

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

**SUBCHAPTER 3. AMBULANCE SERVICES**

**PART 1. GENERAL PROVISIONS**

**310:641-3-2. Definitions**

The following words and terms, when used in this Subchapter, 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 Life Support (ALS) Emergency Medical Services Training Program"** means an organization approved by the Department to conduct the following ALS training: Emergency Medical Technician Intermediate, Emergency Medical Technician Intermediate Refresher, Emergency Medical Technician Paramedic, Emergency Medical Technician Paramedic Refresher, Continuing Education at the Emergency Medical Technician Intermediate and Paramedic levels, and such other courses of instruction that may be designated by the Department.

**"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 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: First Responder, First 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.

**"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 Emergency Response Systems Development Advisory Council.

**"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.

**"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 EMT's.

**"EMS"** means Emergency Medical Services.

**"Emergency medical technician"** EMT means an individual licensed by the Department as Basic, Intermediate, or Paramedic.

**"EMT-B"** means Emergency Medical Technician-Basic as licensed pursuant to the Act, or this Chapter.

**"EMT-I"** means Emergency Medical Technician-Intermediate as licensed pursuant to the Act, or this Chapter.

**"EMT-P"** means Emergency Medical Technician-Paramedic as licensed pursuant to the Act, or this Chapter.

**"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 (pre-hospital), or the movement of an acutely ill or injured patient from one health care facility to another health care facility (inter-facility).

**"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.

**"License"** means any license issued by the Department, pursuant to the Act, or this Chapter.

**"NHTSA"** means National Highway Traffic Safety Administration.

**"National Registry"** means the National Registry of Emergency Medical Technicians, 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.

**"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.

**"Specialty Care Transports"** means interfacility transfers of critically ill or injured patients requiring specialized interventions such as 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.

**"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 [63 O.S. § 1-2503].

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**"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, non-emergent and does not require any medical monitoring equipment or assistance during transport [63 O.S. § 1-2503].

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

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

**"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 7. AIR AMBULANCES

### 310:641-3-31. Air medical service

(a) Air medical services shall be developed and maintained, at all times, to provide medical treatment, stability and transportation to ambulance patients. This care shall meet the needs of the ambulance patient, and the capability of the medical crew and aircraft.

(b) Air medical services shall be under the direction of a physician as indicated in section 310:641-3-35 of this rule.

~~(c) Air medical service should be available twenty-four (24) hours per day, but extenuating exceptions which shall be granted are inclement weather, aircraft maintenance, mandatory crew rest, or non-availability of aircraft and/or medical crew.~~

~~(d)~~(c) Air medical service shall operate within the statewide emergency medical response system, coordinating all prehospital responses with the appropriate local emergency resources through at least the following means:

(1) immediate verbal contact with the ambulance and first response agencies closest to the patient;

(2) radio and telephone coordination with ground personnel to ensure the most timely response to the patient.

~~(3) regularly scheduled post event reviews of all prehospital cases with ground agencies to refine response processes. The air ambulance provider shall report reviews on Department approved forms at quarterly intervals.~~

~~(e)~~(d) Air medical utilization protocols shall be developed by all licensed ambulance and certified first response agencies and submitted for approval by the Department.

### 310:641-3-32. Air ambulance vehicles

(a) An air ambulance vehicle (aircraft) may be fixed wing, single or multi-engine, or rotary wing. ~~Single engine aircraft shall be turbine powered.~~

(b) Operations of the aircraft shall be under the provisions of Part 91 and Part 135 of the Federal Aviation Regulations (FAR).

(c) The operator of an air ambulance service declares the capability of providing quality air ambulance services. These services include qualified flight crews, aircraft maintenance, patient configuration, space allocated for medical attendants and equipment as designated in Section 310:641-3-33.

(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 the 95<sup>th</sup> percentile adult patient, full length in the supine position. (The 95<sup>th</sup> percentile adult American male is 6 ft. and 212 lbs.)

(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 under 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.

(1) A self-contained lighting system powered by a battery pack or portable light with a battery source must be available.

(2) ~~Aircraft shall have a~~ means to protect the pilot's night adaptation visions shall be provided for night operations either through the medical configuration or a

dividing curtain. (Use of red lighting or low intensity lighting in the patient care area is acceptable if to isolate the patient care area.)

(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) ~~Aircraft operational controls and communications equipment shall be physically protected~~ A means to protect the pilot and controls from any intended or accidental interference by the patient, medical transport personnel, or equipment and supplies shall be provided.

(i) Appropriately sized helmets shall be worn (by all rotor wing personnel on the aircraft except for the patient) OR the interior modification of the aircraft shall be clear of objects/projections OR the interior of the aircraft shall be padded to protect the head-strike envelope of the medical personnel and patients as appropriate to the aircraft.

(j) 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) ~~Oxygen shall be installed according to FAA regulations in the aircraft and according to state and federal regulations for ambulances.~~ Medical transport personnel shall be able to determine if medical oxygen is on ~~by in-line pressure gauges mounted 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 enroute:

(A) Quantity of oxygen remaining.

(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 OSHA standards. ~~(p) Oxygen flow meters and outlets shall be padded, flush mounted, or so located to prevent injury to medical transport personnel.~~

~~(p) Any occurrence which requires reporting to the FAA of emergency conditions or operations shall require a report in writing to the Department within ten business days. Oxygen flow meters and outlets shall be padded, flush mounted, or so located to prevent injury to medical transport personnel.~~

(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 ~~prior to utilization.~~

### **310:641-3-33. 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) The following medical equipment shall be required to be on board every aircraft certified by the Department for air medical services:

(1) IV supplies and fluids, readily available.

(2) Hangers/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 IV infusion pumps, on the aircraft or immediately available for critical care transports.

(4) Accessible medications, consistent with the service's medical protocols.

(c) Medications shall be easily accessible. Controlled substances shall be in a locked system and kept in a manner consistent with 310:641-3-70.

(d) Storage of medications shall allow for protection from extreme temperature changes if environment deems it necessary.

(e) Medical supplies and equipment shall be consistent with approved medical protocols and scope of care. The following equipment shall be on the aircraft/ambulance and immediately available for all Critical Care or ALS providers.

(1) A cardiac monitor, defibrillator and external pacemaker shall be secured and positioned so that displays are visible.

(2) Extra batteries or power source shall be available for cardiac monitor / defibrillator or external pacemaker.

(3) The defibrillator shall be secured and positioned for easy access. Pediatric paddles shall be available.

(4) An external pacemaker shall be on-board.

(5) The pulse generator pacemaker shall be on-board or immediately available as a carry-on item.

(f) The aircraft shall be configured for effective CPR.

(g) Each air ambulance service shall carry the following advanced airway and ventilatory support equipment.

(1) Laryngoscope and tracheal intubation supplies, including

laryngoscope blades, bag-valve-mask and oxygen supplies, including PEEP valves; appropriate for ages and potential needs of patient transported.

(2) A mechanical ventilator appropriate for critical care transports.

(3) Two suction units, one of which is portable and both of which are capable of delivering adequate suction to clear the airway.

(4) Pulse oximetry, on-board and immediately available.

(5) End-tidal CO2 monitoring capabilities and equipment.

(6) Automatic blood pressure device, sphygmomanometer, Doppler or arterial line monitoring capability, on-board and immediately available.

(7) Devices for decompressing a pneumothorax and performing an emergency cricothyroidotomy.

(h) All ~~aircraft~~medical equipment (including specialized equipment) and supplies shall be secured according to FAR's. ~~Equipment shall be secured by an appropriate clamp, strap, or other mechanism to the vehicle, stretcher or isolette to prevent movement during a crash or abrupt stop.~~

### **310:641-3-34. Air ambulance medical staffing**

(a) Each air ambulance flight originating in Oklahoma shall have, as a minimum, one of the following aeromedical crew member (ACM) attending the patient:

(1) (ACM-4) Physician licensed to practice in the State of Oklahoma. This crew member should be oriented educationally in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Advanced Trauma Life Support (ATLS), altitude physiology, and on-board treatment modalities.

(2) (ACM-3) Registered nurse licensed to practice in the State of Oklahoma. This crew member should be oriented educationally in critical care modalities (obstetrics, neonatology, pediatrics, burns, cardiology, neurosurgery, toxicology and infectious disease specialties), altitude physiology, aircraft safety, crash and survival procedures, mapping/aircraft orientation, aviation communications.

(3) (ACM-2) EMT Paramedic licensed to practice in the State of Oklahoma. This crew member should be oriented educationally in altitude physiology, aircraft safety, crash and survival procedures, mapping/aircraft orientation, aviation communications, ACLS, PALS and Pre-hospital Trauma Life Support (PHTLS) or equivalent as approved by the Department.

(b) Aeromedical crew members (ACMs) are required to participate in continuing education training for, but not limited to, the following: altitude physiology, emergency medical services and aviation communications, aircraft and flight safety, 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) Aviation - safety issues.

- (B) Hazardous materials recognition and response.
  - (C) Human factors - Crew Resource Management
  - (D) Infection control
  - (E) State EMS rules and regulations regarding ground and air transport.
  - (F) Stress recognition and management.
  - (G) Survival training.
- (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) Labor and delivery.
  - (E) Prehospital experience.
- (c) Scene or pre-hospital transports of air ambulance service shall have as a minimum, one aeromedical crew member licensed as an emergency medical technician - Paramedic.

**310:641-3-35. 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. 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 Section 310:641-3-35(a).
- (c) The air medical director is responsible for protocols (on-line and off-line) for standards of patient care and shall review these annually. Written protocols shall be submitted to the Department for approval.
- (d) The ~~aeromedical~~ air medical director shall review all medical records from patient care flights.
- (e) The air medical director is responsible for the aeromedical transfer. The air medical director may designate aeromedical crew members to determine needs for individual patient care flights, but shall be available for consultation, if required by the designee(s).
- (f) The air medical director is responsible for reviewing the quality assurance program for air ambulance service.

**310:641-3-36. Operational protocols**

- (a) There shall be written policies and procedures with documentation of training in the following areas:
- (1) Equipment shall be annually tested and inspected by a certified clinical engineer.
  - (2) Documentation of equipment inspections shall be available for review by the Department.
- (b) Medical personnel shall be in seatbelts (and shoulder

harnesses if installed) that are properly worn and secured for all take-offs and landings according to FAA regulations. The written policy shall define when medical personnel may get out of restraints.

(c) A written policy shall be in place for patient loading and unloading procedures for medical transports as follows: A written policy shall be utilized for rapid patient loading and unloading if practiced.

~~(d) A written Protocol shall be in place for emergency refueling with the engine running, rotors turning, and/or passengers onboard. This refueling protocol shall address the following:~~

- ~~—— (1) Refueling with engine(s) running and/or shut down.~~
- ~~—— (2) Refueling with medical transport personnel or patient(s) on board which includes a requirement that at least one medical transport person shall remain with the patient at all times during refueling or stopover.~~
- ~~—— (3) Fire hazard policies pertinent to refueling procedures that are documented in the certificate holder's Operations Specifications Manual.~~

~~(e) A written policy shall be developed and in place with limitations on nighttime "scene" landings if the searchlight or the radar altimeter are not functioning.~~

~~(f)~~(d) A written protocol shall be developed and in place to address the combative patient.

(1) Additional 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.

~~(g)~~(e) A list of contaminated materials, which could pose a threat to the medical transport team or render transport inappropriate, shall be readily available.

~~(h)~~(f) The LZ or aircraft operational area shall be a safe distance to avoid any downwind danger when approaching or departing.

~~(i) The aircraft shall be equipped with a 180 degree controllable searchlight of at least 400,000 candle power (RW).~~

~~(j) The aircraft shall be equipped with a functioning radar altimeter.~~

~~(k) The aircraft shall be equipped with a functioning emergency locator transmitter (ELT) and in compliance with the applicable FAR's.~~

~~(l)~~(g) The aircraft shall be equipped with survival gear appropriate to the coverage area and the number of occupants.

(1) Survival gear shall be maintained appropriately and shall be available to personnel on board.

(2) The survival kit and contents shall be included on the daily check sheet.

~~(m)~~(h) A fire extinguisher shall be accessible to medical transport personnel and pilot(s) or driver while in motion.

~~(n)~~(i) The interior of the aircraft or ambulance shall be climate controlled to avoid adverse affects on patients and

personnel on board.

**310:641-3-37. Communications**

(a) All air ambulance aircraft shall have radio capability to communicate air to ground, air to air, and ground to air. This radio system should include two-way communications with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient by surface transportation. The aircraft shall also have the capability to communicate between the medical attendant and pilot, be in compliance with the Oklahoma Area Wide Communications Plan, and provide documentation that the aircraft can communicate with hospitals as specified in OAC 310:641-3-22(d).

(b) All communications equipment 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) Air traffic control (aircraft).
- (4) EMS and law enforcement agencies.

(c) The pilot shall be able to control and override radio transmissions from the cockpit in the event of an emergency situation. If cellular phones are part of the on-board communications equipment, they shall be used in accordance with FCC regulations.

~~(d) Providers whose medical director(s) require biomedical telemetry in their medical protocols may utilize the cellular telephone system for such communications. Other communications equipment such as cellular phones shall be in addition to and not in place of the radio equipment and shall not be used in the presence of pacemakers or other equipment sensitive to interference.~~

~~(e)~~(d) The medical team shall be able to communicate with each other during flight.

~~(f)~~(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 of the Communications Center personnel 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 - BLS/ALS, EMT/EMT-Paramedic.
- (4) State and local regulations regarding EMS.
- (5) Familiarization with equipment used in the field setting.
- (6) Knowledge of Oklahoma State EMS Rules and regulations.
- (7) General safety rules and emergency procedures pertinent

to medical transportation and flight following procedures.

(8) Navigation techniques/terminology and understanding weather interpretation. This shall include an understanding of GPS navigation.

(9) Types of radio frequency bands used in EMS systems.

(10) A knowledge of the hazardous materials response and recognition procedure using appropriate reference materials.

(11) Stress recognition and management.

~~(g)~~(f) Aircraft shall communicate, when possible, with ground units securing unprepared landing sites prior to landing. A readily accessible post incident/accident plan shall be part of the flight following protocol so that appropriate search and rescue efforts may be initiated in the event the aircraft is overdue, radio communications can not be established not location verified. There shall be a written plan to initiate assistance in the event the ambulance is disabled.

~~(h)~~(g) Initial coordination shall be documented and continuous flight following (or initiating and following ground transport) shall be monitored and documented, and shall consist of the following:

(1) Time of call (Time request/inquiry received).

(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, post pilot OK's flight).

(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 LZ 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.

(21) Time aborted.

~~(i) Flight following and communications during a mission shall direct and/or relay communications to communication center (while in motion) specifying locations and ETA's, and deviations, if available.~~

~~(j) A "sterile cockpit" shall be maintained below pre-determined altitudes so that the pilot shall be able to transmit and receive~~

~~vital information and to minimize distractions during any critical phase of flight. No external communications are permitted, and no patient information is transmitted at this time unless radios for medical transport are appropriately isolated.~~

~~(1) There shall be a policy/procedure for diversions from original destinations.~~

~~(2) Direct or relayed communications to communication center specifying all take-off and arrival times.~~

~~(3) Time between each communication shall be documented.~~

~~(4) Time between each communication shall not exceed 15 minutes while in flight. If an IFR or VFR flight plan has been filed, communication with air traffic control shall fulfill this requirement.~~

~~(5) Time between communications shall not exceed 45 minutes while on the ground.~~

~~(6) Alternate agencies shall be used to relay communications when direct contact is not possible.~~

~~(k)~~(h) Communications Center shall contain the following:

(1) At least one dedicated phone line for the medical transport service.

(2) A method to keep noise and other distractions (traffic) from the communications area while the communications specialist is involved with a medical transport mission.

(3) A system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings to be kept for three (3) years.

(4) Capability to immediately notify the medical transport team and on-line medical direction (through radio, pager, telephone, etc.)

(5) Back-up emergency power source for communications equipment, or a policy delineating methods for maintaining communications during power outages and in disaster situations.

(6) A status board with information about pre-scheduled flights/patient transports, the medical transport team on duty, weather, and maintenance status.

(7) Local aircraft service area maps and navigation charts shall be readily available. Road maps must be available for ground transport services.

### **310:641-3-38. Aircraft utilization**

(a) Each air ambulance service shall have in place a protocol to insure no delay in aircraft response. The air ambulance shall provide to the caller a point of origin and an accurate ETA. 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.

(b) There shall be a policy / procedure for diversions from original destinations.

~~(b)~~(c) The air ambulance service shall ensure appropriate utilization and medical benefit to the patient. A documented

review process shall be developed and utilized. ~~Utilization review of scene transports shall include the following triage criteria. This is to minimize over utilization of air services: On scene transports - The following types of criteria shall be used in the triage plan for on-scene transports to minimize over triage:~~

- ~~(1) Anatomic and physiological identifiers.~~
- ~~(2) Mechanism of injury identifiers.~~
- ~~(3) Situational identifiers.~~
- ~~(4) Air vs. ground times.~~
- ~~(5) Road conditions.~~
- ~~(6) Entrapment or multiple injured.~~
- ~~(7) Capability of local ground provider verses patient needs.~~
- ~~(8) Safety of the transport environment.~~

~~(e)(d)~~ 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.

~~(d)(e)~~ Air ambulance services shall conduct quarterly scheduled post event reviews of cases with ground agencies and receiving facilities to enhance performance improvement.

~~(e)(f)~~ Air transport services shall develop and demonstrate use of a written code of ethical conduct that demonstrates ethical practices in business, marketing, and professional conduct.

~~(f)~~ Air ambulance services shall report aviation incidents and accidents to the appropriate aviation authority immediately and the Department within 24 hours.

(g) A Flight Safety Committee/Work Group shall be established composed of a pilot and an appointed representative from each of the Oklahoma licensed air ambulance services, and shall submit a summary report of it's activities to the EMS Division annually.

### **310:641-3-39. Rotorwing standards - certificate of the aircraft operator**

(a) Licensed air ambulances shall meet all Federal Aviation Regulations, and shall hold a FAR Part 135 Certificate and Ambulance Operations Specifications specific to EMS operations.

~~(b) VFR weather minimums shall be specified for day and night local, and day and night cross country.~~

~~(c) The "local flying area" shall be determined by the operator based upon the operating environment.~~

~~(d) There shall be a written policy for obtaining and documenting pertinent weather information.~~

~~(1) The pilot in command shall be responsible for obtaining weather information according to policy that shall address at a minimum:~~

- ~~(A) Routine weather checks.~~
- ~~(B) Weather checks during marginal conditions.~~
- ~~(C) Weather trending.~~

~~(2) Communication between pilots, medical personnel, and~~

~~communication specialists at shift change regarding the most current and forecasted weather shall be part of a formal briefing.~~

~~(e) VFR "response" weather minimums to begin a transport shall be no less than:~~

~~(1) Conditions -- Day/Local:~~

~~----- (A) Ceiling -- 500 ft.~~

~~----- (B) Visibility -- 1 mile~~

~~(2) Conditions -- Day/Xcountry:~~

~~----- (A) Ceiling -- 1000 ft.~~

~~----- (B) Visibility -- 1 mile~~

~~----- (3) Conditions -- Night/local:~~

~~----- (A) Ceiling -- 800 ft.~~

~~----- (B) Visibility -- 2 miles~~

~~----- (4) Conditions -- Night/Xcountry:~~

~~----- (A) Ceiling -- 1000 ft.~~

~~----- (B) Visibility -- 3 miles~~

~~(f) A pilot in Command shall have a commercial rotorcraft-helicopter and instrument helicopter rating.~~

~~(g) The PIC shall possess 2000 total flight hours with a minimum of 1500 helicopter flight hours prior to assignment with a medical service with the following stipulations.~~

~~(h) There shall be a mechanic primarily assigned to each specific aircraft who is FAR 135 qualified to maintain the aircraft operated by the medical service and who possesses 2 years of rotorcraft experience as a certified airframe and powerplant mechanic prior to assignment with the medical service.~~

## PART 9. SPECIALTY CARE

### 310:641-3-43. Personnel

(a) It shall be the responsibility of the licensee to insure that qualified staff is utilized on each transport. The licensee shall be held responsible to see that personnel licenses and/or certification and specialty training are kept current. Also, that the staffing patterns comply with the specialty, approved by the Department, at the time of license issuance.

~~(b) Drivers~~ Emergency vehicle operators shall be as a minimum, ~~certified~~ Oklahoma registered or licensed emergency medical personnel capable to assist the attendants, should the need arise, except for air ambulance.

(c) Any changes in staffing patterns after initial licensing shall require prior written approval by the Department.

(d) Each specialty care patient shall be attended by at least one currently licensed paramedic with the following additional training.

(1) Evidence of successful completion of Department - approved post paramedic training such as Critical Care Paramedic (CCP) training; and

(2) Appropriate periodic skills verification in management of patients on ventilators, 12 lead EKG and/or critical care monitoring devices, drug infusion pumps, and cardiac and/or

other critical care medications, or any other specialized procedures or devices determined at the discretion of the provider's medical director and approved by the Department; or  
(e) A currently licensed paramedic accompanied by at least one of the following:

- (1) A registered nurse with special knowledge of the patient's care needs;
- (2) A certified respiratory therapist;
- (3) A licensed physician;
- (4) Any licensed health care professional with special skills outside the paramedic scope of practice designated by the transferring physician.

### **310:641-3-47 Equipment**

All specialized equipment and supplies appropriate to the required interventions shall be available at the time of the transport.

## **PART 11. MEDICAL CONTROL**

### **310:641-3-50. Requirement**

(a) While performing with a licensed ambulance service and/or a certified emergency medical response agency, emergency medical personnel shall perform authorized procedures, which may not exceed the level of license or certification.

(b) Each licensed ambulance service and/or certified emergency medical response agency 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.) in the State of Oklahoma. Medical direction for a certified emergency medical response agency shall be provided by or approved by the sponsoring licensed ambulance service. The Department shall be notified within twenty four (24) hours of any lapse of medical direction by the respective agency.

(1) The physician medical director of an air, ground, specialty care ambulance service and/or emergency medical response agency 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 air, ground, or specialty care ambulance service and/or certified first response agency.

(2) The physician medical director for an ambulance service and/or emergency medical response agency 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.

(c) The physician director shall:

(1) Demonstrate appropriate training and experience in adult and pediatric emergency medical services. Demonstrated

training and experience may include appropriate board certification approved by the Department or successful completion of training programs such as Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Advanced Trauma Life Support (ATLS), Advanced Disaster Life Support (ADLS) or other equivalent training.

(2) Be familiar with the design and operation of pre-hospital emergency medical services systems, and knowledgeable about the capabilities of the different levels of licensed personnel and of the established protocols.

(3) Have experience in the emergency department management of the acutely ill or injured patient(s), ~~in the urban setting.~~ In the rural setting, the physician shall routinely and actively participate in the care for acutely ill or injured patient(s).

(4) Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of his responsible designee. The QA program, or policy, shall be submitted with treatment protocols for approval by the Department. The Department may require quality assurance documentation for review, and shall protect the confidentiality of that information.

(5) Have knowledge and a relationship with the licensed ambulance service(s) and/or certified emergency medical response agency(ies) and their primary service area coverage. A physician may be the medical director for more than one (1) licensed ambulance service and/or certified emergency medical Response agency.

(6) Provide a written statement, to the Department, which includes: ~~consent to be the medical director, address, an Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) number or appropriate state equivalent, medical license and a curriculum vitae, and be actively involved in pre-hospital care.~~

(A) Agreement to provide medical direction and establish the standard of care provided by the service;

(B) Regular mail and email addresses;

(C) An Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) number or appropriate state equivalent;

(D) Current medical license;

(E) A curriculum vitae, and be actively involved in pre-hospital care.

(7) Develop medical protocols for patient care techniques, both on-line and off-line standing orders and present written EMT Intermediate, and EMT Paramedic life support protocols to the Department for approval, before use. Protocols shall include medications to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled and dangerous drugs.

(8) List all medications with quantities to be carried on each emergency vehicle.

~~(9) Supervise a quality assurance (QA) program. The QA program, or policy, shall be submitted with treatment protocols, for approval by the Department. Quality assurance documentation may be requested by the Department.~~

~~(10)~~(9) Participate in the statewide emergency medical services system.

## PART 19. INSPECTION, CORRECTION, ACTIONS

### 310:641-3-91. Correction orders

(a) Violation of Oklahoma Statutes, the Act or the rules constitute grounds to issue a correction order, citing the deficiency, indicating the time period in which a correction shall be made. This time period shall not exceed one hundred twenty (120) days, for any deficiency.

(b) ~~Written notification, within the time period cited,~~ shall be forwarded to the Department when a deficiency has been corrected. If this notice is not forthcoming within thirty (30) days, then the Department shall notify the service, by certified mail, that they are out of compliance. If no plan of correction is received within thirty (30) days, then action for remedy against the service may be undertaken by administrative procedure [Title 75 O.S., Sec. 301-et seq].

(c) Plans of correction that are not deemed acceptable by the Department shall not be considered a sufficient response to a correction order. Plans 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;
- (4) Who will be accountable to ensure future compliance.

(d) If no acceptable plan of correction is received within thirty (30) days, and/or if the deficiency is not corrected within one hundred twenty (120) days, action for remedy against the service may be undertaken by administrative procedure [Title 75 O.S., Sec 301-et seq].

~~(e)~~(e) Violations which appear to be hazardous to the health and welfare of the public and/or employees shall require immediate correction.

(1) If such a violation is not, or cannot be, corrected immediately, the vehicle shall be removed from service and the ambulance permit shall be removed until such time as the vehicle is in compliance and has been re-inspected and permitted by the Department.

(2) Violations that may justify immediate removal of an ambulance vehicle permit include:

- (A) Inadequate sanitation, including the presence of contamination by blood and/or body fluids;
- (B) Inoperable heater/air conditioner;
- (C) Inoperable AED or defibrillator;
- (D) Tires in poor condition;
- (E) Inoperable emergency lighting and/or siren;

- (F) Inoperable oxygen system or less than 200psi in onboard oxygen tank;
- (G) Inoperable suction apparatus;
- (H) Carbon monoxide levels of greater than (50 ppm) fifty parts per million, or broken exhaust pipe;
- (I) Lapse of required vehicle liability insurance; and
- (J) Lapse of required worker compensation insurance.

## SUBCHAPTER 5. PERSONNEL LICENSES AND CERTIFICATION

### PART 3. EMERGENCY MEDICAL PERSONNEL LICENSES

#### 310:641-5-11. License qualification

Persons applying for initial license shall meet the requirements for qualification, application, and procedure as follows:

- (1) Applicant shall be at least eighteen (18) years of age.
- (2) Applicant shall submit the following:
  - (A) An appropriate State application form specifying true, correct and complete information as to eligibility and character.
  - (B) A copy of a current active National Registry of Emergency Medical Technicians (NREMT) certification card.~~An application fee as listed below:~~
    - ~~(i) License fees for persons trained in Oklahoma, confirmed by a final course roster from a certified Oklahoma EMS Training Institution, including practical skills testing:~~
      - ~~(I) EMT-Basic Licensure is Seventy-five dollars (\$75.00).~~
      - ~~(II) EMT-Intermediate or EMT-Paramedic Licensure is One Hundred Fifty dollars (\$150.00).~~
    - ~~(ii) Practical skills retest fee:~~
      - ~~(I) Partial: Fifty dollars (\$50.00).~~
      - ~~(II) Full: One Hundred dollars (\$100.00)~~
    - ~~(iii) License fee for persons holding current active status National Registry of EMT Certification:~~
      - ~~(I) EMT-Basic Licensure is Seventy-five dollars (\$75.00).~~
      - ~~(II) EMT-Intermediate licensure including airway testing is One Hundred Seventy-five dollars (\$175.00).~~
      - ~~(III) EMT-Paramedic licensure is Two Hundred dollars (\$200.00).~~
  - (C) A signed "Affidavit of Lawful Presence" Form.
- (3) A license fee of seventy-five dollars (\$75.00) for EMT Basic, one hundred fifty dollars (\$150.00) for EMT Intermediate, and two hundred dollars (\$200.00) for Paramedic shall be submitted with the application. Fees shall be in an acceptable form, made payable to the Oklahoma State Department of Health - Emergency Medical Services Division (OSDH/EMS). Fees are non-refundable except if the application is rejected. Candidates who fail to appear at the scheduled examination

~~will be charged the full fee when a new application is made.~~

(4) A license application may be denied on the basis of a felony which includes any conviction of assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery; murder or attempted murder; manslaughter, except involuntary manslaughter; rape, incest, or sodomy; indecent exposure and indecent exhibition; pandering; child abuse; abuse, neglect or financial exploitation of any person entrusted to his care or possession; 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; arson, substance abuse, **and/or** such other convictions or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public. Each decision shall be determined on a case-by-case basis.

(5) 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.

(6) Candidates for 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.

(A) Approved Training Programs shall conduct practical examinations for the EMT Basic.

(B) The Department shall conduct practical examinations for the EMT Intermediate and Paramedic using Department approved evaluators. The fee for the initial practical examinations attempt is included within the applicant's initial license fee. Subsequent examination fees are one hundred dollars (\$100.00) for a full practical retest and fifty (\$50.00) for a partial practical retest. An Advanced Life Support (ALS) practical examination application and appropriate fee must be submitted to the Department for this purpose.

(C) Agencies approved by the Department shall administer National Registry emergency medical responder practical examinations.

~~(5)(7) 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.~~

~~(6) Candidates are required to successfully complete the National Registry of Emergency Medical Technicians certification examinations.~~

~~(A) Practical examinations shall adhere to the policies of the National Registry and the Department. Candidates shall demonstrate an acceptable level of competency in all respective skill areas. The Department reserves the right~~

~~to review and require additional practical examination of any candidate.~~

~~(i) A candidate for EMT-B shall complete a practical examination before applying for an examination. The practical examination may be conducted at an approved training program in accordance with National Registry policies and shall be separate from the completion of training. Verification of successful completion and the measured competency of each of the required skill areas shall be kept on file for a period of three (3) years at the training program, and summaries shall be submitted to the Department with the final course documentation.~~

~~(ii) A candidate for EMT-I shall apply for both the certification examinations. The examinations shall be administered in accordance with policies currently established by the National Registry of Emergency Medical Technicians.~~

~~(iii) A candidate for EMT-P shall apply for both the certification examinations. The examinations shall be administered in accordance with policies currently established by the National Registry of Emergency Medical Technicians.~~

~~(B) Candidates are allowed three full attempts to pass the practical examination (one "full attempt" is defined as completing all six (6) stations and two retests if so entitled). Candidates who fail a full attempt or any portion of a second retest must submit official documentation of remedial training over all skills before starting the next full attempt of the practical examination and re-examining over all six (6) stations. This official documentation must be signed by the EMT-Paramedic Training Program Director or medical director of training/operations which verifies remedial training over all skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in all skills. Should a candidate fail the third full and final attempt of the practical examination, the candidate must complete a new, entire, state-approved EMT-Paramedic Training Program.~~

~~(C) Successful completion of the practical examination is valid for one (1) year only.~~

~~(7) The written examination is based on the respective national standard emergency medical technician curriculum, as developed and promulgated by the United States Department of Transportation including State approved changes. Each candidate shall realize an overall passing minimum score, and in the case of EMT-P a passing minimum score for each section. Candidates who fail the written examination may re-apply, if eligible, for subsequent examination by submitting another application and fee, and meet current entry requirements.~~

~~(A) Candidates are allowed three (3) opportunities to successfully complete the written examination, within the two (2) year limitation on training and within the one (1) year limitation of the practical examination.~~

~~(B) Candidates who opt to attempt a fourth written examination shall submit proof of successful completion of a Department approved emergency medical technician refresher course, at the respective level of training.~~

~~(C) No oral examination of the written test shall be permitted. Only special examination accommodations approved by the National Registry will be provided for examinations.~~

~~(8) The Department shall administer all National Registry EMT-I and EMT-P practical examinations. Training programs shall administer National Registry basic practical examinations. Agencies approved by the Department shall administer National Registry first responder practical examinations. All practical examinations are administered after completion of a State approved training course at all levels.~~

~~(9) Department approved evaluators shall be used for all EMT-I and EMT-P practical examinations.~~

~~(10) The Department may issue a license to any Nationally Registered EMT with active status who meets all other State requirements.~~

### **310:641-5-13. Issuance of licenses**

(a) Upon successful completion of the examinations, an Oklahoma license at the respective level of emergency medical technician, shall be issued. Concurrent registration with the National Registry is included during the initial license period. NREMT certification shall be maintained by EMT's licensed after April 1, 2010. Oklahoma emergency medical technician licenses will be extended to meet the new expiration date for a two year transition period.

(b) The initial expiration date of a license shall coincide with the National Registry expiration date, plus three (3) months. This initial license period may range from ~~eighteen (18)~~twenty-one (21) months to ~~thirty (30)~~thirty-three (33) months. Subsequent license periods, if a licensee meets renewal requirements, shall be for a two (2) year period beginning ~~April~~July 1st and continuing through ~~March~~June 30th of the respective expiration year.

(c) A licensed emergency medical technician shall either have their State license card, or a copy, on their person or in the vehicle while on duty. If the card has been lost, or destroyed, ~~or is in transit, a thirty (30) day period shall be allowed for compliance.~~ A duplicate license may be obtained from the Department upon request and verification of status. 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 requirements**

(a) An application for the renewal of all emergency medical technician licenses shall be submitted to the Department ~~on or before March 31st, of the license expiration year if renewal is desired.~~ A notice of expiration and application for renewal shall be mailed to each licensee, at the address of record. Licensees

are solely responsible for meeting all requirements for renewal.

(1) Applicants for renewal shall submit, on an application form provided by the Department, true, correct, and complete information as to eligibility and character. Incorrect or incomplete documentation shall be cause for rejection.

(A) Applicants who are licensed in Oklahoma and hold current active NREMT certification shall forward an appropriate license renewal application, fee and "Affidavit of Lawful Presence" with a copy of their NREMT certification card for the appropriate level of licensure to the Department on or before March 31<sup>st</sup> of the expiration year.

(B) Applicants who are licensed in Oklahoma and do not hold current NREMT certification must submit an appropriate license renewal application, fee, "Affidavit of Lawful Presence" and documentation as required by 310:641-5-14.1 by March 31<sup>st</sup> of the year of license expiration.

(2) The fee for renewal is twenty dollars (\$20.00) for EMT-B, twenty-five dollars (\$25.00) for EMT-I, and thirty dollars (\$30.00) for EMT-P. Concurrent national registration is not included within the Oklahoma emergency medical technician renewal fee. Fees shall be in an acceptable form made payable to the Oklahoma State Department of Health - Emergency Medical Services Division (OSDH-EMS).

~~(2) Requirements for renewal, in general, include current and continuous certification in basic life support (BLS), specified hours of continuing education, refresher training, and continued skill competency. In the case of EMT-I and EMT-P, skill competency shall be verified by a physician, and for EMT-P, advanced cardiac life support (ACLS) shall be documented.~~

~~(3) The EMT-B renewal requires the licensee to:~~

~~(A) Complete a basic refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined at OAC 310:641-3-2.~~

~~(B) Complete at least forty eight (48) hours of Department approved continuing education training. Twenty-four (24) hours of continuing education may be obtained through distributive education as defined in OAC 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Basic course, and the following topics -- pneumatic trousers, shock management, communications, hypothermia and other environmental injuries, air ambulance emergency care, child abuse, sexual assault, industrial accidents, explosion injuries, electrical hazards, neonatal care/SIDS, domestic violence, crime scene response, athletic injuries, rappelling, hazardous materials, crisis intervention, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, medico-legal aspects, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, ACLS, PALS, PPC, and~~

~~Pediatric Education for the Prehospital Professional (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses-- PHTLS (16hrs), BTLS (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), and/or Dispatcher Training (12hrs):-- with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved in-service training sessions. Any topic which is not specified above shall require prior written approval from the Division. Successful completion of a Department approved Paramedic or Intermediate course shall fulfill the refresher and all continuing education requirements for the EMT Basic;~~

~~(C) Maintain basic life support (BLS) certification for health care providers, current through March 31 of licensure expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider, or Department approved equivalent. BLS/CPR training shall not be applied toward the forty-eight (48) hours of required continuing education training for Basic EMT's.~~

~~(D) Complete the Department renewal application with all required documentation and fee.~~

~~(4) The EMT-I renewal requires the licensee to:~~

~~(A) Complete an intermediate refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined in OAC 310:641-3-2. Refresher course modules met by successfully completing ACLS (initial course), ATLS, PHTLS, BTLS, PALS, or PEPP courses disqualify these courses from being applied to continuing education hours.~~

~~(B) Complete at least thirty six (36) hours of Department approved continuing education training. Eighteen (18) hours of continuing education may be obtained through distributive education as defined at OAC 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Basic, EMT Intermediate, and/or EMT Paramedic course, and the following topics: -- air ambulance emergency care, sexual assault, industrial accidents, explosion injuries, electrical hazards, crime scene response, communications, athletic injuries, rappelling, hazardous materials, crisis intervention, domestic violence, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, ACLS, PALS, PPC,~~

~~and Pediatric Education for the Prehospital Provider (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses-- PHTLS (16hrs), BTLS (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), and/or Dispatcher Training (12hrs)-- with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved inservice training sessions. Any topic which is not specified above shall require prior written approval from the Division. Successful completion of a Department approved Paramedic course shall fulfill the refresher and all continuing education requirements for the EMT Intermediate;~~

~~(C) Maintain basic life support (BLS) certification for health care providers, current through March 31 of licensure expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider or Department approved equivalent. BLS/CPR training shall not be applied toward the thirty-six (36) hours of required continuing education training for Intermediate EMT's;~~

~~(D) Complete a skills review and maintenance verification for EMT-I by medical control, and;~~

~~(E) Complete the Department renewal application with all required documentation and fee.~~

~~(5) The EMT-P renewal requires the licensee to:~~

~~(A) Complete a paramedic refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined at OAC 310:641-3-2. Refresher course modules met by successfully completing ACLS (initial course), AMLS, PHTLS, or BTLS, PALS, or PEPP. Use of these courses disqualify these courses from being applied to continuing education hours.~~

~~(B) Complete at least twenty four (24) hours of Department approved continuing education training. Twelve (12) hours of continuing education may be obtained through distributive education as defined at 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Paramedic course, and the following topics: -- air ambulance emergency care, sexual assault, industrial accidents, explosion injuries, electrical hazards, crime scene response, athletic injuries, hazardous materials, crisis intervention, domestic violence, hypothermia and other environmental injuries, protective breathing apparatus, farm machinery extrication,~~

~~medico-legal aspects, radioactive materials, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, PALS, PPC, and Pediatric Education for the Prehospital Professional (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses-- PHTLS (16hrs), BTLS (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), PALS (16 hrs.) and/or Dispatcher Training (12hrs)-- with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved inservice training sessions. Any topic which is not specified above shall require prior written approval from the Division;~~

~~(C) Maintain basic life support (BLS) certification for health care providers, current through March 31 of licensure expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider or Department approved equivalent. BLS/CPR training shall not be applied toward the twenty-four (24) hours of required continuing education training for paramedics;~~

~~(D) 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) Complete a skills review and maintenance verification for EMT-P by medical control, and;~~

~~(F) Complete the Department renewal application with all required documentation and fee.~~

~~(b) Emergency medical technicians shall declare and provide documents on any felony conviction since their last issuance of a license. Denial of renewal, may be made upon any basis consistent with the provisions contained within Paragraph 310:641-5-11(6).~~

~~(c) The fee for renewal is ten (\$10.00) dollars for EMT-B, fifteen (\$15.00) for EMT-I, and twenty (\$20.00) for EMT-P. Concurrent national registration is not included within the Oklahoma emergency medical technician renewal. Fees shall be in an acceptable form made payable to the Oklahoma State Department of Health - Emergency Medical Services Division (OSDH/EMS).~~

~~(d) Successful retests of the National Registry exam shall suffice for re-licensure requirements at all levels.~~

~~(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.~~

**310:641-5-14.1 Renewal requirements for non-NREMT certified licensees.**

(a) Requirements for renewal of Oklahoma EMT licenses for non-NREMT certified personnel include current and continuous certification in basic life support (BLS), specified hours of continuing education, refresher training, and continued skill competency. In the case of EMT-I and EMT-P, skill competency shall be verified by a physician, and for EMT-P, advanced cardiac life support (ACLS) shall be documented.

(1) The EMT-B renewal requires the licensee to:

(A) Complete a basic refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined at OAC 310:641-3-2.

(B) Complete at least forty eight (48) hours of Department approved continuing education training. Twenty-four (24) hours of continuing education may be obtained through distributive education as defined in OAC 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Basic course, and the following topics -- pneumatic trousers, shock management, communications, hypothermia and other environmental injuries, air ambulance emergency care, child abuse, sexual assault, industrial accidents, explosion injuries, electrical hazards, neonatal care/SIDS, domestic violence, crime scene response, athletic injuries, rappelling, hazardous materials, crisis intervention, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, medico-legal aspects, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, ACLS, PALS, PPC, and Pediatric Education for the Prehospital Professional (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses-- PHTLS (16hrs), BTLs (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), and/or Dispatcher Training (12hrs):-- with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved in-service training sessions. Any topic which is not specified above shall require prior written approval from the Division. Successful completion of a Department approved Paramedic or Intermediate course shall fulfill the refresher and all continuing education requirements for the EMT Basic;

(C) Maintain basic life support (BLS) certification for

health care providers, current through March 31 of licensure expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider, or Department approved equivalent.

BLS/CPR training shall not be applied toward the forty-eight (48) hours of required continuing education training for Basic EMT's.

(D) Complete the Department renewal application with all required documentation and fee.

(2) The EMT-I renewal requires the licensee to:

(A) Complete an intermediate refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined in OAC 310:641-3-2. Refresher course modules met by successfully completing ACLS (initial course), ATLS, PHTLS, BTLS, PALS, or PEPP courses disqualify these courses from being applied to continuing education hours.

(B) Complete at least thirty six (36) hours of Department approved continuing education training. Eighteen (18) hours of continuing education may be obtained through distributive education as defined at OAC 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Basic, EMT Intermediate, and/or EMT Paramedic course, and the following topics: -- air ambulance emergency care, sexual assault, industrial accidents, explosion injuries, electrical hazards, crime scene response, communications, athletic injuries, rappelling, hazardous materials, crisis intervention, domestic violence, protective breathing apparatus, farm machinery extrication, medical terminology, radioactive materials, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, ACLS, PALS, PPC, and Pediatric Education for the Prehospital Provider (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses-- PHTLS (16hrs), BTLS (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), and/or Dispatcher Training (12hrs)-- with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved inservice training sessions. Any topic which is not specified above shall require prior written approval from the Division. Successful completion of a Department approved Paramedic course shall fulfill the refresher and all continuing education requirements for the EMT Intermediate;

(C) Maintain basic life support (BLS) certification for

health care providers, current through March 31 of licensure expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider or Department approved equivalent.

BLS/CPR training shall not be applied toward the thirty-six (36) hours of required continuing education training for Intermediate EMT's;

(D) Complete a skills review and maintenance verification for EMT-I by medical control, and;

(E) Complete the Department renewal application with all required documentation and fee.

(3) The EMT-P renewal requires the licensee to:

(A) Complete a paramedic refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined at OAC 310:641-3-2. Refresher course modules met by successfully completing ACLS (initial course), AMLS, PHTLS, or BTLS, PALS, or PEPP. Use of these courses disqualify these courses from being applied to continuing education hours.

(B) Complete at least twenty four (24) hours of Department approved continuing education training. Twelve (12) hours of continuing education may be obtained through distributive education as defined at 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Paramedic course, and the following topics: -- air ambulance emergency care, sexual assault, industrial accidents, explosion injuries, electrical hazards, crime scene response, athletic injuries, hazardous materials, crisis intervention, domestic violence, hypothermia and other environmental injuries, protective breathing apparatus, farm machinery extrication, medico-legal aspects, radioactive materials, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, PALS, PPC, and Pediatric Education for the Prehospital Professional (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses-- PHTLS (16hrs), BTLS (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), PALS (16 hrs.) and/or Dispatcher Training (12hrs)-- with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved inservice training sessions. Any topic which is not specified above shall require prior written approval from the Division;

(C) Maintain basic life support (BLS) certification for health care providers, current through March 31 of licensure

expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider or Department approved equivalent.

BLS/CPR training shall not be applied toward the twenty-four (24) hours of required continuing education training for paramedics;

(D) 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) Complete a skills review and maintenance verification for EMT-P by medical control, and;

(F) Complete the Department renewal application with all required documentation and fee.

(b) Emergency medical technicians shall declare and provide documents on any felony conviction since their last issuance of a license. Denial of renewal, may be made upon any basis consistent with the provisions contained within Paragraph 310:641-5-11(4).

(c) Applicants for renewal must be in good standing with the Oklahoma Tax Commission as required in Oklahoma State Statute 68 O.S. § 238.1, Notification of a "Tax Hold" problem will be mailed to the address of record. It is the sole responsibility of the licensee to resolve a "Tax Hold".

(d) A license renewal may be denied on the basis of falsification found on the application or any documentation. Any application for license renewal submitted by an applicant pursuant to the Act, shall constitute authorization for an inspection or investigation by the Department.

(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.

### **310:641-5-15. Expired license**

Any person who fails to renew his Oklahoma emergency medical technician license within the time frame and other requirements as specified in Section 310:641-5-14 or 310:641-5-14.1, shall be considered an expired or lapsed licensee, and therefore no longer licensed as an emergency medical technician in the State of Oklahoma. Applications for renewal shall be postmarked no later than midnight March 31st of the respective license year of expiration. Hardships and unforeseen circumstances to the process deadline may be submitted in writing to the Department for an exception, but in no case shall an Oklahoma emergency medical technician license be renewed which has been expired more than ninety (90) calendar days. Extensions may only be granted by the

EMS Director in writing for a period not to exceed ninety (90) days after June 30<sup>th</sup>. (For reinstatement see 310:641-5-17 Lapsed License).

### **310:641-5-17. Lapsed licenses**

To reinstate an emergency medical technician license which has expired, lapsed, or which has not been renewed, an individual shall comply with the requirements of 310:641-5-11.~~accomplish one of the following:~~

~~(1) If the expiration date is within a two (2) year period, the person shall successfully complete a Department approved USDOT / NHTSA national standard emergency medical technician refresher course, submit an initial application, appropriate fee, and successfully complete the Department approved written and practical examinations, respective to the level of training and original license, or:~~

~~(2) If the expiration date is beyond a two (2) year period, the person shall successfully complete a Department approved USDOT / NHTSA national standard emergency medical technician training course, submit an initial application, appropriate fee, and successfully complete the Department approved written and practical examinations, respective to the level of training and original license.~~

~~(3) Emergency medical technician - paramedic if previously certified by the national registry may apply for re-entry. Re-entry will be conducted by, and consistent with the standards of, the National Registry of Emergency Medical Technicians.~~

## **PART 5. PROCEDURES AUTHORIZED**

### **310:641-5-30. Standard of care**

(a) A licensed emergency medical technician basic (EMT-B) may perform to the following level or standard of care;

- (1) Patient assessment, including the determination of vital signs, diagnostic signs, and triage;
- (2) Bandaging, splinting, and the control of hemorrhage;
- (3) Treatment of shock, including the use of pneumatic anti-shock trousers (PASG);
- (4) Cardiopulmonary resuscitation (CPR) and the use of only adjunctive airway devices and the use of a semi-automated external defibrillator (SAED);
- (5) The maintenance of intravenous fluids, without medications and/or drugs added;
- (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, and albuterol or approved substitute per medical direction;

- (9) All other emergency medical care skills and measures included in the standard United States Department of Transportation basic emergency medical technician training curriculum which are not specifically listed above, and;
- (10) Upon the approval of the Department, and recommendation of the Council, additional skills may be authorized upon the written request of a local medical director. Authorized skills for the EMT-B may be reduced or limited by medical direction.
- (b) A licensed emergency medical technician intermediate (EMT-I) may perform to the following level or standard of care;
- (1) All skills listed in Subsection 310:641-5-30(a) for the EMT-B;
  - (2) Establishment of vascular or interosseous access for the administration of intravenous fluids, without medications and/or drugs added;
  - (3) Administration of medications per medical direction and approved by the Department;
  - (4) Venipuncture to obtain blood samples;
  - (5) The use and placement of definitive airway adjuncts for adults, children and infants;
  - (6) Upon the approval of the Department, and recommendation of the Council, additional skills may be authorized upon the written request of a local medical director.
- (c) A licensed emergency medical technician paramedic (EMT-P) may perform to the following level or standard of care;
- (1) All skills listed in Subsection 310:641-5-30(a), for the EMT-B and Subsection 310:641-5-30(b), for the EMT-I;
  - (2) The recognition, interpretation, treatment of cardiac arrhythmias using a cardiac monitor/defibrillator/external pacemaker;
  - (3) The advanced management of pediatric emergencies, including resuscitation, advanced airway placement, and administration of pediatric medication;
  - (4) The advanced management of obstetric and gynecologic emergencies, including medication administration;
  - (5) Advanced intervention of psychiatric patients, including medication administration;
  - (6) All other emergency medical care skills and measures included in the standard United States Department of Transportation paramedic emergency medical technician training curriculum, which are not specifically listed above, and;
  - (7) Upon the approval of the Department, and recommendation of the Council, additional skills may be authorized upon the written request of a medical director.

## **SUBCHAPTER 7. TRAINING PROGRAMS**

### **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 approved for training may include colleges, universities, junior colleges, technology centers, or other institutions acceptable to the Department.

(d) An institution may apply for certification as a Basic EMT program, an Intermediate EMT Program or a Paramedic program or a combination of any of these levels. Intermediate EMT and Paramedic are considered "advanced level" programs. A separate certificate will be issued for each training level. Training approval at any level includes approval for lower-level courses such as Emergency Medical Responder and corresponding refreshers.

(e) Application for new advanced level programs require the following:

(1) Completion of a full basic certification period of two (2) years, of which at least three (3) full basic courses are instructed.

(2) Student average first time pass rate of 50% on the National Registry examination.

(f) Training programs shall use Department approved curricula for all approved courses of instruction.

(g) An application for certification as a training program constitutes agreement to participate in a Department quality assurance program.

(h) Records shall be available for inspection by Department representatives during normal working hours.

### **310:641-7-13. Training program responsibilities**

(a) Each training program sponsoring emergency medical services training shall be responsible for course completion, respond to student complaints, and resolve student grievances.

(b) Each training program conducting emergency medical services training shall use the United States Department of Transportation, National Highway Traffic Safety Administration (USDOT, NHTSA) curricula and curricula supplements as adopted by the Department. Each training program which desires to use a curriculum not approved by the Department shall submit the curriculum to the Department for approval prior to use in any course.

(c) Each training program is responsible for quality assurance of its training, and shall disseminate all Department training updates to the students and instructors.

(d) Each training program shall inspect and verify that each class facility used for any course at any locations is adequate for instructional purposes prior to scheduling a course at the location.

(e) Each training program shall ensure that all Department required equipment is in good, safe and operational condition. Sufficient quantities shall be made available for each course

conducted. Equipment for Basic EMT, and Intermediate EMT courses must be dedicated for training purposes. Equipment for Paramedic courses must be owned by the training program. Equipment shall be available for inspection by Department representatives at any time during a regularly scheduled class.

(f) Each training program shall ensure that an instructor/student ratio of 1:10 is maintained during all practical classroom lab activities.

(g) Each training program shall ensure that a qualified preceptor supervises each student during scheduled clinical experiences.

(h) Each training program shall issue a course completion certificate and/or course transcript, including the course authorization number, to each student successfully completing an approved course.

(i) Each training program shall assist all of their students eligible for National Registration with the completion of all required applications.

(j) Each training program shall administer a final written and practical examination for each course, and provide National Registry of EMT's practical examinations for both first emergency medical responder and basic courses after course completion.

(k) The training program shall require instructors to follow the Department approved course syllabus, use lesson plans and provide instruction for all course objectives.

(l) For all courses which require a practical examination, as specified in OAC 310:641-5-11(9), the training program shall follow the National Registry Practical Examination Standards.

(m) Records for each course offered shall be maintained by the training program for at least three (3) years. Records shall include at a minimum attendance records, clinical experience summaries, student evaluations, student grades, a record of lab assistants and their documentation of qualifications, and skill sheets for both course and national registry practical examinations. National registry practical examination skill sheets are required for first emergency medical responder and basic courses only.

### **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 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, final practical examination date, and time and location;

(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;

- (3) A list of locations and site coordinator for each location, if multiple locations via distance learning technology are used; and
- (4) The Department may approve course requests submitted that do not meet the requirements of OAC 310:641-7-15(a) if non-approval would be detrimental to the interest of the public health and safety.
- (b) A course application submitted by a training program in good standing which meets all course requirements will be issued a course authorization number by the Department.
- (c) Courses must be instructed by Department approved emergency medical services instructors. Persons other than certified emergency medical services instructors recognized as experts in a specific area may instruct in an emergency medical services course with prior approval from the Department. The content and effectiveness of the presentation remain the responsibility of the training program and primary emergency medical services instructor.
- (d) 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. In exceptional circumstances, an amended roster may be submitted within forty-five (45) days of the original filing deadline, provided that the amendment be accompanied by the following:
    - ~~(A) A written request for approval by the Training Institution EMS Coordinator;~~
    - ~~(B) A statement describing the exigency or exceptional circumstance that necessitated the amendment; and,~~
    - ~~(C) A change to a written request for additional extension may be submitted on forms provided by the Department.~~
    - ~~(D) In cases of an amendment to a final roster, evidence that any added students have satisfactorily fulfilled and completed all of the course content and requirements.~~
- (e) 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 of required records, and visits to clinical experience sites.

(f) The Department may invalidate all or any portion of a course conducted where a violation of the Act or rules has been substantiated.