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

Subchapter 3 – Ground Ambulance Service  
Part 1 – General Provision

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **310:641-1-7. Definitions**

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

"**ACLS**" means Advanced Cardiac Life Support.

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

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

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

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

"**AHA**" means the American Heart Association.

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

"**AMLS**" means Advanced Medical Life Support.

"**ATLS**" means Advanced Trauma Life Support.

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

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

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

"**BTLS**" means Basic Trauma Life Support.

"**Board**" means the State Board of Health.

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

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

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

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

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**"Clinical Experience"** means all supervised learning experiences required and included as part of a training course in which the student provides or observes direct patient care. This includes vehicular experiences with a licensed ambulance service.

**"Council"** means the Oklahoma Trauma and Emergency Response Advisory Council.

**"Critical Care Paramedic"** means an Oklahoma licensed Paramedic that has received additional training to provide specialized care to patients during interfacility transfers and has provided his or her registration information to the Department.

**"Department"** means the State Department of Health.

**"Distance Learning"** is instruction of didactic portions of curriculum which requires participation of the instructor and students but does not require the students to be physically present in the same location as the instructor.

**"Distributive Education"** means educational activity, in which the learner, the instructor, and the educational materials are not all present in the same place at the same time, e.g., continuing education activities that are offered on the Internet, via CD ROM or video, or through journal articles or audio tapes.

**"Documents, Records, or Copies"** means an electronic or paper copy maintained at the agency, on units, or provided to receiving facilities.

**"DOT"** means the United States Department of Transportation.

**"Division"** means the Emergency Medical Services Division.

**"Emergency Medical Personnel"** means all certified and licensed personnel which provide emergency medical care for an ambulance service.

**"Emergency Medical Responder"** means a person who has successfully completed a state-approved course using the national standard Emergency Medical Responder curriculum and passed a competency- based examination from a state approved testing agency such as the National Registry of EMTs.

**"Emergency Medical Response Agency" or "EMRA"** means a person, company, or governmental entity that will utilize certified or licensed emergency medical personnel to provide emergency care but does not transport or transfer patients to a facility. The Department will provide two types of certification.

(A) Pre-hospital EMRAs will operate as part of an Emergency Medical System, responding to requests for service within a response area, supporting and being supported by a licensed ambulance service.

(B) Event Stand-by EMRAs will operate or contract for on-site medical care at locations that are open to the public or that will respond to the public. These types of EMRAs are certified to standby at a location or site and provide medical care to the public.

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

**"Emergency Medical System"** means a network of hospitals, different ambulance services, and other healthcare providers that exist in the state.

**"Emergency Medical Technician (EMT)"** means an individual licensed by the Department as an Emergency Medical Technician, formerly known as an EMT-B or Basic.

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

**"Emergency transfer"** means the movement of an acutely ill or injured patient from the scene to a health care facility (pre-hospital), or the movement of an acutely ill or injured patient from one health care facility to another health care facility (interfacility).

**"Emergency Vehicle Operators Course"** means a course that is meant to improve existing driving skills and familiarize an emergency vehicle operator or driver with the unique characteristics of driving emergency vehicles.

**"En route Time"** means the elapsed time from the time the emergency call is received by the EMS agency until the ambulance and complete crew is en route to the scene of the emergency.

**"FDA Class One Device"** means a device that is not life-supporting or life-sustaining and does not present a reasonable source of injury through normal usage. In the regulatory context, this applies to the stretcher/gurney and its locking system within the unit or vehicle.

**"Ground ambulance service"** means an ambulance service licensed at the basic, intermediate, advanced or paramedic life support level as provided in Subchapter 3. It does not mean a specialty care service licensed pursuant to Subchapter 11 or a stretcher aid van service licensed pursuant to Subchapter 17.

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**"Initial Certification or Initial Licensure"** means the first certification or license that an applicant receives after an initial course, or the license or certification an applicant receives after the previous license or certification expired.

**"Intermediate"** means an Emergency Medical Technician-Intermediate as licensed pursuant to the Act or this chapter.

**"Instructor"** means a Department approved instructor that provides instruction for initial courses, but may also teach refresher and continuing education courses.

**"Lapse in Medical Direction"** means the Medical Director for an agency has not been accessible to the agency for a period of time as detailed with the agency's policies and agreement.

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

**"Licensed Service Area"** means the contiguous geographical area identified in an initial ambulance service application or in an amendment to an existing license. The geographic area is identified by the application and supported with documents provided by the local governmental jurisdictions. For ground ambulance services, this is the geographic area the ambulance service has a duty to act within.

**"Medical Control Physician or Medical Director"** means the licensed physician (M.D. or D.O.) that authorizes certified or licensed emergency medical personnel to perform procedures and interventions detailed in the agency's approved protocols.

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

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

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

**"PALS"** means Pediatric Advanced Life Support.

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

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

**"PEPP"** means Pediatric Education for the Prehospital Professional.

**"PHTLS"** means Prehospital Trauma Life Support.

**"PIC"** means Pilot in Command.

**"PPC"** means Prehospital Pediatric Care.

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

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

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

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

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

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

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

**"Specialty Care Transports"** or **(SCT)** means interfacility transfers of critically ill or injured patients by an agency with the provision of medically necessary supplies and equipment, above the level of care of the Paramedic. SCT is necessary when a patient's condition requires ongoing care that must be provided by one or more healthcare providers in an appropriate specialty area. Examples include emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a Paramedic with additional training in IV infusions

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including vasopressors, vasoactive compounds, antiarrhythmics, fibrinolytics, tocolytics, and/or any other parenteral pharmaceutical unique to the patient's special health care needs or special monitors or procedures such as mechanical ventilation, multiple monitors, cardiac balloon pump, external cardiac support (ventricular assist devices, etc.), or any other specialized device or procedure outside the Paramedic scope of practice certified by the referring physician as unique to the patient's health care needs.

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

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

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

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

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

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

**"Title 47"** means the Oklahoma Motor Vehicle statutes.

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

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

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

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

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

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

If any part or section of this Chapter is found to be invalid and/or declared un-enforceable, then the remaining parts or sections shall remain in effect.

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

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

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

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

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

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**Subchapter 13 - Air Ambulance Service**

**310:641-13-1. Purpose**

The purpose of this Subchapter is to:

- (1) incorporate the authorization, licensure, and minimum requirements for operating a fixed wing or rotor wing Air Ambulance Service, and
- (2) provide standards for the enforcement of the provisions of the Act and this Chapter.

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

**310:641-13-2. License required**

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

- (1) State and Federal agencies are exempt from this licensing requirement unless the State and Federal agency air ambulance service routinely responds to emergency requests for service off State and/or Federal property.
- (2) An application for a license to operate as an air ambulance service shall be submitted on forms prescribed and approved by the Department.
- (3) The application shall be signed by the party or parties seeking to secure the license.
- (4) The party or parties who sign the application shall be considered the owner or agency (licensee) and responsible for compliance to the Act and this Chapter.
- (5) The application shall contain, but not be limited to the following:
  - (A) a statement of ownership shall include the name, address, telephone number(s), occupation, and other business activities of all owners or agents who shall be responsible for the service,
  - (B) if the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included;
  - (C) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer, and/or chief operation officer shall be included;
  - (D) Proof of aircraft insurance as required within Federal regulations;
  - (E) Proof of professional liability insurance at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
  - (F) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
  - (G) each licensee shall have a medical control physician or medical director as prescribed by the Act and this Chapter;
  - (H) copy of any contract(s) medical equipment, and/or personnel;
  - (I) a copy of patient care protocols and quality assurance plan detailing the care and interventions as required by medical control physician and as prescribed by the Act and this Chapter;
  - (J) the Department may require quality assurance documentation for review and shall protect the confidentiality of that information;
  - (K) the quality assurance documentation shall be maintained by the agency for three (3) years;
  - (L) the quality assurance policy shall include, but not be limited to:
    - (i) policy to review refusals;
    - (ii) policy to review air ambulance utilization;
    - (iii) policy to review airway management;

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- (iv) policy to review cardiac arrest interventions;
  - (v) policy to review time sensitive medical and trauma cases;
  - (vi) policy to review other selected patient care reports not specifically included;
  - (vii) policy to provide internal and external feedback of findings determined through reviews;
  - (viii) documentation of the feedback will be maintained as part of the quality assurance documentation.
- (M) a written communication policy addressing:
- (i) the receiving and dispatching of emergency and non-emergency calls; and
  - (ii) ensuring compliance with State and local EMS Communication Plans.
- (N) air ambulance specialty care license applicants will provide documentation that a screening process is in place to ensure a request for transport of a specialty care patient will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.
- (6) Provide a response plan that includes:
- (A) providing and receiving mutual aid with all surrounding, contiguous, or overlapping air ambulance licensed service areas that provides for support when an agency is not able to meet a request for medical assistance;
  - (B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.
- (7) Confidentiality policy ensuring confidentiality of all documents and communications regarding protected patient health information.
- (b) An application for an initial or new license shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle in excess of two (2) vehicles utilized for patient transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each ambulance substation in addition to the base station.
- (c) Air ambulance services are exempt from a duty to act requirements and continuous staffing coverage.
- (d) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.

[Source: Amended and renumbered from 310:641-3-30 at 33 Ok Reg 1529, eff 9-11-16]

**310:641-13-3. Issuance of an air ambulance license**

- (a) The Department shall have sole discretion to approve or deny an application for an air ambulance service license based on the ability of the applicant to meet the requirements of this Chapter.
- (b) Any air ambulance service licensed prior to the effective date of these amendments to this Chapter shall remain in effect for the period of license issuance, except that all such air ambulance services shall be subject to the Act and rules which otherwise pertain including the requirement for renewal. At renewal, the agency must be fully compliant with all applicable regulations within this Chapter of regulation.
- (c) The license is not transferable or assignable.
- (d) A air ambulance license may be issued for Paramedic life support or for Specialty Care.
  - (1) Paramedic life support means that the air ambulance vehicles are equipped with the minimum Paramedic equipment and staffed with at least one Paramedic on each request for service and may respond to both pre-hospital requests and interfacility transfers.
  - (2) Specialty care means the air ambulance service vehicles are equipped with the appropriate equipment and staff for each request for interfacility transfers within their licensure limits.
  - (3) Air ambulances providing Paramedic and Specialty care services are required to have both types of licenses.
  - (4) Air ambulances providing specialty care shall meet or exceed specialty care regulations as well as air ambulance regulations.
- (e) The initial license period shall expire the second June 30 following the date of issue. Subsequent renewal periods shall be twenty-four (24) months, or two (2) years.

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(f) The original, or a copy of the original, license shall be posted in a conspicuous place in the principal business office. If an office or other public place is not available, then the license shall be available to anyone requesting to see the license during regular business hours.

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

**310:641-13-4. Renewal of an air ambulance license**

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

(1) Upon receipt of a complete and correct renewal application, a renewal fee statement shall be mailed by the Department to each licensee in need of renewal.

(2) A non-refundable fee for the renewal of an specialty care air ambulance service license shall be one hundred dollars (\$100.00), fifty dollars (\$50.00) for each substation, plus twenty dollars (\$20.00) for each vehicle in excess of two (2).

(3) An air ambulance service license shall be renewed if:

(A) the air ambulance service has applied for such renewal;

(B) the air ambulance service has no outstanding deficiencies or is not in need of correction as may be identified during inspection of the service, and;

(C) The proper fee has been received by the Department.

(b) An ambulance service license, if not renewed by midnight June 30 of the expiration year shall be considered non-renewed.

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

(2) Thereafter a new application shall be required for the continuation of any such license, and the applicant shall be subject to initial application procedures. An extension may be granted by the Department for the purpose of renewal subject to a determination by the Department of the following:

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

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

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

**310:641-13-5. Denial for an initial license**

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

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

(2) Falsification of Department required information;

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

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

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

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

**310:641-13-6. Denial of an air ambulance application for renewal**

(a) Any air ambulance license application for renewal may be denied for any of the following:

(1) the failure to meet standards set forth by statute or rule,



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- (2) a felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation, or the person designated to manage the service to include, but not limited to fraud, grand larceny, child abuse, sexual offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service,
  - (3) outstanding notice of violation that has not been addressed with an acceptable plan of correction,
  - (4) insufficient financial resources,
  - (5) falsification of Department required information,
  - (6) ownership, management, or administration by principals of an entity whose ambulance service license has been revoked,
  - (7) re-licensure may not be in the best interest of the public as determined by the Department,
- (b) An applicant shall be notified in writing within sixty (60) days from the date the Department receives a complete renewal application of the granting or denial of a renewed license. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a renewed license shall be given, if applicable. A license application may be resubmitted, but each re-submission shall be considered an initial application.

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

**310:641-13-7. Severance of action, amendment, and re-instatement**

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

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

**310:641-13-8. Air ambulance medical staffing**

- (a) Each air ambulance flight originating in Oklahoma shall have, as a minimum, one of the following aeromedical crew member attending the patient:
- (1) a physician licensed to practice in the State of Oklahoma. This crew member should at a minimum be competent in the principles supported in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Pediatric Education for the Prehospital Professional (PEPP), Advanced Trauma Life Support (ATLS), altitude physiology, and on-board treatment modalities.
  - (2) a registered nurse licensed to practice in the State of Oklahoma. This crew member should at a minimum be competent in clinical principles of care related to critical care modalities, such as obstetrics, neonatology, pediatrics, burns, cardiology, neurosurgery, toxicology and infectious disease specialties, the principles of ATLS, altitude physiology, training appropriate to mission profile, and aviation communications.
  - (3) a Paramedic licensed to practice in the State of Oklahoma. This crew member should at a minimum be competent in altitude physiology, ACLS, PALS, PEPP and Pre-hospital Trauma Life Support (PHTLS) or equivalent as approved by the Department.
- (b) Aeromedical crew members are required to participate in continuing education training for, but not limited to, the following: altitude physiology, emergency medical services and aviation communications, use of patient care equipment, protocol and procedure review and legal aspects of air transportation.
- (1) Didactic continuing education shall include an annual review of:
    - (A) hazardous materials recognition and response.
    - (B) human factors - crew resource management
    - (C) infection control
    - (D) State EMS rules regarding ground and air transport.
    - (E) Stress recognition and management.

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- (2) Appropriate continuing education shall be developed and documented on an annual basis and must include:
- (A) critical care (adult, pediatric, neonatal).
  - (B) emergency / trauma care.
  - (C) invasive procedure labs.
  - (D) emergency obstetrics
  - (E) prehospital scene transports.
- (c) Scene or pre-hospital transports of air ambulance service shall have as a minimum, one aeromedical crew member licensed as a Paramedic.

[Source: Amended and renumbered from 310:641-3-34 at 33 Ok Reg 1529, eff 9-11-16]

**310:641-13-9. Air ambulance vehicle**

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

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- (A) Quantity of oxygen remaining.
- (B) Measurement of liter flow.
- (h) A variety of medical oxygen delivery devices consistent with the service's medical protocols shall be available.
- (i) An appropriately secured portable medical oxygen tank with a delivery device shall be carried on the aircraft. Portable medical oxygen tank may not be secured between patient's legs while the aircraft is in motion.
- (j) There shall be a back-up source of medical oxygen sufficient to allow completion of the transport in the event the main system fails. For air transports, this back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight.
- (k) Storage of oxygen shall comply with applicable OSHA standards.
- (l) Oxygen flow meters and outlets shall be located to prevent injury to medical transport personnel to the extent possible.
- (m) The licensee shall notify the Department prior to placing a substitute aircraft into operation. Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department.

[Source: Amended and renumbered from 310:641-3-34 at 33 Ok Reg 1529, eff 9-11-16]

**310:641-13-10. Air ambulance equipment**

- (a) Medical control shall determine the patient's needs and level of care required when deciding what equipment shall be aboard each flight and the type of aircraft required for transport. Equipment kits, cases and/or packs which are carried on any given flight shall be available for the following categories: trauma, cardiac, burn, toxicologic, pediatric, neonatal, and obstetrics.
- (b) controlled substances shall be in a locked system and kept in a manner consistent with Federal and States requirements and applicable sections of this Chapter.
- (c) storage of medications shall allow for protection from extreme temperature changes if environment deems it necessary.
- (d) The following medical equipment shall be required to be on board every aircraft certified by the Department for air medical services:
  - (1) readily available IV supplies and fluids, readily available;
  - (2) hangers or hooks to secure IV solutions in place and equipment to provide high flow fluids if needed. Glass IV containers shall not be used unless required by specific medications and properly secured;
  - (3) a minimum of three (3) IV infusion pumps immediately available for critical care transports;
  - (4) accessible medications, consistent with the service's medical protocols;
  - (5) a cardiac monitor, defibrillator and external pacemaker shall be secured and positioned so that displays are visible. Two (2) extra batteries or a power source shall be available for cardiac monitor / defibrillator or external pacemaker (adult and pediatric);
  - (6) laryngoscope and tracheal intubation supplies, to include laryngoscope blades, bag-valve-mask, and oxygen supplies, including PEEP valves; appropriate for ages and potential needs of patient transported;
  - (7) a mechanical ventilator appropriate for critical care transports;
  - (8) two (2) suction units, one of which is portable and both of which are capable of delivering adequate suction to clear the airway with wide bore (1/4") tubing and rigid and soft suction catheters for adults, children, and infants;
  - (9) pulse oximetry with adult and pediatric capability;
  - (10) continuous waveform capnography monitoring capabilities and equipment;
  - (11) automatic blood pressure device;
  - (12) devices for decompressing a pneumothorax and performing an emergency cricothyroidotomy;
  - (13) doppler stethoscope;
  - (14) continuous/bi level positive airway pressure device as allowed by protocol; and
  - (15) arterial line blood pressure monitoring as allowed by protocol.
- (e) All medical equipment (including specialized equipment) and supplies shall be secured according to FAR's.
- (f) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained by the agency, and made available to the Department upon request, showing the periodic tests, maintenance, and calibration are being conducted in accordance with

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manufacturer's requirements. Equipment shall include, but not be limited to, suction devices, pulse oximetry, glucometers, end-tidal CO<sub>2</sub>, and capnography monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

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

**310:641-13-11. Air medical director**

- (a) An air medical director shall be a physician, fully licensed to practice in the State of Oklahoma, with a background in flight medicine, pre-hospital and/or emergency medicine. The physician shall know the aircraft limitations for in-flight patient care.
- (b) An air ambulance service based in another state may have as its air medical director a physician who is not licensed to practice in the State of Oklahoma but is fully licensed in good standing in the home state of the air ambulance service. The air medical director shall meet all other qualifications listed in this subchapter.
- (c) Licensed air ambulance services will have a plan or policy describing how the agency will address a sudden lapse of medical direction, such as a back-up medical director, that is used to ensure coverage when a physician is not available.
- (d) The Department shall be notified the next business day of any lapse or change of medical direction by air ambulance service. If the agency has made arrangements for a back-up medical director or an immediate replacement, then no lapse has occurred.
- (e) In the event of a lapse in medical direction, in that, there is not a medical director providing the authority for the agency's licensed personnel, the agency will, pursuant to 63 O.S. Section 1-2506, relating to the medical authority to perform medical procedures
  - (1) cease all operations involving patient care,
  - (2) implement mutual aid plans to ensure requests for service receive responses until the agency is able to implement their plan or policy for a substitute or back-up medical director.
- (f) The air ambulance service medical director shall:
  - (1) Attend or demonstrate participation in:
    - (A) medical director training provided by the Department subject to the availability of funding. Verification of attendance or participation will be maintained at the agency;
    - (B) one hour of continuing education specific to providing medical oversight to EMS providers and agencies each year, provided by the Department subject to the availability of funding.
  - (2) demonstrate appropriate training and experience in adult and pediatric emergency medical services, which may include pediatric, adult, and trauma life support courses or equivalency. Training and experience may also include appropriate board training.
  - (3) be accessible, knowledgeable, and actively involved in quality assurance and the educational activities of the agency's personnel and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of the responsible designee(s). The appointment of a designee does not absolve the medical director of their responsibility for providing oversight.
  - (4) Each air ambulance quality assurance policy shall include, but not be limited to:
    - (A) patient care interventions to ensure appropriate patient care,
    - (B) policy to review air ambulance utilization,
    - (C) policy to review airway management,
    - (D) policy to review cardiac arrest management,
    - (E) other reports not specifically identified,
    - (F) a process to prove internal and external feedback of quality assurance findings.
  - (5) Provide a written statement to the Department, which includes:
    - (A) an agreement to provide medical direction and establish treatment protocols and the agency specific scope of practice for all certified and licensed agency personnel;
    - (B) the physician's primary practice address or home address if the physician does not have a practice, and email address(es);
    - (C) an OBNDD registrant number or appropriate state equivalent, as appropriate;
    - (D) current Oklahoma medical license;

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- (E) demonstrate appropriate training and experience in the types of patients the service will be transporting. Demonstrated training may include board training and appropriate certifications or supplemental training.
- (F) Develop on-line and off-line specific medical protocols with medication formulary for patient care techniques. Protocols shall include medication to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled dangerous substances;
- (g) A physician may be the medical director for more than one (1) service.

[Source: Amended and renumbered from 310:641-3-34 at 33 Ok Reg 1529, eff 9-11-16]

**310:641-13-12. Operational protocols**

- (a) Air ambulance medical services shall be maintained to provide medical treatment, stability, and transportation to ambulance patients within the capability and capacity of the medical crew and aircraft.
- (b) Patient related policies and procedures will be maintained at the agency. Documentation reflecting crew training on policies and procedures shall be maintained.
- (c) A written policy shall be utilized for rapid patient loading and unloading if practiced.
- (d) A written protocol shall be developed and in place to address the combative patient.
  - (1) Physical and/or chemical restraints shall be available and used for combative patients who potentially endanger himself, the personnel or the aircraft.
  - (2) The written protocol shall address refusal to transport patients, family members or others who may be considered a threat to the safety of the transport personnel.
- (e) A list of contaminated materials, which could pose a threat to the medical transport team or render transport inappropriate, shall be readily available.
- (f) The LZ or aircraft operational area shall be a safe distance to avoid any downwind danger when approaching or departing.
- (g) Each air ambulance service shall have a policy regarding patient screening and under what conditions a request for service would be declined or not accepted.
- (h) Air ambulance services are not required to meet the duty to act statutory requirements or have 24/7 resource availability.
- (i) Air ambulances shall operate within a statewide emergency medical response system coordinating pre-hospital and interfacility responses with the appropriate local emergency resources through:
  - (1) the use of the state designated resource status reporting and communication tool to show near real-time availability by using global positioning satellite systems to show where aircraft are located at the time of the request, and
  - (2) coordination with ground personnel to ensure the timeliest response to the patient via radio or telephone contact.
- (j) Air medical utilization protocols shall be developed and submitted to the Department for review and approval.

[Source: Amended and renumbered from 310:641-3-36 at 33 Ok Reg 1529, eff 9-11-16]

**310:641-13-13. Communications**

- (a) All air ambulance aircraft shall have radio capability to communicate air to ground, air to air, and ground to air. The aircraft communication system will include two-way communications:
  - (1) with physician(s) who are responsible for directing patient care in transit, and
  - (2) with ground personnel who coordinate the transfer of the patient by surface transportation.
- (b) The aircraft shall:
  - (1) have the capability to communicate between the medical attendant and pilot, and
  - (2) be in compliance with the Oklahoma State Interoperability Governing Body, and provide documentation that the aircraft can communicate with hospitals utilizing VHF frequency 155.3400.
- (c) All communications equipment used for transmitting patient care information shall be maintained in full operating condition and in good repair. Ambulance communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the base station at a reasonable distance. Radios on aircraft shall be capable of transmitting and receiving the following traffic:
  - (1) Medical direction.

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- (2) Communication Center.
- (3) EMS and law enforcement agencies.
- (d) The medical team shall be able to communicate with each other during flight.
- (e) A communication specialist shall be assigned to receive and coordinate all requests for the medical transport service. Training of the designated person shall be commensurate with the scope of responsibility and include:
  - (1) EMT certification, or the equivalent in knowledge or experience which minimally includes:
  - (2) medical terminology,
  - (3) knowledge of EMS - roles and responsibilities of the various levels of training,
  - (4) state and local regulations regarding EMS,
  - (5) familiarization with equipment used in the field setting,
  - (6) knowledge of Oklahoma State EMS Rules,
  - (7) types of radio frequency bands used in EMS systems,
  - (8) a knowledge of the hazardous materials response and recognition procedure using appropriate reference materials, and
  - (9) stress recognition and management.
- (f) Aircraft shall communicate, when possible, with ground units securing unprepared landing sites prior to landing.
- (g) A record of contact shall include, but not be limited to:
  - (1) time of call;
  - (2) name and phone number of requesting agency;
  - (3) age, diagnosis or mechanism of injury;
  - (4) referring and receiving physician and facilities (for interfacility requests); as per policy of the medical transport service.
  - (5) verification of acceptance of patient and verification of bed availability by referring physician and facility.
  - (6) destination airport, refueling stops (if necessary) location of transportation exchange and hours of operation;
  - (7) ground transportation coordination at sending and receiving areas;
  - (8) time of dispatch (time crew notified flight is a go approved, post pilot OK's flight approval);
  - (9) time depart base (time of lift-off or other site);
  - (10) number and names of persons on board;
  - (11) amount of fuel on board;
  - (12) estimated time of arrival (ETA);
  - (13) pertinent landing zone information;
  - (14) time arrive location;
  - (15) time helicopter arrives at landing zone or helipad;
  - (16) time depart location;
  - (17) time helicopter lifts off from landing zone or helipad;
  - (18) time arrive destination;
  - (19) time depart destination;
  - (20) time arrive base; and
  - (21) time aborted.
- (h) The communication center shall contain the following:
  - (1) At least one dedicated phone line for the medical transport service;
  - (2) A system for recording all incoming and outgoing telephone and radio transmissions regarding patient care with time recording and playback capabilities. Recordings are to be kept for three (3) years.
  - (3) capability to immediately notify the medical transport team and on-line medical direction (through radio, pager, telephone, etc.);
  - (4) a status board with information about pre-scheduled flights/patient transports, the medical transport team on duty, weather, and maintenance status;
  - (5) aircraft service area maps and navigation charts shall be readily available.
- (i) Each air ambulance service shall have in place a protocol to insure no delay in aircraft response.
  - (1) The air ambulance service shall provide to the caller a point of origin and an accurate ETA.

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- (2) In such cases where a delay is anticipated, the air ambulance service called has a responsibility to notify the caller and assist in referral to another licensed ambulance service.
- (j) The air ambulance service shall be integrated with and communicate with other public safety agencies, including ground emergency service providers. This shall include participation in regional quality improvement reviews, regional disaster planning, and mass casualty incident drills to include an integrated response to terrorist events.
- (k) Air ambulances will provide to ground agencies and receiving facilities post event reviews, feedback, or information for the purposes of improving performance or safety.

[Source: Amended and renumbered from 310:641-3-37 at 33 Ok Reg 1529, eff 9-11-16]

**310:641-13-14. Air ambulance sanitation requirements**

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

- (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times;
- (2) linen shall be changed after each patient is transported and bagged and stored in an outside or separate compartment;
- (3) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris,
- (4) freshly laundered linen or disposable linen shall be used on the cots and pillows and changed between patients;
- (5) pillows and mattresses shall be kept clean and in good repair and any repairs made to pillows, mattresses, and padded seats shall be permanent;
- (6) soiled linen shall be placed in a container that deters accidental exposure. Any linen which is suspected of being contaminated with bodily fluids or other potentially hazardous infectious waste shall be placed in an appropriately marked closed container disposal;
- (7) contaminated disposable supplies shall be placed in an appropriately marked or designated container in a manner that deters accidental exposure;
- (8) interior surfaces of vehicles shall be cleaned routinely;
- (9) blankets and hand towels used in any vehicle shall be clean;
- (10) implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items;
- (11) when a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted, and;
- (12) all storage spaces used for storage of linens, equipment, medical supplies, and other supplies at the base station shall be kept clean;
- (13) personnel shall be clean, especially hands and fingernails, and well groomed. Clothing worn by personnel shall be clean. The licensee shall provide in each vehicle a means of hand washing for the attendants;
- (14) the oxygen humidifier(s) shall be single use;
- (15) all medications, supplies, and sterile equipment with expiration dates shall be current;
- (16) expired medications, supplies, and sterile equipment shall be discarded appropriately. Tampering, removing, or altering expiration dates on medications, supplies, and equipment is prohibited;
- (17) the station facility, ambulance bays, living quarters, and office areas shall be clean, orderly, and free of safety and health hazards;
- (18) air ambulance vehicles and service facilities shall be free of any evidence of use of lighted or smokeless tobacco products except in designated smoking areas, consistent with the provisions of 310:641-1-4.

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

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**310:641-13-15. Storage of intravenous solutions**

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

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

**310:641-13-16. Air ambulance service authority to carry controlled substances on a vehicle**

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

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

**310:641-13-17. Air ambulance inspections**

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

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

**310:641-13-18. Air ambulance notice of violation**

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

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



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**310:641-13-19. Emergency medical services regions**

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

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

**310:641-13-20. Air Ambulance triage, transport and transfer protocols**

- (a) Medical and trauma Department approved triage, transport, and transfer protocols or destination protocols shall adhere to the principle of delivering time sensitive medical and trauma patients to appropriate facilities as outlined by the regional advisory boards and Department approved protocols.
- (b) Specific triage, transport, and transfer protocols or destination protocols shall be developed by medicalcontrol for the region, area, or local service and submitted to the Department for approval.
- (c) Each patient or legal guardian of a patient has the right to refuse treatment or transportation from an air ambulance agency.
- (d) Each air ambulance agency shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.
- (e) All air ambulance agencies are required to participate in the regional and statewide systems, established through statute and administered by the Department, to ensure the patients are transported to the appropriate facility in a timely manner to receive appropriate care.
- (f) Each agency shall designate the receiving facilities that are within their reasonable service range.
  - (1) An air agency may still transport to facilities outside of the reasonable service range on a case by case basis.
  - (2) Repeated transports to facilities that are outside of the agency's reasonable range will require modifications to the designated receiving facility list maintained at the Department with the agency's approved protocols.
- (g) Triage, transport and transfer protocols approved by the Department shall include the following requirements:
  - (1) medical and traumatic non-emergency transports shall be transported to the facility of the patient's choice if within reasonable service range;
  - (2) emergency, non-injury related, non-life threatening transports shall be transported to the facility of the patient's choice if within reasonable service range;
  - (3) emergency, injury-related transports shall adhere to the Oklahoma Triage, Transport, and Transfer Guidelines approved by the Oklahoma Trauma and Emergency Response Advisory Council and shall ensure that patients are delivered to the most appropriate classified hospital either within their region or contiguous regions;
  - (4) severely injured patients as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to a hospital classified at Level I or II for trauma and emergency operative services unless time and distance factors are detrimental to patient care. These patients shall be transported to the next highest level trauma and emergency operative service classified hospital, unless a Department approved regional plan has been developed; in which case the regional plan shall be followed;
  - (5) stable patients at risk for severe injury or with minor-to-moderate injury as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility. These patients may be transported to the hospital of the patient's or patients legal representative's choice consistent with regional guidelines;
  - (6) emergency, life threatening, non-injury transports shall be to the nearest facility that can provide evaluation and stabilization appropriate to the patient's condition;

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- (7) transports or transfers from a pre-hospital setting that occur as a result of a physician order shall be transported to the facility ordered by the physician except when:
- (A) the patient or the patient's guardian chooses a different facility,
  - (B) the patient condition changes, and going to a different facility is in the best interest of the patient,
  - (C) the receiving facility's ability to receive that patient has changed,
  - (D) the facility is not within a reasonable range of the agency,
  - (E) the Trauma Referral Center requests a change in destination or presents reasonable options for a destination.
- (h) In counties with populations of 300,000 or more and their contiguous communities, injury related transports shall be directed and coordinated by the trauma transfer and referral center for the region.
- (1) All air ambulance services providing pre-hospital emergency services in these regions shall contact the trauma transfer and referral center at intervals determined by the Department to register the transport of an injured patient to a hospital.
  - (2) All air ambulance services transporting injured patients on a pre-hospital basis from areas outside these regions to hospitals inside these regions shall contact the trauma transfer and referral center in a timely manner to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.
  - (3) All air ambulance services transferring injured patients from hospitals outside these regions to hospitals inside these regions shall contact the trauma transfer and referral center in a timely manner to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.
- (i) Each air ambulance service shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.
- (j) All air ambulance services are required to participate in the regional and statewide systems, established through statute administered by the Department, to ensure patients are transported to the appropriate facility in a timely manner to receive appropriate care.

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

**310:641-13-21. Air ambulance service records and files**

- (a) All required records for licensure will be maintained for a minimum of three years.
- (b) Each licensed air ambulance service shall maintain electronic or paper records about the operation, maintenance, and such other required documents at the business office. These files shall be available for review by the Department during normal work hours. Files which shall be maintained include the following:
  - (1) At the time a patient is transported to a receiving facility, the following patient care records will be, at a minimum, provided to the facility staff members at the time the patient(s) are accepted:
    - (A) personal information such as name, date of birth, and address,
    - (B) patient assessment with medical history,
    - (C) medical interventions and patient responses to interventions,
    - (D) any known allergies,
    - (E) other information from the medical history that would impact the patient outcomes if not immediately provided.
  - (2) A signature of the receiving facility health care staff member will be obtained to show the above information and the patient were received.
  - (3) A complete copy of the patient care report shall be sent to the receiving facility within twenty-four (24) hours of the hospital receiving the patient.
  - (4) Completed patient care reports shall contain demographic, administrative, legal, medical, community health, and patient care information required by the Department through the OKEMESIS Data Dictionary.
  - (5) All run reports and patient care information shall be considered confidential.

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- (c) All licensed air ambulance agencies shall maintain electronic or paper records on the maintenance and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call or on a daily basis, whichever is less frequent.
- (d) All licensed air ambulance agencies shall maintain a licensure or credential file for licensed and certified emergency medical personnel employed by or associated with the service to include:
- (1) Oklahoma license and certification,
  - (2) Basic Life Support certification that meets or exceeds American Heart Association standards,
  - (3) Advanced Cardiac Life Support certification that meets or exceeds American Heart Association Standards,
  - (4) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
  - (5) contain a list or other credentialing document that defines or describes the medical director authorized procedures, equipment, and medications for each certified or licensed member employed or associated with the agency,
  - (6) a copy of the medical director credentials will be maintained at the agency.
- (e) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to patient care.
- (f) All licensed air ambulance agencies shall maintain:
- (1) copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage, at the highest level of license;
  - (2) copies of in-service training and continuing education records;
  - (3) copies of the air ambulance services:
    - (A) operational policies, guidelines, or employee handbook. The standard operating procedure or guideline manual will include list of the patient care equipment that is carried on any "Class E" unit(s);
    - (B) medical protocols; and
    - (C) OSHA and/or Department of Labor exposure plan, policies, or guidelines.
  - (4) A log of each request for service received and/or initiated, to include the following:
    - (A) disposition of the request and the reason for declining the request, if applicable,
    - (B) the patient care report number,
    - (C) date of request,
    - (D) patient care report times,
    - (E) location of the incident,
    - (F) where the ambulance originated, and
    - (G) nature of the call;
  - (5) Documentation that verifies an ongoing, physician-involved quality assurance program.
  - (6) Such other documents which may be determined necessary by the Department. Such documents can only be required after a thorough, reasonable, and appropriate notification by the Department to the services and agencies.
- (g) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Department in writing.
- (h) Review and the disclosure of information contained in the ambulance service files shall be confidential except for information which pertains to the requirements for license, certification, or investigation issued by the Department.
- (i) Department representatives shall have prompt access to files, records, and property as necessary to appropriately survey the provider. Refusal to allow access by representatives of Department to records, equipment, or property may result in summary suspension of licensure by the Commissioner of Health.
- (j) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.
- (k) A representative of the agency will be present during the record review.

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

**310:641-13-22. Air Ambulance Suspension, revocation, probation, or non-renewal of a licensee**

- (a) The Department may suspend or revoke a license and/or fine or place on probation a license or licensee for the following:
- (1) violations of any of the provision of the Oklahoma Statutes, the Act or this chapter;
  - (2) permitting, aiding, or abetting in any illegal act in connection with the ambulance service;
  - (3) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
  - (4) placing a vehicle into service before it is properly inspected, approved, and permitted by the Department;
  - (5) failure to comply with a written order issued by the Department within the time frame specified by the Department;
  - (6) engaging in any act which is designed or intended to hinder, impede, or obstruct the investigation of any matter governed by the Act or by any lawful authority;
  - (7) an ambulance service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules shall be considered an expired or lapsed licensee and therefore no longer licensed as an ambulance service in the State of Oklahoma;
  - (8) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
  - (9) offering, giving, or promising anything of value or benefit, as defined in Oklahoma Statutes or Department policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
  - (10) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against, or inducement to, a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against, or inducement to, a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
  - (11) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this Chapter.
- (b) No person, company, governmental entity or trust authority may operate an ambulance service or emergency medical response agency except in accordance with the Act and the rules as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.
- (c) A license/certificate/permit holder or applicant in connection with a license application or an investigation conducted by the Department pursuant to this rule shall not:
- (1) knowingly make a false statement of material fact;
  - (2) fail to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation; or
  - (3) fail to respond to a demand for information made by the Department or any designated representative thereof.
- (d) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause for conduct of any practice that is detrimental to the welfare of the patient or potential users of the service.
- (e) In addition to any other penalties, a civil fine of not more than one hundred (\$100.00) dollars per violation per day may be assessed, for violations of the Act or this Chapter.

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