board of trustees may issue bonds, if approved by a majority vote at a special election for such purpose. All registered voters within the designated district shall have the right to vote in said election. Such bonds shall be issued for the purpose of acquiring emergency vehicles and other equipment and maintaining and housing the same.

(c) The bonds authorized above shall not bear interest at a greater rate than that authorized by statute for the issuance of city municipal bonds. Such bonds shall be sold only at public sale after twenty (20) days' advertisement in a newspaper for publication of legal notices with circulation in the district. Any district may refund its bonds as is now provided by law for refunding municipal bonds.

(d) Any district board of trustees, upon issuing bonds as authorized in subsection (b) of this section, shall levy a special annual ad valorem tax upon the property within the district, payable annually, in a total amount not to exceed three (3) mills on the dollar, on the real and personal taxable property in such district, for the payment of principal and interest on outstanding bonds, until same are paid. However, the trustees may, from time to time, suspend the collection of such annual levy when not required for the payment of the bonds. In no event shall the real and personal taxable property in any city or town be subject to a special tax in excess of three (3) mills for the payment of bonds issued hereunder.

(e) There may also be pledged to the payment of principal and interest of the bonds herein authorized to be issued: (1) any net proceeds from operation of the district that the board of trustees of the district shall deem not necessary to the future operation and maintenance of said emergency medical service; or (2) any monies available from other funds of the district not otherwise obligated.

(f) Bonds shall be issued for designated sums with serial numbers thereon and maturing annually after three (3) years from date of issue. All bonds and interest thereon shall be paid upon maturity and no bonds shall be issued for a period longer than thirty (30) years. Any district board of trustees may in its discretion schedule the payment of principal over the thirty-year period so that when interest is added there will be approximately level annual payments of principal and interest.

(g) In the event the mill levy as set forth in the original election proclamation is less than three (3) mills, the board of trustees may request the county commissioners to call a subsequent election to consider increasing the mill levy; provided, however, the total levy authorized by subsection (a) hereof shall not exceed three (3) mills.

(h) The board of trustees of any district shall have jurisdiction over the sale or refunding of any bonds issued by the district and shall be responsible for the economical expenditure of the funds derived from the bonds.

(i) Such districts shall be empowered to charge fees for services, and accept gifts, funds or grants from sources other than the mill levy, which shall be used and accounted for in a like manner. Persons served outside the district shall be charged an amount equal to the actual costs for the service, not taking into account any income the district receives from millage or sources within the district. The board of trustees shall have legal authority to bring suits necessary to collect accounts owed and to sue and defend as necessary for the protection of the board. The State Auditor and Inspector shall conduct an annual audit of the operations of such districts.

(j) Any emergency medical service district may expand to include other counties or parts thereof, provided that an election is called by the county commissioners whose county or counties, or parts thereof, are to be added to in the established district; and provided further, that the county commissioners in the original district concur in the calling of said election. The proposed expansion area shall only be added to the original district if approved separately by a majority vote, by the voters in both the original district and in the expansion area, at an election called for that purpose. The county in which the expansion area is located shall have not less than one member on the board of trustees. Appropriate millage or other approved method of financial support shall be levied in the expansion area, when said area is added to the original district which millage shall be levied at the rate used to cover operational costs and outstanding bonded indebtedness as provided in Section 9C, (d) and (e), Article X.

(k) Any county or parts thereof may withdraw from a district provided that an election is called by the county commissioners of the county whose county or parts thereof is to be withdrawn from the

district. The county or parts thereof shall be withdrawn from the district if approved by a majority vote of the voters in the county at an election called for such purpose. If the county commissioners are presented a petition signed by not less than twenty percent (20%) of all registered voters in the county, the county commissioners shall call an election. The petition for an election for a county or parts thereof to withdraw from a district and the ballot shall provide for the payment of any debt for operational costs and outstanding bonded indebtedness in proportional shares, for which the county or parts thereof would be responsible as a result of the membership of the county or parts thereof in the district.

(l) Any district may be dissolved, or the millage levy changed, by a majority vote of the registered voters voting at an election called for that purpose by the county commissioners of each county or part thereof included within the district; provided that such an election shall not be called unless either three-fifths (3/5) of the trustees of such district request the county commissioners to call such an election, or the respective county commissioners are presented a petition signed by not less than twenty percent (20%) of all registered voters in the district.

(m) In the event a district is dissolved, any mill levy used to support, organize, operate and maintain the emergency medical service district shall cease, provided that such mill levy shall not cease until all outstanding emergency medical service bonds of that district are retired and all other debts incurred by the emergency medical service district have been satisfied.

(n) All elections called under the provisions hereof shall be conducted by the county election board or boards of each county or counties involved, upon receipt of an election proclamation, issued by a majority of the board or boards of county commissioners in the area affected. In the event more than one county is involved, said proclamation must be a joint proclamation from a majority of the board of county commissioners of each county involved. Said proclamation shall be published in one issue of a newspaper of general circulation in each county involved in the area affected at least ten (10) days prior to said election, and said proclamation shall set forth the purpose of the election, and the date thereof. The county election board or boards shall certify the results of an election to the board or boards issuing such proclamation.

(o) The board of any district shall have capacity to sue and be sued. Provided, however, the board shall enjoy immunity from civil suit for actions or omissions arising from the operation of the district, so long as, and to the same extent as, municipalities and counties within the state enjoy such immunity.

(p) In lieu of proceeding to establish a district as outlined hereinabove through the county commissioners, the governing body of any incorporated city or town may proceed to form a district, join an existing district or join with other incorporated cities or towns in forming a district. In such case, said governing body shall be considered as being substituted as to the powers and duties of said county commissioners as set forth hereinabove; provided, further, said city or town shall be considered as being substituted as to the powers and duties of a district formed, as set forth hereinabove. All rights, duties, privileges and obligations of the residents and voters in such city or town shall be the same as those outlined for the district as set forth above.

Added by State Question No. 552, Legislative Referendum No. 217, adopted at election held on Aug. 24, 1976. Amended by State Question No. 678, Legislative Referendum No. 308, adopted at election held on Nov. 3, 1998.

§19-371. Authorization to contract for ambulance service - Liability insurance - Immunity - Pension benefits.

(a) The board of county commissioners of any county may contract for ambulance service with any city, town, county, person, firm or corporation or combination of them under such terms and conditions as may be agreed upon between the parties. Such contracts shall provide for the carrying of liability insurance in such amount as may be fixed and may provide for minimum standards of service and equipment.

(b) Cities, towns and counties engaged in ambulance or emergency service shall be agents of the State of Oklahoma, acting solely and alone in a governmental capacity, and shall not be liable for any act of commission, omission or negligence while so engaged.

(c) Any employee of any city, town or county engaging in ambulance or emergency service at any time or place shall be considered to be serving in regular line of duty and shall be entitled to all the benefits of any pension fund to which he might otherwise be entitled.

Added by Laws 1968, c. 306, § 1, emerg. eff. May 7, 1968. Amended by Laws 1974, c. 151, § 1, emerg. eff. May 3, 1974.

§19-372. Minimum standards for operation and equipment - Personnel - Charges - Audits.

If the board(s) of county commissioners, and the governing body of any city(ies) or town(s) shall enter into any contract as provided in Section 1, then the board(s) of county commissioners and the governing body of any city(ies) or town(s) shall, by resolution, establish a minimum of standards for the operation and equipping of said ambulances and for the qualifications and training of any personnel operating said ambulances within the county(ies). The board(s) of county commissioners and/or governing body of any city(ies) or town(s) shall also have the authority to establish by resolution the minimum charge to be made by any ambulance operator with which it has a contract and to provide for an audit of the books and the records of said operator. Said regulations shall be in compliance with, or exceed, applicable state laws, rules and regulations.

Added by Laws 1968, c. 306, § 2, emerg. eff. May 7, 1968.

§19-1201. Ambulance Service Districts Act.

This act may be cited as the "Ambulance Service Districts Act".

Added by Laws 1974, c. 86, § 1, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 1, emerg. eff. June 6, 2010.

§19-1202. Definitions.

As used in the Ambulance Service Districts Act unless the context clearly requires otherwise:

1. "District" means a public ambulance service district as licensed by the State Department of Health;
2. "Board" means the governing body of a district; and
3. "Board of county commissioners" and "county clerk" shall mean, respectively, the board of county commissioners and county clerk of the county in which the greatest portion of the territory of any proposed district is located.

Added by Laws 1974, c. 86, § 2, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 2, emerg. eff. June 6, 2010.

§19-1203. District board of directors - Authorization to create districts – Emergency medical services plan.

A. When a district is totally within the municipal city limits of a city, the board of directors of the district or their designee may be the governing body of the city or town.

B. Public ambulance service districts may be organized under the Ambulance Service Districts Act for the purpose of developing and providing adequate ambulance services to meet the needs of residents within the territory of the district. The board of county commissioners of each county in this state shall

have power and it shall be their duty, upon a proper petition being presented, to incorporate and order the creation of such district in the manner provided for in this act.

C. By April 1, 2011, each county of this state with a population of five hundred thousand (500,000) people or less according to the last Federal Decennial Census shall present to the State Department of Health an emergency medical services plan. The plan for each county shall be developed by the Emergency Response Systems Development Advisory Council of the State Department of Health and each county emergency services advisory board which shall be comprised of the county commissioners of each county or their designees. The plan shall:

1. Address funding issues;
2. Ensure countywide emergency medical services coverage; and
3. Address county boundaries to ensure 9-1-1 operators are able to provide quick response.

Added by Laws 1974, c. 86, § 3, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 3, emerg. eff. June 6, 2010.

§19-1204. Petition for creation of district - Contents.

A. A petition signed by at least twenty-five percent (25%) of the registered voters in the most recent election may be filed with the county clerk, verified by the county election board and then presented to the board of county commissioners, praying for the incorporation of a district under the provisions of the Ambulance Service Districts Act. The petition shall give a legal description of the area which the petitioners propose to be incorporated into the proposed district and shall state:

1. That the residents within such territory are without adequate ambulance service to meet their needs;
2. That the installation, maintenance, and operation of an ambulance service is necessary to serve residents of the district;
3. That service will be conducive to and will promote the public health, safety, and welfare; and
4. That existing services in the county shall not be adversely affected.

B. Attached to the petition shall be an accurate map or plat of the proposed area to be embraced within the district showing the location of the area by reference to sections or portions thereof and the township and range wherein the same are located.

Added by Laws 1974, c. 86, § 4, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 4, emerg. eff. June 6, 2010.

§19-1205. Notice and hearing.

A. Whenever a petition, as provided in Section 1204 of this title, is filed with the county clerk, and then verified by the county election board, the county commissioners shall enter an order setting a public hearing on the petition for a day certain and directing the county clerk to give notice of the hearing by legal publication for two (2) consecutive weeks in a newspaper published in each county containing any area embraced within the boundaries of the proposed district. Such newspapers shall have a general circulation in the county of publication. Provided, however, if there is a county in which there is no newspaper of general circulation published, notice of the hearing shall be given by posting in five (5) public places within the county, one of which shall be the county courthouse.

B. Notice shall contain:

1. A brief and concise statement describing the purpose of the hearing;
2. A description of the area to be embraced within the district;
3. A notice to all persons residing, and incorporated municipalities, within the proposed district that they may appear upon the date and at the time and place of the hearing to show cause, if any, why the petition should not be granted; and
4. A notice to all residents of the proposed district that, if the district shall be ordered created, immediately following the entry of the order creating the district an organizational meeting to elect a board of directors and officers and to adopt bylaws will be held.

C. The county clerk shall, at least ten (10) days before the date fixed for the hearing, give or send notice thereof to each of the petitioners.

Added by Laws 1974, c. 86, § 5, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 5, emerg. eff. June 6, 2010.

§19-1206. Determination by board - Declaration of incorporation.

A. At the time and place set for the hearing and consideration of the petition, it shall be the duty of the board of county commissioners to determine:

1. Whether proper notice of the hearing has been given as required by Section 1205 of this title;
2. Whether the residents of the area described in the petition are without adequate ambulance service to meet their needs;
3. Whether the installation, maintenance and operation of such ambulance service is necessary to serve residents of the district;
4. Whether such ambulance service will be conducive to and will tend to promote the public health, safety and welfare;
5. The area which should be included in the district; and
6. Whether the new district area shall financially affect any existing service in the county adversely.

B. If, upon such consideration, it shall be found that such petition is in conformity with the requirements of the Ambulance Service Districts Act, and that such a district should be created the board of county commissioners shall thereupon immediately declare the area described in the petition or any part thereof to be incorporated as a district under the name of "Ambulance Service District No.

_____, _____ County, Oklahoma", inserting number in order of incorporation and name of county, and thereupon the district shall be a body politic and corporate and an agency and legally constituted authority of the State of Oklahoma for the public purposes set forth in the Ambulance Service Districts Act.

C. The board of county commissioners shall thereupon enter upon its records full minutes of such hearing, together with its order creating the district under the corporate name for the purposes of the Ambulance Service Districts Act. Such districts shall not be political corporations or subdivisions of the state within the meaning of any constitutional debt limitations, nor shall the districts have any power or authority to levy any taxes whatsoever or make any assessments on property, real or personal.

Added by Laws 1974, c. 86, § 6, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 6, emerg. eff. June 6, 2010.

§19-1207. Board of directors - Bylaws.

A. Immediately following the incorporation of the districts by the board of county commissioners, there shall be a special meeting of the residents within any such district to select from their number a board of directors and to adopt bylaws for governing and administering the affairs of the district. The number of members of the board, not to exceed nine (9), shall be determined by a majority vote of those residents present.

B. Those residents present at such special meeting may adopt and amend any of such proposed bylaws and may propose or adopt additional or other bylaws. Such bylaws may be amended at any annual or special meeting of the participating members of the district.

Added by Laws 1974, c. 86, § 7, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 7, emerg. eff. June 6, 2010.

§19-1208. Governing body - Meetings - Vacancies - Rules and regulations.

The board shall be the governing body of the district and shall meet annually on a date prescribed by the bylaws and at such other times as may be determined by the board or upon call by the chairman or any two members of the board. Vacancies on the board shall be filled for the unexpired term, and until such appointee's successor is elected and has qualified, by appointment by the remaining members of the

board. The board shall adopt such rules and regulations in conformity with the provisions of the Ambulance Service Districts Act and the bylaws of the district as are deemed necessary for the conduct of the business of the district. It shall be the duty of the secretary to cause an entry to be made upon its records showing all of its minutes, decisions, and orders made pursuant to the provisions of the Ambulance Service Districts Act.

Added by Laws 1974, c. 86, § 8, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 8, emerg. eff. June 6, 2010.

§19-1209. Powers of district.

A. Every district incorporated hereunder shall have perpetual existence, subject to dissolution as provided by the Ambulance Service Districts Act, and shall have power:

1. To sue and be sued, complain and defend, in its corporate name;
2. To adopt a seal which may be altered at pleasure, and to use it, or a facsimile thereof, as required by law;
3. To acquire by purchase, lease, gift, or in any other manner, and to maintain, use, and operate any and all property of any kind, real, personal, or mixed, or any interest therein; and to construct, erect, purchase, lease as lessee and in any manner acquire, own, hold, maintain, operate, sell, dispose of, lease as lessor, exchange, and mortgage buildings, equipment, apparatus, and facilities necessary to serve the residents of the district;
4. To borrow money and otherwise contract indebtedness for the purposes set forth in the Ambulance Service Districts Act, and, without limitation, to borrow money and accept grants from the federal government or from any corporation or agency created or designated by the federal government and, in connection with such loan or grant, to enter into such agreements as the federal government or such corporation or agency may require; and to issue its notes or obligations therefor, and to secure the payment thereof by mortgage, pledge, or deed of trust on all or any property, assets, franchises, rights, privileges, licenses, rights-of-way, easements, or revenues of the district;
5. To make bylaws for the management and regulation of its affairs;
6. To appoint officers and employees, to prescribe their duties, and to fix their compensation; and to employ such common and skilled labor and professional and other services as may be necessary to carry out the purpose of the district;
7. To sell or otherwise dispose of any property of any kind, real, personal, or mixed, or any interest therein, which shall not be necessary to the carrying on of the business of the district;
8. To make any and all contracts necessary or convenient for the exercise of the powers of the district;
9. To do and perform all acts and things, and to have and exercise any and all powers as may be necessary, convenient, or appropriate to effectuate the purposes for which the district is created;
10. To enter into contracts with the federal government, or any agency thereof, or the State of Oklahoma, or any political subdivision or agency thereof, for the construction, operation, and maintenance of needs and demands of the district;
11. To enter into contracts jointly with any other district, municipality, city, or town, the State of Oklahoma, the federal government, or any other governmental agency, or any of them, for the purpose of purchasing, constructing, acquiring, and operating ambulance facilities or services; and
12. To determine and collect charges for services performed by the district.

B. The board of directors shall, on or before July 1 of each year, file with the county clerk of each county in which any part of the district is located, an annual report for the preceding calendar year. Such report shall list all monies received and all monies disbursed during the calendar year. The report shall also specify any and all indebtedness outstanding at the end of the calendar year.

Added by Laws 1974, c. 86, § 9, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 9, emerg. eff. June 6, 2010.

§19-1210. Proportionate payment of costs.

A. Each county in which any of the area of a district is located shall pay its proportionate share of the cost of the district, based on the ratio which that part of the population of such district residing in the county bears to the total population of the district. Such cost shall be paid from the county treasury, but shall not exceed the equivalent of one (1) mill on each dollar of valuation in the district.

B. Any incorporated town or city that is a party to the district shall pay a proportionate share of the cost of the district, based on the ratio which that part of the population of such district residing in the town or city, bears to the total population of the district.

C. Such cost shall include so much of the following as is not paid from revenues of the district:

1. All operating and maintenance expenses necessary or desirable for the prudent conduct of affairs of the district and the principal of and interest on the obligations issued or assumed by the district in the performance of the purposes for which it was organized; and

2. Adequate reserves for the retirement of indebtedness, maintenance and other purposes necessary and expedient to meeting all obligations of the district.

D. Any revenue received by the district shall be devoted, first, to the payment of operating and maintenance expenses and the principal and interest on outstanding obligations and, thereafter, to such reserves for improvements, retirement of indebtedness, new construction, depreciation and contingencies as the board of directors may from time to time prescribe.

Added by Laws 1974, c. 86, § 10, emerg. eff, April 19, 1974.

§19-1211. Annexation of additional area.

Area outside the boundaries of any district which can be served by the facilities of the district may be annexed to such district. A petition for annexation signed by at least twenty-five percent (25%) of the registered voters in the most recent election may be filed with the county clerk, verified by the county election board and then presented to the board of county commissioners, which shall give the legal description of the area which the petitioners propose to be annexed to such district, and shall state:

1. The name of the district to which annexation is desired;

2. That such area is without an adequate system; and

3. That annexation to the district will be conducive to and will promote the public health, safety, and welfare of residents in the area.

Added by Laws 1974, c. 86, § 11, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 10, emerg. eff. June 6, 2010.

§19-1212. Notice of annexation petition.

Notice shall be given, as provided in Section 1205 of this title, of the filing of a petition for annexation fixing the time and place of hearing.

Added by Laws 1974, c. 86, § 12, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 11, emerg. eff. June 6, 2010.

§19-1213. Hearing and determination of annexation petition.

At the time and place set for the hearing and consideration of the petition, the board of county commissioners shall ascertain whether proper notice has been given and whether the statements contained in the petition are true. If true, and if a majority of the members of the board of the district to which annexation is desired do not object to such statement, the board of county commissioners shall enter into its minutes such findings and shall set forth in the minutes a description of the new boundaries of such district. Thereafter, residents within the annexed territory shall be entitled to ambulance service.

Added by Laws 1974, c. 86, § 13, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 12, emerg. eff. June 6, 2010.

§19-1214. Terms of board members - Annual meetings of residents.

A. The term of office of every member elected to an original board shall be until the date of annual meeting of the residents of the district of either the first, second, or third year following the year of the incorporation of the district and until their successors are elected and have qualified, and as nearly as possible the terms of an equal number of directors on any such board shall expire on each of the dates.

B. At each annual meeting after the year of the election of the original board members, elections shall be held to elect directors to fill any position on the board, the term of office of which has expired, and any director so elected shall hold office for a term of three (3) years and until a successor is elected and has qualified. For the purpose of election of board members and for such other purposes as the bylaws may prescribe, annual meetings of residents shall be held by each district between January 1 and March 1 of each year following the year of incorporation of such district. The board of directors shall cause notice of the time and place of each annual meeting and the purpose thereof to be given to each of its participating members. Each resident present shall be entitled to a single vote.

Added by Laws 1974, c. 86, § 14, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 13, emerg. eff. June 6, 2010.

§19-1215. Officers.

The board of directors shall annually elect a chairman, vice-chairman, secretary, and treasurer for a term of one (1) year and until a successor is elected and has qualified.

Added by Laws 1974, c. 86, § 15, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 14, emerg. eff. June 6, 2010.

§19-1216. Operation and repair of equipment - Compensation - Budgets - Audits.

It shall be the duty of the chairman of the board of directors to keep in repair equipment, apparatus, and other property of the district and to operate the same as directed by the board. The chairman and all persons who may perform any service or labor as provided herein shall be paid such just and reasonable compensation as may be allowed by the board of directors and the board shall annually prepare an estimated budget for the coming year and submit such budget to the board of county commissioners for their approval. The board of directors shall cause an annual audit of the district's records and accounts to be made, and shall make a report on the matters at each annual meeting.

Added by Laws 1974, c. 86, § 16, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 15, emerg. eff. June 6, 2010.

§19-1217. Dissolution of districts.

Whenever a petition signed by three-fourths (3/4) of the residents in any district organized under provisions of this act or a petition signed by all of the directors of such district is presented to the board of county commissioners and it shall appear from the petition that:

1. The district owns no property of any kind exclusive of records and files;
 2. All of its debts and obligations have been fully paid; and
 3. The district is not functioning, and will probably continue to be inoperative because the board of directors is unable to obtain the necessary financing or for any other reason,
- the board of county commissioners shall, after such finding, issue a certificate stating the allegations in the petition as true and declaring the district dissolved, and shall make full minutes of such hearing in its journal and deliver the certificate to the secretary of the district. The secretary of the district shall, within thirty (30) days thereafter, deliver all records and files to the county clerk, and thereupon the district shall be dissolved.

Added by Laws 1974, c. 86, § 17, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 16, emerg. eff. June 6, 2010.

§19-1218. Sale of facilities and property.

A. Whenever a district owning facilities and property desires to sell such facilities and property and dissolve, the board of directors may adopt a resolution setting forth the proposed plan and, upon such plan being approved by three-fourths (3/4) of the residents of such district present at a meeting called for that purpose, such resolution and plan may be submitted to the board of county commissioners.

B. If approved by the commissioners, the commissioners shall thereupon authorize the board of directors to carry through the plan of sale and shall further authorize the board of directors to wind up the affairs of the district, pay all debts and expenses, and distribute any excess funds to the members on an equal basis. Thereupon the district shall be dissolved as herein provided.

Added by Laws 1974, c. 86, § 18, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 17, emerg. eff. June 6, 2010.

§19-1219. Release of area from district.

A. If it becomes apparent that a certain area included within a district cannot be economically or adequately served by the services and facilities of the district, or no longer needs such services or facilities, the residents of such area may petition the county commissioners to release the area from the district. The petition shall describe by section or fraction thereof and by township and range the area affected and be signed by all three-fourths (3/4) of the residents of such area and be endorsed by the board of directors of the district.

B. After a finding that the granting of the petition is to the best interests of the affected residents and the district, the board of county commissioners shall issue a certificate stating that the area involved is released and separated from the district. Full minutes of the hearing shall be entered in the journal of the board of county commissioners and the certificate shall be delivered to the secretary of the district who shall, within thirty (30) days, cause the records of the district to be amended to exclude the area affected.

Added by Laws 1974, c. 86, § 19, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 18, emerg. eff. June 6, 2010.

§19-1220. Tax exemption.

Districts formed hereunder shall be exempt from all excise taxes and, further, shall be exempt from payment of assessments in any general or special taxing district levied upon the property of the district, whether real, personal, or mixed. Any and all securities and evidences of indebtedness issued by a district created pursuant to the Ambulance Service Districts Act and the income interest and capital gains thereon shall not be subject to the income tax laws of this state and persons owning or holding the securities and evidences of indebtedness or their heirs, devisees, successors, or assigns shall not be required to pay to the State of Oklahoma income tax upon the profits and capital gains upon the securities and evidences of indebtedness.

Added by Laws 1974, c. 86, § 20, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 19, emerg. eff. June 6, 2010.

§19-1221. Consolidation of districts.

A. Two or more districts organized under the Ambulance Service Districts Act may be consolidated into a single district by complying with the procedures prescribed in this section.

B. The proposal for consolidation shall be prepared in written form and shall set forth in detail the reasons for consolidation and the advantages which would accrue to each district from the proposal. The written proposal shall be considered and acted upon by the board of directors from each district affected at a duly called meeting. If the board of directors of each district approves the proposal by resolution, the proposal shall then be submitted to a vote of the residents of each district present at a regular or special meeting. If the consolidation proposal is not approved by such residents of each district affected such districts may not be consolidated.

C. If the proposal is approved by such residents of each district, the boards of directors of the districts desiring to be consolidated shall join in filing a petition, addressed to the board of county

commissioners having jurisdiction as provided by this section, for a hearing to consolidate such districts into a single district. The petition shall set forth the necessity for such consolidation of two or more districts, and that the consolidation of the districts shall be conducive to the public health, safety, and welfare, and the purposes for which the districts were organized. The consolidation proposal as approved by the residents and the boards of directors of each district shall be attached to the petition as exhibits.

D. If the districts seeking consolidation are situated in one county, the petition shall be filed with the county clerk of the county, and the board of county commissioners of the county shall have jurisdiction to hear and determine the petition.

E. If the districts seeking consolidation are situated in different counties the petition shall be filed with the county clerk of the county in which the greatest portion of the area of the proposed consolidated district is located, and the board to determine the question of consolidation shall consist of the board of county commissioners from each of the counties, and a majority of the combined boards shall be necessary to render a decision.

F. Upon receipt of the petition, the county clerk shall thereupon give notice to the board or boards of county commissioners of the filing and pendency of the petition, whereupon the county commissioners of the county wherein the petition is filed shall enter its order setting hearing, and giving notice of the hearing, all in accordance with the provisions of this act for the creation of districts in the first instance. After the hearing, should the board find that the averments of the petition are true and that the districts, or any of them, should be consolidated, the board shall enter its order directing the consolidation of the districts. The order shall set forth the corporate name of the consolidated district under the name of "Consolidated Ambulance Service District No. _____, _____ County(ies), Oklahoma". The order shall further provide that the consolidated district shall assume and become legally liable for all of the obligations of the districts consolidated into the single district.

G. Following the entry of the order, an organizational meeting of the combined residents of each of the districts shall be held for the purpose of electing directors and officers and adopting bylaws. This organizational meeting shall be held in accordance with the provisions pertaining to the creation and organization of districts.

H. From any order of the board, an appeal may be taken in the manner as provided for appeals from decision of the board of county commissioners. All legal proceedings already instituted by or against any district involved in a consolidation proceeding may be revived and continued by or against the consolidated district by an order of the court substituting the name of such consolidated district. Added by Laws 1974, c. 86, § 21, emerg. eff. April 19, 1974. Amended by Laws 2010, c. 295, § 20, emerg. eff. June 6, 2010.

§19-1710.1. Emergency medical service districts – Ambulance services.

A. Any proceeds collected pursuant to the provisions of Section 9C of Article X of the Oklahoma Constitution shall only be expended for the purpose of providing funds for the support, organization, operation and maintenance of district ambulance services, known as emergency medical service districts.

B. Emergency medical service districts formed pursuant to said Section 9C of Article X of the Oklahoma Constitution may own and operate the ambulance service or may provide ambulance service through contracts with one or more ambulance service providers.

C. Emergency medical service districts that provide ambulance services through contracts with one or more ambulance service providers shall utilize not less than ninety percent (90%) of all revenues collected by the district for payment of such contracts to said providers. Added by Laws 2005, c. 186, § 1, eff. Nov. 1, 2005.

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

RULEMAKING ACTION:

PERMANENT final adoption

RULES:

Subchapter 1. General EMS programs [AMENDED]
Subchapter 3. Ground ambulance service [AMENDED]
Subchapter 5. Personnel licenses and certification [AMENDED]
Subchapter 7. Training Programs [AMENDED]
Subchapter 11. Specialty care ambulance service [NEW]
Subchapter 13. Air ambulance service [NEW]
Subchapter 15. Emergency medical response agency [NEW]
Subchapter 17. Stretcher aid van services [NEW]

AUTHORITY:

Oklahoma State Board of Health, Title 63 O.S. Section 1-104; House Bill 1083 (2013), and Title 63 O.S. Section 1-2501et seq.

SUBMISSION OF PROPOSED RULES TO GOVERNOR AND CABINET SECRETARY:

September 9, 2015

COMMENT PERIOD:

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APPROVED BY GOVERNOR'S DECLARATION:

Approved by Governor's declaration on June 9, 2016

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June 9, 2016

EFFECTIVE:

September 11, 2016

SUPERSEDED EMERGENCY ACTIONS:

"n/a"

INCORPORATIONS BY REFERENCE:

Incorporated standards:

National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards of 2009

Incorporating rules:

310:641-7-16. Curriculum

Availability:

8:00 a.m. to 5:00 p.m., Monday through Friday at Emergency Medical Services Division, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-4027, e-mail ESystems@health.ok.gov.

ANALYSIS:

The adopted changes re-organize the Chapter, amend existing rules and add some new rules. The re-organization separates the different license and certification types. The revised rule allows applicants, certificate holders, and licensees to find applicable requirements within a defined subchapter of rule. This relocated test is designated with the tagline (Amended or Renumbered To). The re-organization separates the different license and certification types. Currently, an applicant, certificate holder, or licensee must

review the entire rule document to determine the compliance requirements. The reorganization allows stakeholders to be able to find all rules that affect their type of license within one subchapter.

The changes update and amend rules pursuant to House Bill 1083 (2013) and House Bill 1467 (2013). House Bill 1083 amended the Oklahoma Emergency Response Systems Development Act (OERSDA), Title 63 of the Oklahoma Statutes, Section 1-2501 and the sections that follow. House Bill 1083 (2013) updated language to make personnel, emergency medical personnel and emergency medical responders licensed personnel; redefined certified emergency medical responder and certified emergency medical response agency; defined critical care paramedic as a license paramedic who successfully completed critical care training and testing requirements in accordance with the OERSDA; defined use of letters of review as an official designation for paramedic programs becoming accredited; redefined the license levels as an emergency medical technician, an intermediate or advanced emergency medical technician or paramedic licensed by the Department to perform emergency services; allows any hospital or health care facility in Oklahoma to use emergency medical technicians (EMTs), intermediate or advanced EMTs, paramedics or critical care paramedics for the delivery of emergency medical patient care within the hospital or facility and for on-scene patient care; allows advanced EMT students to perform in the hospital, clinic or prehospital setting while under direct supervision. The bills redefine EMT to omit technician or EMT basic; allow an EMT training program to be administered by the Department or its designees; define an advanced EMT to mean a person who has completed advanced EMT training and passed the licensing exam. The bills provided that for any licensed emergency medical personnel or certified emergency medical responder who dies while performing official duties in the line of duty, a beneficiary of the deceased will receive \$5,000. The bills authorized the Department of Health to charge a fee for various stages of application of licensed emergency medical personnel. The bills charged the Department with creation of a registry of critical care paramedics. The bills amended requirements for specialty care ambulance services to be solely used for inter-hospital transport of patients who require specialized enroute medical monitoring and advanced life support which exceeds the capabilities of the equipment and personnel of paramedical life support.

House Bill 1467 (2013) created the Trauma and Emergency Response Advisory Council which replaced two formerly designated advisory bodies. Changes were made to the rule to address this change. These legislative actions required several additions and/or amendments to this Chapter.

Since the original chapter was created in 1991, there have been six (6) regulatory revisions to this chapter. Those revisions have created contradictory or conflicting rules. The revised language eliminates contradictions and the new organization format will minimize the possibility of conflicting language in future revisions. Additionally, a review of the Federal Aviation Administration regulations pertaining to Air Ambulances resulted in the removal of several Air Ambulance rules because of Federal jurisdiction.

Establish new standards for existing agencies and create a new certification type. The new certification type is for Standby Emergency Medical Response Agencies. This certification proposes to establish a minimum standard for individuals and agencies that provide emergency medical care at public events. Another new standard requires all Emergency Medical Response Agencies to submit data to the Department through the Oklahoma Emergency Medical Services Information System. The remaining new standards relate to adding details to existing rules or regulatory concepts.

CONTACT PERSON:

Emergency Medical Services division, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-4027, e-mail ESystems@health.ok.gov.

DUE TO EXCESSIVE LENGTH OF THESE RULES (AS DEFINED IN OAC 655:10-7-12), THE FULL TEXT OF THESE RULES WILL NOT BE PUBLISHED. THE RULES ARE AVAILABLE FOR PUBLIC INSPECTION AT OKLAHOMA STATE DEPARTMENT OF HEALTH, 1000 N.E. 10th STREET, OKLAHOMA CITY, OK 73117-1207 AND AT THE SECRETARY OF STATE'S OFFICE OF ADMINISTRATIVE RULES. THE FOLLOWING SUMMARY HAS BEEN PREPARED PURSUANT TO 75 O.S., SECTION 255(B):

SUMMARY:

Subchapter 1, General EMS Programs, sets forth the organization, subchapters, statutes, and smoking prohibitions. This change amends the subchapter to include definitions for the Chapter. The change clarifies the reorganization of subchapters by license type and includes the new definitions required by statutory changes in 2013. The effect of the rule change will be a more complete set of definitions and a better organized Chapter of rules.

Subchapter 3, Ground Ambulance Service, sets forth the approval and renewal of emergency medical service agency licensure, certification, standards, and authorization, and focuses on the ground ambulance license type. This change clarifies the requirements for the ground ambulance service license, removes conflicting language, and incorporates changes such as emergency vehicle specifications, equipment requirements, and systems of care.

Subchapter 5, Personnel Licenses and Certification, provides for individual licensure and certification levels, requirements for training, application requirements, and initial and renewal requirements for each license and certification level. This change amends the current subchapter to align with required statutory changes from House Bill 1083 (2013) and House Bill 1467 (2013). Sections amend the scope of practice to meet industry standards and statutory changes. Additionally, it adds specific circumstances when the Department has authority to take licensure action against an individual for inappropriate actions or activities. The changes are necessary to meet statutory requirements and to improve processes for testing, certification, and licensure.

Subchapter 7, Training Programs, provides for the approval and renewal of training programs. It also contains instructor qualifications and standards. This change amends the current subchapter by including statutory requirements, removing conflicting language, and aligning the requirements to industry standards. The proposal clarifies differences between training program instructors and agency instructors. The effect of the changes will be to improve the Department's and the approved training programs' abilities to train, certify, and license qualified candidates.

Subchapter 11, Specialty Care Ambulance Service, is a new subchapter created to address requirements for the specialty care ambulance license type. The prior specialty care language existed in subchapter 3 in eight sections, with cross references to several others. The change locates all aspects of this license type in one subchapter. The changes were necessary to meet the statutory changes of 2013 and to eliminate regulatory conflicts and language that does not apply to the license type. The effect of the rule change will be to fully implement statutory changes from House Bill 1083 (2013) and House Bill 1467 (2013) and locate all the requirements for this license type in one subchapter.

Subchapter 13, Air Ambulance Service, is a new subchapter created to locate all of the requirements for this license type in one subchapter and to address regulatory changes. The prior air ambulance language existed in subchapter 3 in nine sections and was cross-referenced to several others. The proposal clarifies and removes conflicts between Federal Aviation Administration jurisdiction and the Department's jurisdiction.

Subchapter 15, Emergency Medical Response Agencies, is a new subchapter created to bring all requirements for this certification into one subchapter. The language for this agency type was in subchapter 3 with cross references in several other sections. The revised language removes conflicting language and creates a new type of emergency medical response agency certification. This covers the certification of an agency that provides care at mass gatherings such as athletic events, car races, or rodeos. Exceptions address industrial settings and providers that do not provide emergency medical care to the public. The rule will improve the standards for agencies that provide emergency medical care but do not transport patients to healthcare facilities.

Subchapter 17, Stretcher Aid Van Services, is a new subchapter created to include all requirements for this license type in one subchapter. The rule for this category was in subchapter 3 in six sections and cross-referenced in several other sections. The revised language removes regulatory conflicts and ensures that stretcher aid van services provide care within a scope of practice authorized in law. The proposed language clarifies the activities the license allows and removes several requirements that created burdens and conflicts within the license type. The effects of the rule change will be a more appropriate use of this license type while removing unnecessary rules.

The full text of the rule may be obtained by contacting the Emergency Medical Services division, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-4027, e-mail ESystems@health.ok.gov.

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTIONS 250.3(5) AND 308(E), WITH AN EFFECTIVE DATE OF SEPTEMBER 11, 2016:

SUBCHAPTER 1. GENERAL EMS PROGRAMS

PART 1. GENERAL PROVISIONS

310:641-1-1. Purpose

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

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

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

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

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

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

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

(d) Except as provided in subsection B of this section, every person who falsely personates any public officer, civil or military, any firefighter, any law enforcement officer, any emergency medical technician or other emergency medical care provider, or any private individual having special authority by law to perform any act affecting the rights or interests of another, or who assumes, without authority, any uniform or badge by which such officers or persons are usually distinguished, and in such assumed character does any act whereby another person is injured, defrauded, harassed, vexed or annoyed, upon

conviction, is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six (6) months, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment [Section 1533 of Title 21, Oklahoma Statutes].

310:641-1-7. Definitions

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

"ACLS" means Advanced Cardiac Life Support.

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

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

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

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

"AHA" means the American Heart Association.

"Ambulance" means any ground, air or water vehicle which is or should be approved by the Commissioner of Health, designed and equipped to transport a patient or patients and to provide appropriate on-scene and en route patient stabilization and care as required. Vehicles used as ambulances shall meet such standards as may be required by the State Board of health for approval, and shall display evidence of such approval at all times. [Title 63 O.S. Section 1-2501(1)].

"AMLS" means Advanced Medical Life Support.

"ATLS" means Advanced Trauma Life Support.

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

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

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

"BTLS" means Basic Trauma Life Support.

"Board" means the State Board of Health.

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

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

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

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

"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.

"NHTSA" means National Highway Traffic Safety Administration.

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

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

"PALS" means Pediatric Advanced Life Support.

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

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

"PEPP" means Pediatric Education for the Prehospital Professional.

"PHTLS" means Prehospital Trauma Life Support.

"PIC" means Pilot in Command.

"PPC" means Prehospital Pediatric Care.

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

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

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

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

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

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

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

"Specialty Care Transports" or (SCT) means interfacility transfers of critically ill or injured patients by an agency with the provision of medically necessary supplies and equipment, above the level

of care of the Paramedic. SCT is necessary when a patient's condition requires ongoing care that must be provided by one or more healthcare providers in an appropriate specialty area. Examples include emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a Paramedic with additional training in IV infusions including vasopressors, vasoactive compounds, antiarrhythmics, fibrinolytics, tocolytics, and/or any other parenteral pharmaceutical unique to the patient's special health care needs or special monitors or procedures such as mechanical ventilation, multiple monitors, cardiac balloon pump, external cardiac support (ventricular assist devices, etc.), or any other specialized device or procedure outside the Paramedic scope of practice certified by the referring physician as unique to the patient's health care needs.

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

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

"Stretcher aid van" means any ground vehicle *which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus* [Title 63 O.S. Section 1-2503 (18) and (25)].

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

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

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

"Title 47" means the Oklahoma Motor Vehicle statutes.

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

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

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

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

PART 3. SPECIAL PROVISIONS

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

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

SUBCHAPTER 3. GROUND AMBULANCE SERVICES SERVICE

PART 1. GENERAL PROVISIONS

310:641-3-1. Purpose

The rules of this Subchapter are promulgated to:

(1) incorporate the authorization, licensure, and the minimum requirements for operating a ground ambulance service that responds to both pre-hospital and interfacility requests for service with

certified and licensed personnel at the Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician, and Paramedic levels, and
(2) Provide standards for the enforcement of the "Oklahoma Emergency Response Systems Development Act" and this Chapter;

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

PART 3. GROUND AMBULANCE SERVICES

310:641-3-10. License required

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

(b) Governmental entities that respond to requests for service off governmental property are required to become licensed by the Department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (4) Proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
- (5) each licensee shall have medical control as prescribed by the Act and these rules;
- (6) a copy of any contract(s) for vehicles, medical equipment, and/or personnel, if such exist;
- (7) a copy of patient care protocols and quality assurance plan or policy as required by the medical director and as prescribed by the Act and this chapter;
 - (A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.
 - (B) The quality assurance documentation shall be maintained by the agency for three (3) years.
 - (C) The quality assurance policy shall include, but not be limited to:
 - (i) policy to review refusals,
 - (ii) policy to review air ambulance utilization,
 - (iii) policy to review airway management,
 - (iv) policy to review cardiac arrest interventions,
 - (v) policy to review time sensitive medical and trauma cases,
 - (vi) policy to review other selected patient care reports not specifically included, and
 - (vii) policy to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation;
- (8) Documents that support agency licensure from the governmental authority(ies) having jurisdiction over the proposed emergency response area. If the emergency response area encompasses multiple jurisdictions, a written endorsement shall be presented from each; and will be consistent with the County EMS plan as required in 19 O.S. Section 1-1203. Each endorsement shall contain the following:
 - (A) a map and written description of the endorsed or approved response area,
 - (B) name(s) and title(s) of the person(s) providing approval,
 - (C) any expiration date,
 - (D) name of the service receiving the endorsement.
- (9) a description of the proposed level of service in the ~~primary response~~ proposed licensed service area, including:
 - (A) a map defining the licensed service area including location(s) of base station, substations, and posts, ~~and~~;
 - (B) a description of the level of care to be provided, describing variations in care within the proposed service area, and;
 - (C) en route response time standards consistent with the requirements in this Chapter.
- (10) written policy addressing:
 - (A) receiving and dispatching emergency and non-emergency calls;
 - (B) ensuring compliance with State and local EMS communication plans.
- (11) a response plan that includes:
 - (A) providing and receiving mutual aid with all surrounding, contiguous, or overlapping, licensed service areas,
 - (B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures such as an incident command structure using national incident management support models.
- (12) confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.
- (13) An application for an initial, or new license, shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle, in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station.

(14) If an area of Oklahoma is being served by a licensed ambulance service, or services, and the area has adopted "sole source" resolutions or ordinances or an Emergency Services District as established pursuant to Article 10, Section 9 (c) of the Oklahoma Constitution, the Department shall require the approval of the community(ies) and/or the emergency medical services authority of that service area, before an additional ambulance service shall be licensed for that same service area.

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

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

(b) A license may be issued for Basic Life Support, Intermediate Life Support, Advanced Life Support, or Paramedic Life Support.

(1) Basic life support means that the ambulance service vehicles are equipped with the minimum basic equipment, and staffed with at least one EMT-Basic on each request for emergency medical services.

(2) Intermediate life support means that the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one Intermediate on each request for emergency medical services, except as permitted in this subchapter.

(3) Advanced life support means that the ambulance service vehicles are equipped with the minimum advanced EMT equipment and staffed with at least one Advanced EMT on each request for service, except as permitted in this subchapter.

(4) Paramedic life support means that the ambulance service vehicles are equipped with the minimum paramedic equipment, and staffed with at least one EMT-P on each request for emergency medical services, except as permitted in this subchapter.

(c) The license shall be issued only for the name, service area (area of coverage), level, and type of service given in the application.

(d) The license is not transferable or assignable.

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

(f) A temporary license, not to exceed one hundred twenty (120) days and for one (1) time only, may be issued at the sole discretion of the Department to an applicant that substantially meets all requirements of the application. Factors that may also be considered include:

(1) an area of Oklahoma that may otherwise be without ambulance service;

(2) the safety, need, and well-being of the public and general populace to be served by the ambulance service;

(3) availability of personnel in the area and equipment of the ambulance service;

(4) financial ability of the applicant to meet the minimum standards of emergency medical services law;

(5) the number of estimated runs to be made by the ambulance service;

(6) the desire of the community(ies) to be served.

(g) The original, or a copy of the original, license shall be posted in a conspicuous place in the principal business office. If an office, or other public place is not available, then the license shall be available to anyone requesting to see the license, during regular business hours. A copy of the license shall be provided to the governmental agency(ies) providing a letter of support.

(h) A licensed ambulance service may request a voluntary downgrade of its ambulance service license to certification as Emergency Medical Response Agency. The Department shall verify that the agency can maintain the requirements for Emergency Medical Response Agency Certification. No fee shall be required for such a downgrade.

(i) The Department shall have the authority to upgrade or downgrade an Intermediate, Advanced or Paramedic life support ambulance provider's license upon evidence that the license no longer meets existing license requirements for that level of care.

(1) Under no circumstance shall a downgrade be for less than basic life support.

- (2) The service must continue to use approved protocols at the lower license level.
- (3) The service must continue to provide care under appropriate medical direction.
- (4) A fee of fifty (\$50.00) dollars shall be required for reinstatement.

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

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

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

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

- (a) An application may be denied for any of the following reasons:
 - (1) A felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation, or the person designated to supervise the service; to include, but not be limited to, fraud, grand larceny, child abuse, sexual offense(s), drug offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service;
 - (2) insufficient number of personnel to properly staff one vehicle on a twenty four (24) hour basis at the highest level of the service license;
- (b) An applicant shall be notified in writing within sixty (60) days, from the date the Department receives a complete application, of the granting or denial of a license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a license or renewal shall be given, if applicable. A license application may be re-submitted, but each re-submission shall be considered an initial application.

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

- (a) A license application for renewal may be denied for any of the following:
 - (1) the failure to meet standards set forth by statute or rule,
 - (2) a felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of

the firm, partnership, corporation, or the person designated to manage the service to include, but not limited to fraud, grand larceny, child abuse, sexual offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service,
(3) insufficient number of personnel to properly staff one vehicle on a twenty-four (24) hour basis at the licensure level,

(4) outstanding notice of violation that has not been addressed with an acceptable plan of correction,

(5) insufficient financial resources,

(6) falsification of Department required information,

(7) ownership, management, or administration by principals of an entity whose ambulance service license has been revoked,

(8) re-licensure may not be in the best interest of the public as determined by the Department,

(9) revocation or denial of a governmental letter of support as required in 310:641-3-10.

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

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

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

(b) Any change in the name of the service, level, service area, addition of substation, or type of service shall necessitate an application to amend the license and shall be accompanied by a fee of one hundred dollars (\$100.00).

(c) Addition of a substation that expands the service area shall comply with 310:641-3-11.

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

(e) If an existing license is placed on probation or suspension, a fee of one hundred (\$100.00) dollars, in addition to any other provision of the action, shall be submitted prior to re-instatement of the license to full privilege

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

(a) Each licensed ground ambulance service shall be staffed and available to respond to any request for service within the primary service area twenty-four (24) hours per day.

(b) Each ground ambulance service shall have on staff an adequate number of emergency medical personnel and a sufficient number of ambulances available in order to be en route to 90% of all emergency calls within five (5) minutes of the time the call is received in dispatch at the highest level of care for which the service is licensed.

(1) The request for emergency medical services shall be considered "received in dispatch" as soon as the licensed agency receives sufficient information ~~has been received~~ to allow an appropriate response, i.e., location of the emergency and nature of the call.

(2) Staff licensed below the level of the ambulance service may be utilized provided one or more of the following conditions have been met:

(A) The request for service has been screened by a Department approved emergency medical dispatch system, or

(B) The patient is to be transported from a higher to a lower level of care, or

(C) The transport is approved in writing by the transferring physician at a specified lower level of care and scheduled in advance.

(D) An agency that screens emergency calls through an emergency medical prioritization program shall establish en route times for the priority levels established by the agency. The en route times established by the agency shall be included in the agency's policy and/or procedure

manual.

(c) Under no circumstance during the transport of an ambulance patient shall the attendant be less than a licensed emergency medical technician.

(d) In addition to the requirement of licensed emergency medical technicians, each ground ambulance service shall have drivers who, at a minimum, are certified as an Emergency Medical Responder. All drivers of a ground ambulance service shall successfully complete an emergency vehicle operator course approved by the Department within 120 days of employment. Emergency vehicle operators shall successfully complete a refresher course approved by the Department every two (2) years.

(e) In a unique and unexpected circumstance, including a disaster, the minimum driver requirement may be altered to facilitate a transport of an ambulance patient. The attendant, who is in charge of the vehicle while a patient is on board, may request a law enforcement officer or a firefighter, familiar with the operation of an authorized emergency vehicle, to drive the vehicle. If this option is utilized, a written report of the circumstances, reason, and any other pertinent information regarding the call shall be forwarded to the Division within ten (10) working days. Abuse and/or re-occurring incidents of this nature shall require a reassessment of the service's staff and staffing patterns. The service may be required to obtain additional personnel or other action by the Department may result.

(f) Only emergency personnel authorized by this Act, except for a physician, shall be utilized by an ambulance service for pre-hospital, or on-scene, patient care and transport. In some cases, involving inter-hospital transfer of an ambulance patient(s), a physician, physician assistant (PA), nurse practitioner, respiratory care practitioner, registered nurse, or licensed practical nurse may be required to assist the emergency medical technician because the medical care required exceeds the level of the ambulance service personnel. If this option is utilized, written orders by a physician, and/or documentation of orders given via radio or telephone contact with a physician, shall become a part of the ambulance patient run report.

(g) Each agency will maintain training records demonstrating competency in medical skills and interventions, patient handling, and emergency vehicle operations for all personnel utilized by the agency.

(h) An agency that is unable to fulfill the twenty-four (24) hours staffing requirement may contract with another ground ambulance service to provide personnel to meet the staffing requirement. Contracts will contain but not be limited to the following information:

- (1) how and from what location personnel will respond;
- (2) procedure for notifying the contractor that personnel are needed;
- (3) communication policy to ensure coverage is in place for the licensed service area;
- (4) contingency plan for system overload;
- (5) copies of contracts will be provided to the Department as part of application requirements in 310:641-3-10;
- (6) scope of practice and protocol requirements for the contractual response; and
- (7) emergency plan in the event a contracted service is unable to respond within the contracted requirements, and how the request for service will be answered.

PART 5. GROUND TRANSPORT VEHICLES

310:641-3-20. Ground ambulance vehicles

(a) A used vehicle which has new ownership, or a new vehicle which is of first registration, either leased, contracted for, or purchased on or after July 18, 1991, shall conform to the General Services Administration (GSA) specifications KKK-A-1822 manufacture.

(b) Copies of the GSA KKK-A-1822, and their respective dates of effect, may be obtained from the Department. These several specifications are as follows:

- (1) KKK-A-1822, effective January 2, 1974;
- (2) KKK-A-1822A, effective April 1, 1980;
- (3) KKK-A-1822B, effective June 1, 1985;
- (4) KKK-A-1822C, effective January 1, 1990;

- (5) KKK-A-1822D, effective November 1, 1994;
- (6) KKK-A-1822E, effective June 1, 2002;
- (7) KKK-A-1822F, effective August 1, 2007.
- (c) Additionally, each ground ambulance service vehicle will meet the following requirements:
 - (1) the business name, and/or a logo of the licensed ambulance service shall be placed on each side and the rear of the vehicle, and shall be at least three (3") inch high letters,
 - (2) the purchaser of any vehicle that is not compliant with this section shall be responsible for corrective action, and
 - (3) A decal, notice, or other documentation showing the ambulance meets the manufacturing standard at the time of manufacture will be affixed to the vehicle.
- (d) If while waiting delivery of a new, remounted, or refurbished vehicle, a manufacturer or dealer provides a service with a vehicle on a temporary loan or lease, such temporarily loaned or leased vehicle shall comply with specification KKK-A-1822 in effect at the time of manufacture and shall be inspected and permitted by the Department prior to utilization as an ambulance.
- (e) A vehicle may not be permitted by the Department as an ambulance prior to the submission and approval of all required documentation, fees, and a Department inspection.

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

- (a) Authorized emergency vehicles of licensed ambulance services shall comply, at all times, with the applicable requirements of Title 47, the Oklahoma Motor Vehicle Code to include audio and visual warning indicators.
- (b) Authorized emergency vehicles of licensed ambulance services shall be in good mechanical and serviceable condition at all times, so as not to be hazardous to the patient(s) or crewmembers. If, in the determination of the Department, a vehicle does not meet this requirement, it may be removed from service until repairs are made.
- (c) Authorized emergency vehicles of licensed ambulance services shall be tested for interior carbon monoxide, in a manner acceptable to the Department. Carbon monoxide levels of more than ten parts per million (10ppm) shall be considered in excess, and shall render the vehicle "out of compliance.". Vehicles shall be removed from service if carbon monoxide levels exceed fifty parts per million (50ppm), ~~and~~ until repairs are made to reduce the amounts of carbon monoxide below ten parts per million (10ppm).
- (d) Authorized emergency vehicles of licensed ambulance services utilized for the provision of patient care shall be equipped with communication equipment (such as two-way radio using VHF frequency 155.3400) which shall provide voice contact with the emergency departments of licensed hospitals. Acceptable frequencies shall be approved and consistent with the, Statewide Interoperability Governing Board communication plan, as adopted under the rules of the Federal Communications Commission (FCC). No paging shall be allowed on these designated medical frequencies. Encoder numbers for Oklahoma hospitals, and approval of frequencies may be obtained by contacting the Division.
- (e) Authorized emergency vehicles of licensed ambulance services shall have a permit and/or inspection decal affixed by the Department. These decals shall be placed in the lower left corner of a rear window, unless it shall be impossible or impractical to utilize this area.
- (f) The following permit classifications of vehicle permits shall be recognized as authorized emergency vehicles of ambulance services:
 - (1) "Temporary Permit" may be affixed by the agency and will be valid for ten (10) business days. The temporary permit will be sent to the agency by the Department in the event the vehicle cannot be inspected by Department personnel within three (3) days of the Department receiving notification that a vehicle is ready for inspection.
 - (A) To receive a temporary permit, the agency will send to the Department:
 - (i) a Department inspection form completed by an agency representative,
 - (ii) pictures of the interior and exterior of the vehicle,
 - (iii) copies or pictures of the vehicle tag,
 - (iv) copies or pictures of the insurance verification

- (B) Upon approval of the documentation, a temporary permit will be sent to the agency.
- (C) Prior to the expiration of the temporary permit, the agency will make arrangements with the Department to ensure a complete inspection is conducted by the Department for the purpose of affixing a class "A" permit to the vehicle.
- (2) Class "A" permit shall be affixed to an ambulance in compliance with all applicable standards. Emergency and non-emergency ambulance patients may be transported in class "A" ambulances.
- (3) Class "B" permit shall be affixed to an ambulance in compliance with manufacturing, communication, safety, and Title 47 of Oklahoma Statutes requirements. Class "B" vehicles shall have the required medical equipment on board when placed in-service to respond to emergency calls or transport any ambulance patients.
- (4) Class "E" permit shall be affixed to other vehicles owned or operated by a licensed ambulance service and utilized in provision of emergency medical services. Ambulance patients shall not be transported on the public streets or highways in a class "E" vehicle. A list of patient care equipment that is carried on class "E" units will be part of the agency's standard operating procedure or guideline manuals.
- (5) The licensee shall notify the Department in writing on forms provided by the Department prior to placing a substitute (not a new vehicle purchase or part of a lease or loan from a dealer) vehicle into operation. A substitute vehicle may operate up to 5 days in temporary service provided it is available for inspection.
- (g) When a vehicle is sold or removed from service, the agency will notify the Department on a Department form detailing the agency and unit identifiers, remove the permit, and return the form and permit to the Department within thirty (30) days.
- (h) A vehicle with any of the following deficiencies or malfunctions may not be used for any patient transports:
- (1) inadequate sanitation, including the presence of contamination by blood and or bodily fluids;
 - (2) inoperable heater or air conditioner as detailed within the vehicle manufacturing standards and specifications;
 - (3) inoperable AED or defibrillator;
 - (4) tires that do not meet Title 47 O.S. Section 12-405;
 - (5) inoperable emergency lighting and or siren;
 - (6) inoperable oxygen system or less than 200 psi in onboard oxygen system;
 - (7) both portable and vehicle suction apparatus are inoperable;
 - (8) carbon monoxide levels greater than fifty (50) parts per million;
 - (9) lapse of vehicle liability insurance;
 - (10) lapse of worker compensation insurance;
 - (11) inability to affix a class "A" or "B" permit on an existing permitted vehicle;
 - (12) vehicle that does not comply with statutory safety equipment found in Title 47.
- (i) If such violation is not or cannot be corrected immediately, any affected vehicle shall be removed from service and the ambulance permit shall be removed until such time as the vehicle is compliant and has been re-inspected and permitted by the Department.
- (j) Any patient care equipment and supplies that is/are carried on an ambulance that is/are not on the approved equipment list will need Department approval through the protocol approval process.
- (k) All lighting, both interior and exterior, shall be fully operational, including lens caps.
- (l) All designated seating positions in the patient compartment shall be equipped with functioning safety restraint systems appropriate for each type of seating configuration.
- (m) All oxygen tanks, (portable and onboard) shall be secured within brackets compliant with the ambulance's manufacture standard.
- (n) Each vehicle shall not have any structural or functional defects that may adversely affect the patient, personnel, or the safe operation of the vehicle to include windshield wipers, steering systems, brakes, seatbelts, and interior or exterior compartment doors and latches.
- (o) Each permitted vehicle shall have an accessible copy (electronic or paper) of the agency's approved

protocols.

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

- (a) The tampering, modification, or removal of the manufacturer's expiration date is prohibited.
- (b) Licensed ambulance services shall ensure that all recalled, outdated, misbranded, adulterated, deteriorated fluids, supplies, and medications are removed from ambulances immediately.
- (c) The medical control physician will authorize all equipment and medications placed on the units for patient care.
 - (1) The authorized equipment will be detailed on a unit checklist described in the ambulance file section of this subchapter.
 - (2) The medications authorized by the medical director will be detailed on the unit checklist described in the ambulance files section of this subchapter, to include the number, weight, and volume of the medication containers.
 - (3) An electronic or paper copy of patient care protocols will be on each in-service ambulance.
- (d) Each ground ambulance service vehicle shall carry:
 - (1) airway and breathing equipment and supplies, to include:
 - (A) a pulse oximetry device with pediatric and adult capability.
 - (B) a functioning portable suction apparatus with wide-bore tubing (1/4"), and rigid and soft suction catheters for adults, children, and infants, as detailed by agency protocols in addition to the vehicle mounted suction unit.
 - (C) One (1) bulb syringe, with saline drops, sterile, in addition to any bulb syringes in obstetric kits.
 - (D) a minimum of two (2) each, single use adult, pediatric, and infant bag-valve mask resuscitators with an adult, child, and infant clear masks.
 - (E) oropharyngeal airways set or a minimum of two (2) of each size for adult, child, and infant individually wrapped for sanitation purposes. Nasopharyngeal airways are optional.
 - (F) a portable ventilator as directed by the agency medical director and approved protocols.
 - (G) wall mounted oxygen set with variable flow regulators and adequate tubing.
 - (H) portable oxygen cylinder and regulator with a spare oxygen cylinder appropriately secured.
 - (I) a minimum of two (2) each adult, child, and infant sized oxygen masks.
 - (J) a minimum of two (2) adult nasal cannulas.
 - (K) a nebulizer; adult and pediatric, sizes per local protocols.
 - (2) Bandaging materials to include:
 - (A) two (2) burn sheets; clean, wrapped, and marked in a plastic bag.
 - (B) fifty (50) sterile 4"x4" dressings.
 - (C) six (6) sterile 6"x8" or 8"x10" dressings.
 - (D) ten (10) roller bandages, 2" or larger, such as kerlix, kling, or equivalent.
 - (E) four (4) rolls of tape (minimum of one (1) inch width).
 - (F) four (4) sterile occlusive dressings, 3" x 8" or larger.
 - (G) four (4) triangular bandages.
 - (H) one (1) pair of bandage scissors must be on the ambulance or on the on-duty personnel.
 - (3) Fracture immobilization devices, to include:
 - (A) one (1) adult and one (1) pediatric traction splint or equivalent device capable of adult and pediatric application.
 - (B) two (2) upper and two (2) lower extremity splints in adult and pediatric sizes.
 - (C) short spine board or vest type immobilizer, including straps and accessories as described within agency protocols.
 - (D) two (2) adult and one (1) pediatric size long spine board including straps and head immobilization devices(s), as described within the agency protocols.
 - (E) two (2) rigid or adjustable extrication collars in large, medium, small adult sizes, and pediatric sizes for children ages 2 years or older, and one (1) infant collar, as described within the agency

- protocols. Collars shall not be foam or fiber filled.
- (4) Miscellaneous medical equipment, to include:
 - (A) one (1) infant, one (1) child, two (2) adult, and one (1) extra-large blood pressure cuffs.
 - (B) stethoscope, one (1) adult and one (1) pediatric size.
 - (C) obstetrical kit, with towels, 4"x4" dressing, umbilical tape, bulb syringe, cord cutting device, clamps, sterile gloves, aluminum foil, and blanket.
 - (D) universal communicable disease precaution equipment including gloves, mask, goggles, gown, and other universal precautions.
 - (E) blood-glucose measurement equipment per medical direction.
 - (F) CPAP per medical direction.
 - (G) Semi-automatic advisory defibrillator (SAAD) with adult and pediatric capability.
 - (5) Other mandatory equipment, to include:
 - (A) Two (2) appropriately labeled or designated waste receptacles for:
 - (i) waste that is contaminated by bodily fluids or potentially hazardous or infectious waste, and,
 - (ii) waste that does not present a biological hazard, such as plastic and paper products that are not contaminated.
 - (B) one (1) flexible, portable, soft stretcher for confined space and extrication as approved by medical direction.
 - (C) two way radio communication equipment as detailed in this Chapter and through the Statewide Interoperability Governing Body utilizing VHF frequency 155.3400.
 - (D) one (1) sturdy, lightweight, all-level cot for the primary patient and mounting cot fastener and/or anchorage assembly that is compliant with the vehicle manufacturing standards in place at the time of purchase.
 - (E) at least three (3) strap type restraining devices (chest, hip, and knee), and compliant shoulder harness shall be provided per stretcher, cot, and litter (not less than two (2") inches wide, nylon, easily removable for cleaning, two (2) piece assembly with quick release buckles).
 - (F) electronic or paper patient care reports.
 - (G) two (2) fire extinguishers one (1) in the cab of the unit, and one (1) in the patient compartment of the vehicle. Each mounted in a manner that allows for quick release and is compliant with the ambulance manufactures standards. Each extinguisher is to be dry powder, ABC, and a minimum of five (5#) pounds.
 - (H) two (2) operable flashlights.
 - (I) all ambulance equipment and supplies shall be maintained in accordance with the sanitation requirements in this subchapter. Additionally, sterility shall be maintained on all sterile packaged items.
 - (J) digital or strip type thermometer and single use probes.
 - (K) six (6) instant cold packs.
 - (L) one (1) length/weight based drug dose chart or tape.
 - (M) a minimum of two (2) DOT approved reflective vests.
 - (N) one (1) pair of binoculars.
 - (O) a current copy of the emergency response guide, electronic or paper format.
 - (P) As approved by local medical direction, a child restraint system or equipment for transporting pediatric patients.
 - (e) Intermediate equipment, in addition to the basic equipment, intermediate licensed service ambulance vehicles shall carry:
 - (1) intravenous administration equipment in a sufficient quantity to treat multiple patients requiring this level of care, including intravenous catheters 14 to 24 gauge, six (6) each.
 - (2) interosseous needles, two (2) each for adult and pediatric patients, and associated administration equipment if approved by local medical control.
 - (3) appropriate quantities of sterile fluid as approved by local medical control.

- (4) adequate advanced airway equipment per medical control;
 - (A) endotracheal tubes, two (2) sets of cuffed 2.5 to 8.0, as permitted and approved by local medical control. Uncuffed endotracheal tubes are optional, based on medical director approval.
 - (B) supraglottic airway devices to be used as a primary or secondary airway intervention, as approved by medical control.
 - (C) Laryngoscope handle with extra batteries and bulbs with blade sizes and styles as approved by local medical control.
- (5) blood sampling equipment if approved by medical control.
- (6) one (1) Occupational Safety and Health Administration (OSHA) approved sharps container.
- (7) magill forceps one (1) pediatric and one (1) adult size, individually wrapped.
- (8) continuous waveform capnography required for use in endotracheal intubation and specific supraglottic airway devices.
- (f) Advanced Emergency Medical Technician equipment, in addition to the required equipment for the EMT and the Intermediate, will carry:
 - (1) medication that is permitted within the AEMT scope of practice and as approved by the medical control physician;
 - (2) equipment and supplies that are permitted within the AEMT scope of practice and approved by the medical control physician.
- (g) Paramedic equipment, in addition to the required EMT, Intermediate, and AEMT equipment, the Paramedic level ambulance will carry:
 - (1) cardiac monitor/defibrillator with printout, and appropriate pads, paddles, leads and/or electrodes (adult and pediatric). Telemetry capability is optional.
 - (2) medication with quantities to be carried on each ambulance as detailed in the formulary of agency approved protocols.
 - (3) nasogastric tubes; two (2) each 8 french to 16 french, in accordance with medical control authorization.
- (h) All ambulance vehicles, regardless of licensure level or level of care provided, shall carry:
 - (1) three (3) reflectors (triangular) or battery powered warning lights;
 - (2) two (2) OSHA approved hard hats, with goggles or face shield;
 - (3) two (2) pair of heavy work gloves; and
 - (4) one (1) spring-loaded window punch or other tool that may be used to access a patient through a window.
- (i) All ambulance services shall have sufficient and appropriate rescue equipment to gain access to patients either on board the ambulance or provided through an extrication agreement with a rescue department or team.
- (j) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufactures requirements. These types of equipment include, but are not limited to, suction devices, pulse oximetry, glucometers, capnography monitors, end-tidal co2 monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-3-24 Medical control requirement

- (a) Each Oklahoma licensed ambulance service that initiates and responds to calls within the state shall have a physician medical director who is fully licensed, non-restricted Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) by the State of Oklahoma.
- (b) Each licensed ambulance service will have a plan or policy that will address a sudden lapse of medical direction, such as a back-up or reserve medical director, which is used to ensure coverage when a medical director is not available.
 - (1) The Department shall be notified the next business day of any lapse or change of medical direction by the respective agency. If the agency has made arrangements for a back-up medical

director or an immediate replacement, then a lapse has not occurred.

(2) In the event of a lapse in medical direction; in that, there is not a medical director providing the authority for medical interventions for an agency's certified and licensed personnel, the agency will, pursuant to 63 O.S. Section 1-2506 relating to the medical authority to perform medical procedures:

(A) cease all operations involving patient care,

(B) implement mutual aid plans to ensure requests for service receive responses until the agency is able to implement their plan or policy for substitution or back-up medical direction.

(c) An agency that only provides care within the Basic Life Support scope of practice, the medical director shall:

(1) hold a valid, non-restricted medical license,

(2) not be restricted from obtaining or maintaining OBNDD and DEA registrations for controlled dangerous substances,

(3) demonstrate appropriate training and experience in adult and pediatric emergency care.

Demonstrated training and experience may include appropriate board training, basic life support, or pre-hospital trauma life support courses.

(d) An agency that provides Intermediate, Advanced, or Paramedic level interventions by individual protocols or licensure level, the medical director shall:

(1) hold a valid, non-restricted medical license,

(2) maintain current OBNDD and DEA registrations for controlled dangerous substances,

(3) demonstrate appropriate training and competence in adult and pediatric emergency medical services, to include pediatric and adult trauma. Demonstrated training and experience may include completed residency training as well as relevant work experience with current clinical competency.

(e) The physician medical director of a ground ambulance based in another state shall not be required to be licensed to practice in the State of Oklahoma, but shall be fully licensed in good standing in the home state of that ground ambulance service. Otherwise, the medical director will meet EMS Medical Director requirements listed in this subchapter.

(f) The physician medical director for an ambulance service operated by the federal government shall be fully licensed in good standing in Oklahoma or another state. If not licensed in Oklahoma, the physician shall be actively employed by the federal agency responsible for the operation of the ambulance service or emergency medical response agency.

(g) The physician director shall:

(1) be accessible, knowledgeable, and actively involved in quality assurance and the educational activities of the agency's personnel and supervise a quality assurance (QA) program. The appointment of a designee to assist in QA and educational activities does not absolve the medical director of their responsibility for providing oversight;

(2) provide a written statement to the Department, which includes:

(A) an agreement to provide medical direction and establish treatment protocols and the agency specific scope of practice for all certified and licensed agency personnel;

(B) the physician's primary practice address or home address if the physician does not have a practice, as well as contact information such as a phone number and email address(es);

(C) the current OBNDD registrant number or state equivalent, as appropriate;

(D) current Oklahoma medical license;

(E) on-line and/or off line specific licensure level medical protocols with medication formulary for patient care techniques. Protocols shall include medication to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled dangerous substances;

(3) Attend or demonstrate participation in:

(A) medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency;

(B) one hour of continuing education each year specific to providing medical oversight to EMS providers and agencies each year, provided by the Department subject to the availability of

funding.

310:641-3-25. Sanitation requirements

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

- (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order, at all times;
- (2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;
- (3) linen shall be changed after each patient is transported and bagged and stored in an outside or separate compartment;
- (4) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris;
- (5) freshly laundered linen or disposable linen shall be used on the cots and pillows and changed between patients;
- (6) pillows and mattresses shall be kept clean and in good repair, and any repairs made to pillows, mattresses, and padded seats shall be permanent;
- (7) soiled linen shall be placed in a container that deters accidental exposure. Any linen which is suspected of being contaminated with bodily fluids or other potentially hazardous infectious waste shall be placed in an appropriately marked closed container for disposal;
- (8) contaminated disposable supplies shall be placed in appropriately marked or designated containers, in a manner that deters accidental exposure;
- (9) exterior and interior surfaces of vehicles shall be cleaned routinely;
- (10) blankets and hand towels used in any vehicle shall be clean;
- (11) implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items.

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

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

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

(e) All oxygen humidifiers shall be single use;

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

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

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

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

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

310:641-3-26. Storage of intravenous solutions

(a) Medication and vascular fluid shall be stored in a manner that complies with manufacturer and FDA standards.

(b) Each agency shall maintain medications in a manner that deters theft and diversion of all medications.

PART 7. AIR AMBULANCES [REVOKED]

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

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

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

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

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

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

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

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

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

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

PART 9. SPECIALTY CARE [REVOKED]

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

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

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

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

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

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

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

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

PART 10. STRETCHER AID VANS [REVOKED]

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

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

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

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

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

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

PART 11. MEDICAL CONTROL [REVOKED]

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

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

(a) An ambulance service, with personnel licensed to utilize such, is hereby authorized to carry a limited supply of controlled substances, secured and stored in a manner that is compliant with State and Federal statutes and regulations. The utilization, procurement, and accountability of such drugs shall be supervised by medical control for the service. An inventory shall be kept and signed according to the requirement of the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD), and the United States Department of Justice Drug Enforcement Administration (DEA). Each responsible medical director shall maintain a copy of their OBNDD certificate to the Department, for this purpose.

(b) Any loss or deficiency which occurs in the utilization, procurement, and accountability of controlled substances, shall be reported to the OBNDD and DEA through their established procedures and requirements, and to the Department, within ten (10) working days.

310:641-3-53. Inspections

(a) The Department shall conduct unannounced inspections of every licensed ambulance service. Inspection may include a review of any requirements of the Act and rules promulgated thereunder. The Department may require copies of such records as deemed necessary consistent with the files section of this subchapter.

(b) All inspection reports will be sent to the agency director, license owner, and medical director.

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

310:641-3-55. Notice of violation

(a) A violation of the Act or this Chapter is ground for the Department to issue a written order, sent via certified mail, citing the violation, affording the agency an opportunity to demonstrate compliance, and indicating the time no less than fifteen (15) days after receipt of the notice in which any needed correction shall be made. The fifteen-day notice period may be reduced as, in the opinion of the Department, may be necessary to render an order of compliance reasonably effectual.

(b) Unless the Department specifies a reduced period, within thirty (30) days after receipt of the notice of violation, the agency shall submit to the Department a written demonstration of compliance and/or plan of correction.

(c) A plan of correction shall include at least the following:

- (1) When the correction was or will be completed;
- (2) How the correction was or will be made;
- (3) What measures will prevent a recurrence; and
- (4) Who will be accountable to ensure future compliance.

(d) The Department shall ensure that the agency is afforded due process in accordance with the Procedures of the State Department of Health, Oklahoma Administrative Code, Title 310, Chapter 2, and the Administrative Procedures Act, Title 75 O.S. Section 250 et seq.

(e) Violations found by the Department which require immediate correction shall be handled in compliance with Title 75 of the Oklahoma Statutes, Section 314.1 and the Oklahoma Administrative

Code, Title 310, Chapter 2, specifically 310:2-21-23.

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

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

310:641-3-59. Operational protocols

- (a) Authorized emergency vehicles of licensed ambulance services shall adhere to the following for physically displaying and/or orally transmitting via voice communications, to the following modes of operation:
 - (1) "Code 1" shall mean a non-emergency mode, or status, for the purpose of operation of an ambulance service vehicle. Neither red lights nor siren shall be utilized, and the vehicle shall not be considered or afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code");
 - (2) "Code 3" shall mean an emergency mode, or status, for the purpose of operation of an ambulance service vehicle. Both red lights and siren shall be utilized, and the vehicle shall be considered and afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code").
- (b) There is a required duty to act within the licensed service area upon acceptance of an ambulance service license. All licensed ambulance services shall respond appropriately; consistent with the level of licensure when called for emergency service, regardless of the patient's ability to pay. Non-emergency interfacility transfers are exempt from the statutory duty to act.
- (c) If the ambulance service can not physically respond within the limits of "The Ambulance Services District" Act, then the ambulance service called has a duty to immediately call for mutual aid from a neighboring licensed ambulance service.
- (d) If an ambulance service receives a call for an emergency which is in the licensed service area of another licensed ambulance service, the ambulance service called has a responsibility to immediately contact the licensed ambulance service with that licensed service area.
 - (1) If the emergency is in an area that is not within a licensed service area, the service that received the call will contact the closest ambulance to the call.
 - (2) Any licensed service that receives a call in an area that is outside of a licensed service area shall report the event to Emergency Systems within the Department.
 - (3) The Department will report the event to the county commissioners of the county where the call occurred.
- (e) Mutual aid plans between licensed ambulance services and surrounding licensed or certified emergency medical services providers shall be developed and placed in the service files for inspection. Plans will be periodically reviewed to ensure accuracy and completeness. Licensed ambulance services shall provide mutual aid, if the capability exists without jeopardizing the primary service area.
- (f) An ambulance service requesting an air ambulance shall;
 - (1) call the closest air ambulance to the location of the scene, or
 - (2) call the air ambulance service the patient or the patient family chooses to utilize.

PART 13. SANITATION [REVOKED]

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

310:641-3-61. Transfer protocols

- (a) Department approved medical and trauma triage, transport, and transfer protocols shall adhere to the principle of delivering time-sensitive medical and trauma patients to appropriate facilities as outlined by the regional advisory boards and the Department approved protocols.
- (b) Specific triage, transport, and transfer protocols or destination protocols shall be developed by medical control for the region, area, and/or local service and submitted to the Department for approval.
- (c) Each agency shall designate the receiving facility(ies) that are within their reasonable service range.
 - (1) An agency may still transport to facilities outside of the reasonable service range on a case by case basis.
 - (2) Repeated transports to facilities that are outside of the agency's reasonable range will require modifications to the designated receiving facility list maintained at the Department with the agency's approved protocols.
- (d) Triage, transport and transfer protocols approved by the Department shall include the following requirements:
 - (1) medical and trauma non- emergency transports shall be transported to the facility of the patient's choice, if within reasonable service range,
 - (2) emergency, non-injury related, non-life threatening transports shall be transported to the facility of the patient's choice, if within reasonable service range,
 - (3) emergency, injury related transports shall adhere to the Oklahoma Triage, Transport, and Transfer Guidelines as authorized in 63 O.S. 1-2530.3 and shall ensure that patients are delivered to the most appropriate classified hospital, either within their region or contiguous regions,
 - (4) Severely injured patients as described in the Oklahoma Triage, Transport, and Transfer Guidelines as authorized in 63 O.S. 1-2530.3 shall be transported to a hospital classified at Level I or II for trauma and emergency operative services unless a Level III facility that is identified within a regional plan is capable of providing definitive care. If time and distance factors are detrimental to patient outcomes, patients shall be transported to the closest appropriate hospital in accordance with the State approved regional trauma plan.
 - (5) Stable patients at risk for severe injury or with minor-to-moderate injury as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility. These patients may be transported to the hospital of the patient's or patients' legal representative's choice consistent with regional guidelines.
 - (6) Emergency, life threatening, non-injury transports shall be to the nearest facility that can provide evaluation and stabilization appropriate to the patient's condition.
 - (7) Transports or transfers from a pre-hospital setting that occur as a result of a physician order shall be transported to the facility ordered by the physician except when:
 - (A) the patient or the patient's guardian chooses a different facility;
 - (B) the patient condition changes, and going to a different facility is in the best interest of the patient;
 - (C) the receiving facility's ability to receive that patient has changed;
 - (D) the facility is not within a reasonable range of the agency; or
 - (E) the Trauma Referral Center requests a change in destination or presents reasonable options for a destination.
- (e) In counties with populations of 300,000 or more and their contiguous communities, injury related transports shall be directed and coordinated by the trauma transfer and referral center for the region.
 - (1) All ambulance services providing pre-hospital emergency services in these regions shall contact the trauma transfer and referral center at intervals determined by the Department to register the transport of an injured patient to a hospital.
 - (2) All ambulance services transporting injured patients on a pre-hospital basis from areas outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region. The trauma transfer and referral center shall direct the ambulance to the appropriate

hospital based on the regional plan, the severity of the injury, and the capacity status of the hospitals in the region.

(3) All ambulance services transferring injured patients from hospitals outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.

(f) The patient has a right to refuse transport.

(g) Each ambulance service shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.

(h) All licensed ambulance services are required to participate in the regional and statewide systems of care established through statute and administered by the Department to ensure patients are transported to the appropriate facility in a timely manner to receive appropriate care.

310:641-3-63. Ambulance service files

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

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

(1) Patient care records:

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

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

(ii) patient assessment with medical history;

(iii) medical interventions and patient responses to interventions;

(iv) any known allergies;

(v) other information from the medical history that would impact the patient outcomes if not immediately provided.

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

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

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

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

(5) all licensed agencies shall maintain records on the maintenance, and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call, or on a daily basis, whichever is less frequent;

(6) all licensed agencies shall maintain a credential or licensure file for licensed and certified emergency medical personnel employed by or associated with the service

(A) Oklahoma license and certification;

(B) Basic Life Support certification that meets or exceeds American Heart Association standards;

(C) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards as applicable for advanced licensure level(s);

(D) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent;

(E) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course;

(F) contain a list or other credentialing document that defines or describes the medical director

- authorized procedures, equipment and medications for each certified or licensed member employed or associated with the agency; and
- (G) a copy of the medical director credentials will be maintained at the agency.
- (7) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (8) Copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage, at the highest level of license;
- (9) Copies of in-service training and continuing education records;
- (10) Copies of the ambulance service:
- (A) operational policies, guidelines, or employee handbook;
 - (B) medical protocols;
 - (C) a list of the patient care equipment that is carried on any "Class E" unit(s) will be part of the standard operating procedure or guideline manual and ;
 - (D) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (c) A log of each request for service received and/or initiated, to include the:
- (1) Disposition of the request and the reason for declining the request, if applicable;
 - (2) the patient care report number;
 - (3) date of request;
 - (4), patient care report times;
 - (5) location of the incident;
 - (6) where the ambulance originated; and (7) nature of the call;
 - (8) Such other documents which may be determined necessary by the Department.
- (d) Documentation that verifies an ongoing, physician involved quality assurance program.
- (e) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (f) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department, in writing.
- (g) Review and the disclosure of information contained in the ambulance service files shall be confidential, except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (h) Department representatives shall have prompt access to files, records and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment or property may result in summary suspension of licensure by the Commissioner of Health.
- (i) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.

310:641-3-65. Sole source ordinances

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

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

(a) The Department may suspend or revoke a license, and/or fine or place on probation a license or licensee for the following:

- (1) violations of any of the provision of the Oklahoma Statutes, the Act or this chapter;
- (2) permitting, aiding or abetting in any illegal act in connection with the ambulance service;
- (3) failure to provide emergency service to any person, unless a vehicle and/or personnel is not available, and failure to summon mutual aid;
- (4) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
- (5) failure to operate the service on a twenty four (24) hour basis,
- (6) placing a vehicle into service before it is properly inspected, approved and permitted by the Department;
- (7) failure to comply with a written order issued by the Department within the time frame specified by the Department;
- (8) engaging in any act which is designed or intended to hinder, impede or obstruct the investigation of any matter governed by the Act, by any lawful authority;
- (9) an ambulance service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules, shall be considered an expired or lapsed licensee, and therefore no longer licensed as an ambulance service in the State of Oklahoma.;
- (10) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
- (11) offering, giving, or promising anything of value or benefit, as defined in Oklahoma Statutes or Department policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
- (12) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed; or
- (13) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this this Chapter.

(b) No person, company, governmental entity or trust authority may operate an ambulance service or emergency medical response agency except in accordance with Title 63, Section 1-2501, et seq., and the rules as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.

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

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

(d) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause exists if an agency fails to provide emergency service to any person, unless a vehicle and/or personnel is not available, and failure to summon mutual aid, or there is conduct of any practice that is detrimental to

the welfare of the patient or potential users of the service;

(e) In addition to any other penalties, a civil fine of not more than one hundred dollars (\$100.00) per violation per day may be assessed, for violations of the Act or OAC 310:641.

PART 15. INTRAVENOUS SOLUTIONS [REVOKED]

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

PART 17. CONTROLLED SUBSTANCES [REVOKED]

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

PART 19. INSPECTION, CORRECTION, ACTIONS [REVOKED]

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

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

PART 23. EMERGENCY MEDICAL SERVICES REGIONS [REVOKED]

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

PART 25. OPERATIONAL PROTOCOLS [REVOKED]

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

PART 27. TRANSFER PROTOCOLS [REVOKED]

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

PART 29. SUBSCRIPTION PROGRAMS [REVOKED]

310:641-3-140. Subscription program

PART 31. CERTIFIED EMERGENCY MEDICAL RESPONSE AGENCIES [REVOKED]

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

PART 33. SERVICE AND AGENCY FILES [REVOKED]

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

PART 35. SOLE SOURCE [REVOKED]

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

PART 39. ENFORCEMENT ACTION [REVOKED]

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

PART 41. SPECIAL PROVISIONS [REVOKED]

310:641-3-200. Repealer [REVOKED]

310:641-3-201. Severance [REVOKED]

310:641-3-202. Effective date [REVOKED]

SUBCHAPTER 5. PERSONNEL LICENSES AND CERTIFICATION

PART 1. GENERAL PROVISIONS

310:641-5-1. Purpose

The rules of this Subchapter are promulgated to:

- (1) Establish minimum standards for the issuance and renewal of certification and/or licensing of emergency medical care personnel;
- (2) Provide the standards for the enforcement of the provision of the "Emergency Response Systems Development Act" and these rules.

PART 3. EMERGENCY MEDICAL PERSONNEL LICENSES

310:641-5-10. License requirement

- (a) No person may be employed, volunteer, present themselves, or perform as a certified or licensed emergency medical personnel at any level in Oklahoma without a valid certification or license from the Department.
- (b) While on duty, emergency medical personnel shall wear an agency identifiable uniform or agency specific picture identification.
- (c) While on duty, emergency medical personnel shall have an electronic or paper copy of their certification or license on their person or unit.
- (d) Emergency medical personnel shall present their certification or license when asked by a representative of the Department.
- (e) An individual may only possess one Oklahoma certification or license at any one time. When a level change occurs, the previous certification or license is no longer valid at the time the new license is issued by the Department.

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

- (a) Emergency medical personnel while on duty will have a copy of their certification or license.
- (b) Persons applying for initial certification or license shall meet the requirements for qualification, application, and procedure as follows:
 - (1) Emergency Medical Responder certification:
 - (A) Applicant shall be at least eighteen (18) years of age.
 - (B) Applicant shall submit the following:
 - (i) An appropriate State application form specifying the level of certification, true, correct, and complete information as to eligibility and character,
 - (ii) A signed "Affidavit of Lawful Presence" form,
 - (C) Completion of a Department approved Emergency Medical Responder course,

- (D) successful completion of a National Registry practical skills examination administered by the approved training program or agency,
- (E) successful completion of a written examination from either:
 - (i) National Registry of Emergency Medical Technicians (NREMT), or
 - (ii) Oklahoma Department of Career and Technology Education.
- (F) First responders or Emergency Medical Responders trained in a Department approved course prior to January 1, 2000 will be required to obtain a current Emergency Medical Responder certification by September 30, 2017 by providing to the Department the following:
 - (i) verification of refresher/transition course completion every two years since March 31, 2012,
 - (ii) signed "Affidavit of Lawful Presence",
 - (iii) verification of a practical exam of EMR skill administered during a refresher or transition course after March 31, 2012.
- (G) A fee of ten (\$10.00) dollars for the line of duty death benefit as detailed in the Act.
- (H) The Department shall maintain a registry of all qualified Emergency Medical Responders.
- (2) Emergency Medical Technician, or EMT:
 - (A) Applicant shall be at least eighteen (18) years of age,
 - (B) Applicant shall submit the following:
 - (i) an appropriate State application form specifying the level of licensure, true, correct, and complete information as to eligibility and character, and
 - (ii) (i) a signed "Affidavit of Lawful Presence",
 - (iii) successful completion of an NREMT EMT psycho-motor exam,
 - (iv) successful completion of an NREMT EMT cognitive exam,
 - (v) submission to the Department a copy of the applicants NREMT EMT certification,
 - (vi) a license fee of Seventy-five (\$75.00) dollars for licensure and an additional ten (\$10.00) dollars for the line of duty death benefit as detailed in the Act. Fees are non- refundable except if the application is rejected.
- (3) Advanced EMT and Paramedic:
 - (A) Applicant shall be at least eighteen (18) years of age,
 - (B) the applicant shall submit the following:
 - (i) an appropriate State application form specifying true, correct, and complete information as to eligibility and character,
 - (ii) a signed "Affidavit of Lawful Presence",
 - (iii) submission of the applicant's NREMT certification after completion of the NREMT cognitive and psychomotor examinations.
 - (I) The Department shall conduct or oversee the NREMT psycho-motor examination for the Advanced EMT and Paramedic using Department approved evaluators.
 - (II) AEMT candidates are required to complete and pass the endotracheal intubation exam prior to licensure.
 - (iv) The fee for the initial psycho-motor examination is included within the applicant's initial license fee. The initial license fee for Advanced EMT applicants is one hundred-fifty (\$150.00) dollars. The initial license fee for Paramedic applicants is two hundred (\$200.00) dollars. The fees shall be submitted with the application. Fees shall be in an acceptable form and made payable to the Oklahoma State Department of Health. An additional ten (\$10.00) fee is required for the line of duty death benefit detailed in the Act. Fees are non-refundable except if the application is rejected.
 - (I) Subsequent examination fees are one hundred dollars (\$100.00) for a full psychomotor retest and fifty (\$50.00) for a partial psychomotor retest.
 - (II) A psychomotor retest application and appropriate fee must be submitted to the Department for this purpose.
- (c) Initial licensure and certification will be from the date of issue through the second June 30 after the

initial date. Subsequent licensure and certification periods will be for two years, expiring on June 30.

(d) The Department shall ensure oversight of the AEMT and Paramedic practical skills examinations conducted within the State.

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

- (1) assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery;
- (2) murder or attempted murder; manslaughter, except involuntary manslaughter;
- (3) rape, incest, or sodomy; indecent exposure and indecent exhibition; pandering;
- (4) child abuse; abuse, neglect, or financial exploitation of any person entrusted to his care or possession;
- (5) burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm;
- (6) arson, substance abuse, or any such other conviction, adjudication, or plea of guilty or nolo contendere, or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public;
- (7) Each decision shall be determined on a case-by-case basis.

(f) A license application may be denied on the basis of any falsification. Application for initial licensure pursuant to the Act shall constitute authorization for an investigation by the Department.

(g) Candidates for initial Oklahoma licensure shall successfully complete the NREMT certification examinations. Practical and written examinations shall adhere to current policies of NREMT and the Department. Candidates shall demonstrate competency in all required skills. The Department reserves the right to review and require additional practical examination of any candidate.

(h) An applicant may request a review of adverse decisions, made within this section, by applying in writing within thirty (30) calendar days after the notice of rejection. Review, by the Department, shall be held in accordance with the Administrative Procedures Act.

310:641-5-12. Personnel license levels [REVOKED]

310:641-5-13. Issuance of certification or license

(a) Upon successful completion of the examinations, an Oklahoma certification or license at the respective level of emergency medical personnel shall be issued. Concurrent registration with the National Registry is included during the initial license period. NREMT certification shall be maintained by emergency medical personnel licensed after April 1, 2010. Oklahoma emergency medical personnel licenses will be extended to meet the new expiration date for a two year transition period. An exception is permitted for Oklahoma licensed Intermediates that did not test to become AEMTs. When their national certification is not renewed, they may still retain their Intermediate license subject to Oklahoma requirements for renewal.

(b) The initial expiration date of a license shall coincide with the National Registry expiration date, plus three (3) months. Subsequent license periods, if a licensee meets renewal requirements, shall be for a two (2) year period beginning July 1~~st~~ and continuing through June 30~~th~~ of the respective expiration year.

(c) A five (\$5.00) dollar fee shall be charged for a duplicate license, or license re-issued due to a name or address change.

310:641-5-14. Renewal of certification and license requirements

(a) An application for renewal of emergency medical personnel certifications or licenses shall be submitted to the Department. A notice of expiration for renewal shall be sent to each certificate or license holder no less than sixty (60) days prior to the expiration date each year. Directions for renewal will be made available by the Department.

(b) Certificate and license holders are solely responsible for meeting all requirements for renewal.

(c) Applications for renewal shall be completed using Department approved procedures and forms.

- (d) Incorrect or incomplete documentation shall be cause for rejection.
- (e) Specific renewal requirements are detailed in in this subchapter.

310:641-5-14.1. Renewal requirements for non-NREMT certified licensees [AMENDED AND RENUMBERED TO 310:641-5-19]

310:641-5-15. Expired certification and license

- (a) Any certification or license holder who fails to renew their Oklahoma emergency medical ~~technician~~ responder certification, or emergency medical personnel license, within the required time frame shall be considered to have an expired certification or license, and therefore no longer certified or licensed in the State of Oklahoma.
- (b) Certifications and licenses that are expired may be renewed within the grace period without penalty. Within this thirty day period, the certificate or license holder may operate within their scope of practice.
- (c) Requests for an extension due to hardships and unforeseen circumstances must be submitted to the Department in writing. Expiration date extensions may be provided without penalty and may be provided by the Department for a period not to exceed ninety (90) days after the expiration date.
- (d) Licenses may not be renewed after ninety (90) days.
- (e) 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 otherwise the decision shall be considered final to both parties.
- (f) Pursuant to 59 O.S. Section 4100.6 (relating to automatic extensions of professional licenses and certifications), certified and licensed personnel whose certificates or licenses expired while serving on orders for military are automatically extended without penalty while the licensee is on active military duty. Any person on active military duty has one year from the date of discharge to renew the license.

310:641-5-17. Lapsed licenses [REVOKED]

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

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

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

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

- (a) For licensed emergency medical personnel without a current NREMT certification
 - (1) a completed EMT, Intermediate, Advanced EMT, or Paramedic renewal application,
 - (2) renewal fee of:
 - (A) twenty (\$20.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an EMT renewal;
 - (B) twenty-five (\$25.00) dollars plus the renewal death benefit fee as detailed in the Act is

- required for an Advanced EMT renewal;
- (C) thirty (\$30.00) dollars plus the renewal death benefit fee as detailed in the Act is required for a Paramedic renewal.
- (3) a refresher course completion certificate or final roster showing satisfactory completion for the appropriate licensure level.
- (b) The renewing EMT shall also submit:
 - (1) verification of 48 hours of continuing education on topics within the EMT DOT instruction guidelines. No more than twelve (12) hours is permitted in any one topic area.
 - (2) current copy of a provider level of BLS CPR that meets or exceeds AHA standards.
- (c) The renewing Intermediate shall also submit:
 - (1) verification that 36 hours of continuing education on topics within the EMT DOT instruction guidelines. No more than twelve (12) hours is permitted in any one topic area.
 - (2) current copy of a provider level of BLS CPR that meets or exceeds AHA standards.
 - (3) Complete an appropriate skills review and maintenance verification by medical control and ensure the medical director completes the skills verification portion of the renewal application,
- (d) The renewing Paramedic shall also submit:
 - (1) verification that 24 hours of continuing education on topics within the EMT DOT instruction guidelines. No more than twelve (12) hours is permitted in any one topic area.
 - (2) current copy of a provider level of BLS CPR that meets or exceeds AHA standards, and
 - (3) Complete biennial certification requirements for Advanced Cardiac Life Support (ACLS), in accordance with the American Heart Association. If a structured ACLS course is not available, the medical control may affirm, in writing, that ACLS skills and knowledge has been demonstrated;
- (e) Licensed emergency medical personnel with a current NREMT certification may renew by:
 - (1) a completed EMT, Intermediate, Advanced EMT, or Paramedic renewal application,
 - (2) submitting a renewal fee of:
 - (A) twenty (\$20.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an EMT renewal,
 - (B) twenty-five (\$25.00) dollars plus the renewal death benefit fee as detailed in the Act is required for an Advanced EMT renewal,
 - (C) thirty (\$30.00) dollars plus the renewal death benefit fee as detailed in the Act is required for a Paramedic renewal,
 - (3) a current copy of the applicants NREMT certification.

310:641-5-20. Scope of practice authorized by certification or licensure

- (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, ½ 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
 - (2) recognitions, interpretation, treatment of cardiac arrhythmias using a cardiac monitor/defibrillator/external pacemaker,
 - (3) advanced management of pediatric emergencies, including resuscitation, airway placement, and medication,
 - (4) advanced management of obstetric and gynecologic emergency including medication administration,
 - (5) advanced interventions of psychiatric patients including medication administration,
 - (6) all other emergency medical skills and measures included in the instructional guidelines adopted by the Department, and

(7) upon approval of the Department, additional skills may be authorized upon the written request of a medical director.

PART 5. PROCEDURES AUTHORIZED [REVOKED]

310:641-5-30. Standard of care [AMENDED AND RENUMBERED TO 310:641-5-20]

310:641-5-31. Requirement and utilization

(a) Emergency medical personnel, licensed, certified, or otherwise authorized by the act, shall comply with 63 O.S. Section 1-2506, relating to the medical authority to perform medical procedures.

(b) Emergency medical personnel may be utilized by hospitals, health care facilities, ambulance services, and emergency medical response agencies. Health care facilities may include, but not limited to, nursing homes, doctor offices or clinics, organized industrial or private health facility services, athletic training facilities, or any other organized group who may legally render patient care.

(1) While employed or associated with a hospital and/or a health care facility, emergency medical personnel shall be limited to authorized procedures of a specific written "job description" approved by a physician.

(2) While employed or associated with a licensed ambulance service or certified emergency medical response agency, emergency medical personnel may perform medical director authorized procedures not to exceed the level of license or certification without Department approval.

(c) Certified and licensed emergency medical personnel associated or employed at agencies or services shall have an authorized procedure list.

(1) The list is to define the medications, procedures, and protocols a certified and licensed person has been authorized to perform at a specific agency or service by the medical director.

(2) With medical control approval, the authorized procedure list will enable a certified or licensed agency at a lower level to utilize higher level personnel within their scope of practice,

(3) The medical control physician has the authority to limit the authorized procedures without Department approval. The authorized procedure list is to be used to document the limitations on the individual's scope of practice at the agency or service.

(4) The authorized procedure list, which establishes the individual protocols of each certified or licensed employee or associate at an agency or service, shall be maintained at the agency or service.

(d) When certified or licensed emergency medical personnel are asked to perform or intercede in events while not on duty with their agency or facility, and without medical control, their authorized scope of practice is limited to basic first aid, CPR, and the use of an AED.

310:641-5-33. Certification and licensure enforcement actions

(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.

PART 9. MEDICAL CONTROL [REVOKED]

310:641-5-50. Requirement and utilization [AMENDED AND RENUMBERED TO 310:641-5-31]

PART 11. EMERGENCY MEDICAL PERSONNEL CERTIFICATION [REVOKED]

310:641-5-61. Emergency medical responder [AMENDED AND RENUMBERED TO 310:641-5- 18]

PART 15. ENFORCEMENT ACTIONS [REVOKED]

310:641-5-80. Enforcement actions [AMENDED AND RENUMBERED TO 310:641-5-33]

PART 17. SPECIAL PROVISIONS-[REVOKED]

310:641-5-90. Severance [REVOKED]

310:641-5-91. Repealer [REVOKED]

310:641-5-92. Effective date [REVOKED]

SUBCHAPTER 7. TRAINING PROGRAMS

PART 1. GENERAL PROVISIONS

310:641-7-1. Purpose

The purpose of this Subchapter is to:

- (1) establish minimum standards for emergency medical services training programs, emergency medical technician training courses, emergency medical services instructors, and emergency medical services training, and;
- (2) provide standards for the evaluation, quality assurance, and enforcement of the "Oklahoma Emergency Response Systems Development Act".

PART 3. TRAINING PROGRAMS

310:641-7-10. Training programs

- (a) All training programs shall be in compliance with the requirements of this Subchapter.
- (b) Each training program shall submit to the Department an application for approval to conduct emergency medical services training. The application shall be on forms provided by the Department. Training programs must be currently certified to teach EMS in Oklahoma before beginning courses.
- (c) Training programs must be certified by the Department prior to teaching any courses required for the initial licensure of emergency medical personnel in Oklahoma.
- (d) Training program applicants may apply to become certified for the following levels:
 - (1) Emergency Medical Technician, which includes the ability to provide Emergency Medical Responder training,
 - (2) Advanced Emergency Medical Technician,
 - (3) Paramedic.
- (e) A separate certificate will be issued for each training level.

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

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

310:641-7-11. Training program applications

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

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

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

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

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

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

(d) minimum attendance policy, and

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

310:641-7-12. Training program renewal

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

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

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

- (1) changes in information pertaining to the program administrator, coordinator, and/or medical director;
- (2) copies of current clinical agreements;
- (3) current equipment and supply inventory;
- (4) changes to emergency medical services instructors affiliated with the training program;
- (5) current training site locations; and
- (6) any other pertinent information requested by the Department.

310:641-7-13. Training program responsibilities

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

310:641-7-14. Training program approval

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

310:641-7-15. Course approval

- (a) Each training program shall submit a written course application to the Department on forms provided by the Department. The Department may approve course requests that do not fully meet course application requirements if non-approval would be detrimental to the public.
- (b) The course application shall be submitted at least thirty (30) days prior to the course start date and

shall include, but not be limited to:

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

310:641-7-16. Curriculum

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

310:641-7-17. Notice of violation

- (a) A violation of the Act or this Chapter is ground for the Department to issue a written order, sent via certified mail, citing the violation, affording the training program or instructor 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 training program or instructor 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 training program or instructor 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.

PART 5. INSTRUCTOR QUALIFICATIONS

310:641-7-20. Instructor requirements

- (a) State Certified Emergency Medical Service Instructor.
 - (1) A registry of approved emergency medical services instructors shall be maintained by the Department. Each instructor candidate shall submit to the Department an application for initial instructor certification. The application shall be on forms provided by the Department and accompanied by current documentation of qualification. This application shall constitute authorization for any inspection or investigation by the Department.
 - (2) Qualifications for instructor certification include:
 - (A) A resume or letter documenting two (2) years of direct field experience in emergency medical services within the previous five (5) years which meets or exceeds the level of training being taught;
 - (B) Current approval as a Basic Life Support Healthcare Provider Instructor (CPR) in accordance with American Heart Association (AHA) Instructor, American Red Cross Professional Rescuer Instructor, or National Safety Council CPR for the Health Care Provider Instructor standards. At the paramedic level, the instructor shall be a current American Heart Association, Advanced Cardiac Life Support (ACLS) provider and a Pediatric Advanced Life Support (PALS), Pediatric Emergency Medicine (APLS), Pediatric Prehospital Care (PPC) or Pediatric Education for the Prehospital Professional (PEPP) provider. Copies of all required documentation will be forwarded to the Department with application;
 - (C) Successful completion of a Department approved EMS Instructor Training Course or Fire Service Instructor I and/or II, with the EMS Instructor Training Bridge (ITC) Course or equivalent; and
 - (D) Current state licensure.
 - (3) To teach, a qualified instructor must have a letter from the director and medical director of a certified first response agency or ambulance service or the coordinator of an approved training institution, documenting affiliation.
- (b) Emergency Medical Service Lab Assistant.
 - (1) A file of qualified Lab Assistants shall be maintained by each certified training program, licensed ambulance service or certified first response agency including documentation of qualification.
 - (2) Qualifications for lab assistants include:
 - (A) Affiliation with an approved training program, licensed ambulance service or certified first response agency;
 - (B) Two (2) years of current experience in medical services which meets or exceeds the level of training being assisted or evaluated; and
 - (C) Any certification required for the skill being assisted or evaluated.
- (c) Emergency Medical Service Instructor Educator.
 - (1) Instructor Training Courses (ITC) and Instructor Refresher Courses (IRC) shall be taught by a state certified Instructor Educator.
 - (2) An application for Instructor Educator shall be submitted on forms provided by the Department and accompanied by current documentation of qualification.
 - (3) Qualifications for Instructor educator include:
 - (A) Affiliation with an approved training program
 - (B) Current Oklahoma licensure as a Basic EMT or higher.

- (C) Five (5) years experience as a EMS field provider.
 - (D) Current approval as an Oklahoma EMS Instructor
 - (E) Completion of the NHTSA/DOT EMS Instructor Training Course;
 - (F) Successful completion of instruction of at least 3 major (initial) EMT courses at the Basic level or higher;
 - (G) Attendance at all mandatory meetings with the Department and other Instructor Educators.
- (4) EMS instructor educators must maintain EMS instructor certification(s). A registry of approved emergency medical services instructor educators shall be maintained by the Department.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 2087, eff 6-27-2002; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 25 Ok Reg 2443, eff 7-11-2008]

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

- (a) Instructors and instructor educators shall submit an application for renewal.
- (b) Each renewal will include sixteen (16) hours of instructor continuing education.
- (c) Instructor continuing education may consist of, but not be limited to:
 - (1) technology and software utilized in instruction and tracking student activities,
 - (2) psycho-motor exam evaluator,
 - (3) objective and evaluation writing,
 - (4) curriculum review and utilization,
 - (5) classroom management,
 - (6) instructional theory and application,
 - (7) teaching initial courses for emergency medical professionals,
 - (8) courses, classes, and workshops approved by the Department,
- (d) Unless otherwise approved by the Department, an instructor applying for renewal is limited to four
- (e) hours of continuing education in any one area or topic.
- (f) Instructor educators providing the continuing education hours as a refresher course shall submit a course authorization request for the assignment of a course authorization number.
- (g) The Department may deny, refuse to renew, revoke, suspend, or place on probation any instructor or instructor educator for reasons which include, but are not limited to:
 - (1) Failure to attend Department required workshops or mandatory Department meetings for EMS instructor educators;
 - (2) Failure to follow Department rules;
 - (3) Failure to maintain professional license or certification qualifications;
 - (4) Falsification of any training document;
 - (5) Failure to maintain professional conduct at all times when providing EMS instruction;
 - (6) Failure to obtain sixteen (16) hours of instructor continuing education during the two (2) year certification period for EMS instructors or to complete a Department approved EMS Instructor Refresher.
- (h) This application shall constitute authorization for any inspection or investigation by the Department.

310:641-7-24. Training manager authorization

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

either provide and/or oversee the training. A guest presenter may be used provided an approved instructor is present and responsible for the training session.

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

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

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

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

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

310:641-7-25. Training program, instructor, and course records and files

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

(b) Each training program shall maintain electronic or paper records at the business office. The files shall be available for review by the Department during normal business hours.

(c) The records to be maintained, based on level and type of instruction include:

(1) Clinical agreements,

(2) student handbook,

(3) course authorization requests and approvals,

(4) initial, amended, and final rosters,

(5) attendance records,

(6) psycho-motor exam guides,

(7) instructor credential file containing the licenses, certifications, training courses, and continuing education required to maintain instructor certification,

(8) course syllabi or course schedules

(9) instructional guidelines and course objectives, and

(10) agreements for support at off-campus sites.

(11) A student portfolio or file will be maintained to reflect the work completed by the student to include classroom evaluations from the cognitive, psycho-motor, and affective learning domains.

310:641-7-29. Suspension, revocation, probation, or non-renewal of an approved training program or instructor

(a) The Department may suspend, revoke, fine, or place on probation an instructor, training program, or agency for the following:

(1) violations of any provision of Oklahoma Statutes, the Act, or regulations promulgated by the Board;

(2) permitting, aiding, or abetting in any illegal act in connection with a program or agency,

(3) conduct of any practice that is detrimental to the welfare of a patient or user of the services;

(4) failure to comply with a written order issued by the Department within the time frame specified by the Department;

(5) engaging in any act which is designed or intended to hinder, impede, or obstruct an investigation by the Department,

(6) a program that fails to renew their certification within the time frame as specified in this Chapter shall be considered as expired and therefore no longer certified as a training program in Oklahoma.

(7) failing as a clinical preceptor or instructor to supervise, manage, or train students under their instruction, regarding and according to:

(A) scope of practice;

(B) generally accepted standards of patient care;

(C) U.S. DOT instructional guidelines;

(D) protocols, policies, and procedures.

(8) willfully harassing, abusing, or intimidating a patient or student,

- (9) misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation,
 - (10) offering, giving, or promising anything of value (as defined in Oklahoma statutes or Department policy) 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;
 - (11) interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against, or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed,
 - (12) failure to report the unprofessional conduct or non-compliance of regulation of individually licensed and certified personnel as defined in this Chapter of regulation.
- (b) No person, company, governmental entity or trust authority may operate a training program except in accordance with 63 O.S. Section 1-2501 et, seq., and the regulations as promulgated by the 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 Chapter 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 the license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which 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 held. A presumption of imminent harm to the public shall exist if the Department determines probable cause for any conduct 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 OAC 310:641.

PART 7. IN-SERVICE INSTRUCTION PROGRAM [REVOKED]

310:641-7-30. Authorization [AMENDED AND RENUMBERED TO 310:641-7-24]

PART 11. SPECIAL PROVISIONS [REVOKED]

310:641-7-51. Repealer [REVOKED]

310:641-7-53. Paramedic curriculum [AMENDED AND RENUMBERED TO 310:641-7-16]

SUBCHAPTER 9. TRAUMA REFERALL CENTER

310:641-9-1. Purpose

The rules of this subchapter are promulgated to establish standards for certification of trauma transfer and referral centers.

[Source: Added at 21 Ok Reg 3113, eff 7-14-04 (emergency); Added at 22 Ok Reg 2418, eff 7-11-05]

310:641-9-2. Certification required

No person, partnership, company, governmental authority, or other legal entity including those established by Oklahoma Constitutional authority or trust authority shall operate, advertise or hold themselves out as providing emergency medical trauma transfer and referral center services without first obtaining a certificate from the Department.

[Source: Added at 21 Ok Reg 3113, eff 7-14-04 (emergency); Added at 22 Ok Reg 2418, eff 7-11-05]

310:641-9-3. Application

(a) The applicant shall complete an application form approved by the Department to apply for a certificate.

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

- (1) A description of proposed trauma, transfer and referral center operations, detailing how transfers will be processed within the region and how transfers into and out of the region will be facilitated;
- (2) A staffing plan and roster including an estimate of call volume and distribution;
- (3) A plan for supplemental training for trauma, transfer and referral center staff;
- (4) An endorsement from the physician who is providing medical control for the center;
- (5) A plan that identifies methods of communication with each emergency medical service and hospital that provides trauma care or transport within the region and/or transfers patients into or out of the region;
- (6) The methods of data collection, confidential storage, retrieval, and reporting of requested information related to trauma transports and transfers to the Medical Audit Committee, Department and Commissioner of Health;
- (7) A copy of the medical protocols used to triage and identify the level of trauma care needed for each patient; and
- (8) A continuous quality improvement plan.

(c) The Department shall approve, identify the application as incomplete or deny the application within thirty (30) days after submittal by the applicant.

[Source: Added at 21 Ok Reg 3113, eff 7-14-04 (emergency); Added at 22 Ok Reg 2418, eff 7-11-05]

310:641-9-4. Issuance of certification

(a) A certificate shall be issued to each center found to be compliant with Department requirements and shall be valid for a period of two years following the date of issuance.

(b) The certificate shall be issued to the legal operating entity for the service area given in the application.

(c) A sole provider determination for any region may be made by the Department after consideration of the following factors:

- (1) The needs of the region and state for trauma transfer and referral direction and facilitation;
- (2) The ability of the provider to provide adequate direction and facilitation; and,
- (3) The current availability of a trauma, transfer and referral center in the region.

(d) A certificate shall be valid for the legal operating entity making application and is not assignable or transferable.

[Source: Added at 21 Ok Reg 3113, eff 7-14-04 (emergency); Added at 22 Ok Reg 2418, eff 7-11-05]

310:641-9-5. Certification renewal

(a) At least sixty (60) days prior to the expiration of their certificate, a certified trauma transfer and referral center shall reapply for a renewal certificate using forms approved by the Department.

(b) The certified center shall identify any changes in operations from the original application.

(c) The Department shall reevaluate, renew or deny the renewal certification based on the center's compliance with Department requirements for certification.

[Source: Added at 21 Ok Reg 3113, eff 7-14-04 (emergency); Added at 22 Ok Reg 2418, eff 7-11-05]

310:641-9-6. Transfer and referral center standards

- (a) **Staff.** Each center shall have adequate numbers of staff to immediately respond to all calls for trauma transfers and referrals. The center shall also have a plan to activate additional staff for peak loads, regional emergencies or disasters.
- (b) **Medical direction.** Each center shall have a qualified physician medical director who holds a current, unrestricted, Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) license for Oklahoma. The physician medical director shall provide medical oversight for center operations, approve triage and transfer protocols, and participate in quality improvement activities. The medical director shall be routinely available for consultation with center staff.
- (c) **Administration.** The governing body for each center shall appoint an administrator who shall be responsible for center operations.
- (d) **Staff training.** Training for staff shall include at least the following Department approved courses:
- (1) Emergency Medical Dispatch Training;
 - (2) Trauma, triage, and transfer training covering current Oklahoma guidelines; and,
 - (3) A training course on use of Department supported software designed to identify hospital capability and capacity for all Oklahoma hospitals.
- (e) **Equipment.** Each center shall maintain adequate equipment to facilitate center operations and communicate with all emergency medical service providers and hospitals. Each center shall have working communications equipment including a toll-free phone service; radios with available frequencies to communicate with fire, emergency medical providers, and hospitals; and, computer equipment with high-speed Internet access for immediate electronic communications.
- (f) **Records.** Records of all trauma transfers shall be maintained in an electronic format approved by the Department. The center shall also maintain voice recordings of all phone and radio transmissions for a period of at least two (2) years. Records of patient transfer shall be confidential and shall only be used for quality improvement activities or for reports to the Medical Audit Committee and the Commissioner of Health.

[Source: Added at 21 Ok Reg 3113, eff 7-14-04 (emergency); Added at 22 Ok Reg 2418, eff 7-11-05]

310:641-9-7. Revocation

The Department may revoke or suspend any trauma transfer and referral center certificate at any time for failure to comply with requirements.

SUBCHAPTER 11. SPECIALTY CARE AMBULANCE SERVICE

310:641-11-1. Purpose

- (a) Subchapter 11 of this Chapter incorporates the authorization, licensure, and the minimum requirements for operating a specialty care ambulance service that exceeds the training and equipment for a paramedic service and that responds solely to interfacility requests for service with appropriately trained, certified, and licensed personnel, and
- (b) provide standards for the enforcement of the provisions of the Act and this Chapter.

310:641-11-2. License required

- (a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as being a specialty care ambulance service without first obtaining a license to operate a specialty care ambulance service from the Department. The Department shall have sole discretion to approve or deny an application for a specialty care ambulance service license based on the ability of the applicant to meet the requirements of this rule.
- (b) State and Federal agencies that respond to specialty care transports off State and Federal property are required to become licensed by the Department.
- (c) Persons, companies, and governmental entities which operate on their own premises are exempt from this licensing requirement, unless the specialty care patient(s) is/are transported on the public streets or

highways of Oklahoma or outside of their own premises.

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

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

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

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

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

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

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

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

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

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

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

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

(7) a copy of patient care protocols and quality assurance plan detailing the care, interventions, and scope of practice beyond the Paramedic, as required by medical control physician and as prescribed by the Act and this Chapter.

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

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

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

(i) policy to review refusals;

(ii) policy to review air ambulance utilization;

(iii) policy to review airway management;

(iv) policy to review cardiac arrest interventions;

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

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

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

(viii) documentation of the feedback will be maintained as part of the quality assurance documentation.

(8) A written communication policy addressing:

(A) the receiving and dispatching of emergency and non-emergency calls;

(B) ensuring compliance with State and local EMS Communication Plans; and

(C) applicants for this license will provide documentation that a screening process is in place to ensure a request for transport of a specialty care patient will meet the agency's capability,

- capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.
- (9) Provide a response plan that includes:
 - (A) providing and receiving mutual aid with all surrounding, contiguous, or overlapping licensed service areas; and
 - (B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.
 - (10) A confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.
 - (11) An application for an initial or new license shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle, in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station.
 - (h) Specialty care license applicants will provide documentation that reflects compliance with existing sole-source ordinances.
 - (i) Applicants will declare in the application the type or types of specialty care and patients that will be transported by the agency. The types of specialty care and patients may include, but not be limited to:
 - (1) adult, pediatric, infant, neonatal, or a combination of age types,
 - (2) cardiac care, respiratory, neurological, septicemia, or other single or multi-system complications or illnesses requiring specialized treatment during the transport of the patient.
 - (j) Specialty care ambulance services are exempt from the duty to act requirements and continuous staffing coverage.
 - (k) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year is required to be submitted with the application.

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

- (a) The Department shall have sole discretion to approve or deny an application for a specialty care ambulance service license based on the ability of the applicant to meet the requirements of this Chapter.
- (b) A specialty care transport (SCT) is the interfacility transportation of a critically injured or ill patient by a ground or air ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the Paramedic. SCT is necessary when a patient's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care or a Paramedic with additional training.
- (c) Any specialty care ambulance service licensed prior to the effective date of this Chapter shall remain in effect for the period of license issuance, except that all such specialty care ambulance services shall be subject to the Act and rules which otherwise pertain, including the requirement for renewal. At renewal, the agency must be fully compliant with all applicable regulations within this Chapter of regulation.
- (d) The license is not transferable or assignable.
- (e) 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.
- (f) The specialty care license is limited to hospital to hospital transports of patients requiring care beyond the scope of practice of Paramedics, as identified in the application to include:
 - (1) medication formulary;
 - (2) patient care equipment;
 - (3) treatment protocol(s); and
 - (4) applicants will provide documentation that the medication, equipment, and treatment protocols are specific to the type or types of patients identified in the application.
- (g) The original, or a copy of the original, license shall be posted in a conspicuous place in the principal business office. If an office or other public place is not available, then the license shall be available to anyone requesting to see the license during regular business hours.

310:641-11-4. Renewal of a specialty care ambulance license

(a) The Department shall provide to all licensed specialty care ambulance services a "Survey/Renewal Form" each December. This form shall be considered and utilized as a renewal application, if due. The "Survey/Renewal Form" along with proof of current workers' compensation and liability insurance shall be returned to the Department by January 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 an ambulance service license shall be one hundred dollars (\$100.00), fifty dollars (\$50.00) for each substation, plus twenty dollars (\$20.00) for each vehicle in excess of two (2).
- (3) An ambulance service license shall be renewed if:
 - (A) The ambulance service has applied for such renewal;
 - (B) The ambulance service has no outstanding deficiencies or is in need of correction as may be identified during inspection of the service, and;
 - (C) The proper fee has been received by the Department.

(b) An ambulance 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 ambulance service; and
 - (B) the availability of personnel, equipment, and the financial ability of the applicant to meet the minimum standards of emergency medical services law.

310:641-11-5 Denial for an initial license

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

310:641-11-6. Denial of an application for renewal of license

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

- (1) the failure to meet standards set forth by statute or rule,
- (2) a felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation, or the person designated to manage the service to include, but not

- limited to fraud, grand larceny, child abuse, sexual offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service,
- (3) outstanding notice of violation that has not been addressed with an acceptable plan of correction,
- (4) insufficient financial resources,
- (5) falsification of Department required information,
- (6) ownership, management, or administration by principles of an entity whose ambulance service license has been revoked,
- (7) 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 renewal application of the granting or denial of a renewed license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a renewed license shall be given, if applicable. A license application may be resubmitted, but each re-submission shall be considered an initial application.

310:641-11-7. Severance of action, amendment, and re-instatement

- (a) The issuance or renewal of a license after notice of a violation(s) has been given shall not constitute a waiver by the Department of its power to rely on the violation(s) for subsequent license revocation or other enforcement action which may arise out of the notice of violation(s).
- (b) Any change in the name of the service, level, service area, addition of substation, or type of specialty care provided service shall necessitate an application to amend the license and shall be accompanied by a fee of one hundred dollars (\$100.00).
- (c) Changing or moving the location of a substation requires written notification to the Department.
- (d) If an existing license is placed on probation or suspension, a fee of one hundred (\$100.00) dollars, in addition to any other provision of the action, shall be submitted prior to re-instatement of the license to full privilege.

310:641-11-8. Personnel

- (a) Each licensed specialty care ambulance service shall be staffed in accordance with the agency's policy and standards.
 - (1) The additional training required by the Act for licensed emergency medical personnel to conduct specialty care transports will be beyond the scope of practice of an Oklahoma licensed Paramedic.
 - (2) All Oklahoma licensed Paramedics that have completed training beyond the scope of practice of a Paramedic for the purposes of specialty care transport shall be registered with the Department.
- (b) Any changes in staffing patterns after initial licensing shall require prior written approval by the Department.
- (c) In addition to the staffing requirement for patient care providers, each specialty care ambulance service shall have drivers licensed at the Emergency Medical Technician licensure level and have completed an emergency vehicle operator course within 120 days of employment. The drivers will complete an emergency vehicle operator course refresher every two years. The agency will maintain records showing competency in vehicle operations.
- (d) Each specialty care ambulance service will maintain training records demonstrating competency in medical skills, patient handling, and medical equipment.

310:641-11-9. Specialty care ground vehicles

Specialty care ground vehicles shall conform to 310:641-3-20, except for specifications of medical and extrication equipment required for ground ambulance vehicles. If a specialty care service has the need to utilize a vehicle for ground ambulance other than the 310:641-3-20 compliant vehicle, a written waiver may be granted upon request with the application. A determination for this exception shall be made by the Department.

310:641-11-10. General provisions for ground specialty care transport vehicles

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

specifications;

(3) inoperable AED or defibrillator;

(4) tires that do not meet Oklahoma Statutes Title 47, Chapter 12 requirements;

(5) inoperable emergency lighting or siren;

(6) inoperable oxygen system or less than 200 psi in onboard oxygen system;

(7) both portable and vehicle suction apparatus are inoperable;

(8) carbon monoxide levels greater than fifty (50) parts per million;

(9) lapse of vehicle liability insurance;

(10) lapse of worker compensation insurance;

(11) inability to affix a class "A" or "B" permit on an existing permitted vehicle;

(12) vehicle that does not comply with statutory safety equipment found in Title 47.

(i) If such violation is not or cannot be corrected immediately, any affected vehicle shall be removed from service and the ambulance permit shall be removed until such time the vehicle is compliant and has been re-inspected and permitted by the Department.

(j) Any patient care equipment and supplies carried on an ambulance that is not on the approved equipment list will need Department approval through the protocol approval process.

(k) All lighting, both interior and exterior, shall be fully operational, including lens caps.

(l) All designated seating positions in the patient compartment shall be equipped with functioning safety restraint systems appropriate for each type of seating configuration.

(m) All oxygen tanks, (portable and onboard) shall be secured within brackets compliant with the specification of the manufacture standards.

(n) Each vehicle shall not have any structural or functional defects that may adversely affect the patient, personnel, or the safe operation of the vehicle to include: windshield wipers, steering systems, brakes, seatbelts, and interior or exterior compartment doors and latches.

(o) Each permitted vehicle shall have an accessible copy (electronic or paper) of the agencies approved protocols.

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

(a) An air ambulance aircraft may be fixed wing, single or multi-engine; or rotary wing, single or multi-engine.

(b) Operations of the aircraft shall be under the appropriate provisions of the Federal Aviation Regulations (FARs).

(c) The interior of the patient compartment of their aircraft shall have the capability of being climate controlled to avoid adverse effects on patients and medical personnel on board by a means other than flight operations and flying to an altitude.

(d) The aircraft design and configuration shall not compromise patient stability in loading, unloading, or in-flight operation to include:

(1) the aircraft shall have an entry that allows loading and unloading without excessive maneuvering (no more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis) of the patient and does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation;

(2) a minimum of one stretcher shall be provided that can be carried to the patient;

(3) aircraft stretchers and the means of securing it in-flight must be consistent with applicable Supplemental Type Certificates (STCs).

(4) the type and model of stretcher indicates the maximum gross weight allowed (inclusive of patient and equipment) as labeled on the stretcher;

(5) the stretcher shall be large enough to carry an American adult male .

(6) the stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available;

(7) the head of the stretcher is capable of being elevated at least 30 degrees for patient care and comfort;

- (8) if the ambulance stretcher is floor supported by its own wheels, there is a mechanism to secure it in position under all conditions. These restraints permit quick attachment and detachment for patient transfer.
- (e) Patients transported by air will be restrained with a minimum of three straps, including shoulder straps, which must comply with FAA regulations. The following additional requirements shall apply to achieve patient stability:
- (1) patients less than 60 pounds (27kg) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device. All patients less than 40 pounds must be secured in a five-point safety strap device that allows good access to the patient from all sides and permits the patient's head to be raised at least 30 degrees. Velcro straps are not encouraged for use on pediatric devices;
 - (2) if a car seat is used, it shall have an FAA approved sticker;
 - (3) there shall be some type of restraining device within the isolette to protect the infant in the event of air turbulence.
- (f) A supplemental lighting system shall be installed in the aircraft/ambulance in which standard lighting is insufficient for patient care, and a self-contained lighting system powered by a battery pack or portable light with a battery source must be available.
- (g) An electric power outlet shall be provided with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment packages without compromising the operation of any other system or equipment. A back-up power source to enable use of equipment may be provided by an extra battery of appropriate voltage and capacity.
- (h) There shall be access and necessary space to ensure any onboard patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
- (k) Medical transport personnel shall be able to determine if medical oxygen is on in the patient care area.
- (1) Each gas outlet shall be clearly marked for identification.
 - (2) Oxygen flow shall be capable of being started and stopped at or near the oxygen source from inside the aircraft.
 - (3) The following indicators shall be accessible to medical transport personnel while en route:
 - (A) quantity of oxygen remaining; and
 - (B) measurement of liter flow.
- (l) A variety of medical oxygen delivery devices consistent with the service's medical protocols shall be available.
- (m) An appropriately secured portable medical oxygen tank with a delivery device shall be carried on the aircraft. Portable medical oxygen tank may not be secured between patient's legs while the aircraft is in motion.
- (n) There shall be a back-up source of medical oxygen sufficient to allow completion of the transport in the event the main system fails. For air transports, this back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight.
- (o) Storage of oxygen shall comply with applicable standards.
- (p) Oxygen flow meters and outlets shall be located to prevent injury to medical transport personnel to the extent possible.
- (q) The licensee shall notify the Department prior to placing a substitute aircraft into operation. Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department.

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

- (a) The tampering, modification, or removal of the manufacturer's expiration date is prohibited.
- (b) Licensed specialty care ambulance services shall ensure that all recalled, outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from ambulances immediately.
- (c) The medical control physician will authorize all equipment and medications placed on the units for

patient care.

- (1) The authorized equipment will be detailed on a unit checklist described in the ambulance file section of this subchapter.
- (2) The medications authorized by the medical director will be detailed on the unit checklist described in the ambulance files section of this subchapter, to include the number, weight, and volume of the medication containers.
- (d) At a minimum, the following equipment and supplies will be present on each specialty care unit when transported specialty care patients:
 - (1) age and size appropriate oropharyngeal and nasopharyngeal airways, single wrapped for sanitation purposes;
 - (2) functioning portable suction device with age and size appropriate tubing and tips;
 - (3) age and size appropriate bag-valve-mask resuscitators;
 - (4) portable (secured in each vehicle) and wall mounted oxygen sets, with age and size appropriate tubing cannulas and masks;
 - (5) spare portable oxygen cylinder, secured to manufacturing specifications;
 - (6) Bandaging materials to include:
 - (A) two (2) burn sheets clean wrapped and marked in plastic bag that need not be sterile.
 - (B) fifty (50) sterile 4"x4" dressings.
 - (C) six (6) sterile 6"x8" or 8"x10" dressings.
 - (D) ten (10) roller bandages, 2" or larger.
 - (E) four (4) rolls of tape (minimum of one (1") inch width).
 - (F) four (4) sterile occlusive dressings, 3" x 8" or larger.
 - (G) four (4) triangular bandages.
 - (H) one (1) pair of bandage scissors.
 - (7) Fracture immobilization devices to include:
 - (A) one (1) adult and one (1) pediatric traction splint or equivalent device capable of adult and pediatric application.
 - (B) two (2) upper and two (2) lower extremity splints in adult and pediatric sizes.
 - (C) short spine board or vest type immobilizer, including straps and accessories as described within the agency protocols.
 - (D) two (2) adult and one (1) pediatric size long spine board including straps and head immobilization devices.
 - (E) two (2) rigid or adjustable extrication collars in large, medium, small adult sizes, and pediatric sizes for children ages 2 years or older and one (1) infant collar. Collars shall not be foam or fiber filled.
 - (8) Miscellaneous medical equipment to include:
 - (A) one (1) infant, one (1) child, two (2) adult, and one (1) extra-large blood pressure cuffs;
 - (B) stethoscope, one (1) adult and one (1) pediatric sizes.
 - (C) obstetrical kit with towels, 4"x4" dressing, umbilical tape, bulb syringe, cord cutting device, clamps, sterile gloves, aluminum foil, and blanket.
 - (D) universal communicable disease precaution equipment including gloves, mask, goggles, gown, and other universal precautions.
 - (E) blood-glucose measurement equipment per medical direction and Department approval.
 - (F) CPAP per medical direction and Department approval.
 - (9) Other mandatory equipment to include:
 - (A) Two (2) appropriately labeled or designated waste receptacles for:
 - (i) waste that is contaminated by bodily fluids or potentially hazardous infectious waste, and
 - (ii) waste that does not present a biological hazard, such as plastic or paper products that are not contaminated.
 - (B) two way radio communication equipment utilizing VHF frequency 155.3400 as detailed in this Chapter and through the Statewide Interoperability Governing Body.

- (C) one (1) sturdy, lightweight, all-level cot for the primary patient that is compliant with the vehicle manufacturing standards in place at the time of purchase.
 - (D) at least three (3) strap type restraining devices (chest, hip, and knee), and compliant shoulder harness shall be provided per stretcher, cot, and litter (not less than two (2") inches wide, nylon, easily removable for cleaning, two (2) piece assembly with quick release buckles).
 - (E) electronic or paper patient care run reports.
 - (F) two (2) fire extinguishers; one (1) in the cab of the unit, and one in the patient compartment of the vehicle each mounted in a manner that allows for quick release and is compliant with the ambulance manufactures building standards. Each extinguisher is to be dry powder, ABC, and a minimum of five (5) pounds.
 - (G) two (2) operable flashlights;
 - (H) all ambulance equipment and supplies shall be maintained in accordance with sanitation requirements in this Chapter. Additionally, sterility shall be maintained on all sterile packaged items.
 - (I) digital or strip type thermometer and single use probes.
 - (J) six (6) instant cold packs.
 - (K) one (1) length/weight based drug dose chart or tape.
 - (L) a minimum of two (2) DOT approved reflective vests.
 - (M) As approved by local medical direction, a child restraint system or equipment for pediatric patients, as provided under the limits of the agency license.
- (e) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufactures guidelines. Documentation will be maintained at the agency showing that periodic tests, maintenance, and calibration are being conducted in accordance with the manufactures requirements. These types of equipment include, but are not limited to, suction devices, pulse oximetry, glucometers, capnography monitors, end-tidal co2 monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-11-13. Specialty care medical control requirement

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

- specific scope of practice for all certified and licensed agency personnel;
- (B) the physician's primary practice address or home address if the physician does not have a practice, and email address(es);
- (C) an OBNDD registrant number or appropriate state equivalent as appropriate;
- (D) current Oklahoma medical license;
- (E) appropriate training and experience in the types of patients the service will be transporting. Training may include board training and appropriate certifications or supplemental training;
- (F) the agency's on-line and/or off line specific licensure level medical protocols with medication formulary for patient care techniques. Protocols shall include medication to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled dangerous substances;
- (G) attendance or demonstrated participation in:
 - (i) medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency; and
 - (ii) one hour of continuing education specific to providing medical oversight to EMS providers and agencies each year, provided by the Department subject to the availability of funding.
- (H) A physician may be the medical director for more than one (1) service.

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

- (a) The following shall apply regarding sanitation standards for all specialty care ambulance services facilities, vehicles, and personnel:
 - (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times;
 - (2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;
 - (3) linen shall be changed after each patient is transported; and bagged and stored in an outside or separate compartment;
 - (4) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris;
 - (5) freshly laundered linen or disposable linen shall be used on the cots and pillows and changed between patients;
 - (6) pillows and mattresses shall be kept clean and in good repair and any repairs made to pillows, mattresses, and padded seats shall be permanent;
 - (7) soiled linen shall be placed in a closed container that deters accidental exposure. Any linen which is suspected of being contaminated with bodily fluids or other potentially hazardous infectious waste shall be placed in appropriately marked or designated closed container for disposal;
 - (8) contaminated disposable supplies shall be placed in appropriately marked or designated containers in a manner that deters accidental exposure.
 - (9) exterior and interior surfaces of vehicles shall be cleaned routinely;
 - (10) blankets and hand towels used in any vehicle shall be clean;
 - (11) implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items;
 - (12) when a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted;
 - (13) all storage spaces used for storage of linens, equipment, medical supplies, and other supplies at the base station shall be kept clean;

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

(15) the oxygen humidifier(s) shall be single use;

(16) All medications, supplies, and sterile equipment with expiration dates shall be current;

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

Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited;

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

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

310:641-11-15. Storage of intravenous solutions

(a) Medication and vascular fluid shall be stored in a manner that complies with manufacturer and FDA standards.

(b) Each agency shall maintain medications in a manner that deters theft and diversion of all medications.

310:641-11-16. Specialty care service authority to carry controlled substances on a vehicle

(a) An ambulance service, with personnel licensed to utilize such, is hereby authorized to carry a limited supply of controlled substances, secured and stored in a manner that is compliant with State and Federal statutes and regulations. The utilization, procurement, and accountability of such drugs shall be supervised by medical control for the service. An inventory shall be kept and signed according to the requirements of the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD), and the United States Department of Justice Drug Enforcement Administration (DEA). Each responsible medical director shall maintain a copy of their OBNDD certificate to the Department for this purpose.

(b) Any loss or deficiency which occurs in the utilization, procurement, and accountability of controlled substances shall be reported the OBNDD and DEA through their procedures and requirements and to the Department, within ten (10) working days.

310:641-11-17. Inspections

(a) The Department shall conduct unannounced inspections of every licensed specialty care ambulance service. Inspection may include a review of any requirements of the Act and rules promulgated thereunder. The Department may require copies of such records as deemed necessary consistent with the files section of this sub chapter.

(b) All inspection reports will be sent to the agency director, license owner, and medical director.

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

310:641-11-18. Speciality care notice of violation

(a) A violation of the Act or this Chapter is ground for the Department to issue a written order, sent via certified mail, citing the violation, affording the agency an opportunity to demonstrate compliance, and indicating the time no less than fifteen (15) days after receipt of the notice in which any needed correction shall be made. The fifteen-day notice period may be reduced as, in the opinion of the Department, may be necessary to render an order of compliance reasonably effectual.

(b) Unless the Department specifies a reduced period, within thirty (30) days after receipt of the notice of violation, the agency shall submit to the Department a written demonstration of compliance and/or plan of correction.

(c) A plan of correction shall include at least the following:

(1) When the correction was or will be completed;

(2) How the correction was or will be made;

- (3) What measures will prevent a recurrence; and
- (4) Who will be accountable to ensure future compliance.
- (d) The Department shall ensure that the agency is afforded due process in accordance with the Procedures of the State Department of Health, Oklahoma Administrative Code, Title 310, Chapter 2, and the Administrative Procedures Act, Title 75 O.S. Section 250 et seq.
- (e) Violations found by the Department which require immediate correction shall be handled in compliance with Title 75 of the Oklahoma Statutes, Section 314.1 and the Oklahoma Administrative Code, Title 310, Chapter 2, specifically 310:2-21-23.

310:641-11-19. Emergency medical services regions

- (a) Regions established pursuant to Section 1-2503 (21) and (22) of Title 63 shall not be recognized without Department approval for this purpose. Pursuant to Title 74, O.S., Section 1006, of the "Interlocal Cooperation Act" (relating to Approval of Agreements), the Department shall exercise authority granted to approve or disapprove all matters within its jurisdiction, in addition to and in substitution for the requirement of submission to and approval by the Attorney General.
- (b) The Department shall recognize regions which comply with the law and this Chapter.
- (c) Any regional emergency medical services system shall provide the name of the regional medical director, copies of regional standards, rules, and transport protocols established for the regional emergency medical services system to the Department.

310:641-11-20. Operational protocols

- (a) Authorized emergency vehicles of licensed ambulance services shall adhere to the following for physically displaying and/or orally transmitting via voice communications, to the following modes of operation:
 - (1) "Code 1" shall mean a non-emergency mode for the purpose of operation of an ambulance service vehicle. Neither red lights nor siren shall be utilized, and the vehicle shall not be considered or afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code");
 - (2) "Code 3" shall mean an emergency mode for the purpose of operation of an ambulance service vehicle. Both red lights and siren shall be utilized, and the vehicle shall be considered and afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code").
- (b) When a facility requests a specialty care transport, the specialty care agency will provide an accurate estimated time of arrival and ensure the patient needs will be able to be met for the service being requested.
- (c) Mutual aid plan(s), regarding interfacility transports only, with licensed services shall be developed and placed in the agency files for inspection. Plans will be periodically reviewed to ensure accuracy and completeness. Licensed specialty care agencies shall provide mutual aid, if the agency has the capability and if the requested activity is within the licensure requirements.

310:641-11-21. Transfer protocols

- (a) As the specialty care license is limited to interfacility transfers only for specific patients, the agency shall designate as part of their protocols, the destinations to which the agency will transport to, and which facilities are within a reasonable distance.
- (b) All specialty care agencies transferring patients from hospitals outside regions seven and eight to hospitals in those regions shall contact the Department approved referral center in accordance with the regional and state plans. The center shall maintain a record of the transfers for regional continuous quality improvement activities.
- (c) Each patient or legal guardian of a patient has the right to refuse treatment or transportation from a specialty care agency.
- (d) Each specialty care agency shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing

the assessment and treatment of the patient by the ambulance service.

(e) All specialty care agencies are required to participate in the regional and statewide systems established through statute and administered by the Department to ensure patients are transported to the appropriate facility in a timely manner to receive appropriate care.

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

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

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

(1) Patient care records:

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

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

(ii) patient assessment with medical history;

(iii) medical interventions and patient responses to interventions;

(iv) any known allergies; and

(v) other information from the medical history that would impact the patient outcomes if not immediately provided.

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

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

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

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

(c) All licensed agencies shall maintain electronic or paper records on the maintenance, and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call, or on a daily basis, whichever is less frequent.

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

(1) Oklahoma license and certification,

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

(3) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards if applicable for the license level,

(4) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,

(5) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course,

(6) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency, and

(7) a copy of the medical director credentials will be maintained at the agency.

(e) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.

(f) Copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage at the highest level of license;

(g) Copies of in-service training and continuing education records.

- (h) Copies of the ambulance service:
 - (1) operational policies, guidelines, or employee handbook;
 - (2) a list of the patient care equipment that is carried on any "Class E" unit(s) will be part of the standard operating procedure or guideline manual,
 - (3) medical protocols; and
 - (4) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (i) A log of each request for service received and/or initiated, to include the:
 - (1) disposition of the request and the reason for declining the request if applicable,
 - (2) patient care report number,
 - (3) date of request,
 - (4) patient care report times,
 - (5) location of the incident,
 - (6) where the ambulance originated, and
 - (7) nature of the call.
- (j) Documentation that verifies an ongoing, physician involved quality assurance program.
- (k) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (l) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department, in writing.
- (m) Review and the disclosure of information contained in the ambulance service files shall be confidential, except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (n) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (o) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (p) A representative of the agency will be present during the record review.

310:641-11-23. Sole source ordinances

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

310:641-11-24. Suspension, revocation, probation, or non-renewal of a licensee

- (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 or potential users of the service;
 - (4) placing a vehicle into service before it is properly inspected, approved, and permitted by the

Department;

(5) failure to comply with a written order issued by the Department within the time frame specified by the Department;

(6) 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;

(7) an ambulance service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules shall be considered an expired or lapsed licensee and therefore no longer licensed as an ambulance service in the State of Oklahoma;

(8) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;

(9) 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;

(10) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;

(11) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this this Chapter.

(b) No person, company, governmental entity or trust authority may operate an ambulance service or emergency medical response agency except in accordance with 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.

(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 OAC 310:641.

SUBCHAPTER 13. AIR AMBULANCE SERVICE

310:641-13-1. Purpose

The purpose of this Subchapter is to:

(1) incorporate the authorization, licensure, and minimum requirements for operating a fixed wing or rotor wing Air Ambulance Service, and

(2) provide standards for the enforcement of the provisions of the Act and this Chapter.

310:641-13-2. License required

(a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any air ambulance service without first obtaining a license to operate an air ambulance service from the Department. The Department shall have sole discretion to approve or deny

any application for air ambulance service license based on the ability of the applicant to meet the requirements of this rule.

- (1) State and Federal agencies are exempt from this licensing requirement unless the State and Federal agency air ambulance service routinely responds to emergency requests for service off State and/or Federal property.
- (2) An application for a license to operate as an air ambulance service shall be submitted on forms prescribed and approved by the Department.
- (3) The application shall be signed by the party or parties seeking to secure the license.
- (4) The party or parties who sign the application shall be considered the owner or agency (licensee) and responsible for compliance to the Act and this Chapter.
- (5) The application shall contain, but not be limited to the following:
 - (A) a statement of ownership shall include the name, address, telephone number(s), occupation, and other business activities of all owners or agents who shall be responsible for the service,
 - (B) if the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included;
 - (C) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer, and/or chief operation officer shall be included;
 - (D) Proof of aircraft insurance as required within Federal regulations;
 - (E) Proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
 - (F) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
 - (G) each licensee shall have a medical control physician or medical director as prescribed by the Act and this Chapter;
 - (H) copy of any contract(s) medical equipment, and/or personnel;
 - (I) a copy of patient care protocols and quality assurance plan detailing the care and interventions as required by medical control physician and as prescribed by the Act and this Chapter;
 - (J) the Department may require quality assurance documentation for review and shall protect the confidentiality of that information;
 - (K) the quality assurance documentation shall be maintained by the agency for three (3) years;
 - (L) the quality assurance policy shall include, but not be limited to:
 - (i) policy to review refusals;
 - (ii) policy to review air ambulance utilization;
 - (iii) policy to review airway management;
 - (iv) policy to review cardiac arrest interventions;
 - (v) policy to review time sensitive medical and trauma cases;
 - (vi) policy to review other selected patient care reports not specifically included;
 - (vii) policy to provide internal and external feedback of findings determined through reviews;
 - (viii) documentation of the feedback will be maintained as part of the quality assurance documentation.
 - (M) a written communication policy addressing:
 - (i) the receiving and dispatching of emergency and non-emergency calls; and
 - (ii) ensuring compliance with State and local EMS Communication Plans.
 - (N) air ambulance specialty care license applicants will provide documentation that a screening process is in place to ensure a request for transport of a specialty care patient will meet the

agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.

(6) Provide a response plan that includes:

(A) providing and receiving mutual aid with all surrounding, contiguous, or overlapping air ambulance licensed service areas that provides for support when an agency is not able to meet a request for medical assistance;

(B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.

(7) Confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.

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

(c) Air ambulance services are exempt from a duty to act requirements and continuous staffing coverage.

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

310:641-13-3. Issuance of an air ambulance license

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

(b) Any air ambulance service licensed prior to the effective date of these amendments to this Chapter shall remain in effect for the period of license issuance, except that all such air ambulance services shall be subject to the Act and rules which otherwise pertain including the requirement for renewal. At renewal, the agency must be fully compliant with all applicable regulations within this Chapter of regulation.

(c) The license is not transferable or assignable.

(d) A air ambulance license may be issued for Paramedic life support or for Specialty Care.

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

(2) Specialty care means the air ambulance service vehicles are equipped with the appropriate equipment and staff for each request for interfacility transfers within their licensure limits.

(3) Air ambulances providing Paramedic and Specialty care services are required to have both types of licenses.

(4) Air ambulances providing specialty care shall meet or exceed specialty care regulations as well as air ambulance regulations.

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

(f) 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.

310:641-13-4. Renewal of an air ambulance license

(a) The Department shall provide to all air ambulance 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 current workers' compensation and liability 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 an specialty care air ambulance service license shall be one hundred dollars (\$100.00), fifty dollars (\$50.00) for each substation, plus twenty dollars (\$20.00)

for each vehicle in excess of two (2).

(3) An air ambulance service license shall be renewed if:

(A) the air ambulance service has applied for such renewal;

(B) the air ambulance service has no outstanding deficiencies or is not 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) An ambulance 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 ambulance service; and

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

310:641-13-5. Denial for an initial license

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

310:641-13-6. Denial of an air ambulance application for renewal

(a) Any air ambulance license application for renewal may be denied for any of the following:

(1) the failure to meet standards set forth by statute or rule,

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

(3) outstanding notice of violation that has not been addressed with an acceptable plan of correction,

(4) insufficient financial resources,

(5) falsification of Department required information,

(6) ownership, management, or administration by principals of an entity whose ambulance service license has been revoked,

(7) 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 renewal application of the granting or denial of a renewed license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a renewed license shall be given, if applicable. A license application may be resubmitted, but each re-submission shall be considered an initial application.

310:641-13-7. Severance of action, amendment, and re-instatement

- (a) The issuance or renewal of a license after notice of a violation(s) has been given shall not constitute a waiver by the Department of its power to rely on the violation(s) for subsequent license revocation or other enforcement action which may arise out of the notice of violation(s).
- (b) Any change in the name of the service, level, service area, or addition or removal of substation shall necessitate an application to amend the license and shall be accompanied by a fee of one hundred dollars (\$100.00).
- (c) Changing or moving the location of a substation requires written notification to the Department.
- (d) If an existing license is placed on probation or suspension, a fee of one hundred (\$100.00) dollars, in addition to any other provision of the action, shall be submitted prior to re-instatement of the license to full privilege.

310:641-13-8. Air ambulance medical staffing

- (a) Each air ambulance flight originating in Oklahoma shall have, as a minimum, one of the following aeromedical crew member attending the patient:
 - (1) a physician licensed to practice in the State of Oklahoma. This crew member should at a minimum be competent in the principles supported in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Pediatric Education for the Prehospital Professional (PEPP), Advanced Trauma Life Support (ATLS), altitude physiology, and on-board treatment modalities.
 - (2) a registered nurse licensed to practice in the State of Oklahoma. This crew member should at a minimum be competent in clinical principles of care related to critical care modalities, such as obstetrics, neonatology, pediatrics, burns, cardiology, neurosurgery, toxicology and infectious disease specialties, the principles of ATLS, altitude physiology, training appropriate to mission profile, and aviation communications.
 - (3) a Paramedic licensed to practice in the State of Oklahoma. This crew member should at a minimum be competent in altitude physiology, ACLS, PALS, PEPP and Pre-hospital Trauma Life Support (PHTLS) or equivalent as approved by the Department.
- (b) Aeromedical crew members are required to participate in continuing education training for, but not limited to, the following: altitude physiology, emergency medical services and aviation communications, use of patient care equipment, protocol and procedure review and legal aspects of air transportation.
 - (1) Didactic continuing education shall include an annual review of:
 - (A) hazardous materials recognition and response.
 - (B) human factors - crew resource management
 - (C) infection control
 - (D) State EMS rules regarding ground and air transport.
 - (E) Stress recognition and management.
 - (2) Appropriate continuing education shall be developed and documented on an annual basis and must include:
 - (A) critical care (adult, pediatric, neonatal).
 - (B) emergency / trauma care.
 - (C) invasive procedure labs.
 - (D) emergency obstetrics
 - (E) prehospital scene transports.
- (c) Scene or pre-hospital transports of air ambulance service shall have as a minimum, one aeromedical crew member licensed as a Paramedic.

310:641-13-9. Air ambulance vehicle

- (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).

(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.
- (l) Oxygen flow meters and outlets shall be located to prevent injury to medical transport personnel to the extent possible.
- (m) The licensee shall notify the Department prior to placing a substitute aircraft into operation. Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department.

310:641-13-10. Air ambulance equipment

- (a) Medical control shall determine the patient's needs and level of care required when deciding what equipment shall be aboard each flight and the type of aircraft required for transport. Equipment kits, cases and/or packs which are carried on any given flight shall be available for the following categories: trauma, cardiac, burn, toxicologic, pediatric, neonatal, and obstetrics.
- (b) controlled substances shall be in a locked system and kept in a manner consistent with Federal and States requirements and applicable sections of this Chapter.
- (c) storage of medications shall allow for protection from extreme temperature changes if environment deems it necessary.
- (d) The following medical equipment shall be required to be on board every aircraft certified by the Department for air medical services:
 - (1) readily available IV supplies and fluids, readily available;
 - (2) hangers or hooks to secure IV solutions in place and equipment to provide high flow fluids if needed. Glass IV containers shall not be used unless required by specific medications and properly secured;
 - (3) a minimum of three (3) IV infusion pumps immediately available for critical care transports;
 - (4) accessible medications, consistent with the service's medical protocols;
 - (5) a cardiac monitor, defibrillator and external pacemaker shall be secured and positioned so that displays are visible. Two (2) extra batteries or a power source shall be available for cardiac monitor / defibrillator or external pacemaker (adult and pediatric);
 - (6) laryngoscope and tracheal intubation supplies, to include laryngoscope blades, bag-valve-mask, and oxygen supplies, including PEEP valves; appropriate for ages and potential needs of patient transported;
 - (7) a mechanical ventilator appropriate for critical care transports;
 - (8) two (2) suction units, one of which is portable and both of which are capable of delivering adequate suction to clear the airway with wide bore (1/4") tubing and rigid and soft suction catheters for adults, children, and infants;
 - (9) pulse oximetry with adult and pediatric capability;
 - (10) continuous waveform capnography monitoring capabilities and equipment;
 - (11) automatic blood pressure device;
 - (12) devices for decompressing a pneumothorax and performing an emergency cricothyroidotomy;
 - (13) doppler stethoscope;
 - (14) continuous/bi level positive airway pressure device as allowed by protocol; and
 - (15) arterial line blood pressure monitoring as allowed by protocol.
- (e) All medical equipment (including specialized equipment) and supplies shall be secured according to FAR's.
- (f) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained by the agency, and made available to the Department upon request, showing the periodic tests, maintenance, and calibration are being conducted in accordance with manufacturer's requirements. Equipment shall include, but not be limited to, suction devices, pulse oximetry, glucometers, end-tidal CO₂, and capnography monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

310:641-13-11. Air medical director

- (a) An air medical director shall be a physician, fully licensed to practice in the State of Oklahoma, with a background in flight medicine, pre-hospital and/or emergency medicine. The physician shall know the aircraft limitations for in-flight patient care.
- (b) An air ambulance service based in another state may have as its air medical director a physician who is not licensed to practice in the State of Oklahoma but is fully licensed in good standing in the home state of the air ambulance service. The air medical director shall meet all other qualifications listed in this subchapter.
- (c) Licensed air ambulance services will have a plan or policy describing how the agency will address a sudden lapse of medical direction, such as a back-up medical director, that is used to ensure coverage when a physician is not available.
- (d) The Department shall be notified the next business day of any lapse or change of medical direction by air ambulance service. If the agency has made arrangements for a back-up medical director or an immediate replacement, then no lapse has occurred.
- (e) In the event of a lapse in medical direction, in that, there is not a medical director providing the authority for the agency's licensed personnel, the agency will, pursuant to 63 O.S. Section 1-2506, relating to the medical authority to perform medical procedures
 - (1) cease all operations involving patient care,
 - (2) implement mutual aid plans to ensure requests for service receive responses until the agency is able to implement their plan or policy for a substitute or back-up medical director.
- (f) The air ambulance service medical director shall:
 - (1) Attend or demonstrate participation in:
 - (A) medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency;
 - (B) one hour of continuing education specific to providing medical oversight to EMS providers and agencies each year, provided by the Department subject to the availability of funding.
 - (2) demonstrate appropriate training and experience in adult and pediatric emergency medical services, which may include pediatric, adult, and trauma life support courses or equivalency. Training and experience may also include appropriate board training.
 - (3) be accessible, knowledgeable, and actively involved in quality assurance and the educational activities of the agency's personnel and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of the responsible designee(s). The appointment of a designee does not absolve the medical director of their responsibility for providing oversight.
 - (4) Each air ambulance quality assurance policy shall include, but not be limited to:
 - (A) patient care interventions to ensure appropriate patient care,
 - (B) policy to review air ambulance utilization,
 - (C) policy to review airway management,
 - (D) policy to review cardiac arrest management,
 - (E) other reports not specifically identified,
 - (F) a process to prove internal and external feedback of quality assurance findings.
 - (5) Provide a written statement to the Department, which includes:
 - (A) an agreement to provide medical direction and establish treatment protocols and the agency specific scope of practice for all certified and licensed agency personnel;
 - (B) the physician's primary practice address or home address if the physician does not have a practice, and email address(es);
 - (C) an OBNDD registrant number or appropriate state equivalent, as appropriate;
 - (D) current Oklahoma medical license;
 - (E) demonstrate appropriate training and experience in the types of patients the service will be transporting. Demonstrated training may include board training and appropriate certifications or supplemental training.
 - (F) Develop on-line and off-line specific medical protocols with medication formulary for patient

- care techniques. Protocols shall include medication to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled dangerous substances;
- (g) A physician may be the medical director for more than one (1) service.

310:641-13-12. Operational protocols

- (a) Air ambulance medical services shall be maintained to provide medical treatment, stability, and transportation to ambulance patients within the capability and capacity of the medical crew and aircraft.
- (b) Patient related policies and procedures will be maintained at the agency. Documentation reflecting crew training on policies and procedures shall be maintained.
- (c) A written policy shall be utilized for rapid patient loading and unloading if practiced.
- (d) A written protocol shall be developed and in place to address the combative patient.
- (1) Physical and/or chemical restraints shall be available and used for combative patients who potentially endanger himself, the personnel or the aircraft.
- (2) The written protocol shall address refusal to transport patients, family members or others who may be considered a threat to the safety of the transport personnel.
- (e) A list of contaminated materials, which could pose a threat to the medical transport team or render transport inappropriate, shall be readily available.
- (f) The LZ or aircraft operational area shall be a safe distance to avoid any downwind danger when approaching or departing.
- (g) Each air ambulance service shall have a policy regarding patient screening and under what conditions a request for service would be declined or not accepted.
- (h) Air ambulance services are not required to meet the duty to act statutory requirements or have 24/7 resource availability.
- (i) Air ambulances shall operate within a statewide emergency medical response system coordinating pre-hospital and interfacility responses with the appropriate local emergency resources through:
- (1) the use of the state designated resource status reporting and communication tool to show near real-time availability by using global positioning satellite systems to show where aircraft are located at the time of the request, and
- (2) coordination with ground personnel to ensure the timeliest response to the patient via radio or telephone contact.
- (j) Air medical utilization protocols shall be developed and submitted to the Department for review and approval.

310:641-13-13. Communications

- (a) All air ambulance aircraft shall have radio capability to communicate air to ground, air to air, and ground to air. The aircraft communication system will include two-way communications:
- (1) with physician(s) who are responsible for directing patient care in transit, and
- (2) with ground personnel who coordinate the transfer of the patient by surface transportation.
- (b) The aircraft shall:
- (1) have the capability to communicate between the medical attendant and pilot, and
- (2) be in compliance with the Oklahoma State Interoperability Governing Body, and provide documentation that the aircraft can communicate with hospitals utilizing VHF frequency 155.3400.
- (c) All communications equipment used for transmitting patient care information shall be maintained in full operating condition and in good repair. Ambulance communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the base station at a reasonable distance. Radios on aircraft shall be capable of transmitting and receiving the following traffic:
- (1) Medical direction.
- (2) Communication Center.
- (3) EMS and law enforcement agencies.

- (d) The medical team shall be able to communicate with each other during flight.
- (e) A communication specialist shall be assigned to receive and coordinate all requests for the medical transport service. Training of the designated person shall be commensurate with the scope of responsibility and include:
 - (1) EMT certification, or the equivalent in knowledge or experience which minimally includes:
 - (2) medical terminology,
 - (3) knowledge of EMS - roles and responsibilities of the various levels of training,
 - (4) state and local regulations regarding EMS,
 - (5) familiarization with equipment used in the field setting,
 - (6) knowledge of Oklahoma State EMS Rules,
 - (7) types of radio frequency bands used in EMS systems,
 - (8) a knowledge of the hazardous materials response and recognition procedure using appropriate reference materials, and
 - (9) stress recognition and management.
- (f) Aircraft shall communicate, when possible, with ground units securing unprepared landing sites prior to landing.
- (g) A record of contact shall include, but not be limited to:
 - (1) time of call;
 - (2) name and phone number of requesting agency;
 - (3) age, diagnosis or mechanism of injury;
 - (4) referring and receiving physician and facilities (for interfacility requests); as per policy of the medical transport service.
 - (5) verification of acceptance of patient and verification of bed availability by referring physician and facility.
 - (6) destination airport, refueling stops (if necessary) location of transportation exchange and hours of operation;
 - (7) ground transportation coordination at sending and receiving areas;
 - (8) time of dispatch (time crew notified flight is a go approved, post pilot OK's flight approval);
 - (9) time depart base (time of lift-off or other site);
 - (10) number and names of persons on board;
 - (11) amount of fuel on board;
 - (12) estimated time of arrival (ETA);
 - (13) pertinent landing zone information;
 - (14) time arrive location;
 - (15) time helicopter arrives at landing zone or helipad;
 - (16) time depart location;
 - (17) time helicopter lifts off from landing zone or helipad;
 - (18) time arrive destination;
 - (19) time depart destination;
 - (20) time arrive base; and (21) time aborted.
- (h) The communication center shall contain the following:
 - (1) At least one dedicated phone line for the medical transport service;
 - (2) A system for recording all incoming and outgoing telephone and radio transmissions regarding patient care with time recording and playback capabilities. Recordings are to be kept for three (3) years.
 - (3) capability to immediately notify the medical transport team and on-line medical direction (through radio, pager, telephone, etc.);
 - (4) a status board with information about pre-scheduled flights/patient transports, the medical transport team on duty, weather, and maintenance status;
 - (5) aircraft service area maps and navigation charts shall be readily available.
- (i) Each air ambulance service shall have in place a protocol to insure no delay in aircraft response.

- (1) The air ambulance service shall provide to the caller a point of origin and an accurate ETA.
- (2) In such cases where a delay is anticipated, the air ambulance service called has a responsibility to notify the caller and assist in referral to another licensed ambulance service.
- (j) The air ambulance service shall be integrated with and communicate with other public safety agencies, including ground emergency service providers. This shall include participation in regional quality improvement reviews, regional disaster planning, and mass casualty incident drills to include an integrated response to terrorist events.
- (k) Air ambulances will provide to ground agencies and receiving facilities post event reviews, feedback, or information for the purposes of improving performance or safety.

310:641-13-14. Air ambulance sanitation requirements

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

- (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times;
- (2) linen shall be changed after each patient is transported and bagged and stored in an outside or separate compartment;
- (3) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris,
- (4) freshly laundered linen or disposable linen shall be used on the cots and pillows and changed between patients;
- (5) pillows and mattresses shall be kept clean and in good repair and any repairs made to pillows, mattresses, and padded seats shall be permanent;
- (6) 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 disposal;
- (7) contaminated disposable supplies shall be placed in an appropriately marked or designated container in a manner that deters accidental exposure;
- (8) interior surfaces of vehicles shall be cleaned routinely;
- (9) blankets and hand towels used in any vehicle shall be clean;
- (10) 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;
- (11) when a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted, and;
- (12) all storage spaces used for storage of linens, equipment, medical supplies, and other supplies at the base station shall be kept clean;
- (13) personnel shall be clean, especially hands and fingernails, and well groomed. Clothing worn by personnel shall be clean. The licensee shall provide in each vehicle a means of hand washing for the attendants;
- (14) the oxygen humidifier(s) shall be single use;
- (15) all medications, supplies, and sterile equipment with expiration dates shall be current;
- (16) expired medications, supplies, and sterile equipment shall be discarded appropriately. Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited;
- (17) the station facility, ambulance bays, living quarters, and office areas shall be clean, orderly, and free of safety and health hazards;
- (18) air ambulance vehicles and service facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas, consistent with the provisions of

310:641-1-4.

310:641-13-15. Storage of intravenous solutions

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

310:641-13-16. Air ambulance service authority to carry controlled substances on a vehicle

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

310:641-13-17. Air ambulance inspections

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

310:641-13-18. Air ambulance notice of violation

- (a) A violation of the Act or this Chapter is ground for the Department to issue a written order, sent via certified mail, citing the violation, affording the air ambulance 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 air ambulance 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 air ambulance 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.

310:641-13-19. Emergency medical services regions

- (a) Regions established pursuant to Section 1-2503 (21) and (22) of the Act shall not be recognized without Department approval for this purpose. Pursuant to Title 74, O.S., Section 1006, of the "Interlocal

Cooperation Act" (relating to Approval of Agreements), the Department shall exercise authority granted to approve or disapprove all matters within its jurisdiction, in addition to and in substitution for the requirement of submission to and approval by the Attorney General.

(b) The Department shall recognize regions which comply with the law and this Chapter.

(c) Any regional emergency medical services system shall provide the name of the regional medical director, copies of regional standards, rules, and transport protocols established for the regional emergency medical services system to the Department.

310:641-13-20. Air Ambulance triage, transport and transfer protocols

(a) Medical and trauma Department approved triage, transport, and transfer protocols or destination protocols shall adhere to the principle of delivering time sensitive medical and trauma patients to appropriate facilities as outlined by the regional advisory boards and Department approved protocols.

(b) Specific triage, transport, and transfer protocols or destination protocols shall be developed by medical control for the region, area, or local service and submitted to the Department for approval.

(c) Each patient or legal guardian of a patient has the right to refuse treatment or transportation from an air ambulance agency.

(d) Each air ambulance agency shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.

(e) All air ambulance agencies are required to participate in the regional and statewide systems, established through statute and administered by the Department, to ensure the patients are transported to the appropriate facility in a timely manner to receive appropriate care.

(f) Each agency shall designate the receiving facilities that are within their reasonable service range.

(1) An air agency may still transport to facilities outside of the reasonable service range on a case by case basis.

(2) Repeated transports to facilities that are outside of the agency's reasonable range will require modifications to the designated receiving facility list maintained at the Department with the agency's approved protocols.

(g) Triage, transport and transfer protocols approved by the Department shall include the following requirements:

(1) medical and traumatic non-emergency transports shall be transported to the facility of the patient's choice if within reasonable service range;

(2) emergency, non-injury related, non-life threatening transports shall be transported to the facility of the patient's choice if within reasonable service range;

(3) emergency, injury-related transports shall adhere to the Oklahoma Triage, Transport, and Transfer Guidelines approved by the Oklahoma Trauma and Emergency Response Advisory Council and shall ensure that patients are delivered to the most appropriate classified hospital either within their region or contiguous regions;

(4) severely injured patients as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to a hospital classified at Level I or II for trauma and emergency operative services unless time and distance factors are detrimental to patient care. These patients shall be transported to the next highest level trauma and emergency operative service classified hospital, unless a Department approved regional plan has been developed; in which case the regional plan shall be followed;

(5) stable patients at risk for severe injury or with minor-to-moderate injury as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility. These patients may be transported to the hospital of the patient's or patient's legal representative's choice consistent with regional guidelines;

(6) emergency, life threatening, non-injury transports shall be to the nearest facility that can provide evaluation and stabilization appropriate to the patient's condition;

(7) transports or transfers from a pre-hospital setting that occur as a result of a physician order shall be

transported to the facility ordered by the physician except when:

- (A) the patient or the patient's guardian chooses a different facility,
- (B) the patient condition changes, and going to a different facility is in the best interest of the patient,
- (C) the receiving facility's ability to receive that patient has changed,
- (D) the facility is not within a reasonable range of the agency,
- (E) the Trauma Referral Center requests a change in destination or presents reasonable options for a destination.

(h) In counties with populations of 300,000 or more and their contiguous communities, injury related transports shall be directed and coordinated by the trauma transfer and referral center for the region.

(1) All air ambulance services providing pre-hospital emergency services in these regions shall contact the trauma transfer and referral center at intervals determined by the Department to register the transport of an injured patient to a hospital.

(2) All air ambulance services transporting injured patients on a pre-hospital basis from areas outside these regions to hospitals inside these regions shall contact the trauma transfer and referral center in a timely manner to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.

(3) All air ambulance services transferring injured patients from hospitals outside these regions to hospitals inside these regions shall contact the trauma transfer and referral center in a timely manner to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.

(i) Each air ambulance service shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.

(j) All air ambulance services are required to participate in the regional and statewide systems, established through statute administered by the Department, to ensure patients are transported to the appropriate facility in a timely manner to receive appropriate care.

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

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

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

(1) At the time a patient is transported to a receiving facility, the following patient care records will be, at a minimum, provided to the facility staff members at the time the patient(s) are accepted:

- (A) personal information such as name, date of birth, and address,
- (B) patient assessment with medical history,
- (C) medical interventions and patient responses to interventions,
- (D) any known allergies,
- (E) other information from the medical history that would impact the patient outcomes if not immediately provided.

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

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

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

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

(c) All licensed air ambulance agencies shall maintain electronic or paper records on the maintenance and

regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call or on a daily basis, whichever is less frequent.

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

- (1) Oklahoma license and certification,
- (2) Basic Life Support certification that meets or exceeds American Heart Association standards,
- (3) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards,
- (4) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
- (5) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency,
- (6) a copy of the medical director credentials will be maintained at the agency.

(e) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.

(f) All licensed air ambulance agencies shall maintain:

- (1) copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage, at the highest level of license;
- (2) copies of in-service training and continuing education records;
- (3) copies of the air ambulance services:
 - (A) operational policies, guidelines, or employee handbook. The standard operating procedure or guideline manual will include list of the patient care equipment that is carried on any "Class E" unit(s);
 - (B) medical protocols; and
 - (C) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (4) A log of each request for service received and/or initiated, to include the following:
 - (A) disposition of the request and the reason for declining the request, if applicable,
 - (B) the patient care report number,
 - (C) date of request,
 - (D) patient care report times,
 - (E) location of the incident,
 - (F) where the ambulance originated, and
 - (G) nature of the call;
- (5) Documentation that verifies an ongoing, physician-involved quality assurance program.
- (6) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.

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

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

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

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

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

310:641-13-22. Air Ambulance Suspension, revocation, probation, or non-renewal of a licensee

(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 or potential users of the service;
- (4) placing a vehicle into service before it is properly inspected, approved, and permitted by the Department;
- (5) failure to comply with a written order issued by the Department within the time frame specified by the Department;
- (6) 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;
- (7) an ambulance service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules shall be considered an expired or lapsed licensee and therefore no longer licensed as an ambulance service in the State of Oklahoma;
- (8) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
- (9) offering, giving, or promising anything of value or benefit, as defined in Oklahoma Statutes or Department policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
- (10) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against, or inducement to, a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against, or inducement to, a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
- (11) 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 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 15. EMERGENCY MEDICAL RESPONSE AGENCY

310:641-15-1. Purpose

The purpose of this Subchapter is to:

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

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

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

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

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

- (a) The Department may issue an event standby emergency medical response agency certification to applicants.
- (b) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of care or response at or above the Emergency Medical Responder level without first obtaining a certificate from the Department. The Department shall have sole discretion to approve or deny an application for an Event Standby Emergency Medical Response agency certificate based on the ability of the applicant to meet the requirements of this rule.
- (c) Federal agencies that routinely respond off Federal property are required to become certified by the Department unless their responses are specifically part of a Federal mission.
- (d) State agencies that routinely respond off state property are required to become certified. An exception are those state entities that are part of Oklahoma Office of Homeland Security, Oklahoma State Department of Health, or Medical Reserve Corps providing support to established systems of care.
- (e) Persons, companies, and governmental entities which operate on their own premises, and do not provide services to the public are exempt.
- (f) Persons, companies, and governmental entities that limit the activities and interventions of their staff members to that of first aid, CPR, and the use of an AED are not required to become a certified emergency medical response agency.
- (g) An application for the event stand by emergency medical response agency certification shall be submitted on forms prescribed and provided by the Department.
- (h) The application shall be signed under oath by the party or parties seeking to secure the license.
- (i) The party or parties who sign the application shall be considered the owner or agent (licensee) and responsible for compliance to the Act and rules.
- (j) The application shall contain, but not be limited to, the following:
 - (1) A statement of ownership shall include the name, address, telephone number, occupation, and/or other business activities of all owners or agents who shall be responsible for the service;
 - (2) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal) and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included;
 - (3) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, chief administrative officer, and/or chief operation officer shall be included;
 - (4) If the agency operates vehicles through ownership or contract, then proof of vehicle insurance at least in the amount of one million dollars (\$1,000,000.00), or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
 - (5) Proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000), or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
 - (6) proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
 - (7) each certified agency shall have a medical control physician or medical director as prescribed by the Act and this Chapter and submit with the Application:
 - (A) letter of agreement from the physician to provide medical direction and establish the protocols and the scope of practice provided at the service,
 - (B) physicians primary practice address or home address if the physician does not have a practice and email address,
 - (C) an Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) registrant number,

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

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

- (a) The Department shall issue a pre-hospital emergency medical response agency certification to applicants that meet certification requirements.
- (b) The certificate shall be issued for the name and service area only.
- (c) The certificate is not transferable or assignable.
- (d) The initial license period shall expire the second June 30 following the date of issue. Subsequent renewal periods shall be twenty-four (24) months, or two (2) years.

(e) The original, or a copy of the original certification, shall be posted in a conspicuous place in the principal business office. If an office or other public place is not available, then the certificate shall be available to anyone requesting to see certification during regular business hours.

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

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

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

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

- (1) Upon receipt of a complete and correct renewal application, a renewal fee statement shall be provided by the Department to each certificate holder due to renew.
- (2) A non-refundable fee for the renewal of any emergency medical response agency certification shall be twenty (\$20.00) dollars.
- (b) An emergency medical response agency certification shall be renewed if:
 - (1) the agency has applied for a renewal;
 - (2) the agency has no outstanding deficiencies in need of correction as may be identified during inspection of the agency;
 - (3) the fee has been received by the Department;
 - (4) the safety, need, and well-being of the public and general populace is best served to by the renewal of the agency;
 - (5) the availability of personnel, equipment, and the financial ability of the agency to meet the minimum standards of the Act and this Chapter;
 - (6) A certificate that is not renewed by midnight June 30 of the expiration year shall be considered non-renewed.
 - (7) A grace period of thirty (30) days is permitted under 63 O.S. Section 1-1702.
 - (8) Within the grace period the agency may continue to operate without penalty.

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

- (a) An application may be denied for any of the following reasons:
 - (1) A felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation, or the person designated to supervise the service; to include, but not be limited to, fraud, grand larceny, child abuse, sexual offense(s), drug offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service;
 - (2) Falsification of Department required information;
 - (3) Ownership, management, or administration by principals of an entity whose license has been revoked; and
 - (4) certification may not be in the best interest of the public as determined by the Department.
- (b) An applicant shall be notified in writing within sixty (60) days, from the date the Department receives a complete application, of the granting or denial of a license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a license or renewal

shall be given if applicable. A license application may be re-submitted, but each resubmission shall be considered an initial application.

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

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

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

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

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

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

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

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

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

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

(a) Emergency medical response agencies shall have at least one person of the responding personnel providing patient care certified or licensed by the Department.

(b) All drivers that operate emergency vehicles for an agency shall complete an emergency vehicle operator's course prior to emergency vehicle operations. Emergency vehicle operators shall complete an emergency vehicle operator's renewal course every two (2) years.

(c) In a unique and unexpected circumstance, the minimum driver requirement may be altered to facilitate a response of an agency. An incident report shall be sent to the Department within ten (10) days of the occurrence of such an event.

(d) Only emergency personnel authorized by this Act, except for a physician, shall be utilized by any emergency medical response agency.

(e) Agencies will maintain training records demonstrating competency in medical skills, patient handling, and emergency vehicle operations for all personnel employed or associated with the agency and utilized for patient care.

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

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

(b) Certified agencies shall ensure that all, recalled, outdated, misbranded, adulterated, or deteriorated

fluids, supplies, and medications are removed from the response vehicles immediately.

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

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

- (1) one (1) each adult, pediatric, and infant size bag-valve-mask resuscitators,
- (2) one (1) complete set of oropharyngeal airways, single wrapped for sanitation purposes,
- (3) portable oxygen system with two (2) each oxygen masks in adult, pediatric, and infant sizes,
- (4) two (2) adult nasal cannulas,
- (5) portable suction device with age and size appropriate tubing and tips,
- (6) one (1) bulb syringe with saline drops, sterile, in addition to any bulb syringes in an obstetric kit,
- (7) instant cold packs,
- (8) sterile dressing and bandages, to include:
 - (A) sterile burn sheets,
 - (B) sterile 4"x4" dressings,
 - (C) sterile 6"x8" or 8"x10" dressings,
 - (D) roller bandages, 2" or larger,
 - (E) rolls of tape (minimum of one (1) inch width),
 - (F) sterile occlusive dressings, 3" x 8" or larger,
 - (G) triangular bandages, and
 - (H) scissors.
- (9) blood pressure cuff kit in adult, pediatric, and infant sizes.
- (10) obstetrics kit,
- (11) blankets,
- (12) universal precaution kit for each person attending a patient,
- (13) blood-glucose measurement equipment per medical direction and Department approval,
- (14) AED with adult and pediatric capability,
- (15) adult and pediatric upper and lower extremity splints,
- (16) spinal immobilization equipment per medical control authorization,
- (17) adult traction splint,
- (18) patient care reports,
- (19) digital thermometer.

(e) A list of equipment in addition to the minimum equipment will be sent to the Department with the application.

(f) The agency will have the equipment to support the procedures and interventions detailed within the protocols as authorized by the medical director.

(g) An electronic or paper copy of patient care protocols will be available to responding agency members.

(h) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing the periodic tests, maintenance, and calibration are being conducted in accordance with manufacturer's requirements.

Equipment shall include, but not be limited to suction devices, pulse oximetry, glucometers, end-tidal Co2 and capnography monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

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

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

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

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

- (a) Each certified emergency medical response agency certified in Oklahoma shall have a physician medical director who is a fully licensed, non-restricted Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) by the State of Oklahoma.
- (b) Certified emergency medical response agencies will have a plan or policy that describes how the agency will address a sudden lapse of medical direction, such as a back-up medical director, that is used to ensure coverage when the medical director is not available.
 - (1) The Department shall be notified the next business day of any lapse or change of medical direction by the respective agency. If the agency has made arrangements for a back-up medical director or an immediate replacement, then a lapse has not occurred.
 - (2) In the event of a lapse in medical direction, in that, there is no a medical director providing the authority for medical interventions for an agency's certified and licensed personnel, the agency will, pursuant to 63 O.S. Section 1-2506 relating to the medical authority to perform medical procedures:
 - (A) cease all operations involving patient care, and
 - (B) implement mutual aid plans to ensure requests for service receive responses until the agency is able to implement their plan or policy for substitution or back-up medical direction.
- (c) The medical director shall:
 - (1) be accessible, knowledgeable, and actively involved in quality assurance and the educational activities of the agency's personnel, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of the responsible designee(s). The appointment of a designee does not absolve the medical director of their responsibility of providing oversight.
 - (2) Provide a written statement to the Department which includes:
 - (A) an agreement to provide medical direction and establish treatment protocols and the agency specific scope of practice for all certified and licensed agency personnel;
 - (B) the physician's primary practice address or home address if the physician does not have a practice and email address(es);
 - (C) an OBNDD registrant number or appropriate state equivalent as appropriate;
 - (D) current Oklahoma medical license;
 - (E) demonstrate appropriate training and experience in the types of patients the service will be treating. Demonstrated training may include board training and appropriate certifications or supplemental training;
 - (F) development of on-line or off-line protocols with medication formulary for patient care techniques. Protocols shall include medication to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled dangerous substances;
 - (3) Attend or demonstrate participation in medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency.
 - (4) Attend or demonstrate participation in one hour of continuing education specific to providing medical oversight to EMS providers and agencies each year, provided by the Department subject to the availability of funding.

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

- (a) Emergency medical response agencies are not licensed or permitted to transport patients.
- (b) Emergency medical response agencies do not have a duty to act, as defined within the Act.

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

- (a) The following shall apply regarding sanitation standards for each emergency medical response agency's facilities, vehicles, and personnel:
 - (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times;
 - (2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the

vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;

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

(4) medical supplies and equipment shall be stored in a safe and secure manner.

(b) soiled linen shall be placed in a closed container which may include plastic bags with ties. Any linen which is suspected of being contaminated with blood borne pathogens or other infectious disease shall be placed in a properly marked closed container for disposal;

(c) contaminated disposable supplies shall be placed in properly marked appropriately marked or designated containers in a manner that deters accidental exposure.

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

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

(f) Oxygen humidifier(s) shall be single use;

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

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

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

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

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

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

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

(a) Medication and vascular fluid shall be stored in a manner that complies with manufacturer and FDA standards.

(b) Each agency shall maintain medications in a manner that deters theft and diversion of all medications.

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

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

(b) Any loss or deficiency which occurs in the utilization, procurement, or accountability of controlled substances shall be reported the OBNDD and DEA through their procedures and requirements, and to the Department, within ten (10) working days.

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

(a) The Department shall conduct unannounced inspections of every certified emergency medical response agency. Inspection may include a review of any requirements of the Act and rules promulgated thereunder. The Department may require copies of such records as deemed necessary consistent with the files section of this sub chapter.

- (b) All inspection reports will be sent to the agency director, certificate owner, and medical director.
- (c) A representative of the agency will be with the Department employee during the inspection.

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

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

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

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

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

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

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

- (a) All required records for certification will be maintained for a minimum of three (3) years.
- (b) Each certified emergency medical response agency shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:

- (1) Patient care records:
 - (A) At the time a patient care is transferred to an ambulance service, the following information will be, at a minimum, provided to the ambulance staff members at the time the patient(s) are accepted:
 - (i) personal information such as name, date of birth, and address, if known;
 - (ii) patient assessment with history;
 - (iii) medical interventions and patient responses to interventions,
 - (iv) any known allergies; and
 - (v) other information from the medical history that would impact the patient outcome if not immediately provided.
 - (B) A signature from the staff member will be obtained to show the above information and the patient was received.
- (2) Certified emergency medical response agency patient care reports shall contain demographic, legal, medical, community health, and patient care information as detailed in the OKEMSIS data dictionary.
- (3) All run reports and patient care information shall be considered confidential.
- (c) All certified emergency medical response agencies shall:
 - (1) maintain electronic or paper records on the maintenance and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call or on a daily basis, whichever is less frequent. Event standby agencies will complete a checklist of equipment prior to scheduled events or duties.
 - (2) maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:
 - (3) Oklahoma license and certification,
 - (4) Basic Life Support certification that meets or exceeds American Heart Association standards,
 - (5) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards if applicable for licensure,
 - (6) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
 - (7) verification of an emergency vehicle operations course or other agency approved defensive driving course,
 - (8) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency,
 - (9) a copy of the medical director credentials will be maintained at the agency.
- (d) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (e) Copies of in-service training and continuing education records.
- (f) Copies of the emergency medical response agency's:
 - (1) operational policies, guidelines, or employee handbook;
 - (2) medical protocols;
 - (3) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
- (g) A log of each request for service received and/or initiated to include the:
 - (1) disposition of the request and the reason for declining the request, if applicable,
 - (2) the patient care report number,
 - (3) date of request,
 - (4) patient care report times,
 - (5) location of the incident,
 - (6) where the ambulance originated, and
 - (7) nature of the call;

- (h) Documentation that verifies an ongoing, physician involved quality assurance program.
- (i) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (j) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each emergency medical response agency. Reports shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department in writing.
- (k) Review and the disclosure of information contained in the certified agency files shall be confidential except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (l) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (m) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (n) A representative of the agency will be present during the record review.

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

- (a) The Department may suspend or revoke a certification and/or fine or place on probation a certification or certificate holder for the following:
 - (1) violations of any of the provision of the Oklahoma Statutes, the Act or this chapter;
 - (2) permitting, aiding or abetting in any illegal act in connection with the ambulance service;
 - (3) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
 - (4) failure to comply with a written order issued by the Department within the time frame specified by the Department;
 - (5) engaging in any act which is designed or intended to hinder, impede, or obstruct the investigation of any matter governed by the Act or by any lawful authority;
 - (6) an emergency medical response agency that fails to renew their Oklahoma certification within the time frame and other requirements as specified in these rules shall be considered an expired or lapsed licensee and therefore no longer certified as an service in the State of Oklahoma;
 - (7) a misleading, deceptive, or false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
 - (8) offering, giving, promising anything of value or benefit, as defined in Oklahoma Statutes or Department Policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
 - (9) interference with an investigation disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
 - (10) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this Chapter.
- (b) No person, company, governmental entity or trust authority may operate an emergency medical response agency except in accordance with the Act and the rules as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.
- (c) A license/certificate/permit holder or applicant, in connection with a license application or an investigation conducted by the Department pursuant to this rule shall not:

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

SUBCHAPTER 17. STRETCHER AID VAN SERVICE

310:641-17-1. Purpose

- (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

- (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.
- (f) The party or parties who sign the application shall be considered the owner or agent (licensee) and responsible for compliance to the Act and this Chapter.
- (g) The application shall contain, but not be limited to the following:
 - (1) a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service.
 - (A) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.
 - (B) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.
 - (2) proof of vehicle insurance, at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;

- (3) proof of professional liability insurance, at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
- (4) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
- (5) copy of any contract(s) for vehicles, medical equipment, and/or personnel if such exist;
- (6) a written communication policy addressing:
 - (A) the receiving and dispatching of calls;
 - (B) ensuring compliance with State and local EMS Communication Plans; and
 - (C) applicants for this license will provide documentation that a screening process is in place to ensure a request for the transport of a stretcher aid van patient will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.
- (7) Provide a response plan that includes:
 - (A) providing 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 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 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.
- (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

- (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 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.

310:641-17-4. Renewal of a stretcher aid van license

- (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

(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.

310:641-17-6. Denial of a license being renewed

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

(1) the failure to meet standards set forth by statute or rule;

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

- (3) outstanding notice of violation that has not been addressed with an acceptable plan of correction;
 - (4) insufficient financial resources;
 - (5) falsification of Department required information;
 - (6) ownership, management, or administration by principles of an entity whose certification has been revoked;
 - (7) re-certification may not be in the best interest of the public as determined by the Department;
 - (8) revocation or denial of a governmental letter of support as required for initial certification;
- (b) An applicant shall be notified in writing within sixty (60) days, from the date the Department receives a complete renewal application, of the granting or denial of a renewed license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a renewed license shall be given if applicable. A license application may be resubmitted, but each re-submission shall be considered an initial application.

310:641-17-7. Severance of action, amendment, and re-instatement

- (a) The issuance or renewal of a license after notice of a violation(s) has been given shall not constitute a waiver by the Department of its power to rely on the violation(s) for subsequent license revocation or other enforcement action which may arise out of the notice of violation(s).
- (b) Any change in the name of the service, level, service area, or the addition of substation, shall necessitate an application to amend the license and shall be accompanied by a fee of one hundred dollars (\$100.00).
- (c) Changing or moving the location of a substation requires written notification to the Department.
- (d) If an existing license is placed on probation or suspension, a fee of one hundred (\$100.00) dollars, in addition to any other provision of the action, shall be submitted prior to re-instatement of the license to full privilege.

310:641-17-8. Stretcher aid van staffing

- (a) Each stretcher aid van service shall be staffed by a minimum of two (2) persons.
- (b) The patient 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 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 handling, and vehicle operations for all personnel utilized by the agency prior to patient contact or vehicle operations.

310:641-17-9. Stretcher aid van vehicles

- (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 to not be hazardous to the patient(s) or crewmembers. If, in the determination of the Department, a vehicle does not meet this requirement, it may be removed from service until repairs are made.
- (c) Authorized 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:

- (1) a mounted seat with seatbelts for the patient care attendant,
- (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.

(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.

(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.

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

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) body substance isolation kits with gowns, gloves, eye protection, and masks,

- (6) latex or equivalent gloves separate from body substance isolation kits,
- (7) pediatric and adult oropharyngeal airways,
- (8) extra blankets, sheets, pillow cases.
- (9) two (2) five (5) pound fire extinguishers, secured, with one (1) accessible to the driver and one (1) accessible to the patient care attendant,
- (10) one (1) elevating gurney with locking equipment,
- (11) an AED with adult and pediatric capabilities.
- (12) if the agency transports children, then the agency is required to provide a child restraint system.

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

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.

310:641-17-12. Sanitation requirements

(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 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 patients;
- (6) pillows and mattresses shall be kept clean and in good repair and any repairs made to pillows, mattresses, and padded seats shall be permanent;
- (7) soiled linen shall be placed in a container that deters accidental exposure. Any linen which is suspected of being contaminated with bodily fluids or other potentially hazardous infectious waste shall be placed in an appropriately marked closed container for disposal;
- (8) contaminated disposable supplies shall be placed in appropriately marked or designated containers in a manner that deters accidental exposure.
- (9) exterior and interior surfaces of vehicles shall be cleaned routinely;
- (10) blankets and hand towels used in any vehicle shall be clean;
- (11) implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items;
- (12) when a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease, the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted;
- (13) all storage spaces used for storage of linens, equipment, medical supplies and other supplies at the base station shall be kept clean;
- (14) personnel shall:
 - (A) be clean, especially hands and fingernails, and well groomed;
 - (B) clothing worn by personnel shall be clean;
 - (C) while on duty, employees shall wear an identifiable uniform or agency specific photo identification;
 - (D) 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 van vehicles and service facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas consistent with the provisions of 310:641-1-4.

310:641-17-13. Inspections

(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.

310:641-17-14. Stretcher aid van notice of violation

(a) A violation of the Act or this Chapter is ground for the Department to issue a written order, sent via certified mail, citing the violation, affording the agency an opportunity to demonstrate compliance, and indicating the time no less than fifteen (15) days after receipt of the notice in which any needed correction shall be made. The fifteen-day notice period may be reduced as, in the opinion of the Department, may be necessary to render an order of compliance reasonably effectual.

(b) Unless the Department specifies a reduced period, within thirty (30) days after receipt of the notice of violation, the agency shall submit to the Department a written demonstration of compliance and/or plan of correction.

(c) A plan of correction shall include at least the following:

(1) When the correction was or will be completed;

(2) How the correction was or will be made;

(3) What measures will prevent a recurrence; and

(4) Who will be accountable to ensure future compliance.

(d) The Department shall ensure that the agency is afforded due process in accordance with the Procedures of the State Department of Health, Oklahoma Administrative Code, Title 310, Chapter 2, and the Administrative Procedures Act, Title 75 O.S. Section 250 et seq.

(e) Violations found by the Department which require immediate correction shall be handled in compliance with Title 75 of the Oklahoma Statutes, Section 314.1 and the Oklahoma Administrative Code, Title 310, Chapter 2, specifically 310:2-21-23.

310:641-17-15. Emergency medical services regions

(a) Regions established pursuant to 63 O.S. Section 1-2503 (21) and (22) shall not be recognized without Department approval for this purpose. Pursuant to Title 74 O.S. Section 1006, of the "Interlocal Cooperation Act" (relating to Approval of Agreements), the Department shall exercise authority granted to approve or disapprove all matters within its jurisdiction, in addition to and in substitution for the requirement of submission to and approval by the Attorney General.

(b) The Department shall recognize regions which comply with the law and this Chapter.

(c) Any regional emergency medical services system shall provide the name of the regional medical director, copies of regional standards, rules, and transport protocols established for the regional emergency medical services system to the Department.

310:641-17-16. Operational protocols

(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 attendants are limited to first aid, BLS CPR, and AED interventions.
- (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 patient needs will be able to be met for the service being requested within the scope of the licensure capabilities and capacity.
- (g) Stretcher aid van transports may be made to and from any State or Federal Veteran Centers.
- (h) When a stretcher aid van passenger 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 van agencies shall provide mutual aid if the agency has the capability and if the requested activity is within the licensure requirements.

310:641-17-17. Transfer protocols

- (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.
- (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.
- (c) Direct admits from a pre-hospital setting or admissions through the emergency room at a receiving facility are prohibited.

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

- (a) All required records for licensure will be maintained for a minimum of three years.
- (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:
 - (1) a record of each patient transport to include, but not be limited to:
 - (A) personal information such as name, date of birth and address;
 - (B) contact information;
 - (C) originating location;
 - (D) destination;
 - (E) reason for the transport;
 - (F) a call log that contains:
 - (i) time requested,
 - (ii) time arrived,
 - (iii) time departed,
 - (iv) time at destination,
 - (v) time transport was complete,
 - (vi) unit number, and
 - (vii) staff members on transport.

- (2) Records shall be submitted to the Department as required.
- (c) All passenger and patient transport reports and information shall be considered as confidential.
- (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.
- (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:
 - (1) Oklahoma license and certification,
 - (2) Basic Life Support certification that meets or exceeds American Heart Association standards,
 - (3) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
 - (4) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course,
- (f) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (g) Copies of staffing patterns, schedules, or staffing reports.
- (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.
- (k) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (l) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed 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.
- (m) 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.
- (n) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (o) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (p) A representative of the agency will be present during the record review.

310:641-17-19. Sole source ordinances

- (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.

310:641-17-20. Suspension, revocation, probation, or non-renewal of a licensee

(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 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 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.

Summary of regulatory changes for September 11, 2016
O.A.C. 310:641 Emergency Medical Services

Section and subsection	Summary of Changes:
310:641	The format of the regulations has been changed. Each subchapter is a separate license or certification type.

Subchapter 1: General Provisions	
Section and subsection	Summary of Changes:
1-1 to 1-3 General Purpose	the obsolete language was removed and ensure text matches current statutes.
1-4 Definitions	The definitions were moved to this section and new terms and definitions were added to the list.

Subchapter 3: Ground ambulance services	
Section and subsection	Summary of Changes:
Subchapter 3	This subchapter within the regulations details the regulations for ground ambulance services that respond to both pre-hospital and interfacility emergency and non-emergency requests for service.
3-10 (g) (7)	As part of the application process, a quality assurance plan or policy is to be included with the protocols. The plan or policy now has specific requirements to be included.
310 (g) (11)	The requirements for mutual aid agreements has been removed. It has been replaced with the requirement to have a response plan that includes providing or receiving mutual aid and disaster assistance.
3-11 (a)	We have included Advanced EMT as an agency license level.
3-12 (a) (4) (A)	The statutory grace period has been included for expired agency licenses.
3-13 (a)-(b)	Several of the reasons an initial license could be denied has been removed.
3-13.1 (a)-(b)	The reasons that a license application for renewal can be denied were clarified.
3-15 (b) (2) (D)	For agencies with EMD or other call prioritization, they will need to establish their minimum standards for enroute times.
3-15 (g)	Agencies will be required to maintain a competency file for personnel- to be included in their license file.
3-15 (h)	Agencies will be able to contract with other agencies to maintain continual coverage.
3-20 (a)-(3)	Obsolete requirements for new vehicles was removed.
3-22 (d)	Encoders were removed- but the frequency is still required (155.340)
3-22 (f)	We have included a temporary permit for new vehicles.
3-22 (j)	Patient care equipment or supplies that are on a unit, but not in protocols will need to be removed.
3-22 (o)	Each unit will need a copy of their protocols (electronic or paper)
3-23.1 (a)-(j)	The minimum equipment list for ambulances has been modified and clarified.

Summary of regulatory changes for September 11, 2016
O.A.C. 310:641 Emergency Medical Services

Section and subsection	Summary of Changes:
3-23.1 (j)	In our old requirements, we required Cardiac Monitors to be calibrated every 12 months. Some manufactures do not require this maintenance cycle. With that we now require assessment and medical equipment to be maintained in accordance with manufactures guidelines.
3-25 (b)	Agencies will need to have a policy for lapses in medical direction. If a lapse occurs, agencies will need to implement their policy or stop providing services.
3-25 (g) (3)	Medical directors will be required to go to training that is provided by the Department
3-29 (a) and (b)	Medication and vascular fluid shall be stored in a manner that complies with manufacturer and FDA standards.
3-53 and 3-55 (Inspections and Notice of violation)	Language has been clarified and obsolete language has been removed.
3-59 (a)	We removed language about traveling "Code 2" and tied the remaining language to Title 47.
3-59 (b) to (d)	These paragraphs match the statutory language regarding licensed service area and responding to calls.
3-59 (d)	If a call is outside of licensed service areas, agencies can report that to the Department, who will report to County Commissioners in that county.
3-61 (h)	There is an explicit requirement for agencies to participate in regional and statewide systems of care.
3-63 (a)-(i)	New language for the maintenance of records. Also the credential file for individuals is detailed
3-67 (a)-(e)	The reasons for licensure action have been detailed.
3-140	Subscriptions has been removed from the regulations. Agencies have the ability to do them, but we do not have any regulatory authority over them.

Subchapter 5: Emergency medical personnel licenses	
Section and subsection	Summary of Changes:
5-10 (b)	While on duty, personnel are to wear a uniform or agency specific picture identification (t-shirts are acceptable)
5-11 (b) (1)	Emergency Medical Responders, that were certified long ago, but maintain certification through refreshers will not have to submit their credentials for certification by the Department by September 30, 2017.
5-11 (b) (3)	We now have regulations to license Nationally Registered Advanced EMT's as Oklahoma Licensed AEMT's.
5-13 (a)	Oklahoma licensed Intermediate EMT's will be able to maintain the Intermediate license, but be NREMT certified at a different level, as long as they meet Intermediate renewal requirements.
5-15 (b)	The statutory grace period of 30 days is mentioned
5-20 and 5-21	Renewal requirements for certified and licensed personnel is detailed. The new method for NREMT renewal is covered in these regulations. Individuals that are not NREMT certified will have to renew using refresher courses and continuing education hours.

Summary of regulatory changes for September 11, 2016
O.A.C. 310:641 Emergency Medical Services

Section and subsection	Summary of Changes:
5-22 (a) to (d)	All certified and licensed personnel are only able to provide care within their scope of practice while under the authority of a medical director.
5-22 (c)	When personnel are outside of medical control or without medical direction, their scope of practice is limited to first aid, CPR, and the use of an AED. The scope of practice detailed in the this section require medical control authorization.
5-22 (g)	The scope of practice for the AEMT has been added.
5-31 (d)	When personnel are outside of medical control or without medical direction, their scope of practice is limited to first aid, CPR, and the use of an AED. The scope of practice detailed in the this section require medical control authorization.
5-33 (a) to (e)	Detail and clarifies when licensure action can be taken against an individual.
Subchapter 7: Training programs	
Section and subsection	Summary of Changes:
7-10 (a) - (g)	Training program language clarified
7-11 (c)	There is a requirement to have a policy to address a lapse in medical direction.
7-13 (a) to (j)	The responsibilities and record tracking for a training program is clarified and detailed.
7-15 (a) to (f)	The requirements for course approval have been modified.
7-20 (c) (2)	AHA BLS instructor requirement has been removed.
7-20 (e)	An associates degree requirement for instructors was removed.
7-24 (a) to (e)	In house instructors has been changed to Training Managers, but can still teach EMR Courses.
7-25 (a) to (c)	Training program record retention is clarified.
7-29 and 7-33	Department action taken against a training program is clearly defined.
Subchapter 11: Specialty Care Ambulance Service	
Section and subsection	Summary of Changes:
Subchapter 11	This subchapter has taken all of the requirements to become a Specialty Care Ambulance Service and has brought them into one subchapter. Because of the amending and renumbering into this subchapter, all text appears as new text.
11-10 (a) to (k)	Details the application requirements to become a licensed specialty care service (air or ground)
11-11 (a) to (g)	The SCT license is only used for interfacility transports of patients that require medical care above the scope of practice of the paramedic.
11-13 (a) to (b)	This section details how an SCT license is to be renewed.
11-15 and 11-15.1	The reasons that an initial license can be denied and how a application for renewal can be denied are detailed.

Summary of regulatory changes for September 11, 2016
O.A.C. 310:641 Emergency Medical Services

Section and subsection	Summary of Changes:
11-19 (a) to (d)	Details the staffing requirements for a specialty care service.
11-21 and 23	Requires that the ambulance for an SCT must meet existing vehicle requirements, or have a waiver.
11-25 (a)-(q)	This section details the aircraft requirements for a SCT license. This section had a few minor language changes from existing aircraft requirements.
11-27 (a) - (e)	The minimum equipment list for SCT ambulance services was established. Also requires assessment and medical care equipment be maintained within manufactures guidelines.
11-29 (a) - (h)	Establishes the medical director requirement, and requires a policy be put in place to address lapses in medical direction.
11-33 (a) to (b)	Medication and vascular fluid is to be stored in a manner that complies with manufacturer standards.
11-37 and 11-39	Details inspections and notice of violations and clarifies existing language.
11-43 (a)	Removes "Code 2" from regulatory language and ties vehicle operations to Title 47.
11-45 (a) - (e)	As SCT is for interfacility transports only, unique language was created for SCT agencies regarding transfer protocols.
11-47 (a) to (p)	Record retention is detailed, and includes the requirement for a credential file for staff members.
11-51 (a) - (e)	This section details how and when licensure action can occur against an SCT agency.
Subchapter 13: Air Ambulance Service	
Section and subsection	Summary of Changes:
Subchapter 13	This subchapter has taken all of the requirements to become an Air Ambulance Service and has brought them into one subchapter. Because of the amending and renumbering into this subchapter, all text appears as new text.
13-10	Details the application requirements to become a licensed air ambulance service.
13-11	Details the issuance of an air ambulance license for paramedic or specialty care levels only.
13-13	Describes the renewal process for the Air ambulances
13-15 and 13-17	Explains the process and specific reasons for the denial of an initial license or license renewal application
13-19	Details specific license processes
13-21	Details the staffing requirements and training requirements for aircraft (paramedic or specialty care licensed)
13-23	Uses the same language found in Subchapter 11 for air ambulance vehicles.
13-25	Minor changes to existing equipment requirements, but added the requirement that equipment is to be maintained in accordance with manufacturer recommendations.
13-27	Air medical director requirements, including the requirement to have a policy for lapses in medical direction
13-29	Details the operational protocols. (i) establishes the requirement for air ambulances to use the "state designated resource status reporting and communication tool" to show where aircraft are located at the time of the request, through Resource.

Summary of regulatory changes for September 11, 2016
O.A.C. 310:641 Emergency Medical Services

Section and subsection	Summary of Changes:
13-31	Clarified existing language for air ambulance communications
13-35	Storage of medication and vascular fluid is to be within manufacturer and fad standards.
13-39 and 13-41	The requirements for inspection and any notice of violations has been clarified.
13-45	These are the general destination and transfer requirements for air ambulances, with the requirement to participate in the state and regional systems of care.
13-47	Provides for the requirements of record retention and the requirements for a credential file for staff members.
13-49	Details the licensure action the Department can take against an air ambulance service and for what reasons.
Subchapter 15: Emergency Medical Response Agency	
Section and subsection	Summary of Changes:
15-10	The requirement to become an Emergency Medical Response Agency is detailed. If an entity is going to provide care at or above the EMR level, then the certification is required.
15-10 (d)	Entities that only intend to provide first aid, car, or AED interventions will not need to become certified.
15-10.1	This section of the regulation has created a new certification. This is for the individuals or entities that provide stand-by services at public events. If the event is open to the public, and the interventions that are provided are within or above the EMR scope of practice, then certification as a Standby EMRA is required.
15-13 and 13.1	Details the methodology of issuing the two types of EMRA certificates.
15-15	Details how the two certifications will be renewed.
15-17 and 19	Details how an initial application or an application for renewal can be denied.
15-23	Details the minimum requirements EMRA personnel.
15-25 and 25.1	The equipment requirements the two types of EMRA's have been specified in the requirements for certification.
15-27	The medical director requirements are specified, and a policy to address lapses in medical direction is required.
15-29	As defined in regulation and statute, EMRA's are not licensed to transport patients, nor do they have a statutory duty to act.
15-33	The storage of medications and vascular fluid is to be stored in a manner that complies with manufacturer and FDA standards
15-37 and 39	Details the inspection requirements and the requirements for a notice of violation.
15-43	EMRA's will need to include triage, transport, and transfer protocols within their protocols to support transport agencies.
15-45	Details specifics for record retention and credential files
15-45 (j)	When an EMRA data set has been created, EMRA's will be required to submit data to the Department through OKEMSIS.
15-47	Details the licensure action the department can take against any type of EMRA and under what circumstances.

Summary of regulatory changes for September 11, 2016
O.A.C. 310:641 Emergency Medical Services

Section and subsection	Summary of Changes:
Subchapter 17: Stretcher Aid Van services.	
Section and subsection	Summary of Changes:
Subchapter 17	All requirements for this license type are within this subchapter
17-2	Details the application requirements for a Stretcher Aid Van service
17-2 (g) (6)	The application will contain a policy or other documentation that details the screening process to ensure that each request for transport is within the scope of licensure for the Stretcher Aid Van.
17-3	Provides for the issuance of a Stretcher Aid Van service
17-4	Provides for the renewal of a Stretcher Aid Van license
17-6	Provides the reasons and options for a SAV license application and renewal application denial
17-8	This section has significant changes to the staffing requirement to Stretcher Aid Van agencies. Previously, an EMT was required to be with the patient. Now, due to changes in the license scope of practice, a certified EMR is all that is required.
17-9	This section has significant changes to the vehicle requirements. New vehicles will be required to meet 3-20 requirements, except for oxygen systems, emergency lights, and sirens. Additionally, the vehicle must meet the requirements for displaying the Star of Life decals.
17-10	The equipment for a Stretcher Aid Van vehicle has been changed due to changes in the license scope of practice.
17-11	As the scope of practice for the Stretcher Aid Van license has been changed to first aid, BLS CPR, and the use of an AED, a medical director and Department approved protocols are not required.
17-13 and 17-14	The requirements for an inspection and any notice of violations are detailed.
17-16	The operation protocols for a Stretcher Aid Van have changed as the scope of practice has changed. Oxygen is no longer able to be agency supplied. Oxygen can be self administered with other medications. The requirements for a patient to be whose condition changes are detailed.
17-17	The transfer protocol has been clarified
17-18	Record retention requirements and credential file requirements.
17-18 (l)	When a Stretcher Aid Vans data set has been defined, the SAV's will be required to submit reports into OKEMSIS.
17-20	Details license action requirements and conditions.