

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

**RULEMAKING ACTION:**

Notice of proposed PERMANENT rulemaking.

**PROPOSED RULES:**

Subchapter 1. General EMS Programs

1. 310:641-1-7. Definitions “Ambulance” [AMENDED]

Subchapter 3. Ground Ambulance Service

2. 310:641-3-20. Ground ambulance vehicles [AMENDED]

Subchapter 5. Personnel Licenses and Certification

3. 310:641-5-11.1. Military reciprocity certification or license qualifications [NEW]

4. 310:641-5-13.1. Issuance of a military reciprocity certification or license qualification [NEW]

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

6. 310:641-5-20.1. Scope of practice authorized by military reciprocity certification or license [NEW]

7. 310:641-5-33. Certification and licensure enforcement actions [AMENDED]

Subchapter 13. Air Ambulance Service

8. 310:641-13-9. Air ambulance vehicle [AMENDED]

Subchapter 15. Emergency Medical Response Agency

9. 310:641-15-11. Prehospital emergency medical response agency equipment [AMENDED]

Subchapter 17. Stretcher Aid Van Service

10. Subchapter 17. Changing “Stretcher Aid Van” to “Stretcher Van” and changing “patient” to “passenger” [AMENDED]

11. 310:641-17-1. Purpose [AMENDED]

12. 310:641-17-2. Stretcher van service license required [AMENDED]

13. 310:641-17-3. Issuance of a stretcher van service license [AMENDED]

14. 310:641-17-4. Renewal of a stretcher van license [AMENDED]

15. 310:641-17-5. Denial for an initial stretcher van license [AMENDED]

16. 310:641-17-8. Stretcher van staffing [AMENDED]

17. 310:641-17-9. Stretcher van vehicles [AMENDED]

18. 310:641-17-10. Equipment for stretcher van vehicles [AMENDED]

19. 310:641-17-11. Stretcher van medical control [AMENDED]

20. 310:641-17-12. Sanitation requirements [AMENDED]

21. 310:641-17-13. Inspections [AMENDED]

22. 310:641-17-14. Stretcher van notice of violation [AMENDED]

23. 310:641-17-16. Operational Protocols [AMENDED]

24. 310:641-17-17. Transfer protocols [AMENDED]

25. 310:641-17-18. Stretcher van service records and files [AMENDED]

**SUMMARY:**

1. Correct statutory citation for the definition of “Ambulance”.
2. Change the minimum standard for ground ambulance vehicles from GSA –KKK-1822 standards to two new standards. These are standards published by the Council for the Accreditation of Ambulance Services (CAAS) and the National Fire Protection Association. Additionally it amends the requirement for the name of the service to be on the vehicle and defines the size of the “Star of Life” to be on the unit, and requires the word “ambulance” or other EMS nomenclature that identifies the vehicle as an ambulance or EMS related.
- 3, 4, and 6. Pursuant to SB 670, which goes into effect on November 1, 2019, new sections of regulation had to be written to allow for the evaluation, issuance, and maintenance of Oklahoma certifications and licenses issued to military members and dependents based on out of state licenses and certifications.

5. Amending the scope of practice to allow certified and licensed emergency medical personnel to assist and/or evaluate Good Samaritans that may have been exposed to communicable diseases.
7. Amending 5-33 (a) by changing the following wording: “The Department may revoke...a license or certificate...” to: “The Department may revoke....any license or certificate...”. The “a” is being amended to “any”.
8. Amending this section of regulation by adding language that allows for the provisions of a temporary permit for air ambulances.
9. Amending this section of regulation by making tractions splints optional; based on medical director approval and removing the requirement for a thermometer.
10. Throughout Subchapter 17, renaming “Stretcher Aid Vans” to “Stretcher Vans” and “patients” to “passengers” pursuant to current statutory definitions and nomenclature.
- 11, 13, 14, 15, 21, 22, 26, 27 are being amended to change the name from “stretcher aid van” to “stretcher van”.
12. Based on statutory definitions for Stretcher Vans, the agency type is limited to “ambulance service districts, ems regions, and counties with a population in excess of five hundred thousand (500,000) people”. The amended language is similar to other license types and provides the best opportunity for ensuring compliance for the license type. Additionally, through statutory amendments, Stretcher Vans can continue to support the continued use of oxygen for passengers. The quality assurance language is a way to ensure the agency is following regulatory and statutory guidance for supporting oxygen usage for passengers.
16. Amendments to the staffing requirements ensures that attendant has the appropriate Oklahoma certification or license.
17. With the amendments in 310:641-3-20, amendments to 17-9 are required to separate the vehicle compliance requirements. The amendments shift stretcher vans from having to be fully compliant with a specific vehicle standard to having to be compliant with three specific testing standards. The amendments fully show that stretcher van vehicles are not required to meet ambulance standards, but are to be tested to three specific standards to ensure:
  - A. Cot or gurney retention;
  - B. Weight distribution;
  - C. Heating and air conditioning compliance.
18. Amending 17-10 ensures stretcher vans are equipped with the minimum amount of equipment allowed within their scope of license, passenger safety, and agency staff protection.
19. Within current regulations, a medical director is not required because the stretcher van agencies were limited to first aid, cpr, and the use of an aed for passenger interventions. With the addition of oxygen in the current definition, the section of regulations needed to be amended to show how the agency could continue oxygen for passengers without medical direction for the agency, and rely on the passenger physician for oxygen orders.
20. The amendment removes a sanitation requirement of equipment that is not required for stretcher van agencies and renumbers the remaining requirements.
23. Operational protocols will be amended to include the ability of staff members and attendants to be able to perform first aid, cpr, the use of an aed, and continue oxygen.
24. Pursuant to the current definitions, passengers transported by stretcher vans are to be screened prior to being transported.
25. Amendments include renumbering for clarification purposes, and in addition the requirement to retain screening documentation and quality assurance documentation.

**AUTHORITY:**

1. State Commissioner of Health, Title 63 O.S., §1-104; 63 O.S. §1-2511 (8);
2. State Commissioner of Health, Title 63 O.S., §1-104; 63 O.S. §1-2511 (8);
- 3, 4, and 6. State Commissioner of Health, Title 63 O.S., §1-104; O.S. 63, §1-2511 (8); and SB 670 (effective November 1, 2019), amending O.S. 59, § 4100.
5. State Commissioner of Health, Title 63 O.S., §1-104; and HB 1641 (2011) amending 63 O.S., §1-502.1

7. State Commissioner of Health, Title 63 O.S., §1-104; 63 O.S., §1-2511 (8);
8. State Commissioner of Health, Title 63 O.S., §1-104; 63 O.S., §1-2511 (8);
9. State Commissioner of Health, Title 63 O.S., §1-104; 63 O.S., §1-2511 (8);
- 10 to 27. State Commissioner of Health, Title 63 O.S., §1-104; 63 O.S., §1-2511 (8)

**COMMENT PERIOD:**

November 1, 2019, through December 6, 2019. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through December 6, 2019, submit written comment to the contact person identified below, or may, at the hearing, ask to present written or oral views.

**PUBLIC HEARING:**

Pursuant to 75 O.S., §303(A), the public hearing for the proposed rulemaking in this chapter shall be on December 5, 2019, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 from 9AM to noon. The alternate date and time in the event of an office closure due to inclement weather is December 9, 2019, in room 1102, from 9AM to noon. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

**REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:**

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through December 6, 2019, to the contact person identified below.

**COPIES OF PROPOSED RULES:**

The proposed rules may be obtained for review from the contact person identified below or via the agency website at [www.health.ok.gov](http://www.health.ok.gov).

**RULE IMPACT STATEMENT:**

Pursuant to 75 O.S., §303(D), a rule impact statement is available through the contact person identified below or via the agency website at [www.health.ok.gov](http://www.health.ok.gov).

**CONTACT PERSONS:**

Kim Bailey, General Counsel, Oklahoma State Department of Health, 1000 N. E. 10<sup>th</sup> Street, Oklahoma City, OK 73117-1207; phone (405) 271-6017, e-mail [KimB@health.ok.gov](mailto:KimB@health.ok.gov) or Audrey C. Talley, Rule Liaison, Oklahoma State Department of Health, 1000 N. E. 10<sup>th</sup> Street, Oklahoma City, OK 73117-1207, phone (405) 271-9444 ext.56535, e-mail [AudreyT@health.ok.gov](mailto:AudreyT@health.ok.gov).

## INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

### TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 641.

1. **DESCRIPTION:**

The Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) regulations workgroup, State Department of Health, and legislative mandates led to the proposed changes in five subchapters of Chapter 641. The amendments to the subchapters and sections include:

641:3-20 These changes will ensure alignment with changing industry standards and will modify the Ground Ambulance Vehicle Standards from a single certification standard to two acceptable standards;

641:5-11.1; 641:5-13.1; 641:5-20.1 and 641:5-33 These amendments will help the agency align with requirements from SB670 (2019) which amended 59 O.S. § 4100 and 4100.7 and creates regulations allowing for the reciprocity of other states certifications and licenses for members of the military or their dependents;

641:5-20 Modifications to existing rule to align with 63 O.S. § 1-502.1 and will expand language to also include “Good Samaritans” with exposures to blood borne pathogens;

641:13-9 These changes are not mandated by legislation but is based on industry needs and creates temporary permits for air ambulances;

641:15-11 This is not a legislatively mandated change but based on industry needs and will allow for traction splints to be optional as well as remove the requirement for thermometers for emergency medical agencies; and

641:1-7; and 641:17 These changes are being made to comply with SB1018 (2019) which amended 63 O.S. § 1-2503 and implement stretcher van oxygen and vehicle requirements.

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:**

641:3-20 Ground ambulance services may see financial impacts due to potential rise in cost for ambulances once the new vehicle standards become effective. Multiple states are adopting these changes. This will help Oklahoma be on par with national developments.

641:5-11.1; 641:5-13.1; 641:20.1; and 641:5-33 Military and their dependents will see barriers for certification and licensure in Oklahoma removed, making it easier for them to continue in chosen careers.

641:5-20 This change will affect Good Samaritans by helping them receive information related to testing and treatment options related to exposure to communicable diseases.

641:13-9 Changes for the air ambulance permits makes access to emergency aircrafts easier and is expected to allow Oklahomans easier access to such.

641:15-11 Changes for traction splints and thermometer requirements will decrease the costs for emergency medical response agencies and is expected to be net neutral on affects for Oklahoma

citizens.

641:1-7 and 641:17 The changes for stretcher vans remove barriers for moving passengers that do not require an ambulance, but cannot use a wheelchair. Except for the vehicle standards, the agencies will see minimal to no cost increases and could become less expensive in some cases.

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:**

The expected benefits and health outcomes for the citizens within the State of Oklahoma include:

641:3-20 Patients and staff members are expected to benefit from safer designs once alignment with industry standards is complete;

641:5-11.1; 641:5-13.1; 641:20.1; and 641:5-33 The agency expects easier Oklahoma integration for military personnel and their family members who have EMS licenses from other states as well as increased potential for additional personnel working within the industry;

641:5-20 The agency expects better protection for Good Samaritans as a result of this rule change;

641:13-9 The agency expects increased access to air ambulances once licenses for temporary aircraft are more easily accessible;

641:15-11 No health outcome changes are expected from this rule change but is expected to provide industry with cost savings measures through the removal of the requirement for rarely used traction splints and thermometers for emergency medical response agencies; and

641:1-7 and 641:17 There are no expected changes for health outcomes but this will allow industry and the agency to be in compliance with statutory changes.

4. **ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:**

641:3-20 No fee changes are associated with the modified Ground Ambulance Vehicle Standards, however, industry may notice an increase in cost for associated vehicles once manufacturers implement the necessary modifications to ensure compliance;

641:5-11.1; 641:5-13.1; 641:20.1; and 641:5-33 The economic impact for military personnel and their family members for the licensing reciprocity rule change will be in the form of saving license and application fees which shall be waived. The department will absorb the cost of the lost application and license fees as well as the implementation of the requirements for reciprocity within existing staff;

641:5-20 No significant economic impact is suspected for this rule change as a Good Samaritan scenario is expected to happen infrequently. There will be no fees involved as the agency will provide appropriate educational materials at no extra cost to industry;

641:13-9 These are not expected economic impacts for industry or the agency related to updated air ambulance standards;

641:15-11 The agency expects industry to achieve cost savings by removing the requirements for traction splints and thermometers. There are no applicable fee changes; and

641:1-7; and 641:17 There is potential for a shift of passengers between ambulance and stretcher aid van industries which could result in shifting of revenue.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:**

641:3-20 There is no cost to the agency for implementation of updated ground ambulance standards as current implementation and enforcement processes will be used once requirements are updated. The benefit to the agency is a better alignment with national standards to better serve the people of Oklahoma;

641:5-11.1; 641:5-13.1; 641:20.1; and 641:5-33 The economic impact for military personnel license reciprocity will be in the form of lost application and license fees. The agency will absorb those costs in day-to-day operations;

641:5-20 The Good Samaritan rule implementation and enforcement will be absorbed through current day-to-day operations and will benefit the agency by potentially preventing the spread of communicable diseases to Good Samaritans;

641:13-9 Resulting changes for air ambulance standards will be absorbed by day-to-day agency operational costs and staffing;

641:15-11 The agency expects no additional cost or benefit from the implementation and enforcement of the removal of splints ; and

641:1-7; and 641:17 There is potential for a shift of passengers between ambulance and stretcher aid van industries which could result in shifting of revenue.

6. **IMPACT ON POLITICAL SUBDIVISIONS:**

641:3-20 Political subdivisions that provide ground ambulance services will see an increase in the cost of ambulance vehicles when the new requirements take effect.

No other impacts on political subdivisions are expected for Chapter 641.

7. **ADVERSE EFFECT ON SMALL BUSINESS:**

641:3-20 Ambulance service businesses will see an increase in the cost of ambulance vehicles when the new requirements take effect.

No other impacts on small business are expected for Chapter 641.

8. **EFFORTS TO MINIMIZE COSTS OF RULE:**

641:3-20 The agency has attempted to mitigate costs for industry by allowing ground ambulance standards from which they may choose;

No other needs to minimize costs for the agency or industry have been identified as the costs for the agency are anticipated to be absorbed in existing day-to-day efforts of the and no adverse cost implications beyond potential increased costs for ambulance vehicles have been identified for these proposed rule changes.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

641:3-20 The proposed new ambulance standards include new safety requirements, making the vehicles safer for patients and staff;

641:5-11.1; 641:5-13.1; 641:20.1; and 641:5-33 The military personnel license reciprocity rule change has the potential to improve public health by expanding the certified licensed personnel available through a simpler licensing process for military personnel and their families;

641:5-20 The Good Samaritan rule has the potential to limit contraction of communicable diseases for persons helping others;

641:13-9 Updating air ambulance standards is expected to improve public health by providing better access to air ambulances;

641:15-11 No public health and safety impact is expected from this change.

641:1-7; and 641:17 Public health and safety will be improved through this rule change by improving access to transportation options.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

641:3-20 Failure to adopt the proposed new ambulance standards would prevent the state from aligning with emerging best practices for ground ambulances;

641:5-11.1; 641:5-13.1; 641:20.1; and 641:5-33 Failure to adopt the military personnel license reciprocity rule change would leave the agency out of compliance with new statute;

641:5-20 Failure to adopt the Good Samaritan rule would leave the agency out of compliance with existing statute;

641:13-9 Failure to adopt the updated air ambulance standards would leave the status quo in place and potentially result in less access to this service for Oklahomans;

641:15-11 Failure to adopt the traction splint and thermometer requirements would continue to result in unnecessarily lost revenue for industry.

641:1-7; and 641:17 Failure to adopt stretcher aid van rule changes would result in the agency being out of compliance with statute.

11. **PREPARATION AND MODIFICATION DATES:**

This rule impact statement was prepared on Thursday, October 10, 2019.

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

**SUBCHAPTER 1. GENERAL EMS PROGRAMS**

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

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

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

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

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

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

"**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(4)~~ 1-2503].

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**"Specialty Care Transports"** or **(SCT)** means interfacility transfers of critically ill or injured patients by an agency with the provision of medically necessary supplies and equipment, above the level of care of the Paramedic. SCT is necessary when a patient's condition requires ongoing care that must be

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

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

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

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

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

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

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

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

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

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

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

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

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

### **SUBCHAPTER 3. GROUND AMBULANCE SERVICE**

#### **310:641-3-20. Ground ambulance vehicles [AMENDED]**

(a) ~~A used vehicle which has new ownership, or a new vehicle which is of first registration, either leased, contracted for, or purchased on or after July 18, 1991, shall conform to the General Services Administration (GSA) specifications KKK A-1822 in effect at the time of manufacture. An ambulance manufactured prior to January 1, 2020 shall meet or exceed the standards established in the U.S. General Services Administration Federal Specification for the Star-of-Life Ambulance (GSA KKK-A-1822) in effect on November 1, 1994.~~

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

~~(1) KKK A 1822, effective January 2, 1974;~~

~~(2) KKK A 1822A, effective April 1, 1980;~~

- ~~(3) KKK A 1822B, effective June 1, 1985;~~
- ~~(4) KKK A 1822C, effective January 1, 1990;~~
- ~~(5) KKK A 1822D, effective November 1, 1994;~~
- ~~(6) KKK A 1822E, effective June 1, 2002;~~
- ~~(7) KKK A 1822F, effective August 1, 2007.~~

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

- (1) The Commission on Accreditation of Ambulance Services Ground Vehicle Standard for Ambulances (GVS), effective July 1, 2019. A decal or letter of verification from the manufacturer certifying that the vehicle meets the GVS standard, if ordered after January 1, 2021, shall be made available upon inspection ; or
- (2) The National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances – 2019 Editions. A decal or letter of verification from the manufacturer certifying that the vehicle meets the NFPA standard, if ordered after January 1, 2021, shall be made available upon inspection;
- (c) Additionally, each ground ambulance service vehicle will meet the following requirements after January 1, 2021:
  - (1) the business name, and/or a logo of the licensed ambulance service or acceptable legal abbreviation of the name of the service shall be placed on each side and the rear of the vehicle, and shall be at least three (3") inch high letters,
  - (2) the purchaser of any vehicle that is not compliant with this section shall be responsible for corrective action, and A minimum of one Star of Life emblem that is a minimum of three (3) inches in diameter shall be placed on the front, sides, and rear of the vehicle.
  - (3) A decal, notice, or other documentation showing the ambulance meets the manufacturing standard at the time of manufacture will be affixed to the vehicle. The word "Ambulance" shall be on the sides and rear of the vehicle in at least three (3) inch high letters.
    - (i) Nomenclature placed on a vehicle relating to a license level as defined in 63 O.S. Section 1-2503 must reflect the agency license level of the agency owning the vehicle.
    - (ii) The Department will approve other acceptable nomenclature prior to the delivery of a vehicle.
    - (iii) The Department will publish the acceptable nomenclature on the Department webpage.
- (d) If while waiting delivery of a new, remounted, or refurbished vehicle, a manufacturer or dealer provides a service with a vehicle on a temporary loan or lease, such temporarily loaned or leased vehicle shall comply with specification KKK-A-1822 in effect at the time of manufacture and shall be inspected and permitted by the Department prior to utilization as an ambulance.
- (e) A vehicle may not be permitted by the Department as an ambulance prior to the submission and approval of all required documentation, fees, and a Department inspection.
- (f) The purchaser of any vehicle that is not compliant with this section shall be responsible for corrective action.
- (g) A decal, notice, or other documentation showing the ambulance meets the manufacturing standard at the time of manufacture will be affixed to the vehicle.

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

**SUBCHAPTER 5. PERSONNEL LICENSES AND CERTIFICATION**

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

- (a) Emergency medical personnel while on duty will have a copy of their certification or license.
- (b) Persons applying for a Military Reciprocity Certification or License shall submit an application to the Department using Department approved forms.

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

(1) Emergency Medical Responder certification:

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

(B) Applicant shall submit the following documentation:

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

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

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

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

(2) Emergency Medical Technician, or EMT:

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

(B) Applicant shall submit the following documentation:

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

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

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

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

(3) Intermediate

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

(B) Applicant shall submit the following documentation:

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

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

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

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

(4) Advanced EMT:

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

(B) Applicant shall submit the following documentation:

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

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

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

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

(5) Paramedic

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

(B) Applicant shall submit the following documentation:

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

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

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

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

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

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

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

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

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

(4) child abuse; abuse, neglect, or financial exploitation of any person entrusted to his care or possession;

(5) burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm;

(6) arson, substance abuse, or any such other conviction, adjudication, or plea of guilty or nolo contendere, or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public;

(7) Each decision shall be determined on a case-by-case basis.

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

(f) Applicants will be notified in writing of the status of their application. The notification will be completed by either issuing the certification or license or by providing a denial to the application with an explanation of the denial and what steps are required to make the application acceptable.

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

(h) The Department shall maintain a registry of all qualified Emergency Medical Responders.

### **310:641-5-13.1 Issuance of a Military Reciprocity License and certification [NEW]**

(a) Upon successful completion of the application and submission of supporting documentation, a Military Reciprocity Certification or License shall be issued at the most appropriate Oklahoma Certification or License level that can be verified.

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

(c) If the applicant has a current certification from the National Registry of Emergency Medical Technicians, a Military Reciprocity Certification or License may be provided to the applicant at that certification same level.

### **310:641-5-20. Scope of practice authorized by certification or licensure [AMENDED]**

(a) The Department shall establish a scope of practice for each certificate and license level.

(b) The medical control physician may limit an individual certificate or license holder's scope of practice.

(c) Certified and licensed emergency medical personnel may perform authorized skills and procedures when authorized by medical control. When emergency medical personnel are without medical control, the scope of practice for any level of emergency medical personnel is limited to first aid, CPR, and the use of the AED.

(d) Certified Emergency Medical Responders may perform to the following level or within this scope of practice:

- (1) patient assessment, including the determination of vital signs, and triage,
- (2) oxygen administration and airway management,
- (3) basic wound management, including hemorrhage controls to include the use of tourniquets; treatment of shock,
- (4) cardiopulmonary resuscitation (CPR) and the use of only adjunctive airway devices and the use of a semi-automated external defibrillator (SAED),
- (5) splinting of suspected fractures;
- (6) rescue and extrication procedures,
- (7) assistance of patient prescribed medications including sublingual nitroglycerin, epinephrine auto injector and hand held aerosol inhalers,
- (8) administration of agency supplied oral glucose, activated charcoal, aspirin, agency supplied epinephrine auto injector, albuterol or approved substitute per medical direction, and nasally administered or atomized naloxone,
- (9) such other emergency medical care skills and measures included in the instructional guidelines adopted by the Department, and,
- (10) upon the approval of the Department additional skills may be authorized upon the written request of a local medical director,

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

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

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

- (1) all skills listed within the Emergency Medical Responder and Emergency Medical Technician scope of practice,
- (2) establishment of vascular or intraosseous access for the administration of fluids without medications. Approved fluids include; lactated ringers, normal saline, ½ normal saline, dextrose 5%, and dextrose 10%,
- (3) administration of medications per medical direction and approved by the Department,
- (4) venipuncture to obtain blood samples per local medical control,
- (5) the use and placement of definitive airway adjuncts for adults, children, and infants,
- (6) all other emergency medical care skills and measures included in the instructional guidelines adopted by the Department which are not specifically listed above, and
- (7) Upon the approval of the Department, additional skills may be authorized upon the written request of a medical director.

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

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

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

- (1) all skills listed for the other certified or licensed emergency medical personnel
- (2) recognitions, interpretation, treatment of cardiac arrhythmias using a cardiac monitor/defibrillator/external pacemaker,
- (3) advanced management of pediatric emergencies, including resuscitation, airway placement, and medication,
- (4) advanced management of obstetric and gynecologic emergency including medication administration,
- (5) advanced interventions of psychiatric patients including medication administration,
- (6) all other emergency medical skills and measures included in the instructional guidelines adopted by the Department, and
- (7) upon approval of the Department, additional skills may be authorized upon the written request of a medical director.

(i) Pursuant to 63 O.S. 1-502.1, emergency medical personnel shall assist Good Samaritans who may have been exposed to a communicable disease. This includes, but is not limited to:

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

(j) Emergency medical personnel may also consult with a Good Samaritan for potential exposures based on OSDH Guidance.

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

### **310:641-5-20.1 Scope of practice authorized by Military Reciprocity certification or licensure [NEW]**

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

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

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

### **310:641-5-33. Certification and licensure enforcement actions [AMENDED]**

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

- (1) Violations of any provision of Oklahoma statutes, the Act, or this Chapter;
- (2) permitting, aiding, abetting, or conspiring with a person to violate or circumvent a law relating to licensure or certification;
- (3) fraud, misrepresentation, deception, or concealment of a material fact in applying for or assisting in securing a license or license renewal or in taking an examination required for licensure;
- (4) signing or issuing, in the licensee's professional capacity, a document or statement that the licensee knows or reasonably ought to know contains a false or misleading statement;
- (5) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
- (6) offering, giving, or promising anything of value or benefit, as prohibited in Oklahoma law or rule, to a Federal, state, or local government employee or official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupation;
- (7) conviction, adjudication, or plea of guilty or nolo contendere, for an offense involving moral turpitude, whether a misdemeanor or felony, and whether or not an appeal is pending;
- (8) permitting, aiding, or abetting any illegal act;
- (9) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;

- (10) conduct likely to deceive, defraud, or harm the public including, but not limited to, practicing while subject to a physical or mental condition which renders the licensee unable to safely engage in activities required of a licensee under this subchapter;
- (11) acting in such a manner as to present a danger to public health or safety, or to any patient including, but not limited to incompetence, negligence, malpractice, or engaging in conduct in the course of one's practice while suffering from a contagious or infectious disease involving serious risk to public health without taking adequate precautions;
- (12) engaging in any act which is designed or intended to hinder, impede, or obstruct an investigation of any matter governed by the Act or by lawful authority;
- (13) making a false or misleading statement regarding the licensee's skill in connection with the activities required of a licensee under this subchapter;
- (14) use of a false, fraudulent, or deceptive statement, whether written or verbal, in connection with the activities required of a licensee under this subchapter;
- (15) knowingly make a false statement of material fact;
- (16) failure to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation;
- (17) failure to respond to a demand for information made by the Department or any designated representative thereof;
- (18) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
- (19) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization, based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for disciplinary action. A report from the National Practitioners Database (NPDB) or a certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;
- (20) having voluntarily relinquished or surrendered a professional or occupational license, certificate, or registration in this state or in another state;
- (21) having withdrawn an application for licensure, certification, or registration while under investigation or prior to a determination of the completed application in this state or in another state or jurisdiction;
- (22) failure to practice within the scope of practice of the certificate or license as established by the Department or by the medical director;
- (23) failure to practice within adopted protocols and procedures established and approved by the Department and the medical director;
- (24) failure to practice within the protocols set forth by the medical director and approved by the Department;
- (25) habitual intemperance or excessive use of an addictive drug, alcohol, or other substance to the extent that the use impairs the user physically or mentally; this provision does not apply to a licensee who is in compliance with an approved therapeutic regimen under a physicians' care;
- (26) filing a complaint with or providing information to the Department which the licensee knows, or ought to know, is false or misleading. This provision does not apply to any filing of a complaint or providing information to the board when done in good faith;
- (27) failing to report to the Department any adverse judgement or award arising from a medical liability claim or other unprofessional conduct;
- (28) committing any act of sexual abuse, misconduct, or exploitation by the licensee whether or not related to the practice;
- (29) failing to exercise technical competence in carrying out medically authorized skills, medication administration, or procedures related to their scope of practice;
- (30) unauthorized possession of patient care reports, falsifying, or altering patient care reports, intentionally documenting patient records incorrectly, failing to document patient care records, or prepare patient care reports,

- (31) revealing confidential information obtained as the result of a professional relationship without the prior consent of the recipient of services except as authorized or required by law;
- (32) diversion of a medication for any purpose or a violation of state or Federal laws governing the administration of medications;
- (33) failing as a clinical preceptor or lead instructor, to supervise, manage or train students practicing under the licensee's supervision, according to:
  - (A) scope of practice,
  - (B) generally accepted standards of patient care,
  - (C) board approved instructional guidelines,
  - (D) protocols, policies, and procedures,
- (34) willfully harassing, abusing, or intimidating a patient or student, either physically or verbally;
- (35) practicing as an emergency medical professional at any level without a current, active Oklahoma certification or license;
- (36) failing to comply with administrative orders, to include probation, suspension, or revocation orders;
- (37) failure to comply with a term, condition, or limitation of a certificate or license by final order of the Department;
- (38) any other act, whether specifically enumerated or not, that in fact constitutes unprofessional conduct;
- (39) failing to report to the Department the unprofessional conduct or noncompliance of regulations of other certified or licensed emergency medical providers;
- (40) conduct that does not meet the generally accepted standards of practice, which may be, but not required to be, supported by malpractice judgements, or tort judgements; and
- (41) Failing to report the institution of or final action on a malpractice action, including a final decision on appeal, against the licensee or of an action against the licensee by a:
  - (A) peer review committee;
  - (B) professional association; or
  - (C) local, state, Federal, territorial, provincial, or tribal government.
- (b) Any license or certificate issued by the Department may voluntarily be surrendered at any time during the license period for any reason by the license/certificate holder. The voluntary surrender of a license or certificate does not preclude the Department's authority to complete any pending action against said license/certificate holder. A surrendered license/certificate shall be treated as if revoked by the Department.
- (c) The Department may require a one (1) year period from the date of revocation before the license / certificate holder may apply for a license or certificate from the Department.
- (d) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause for conduct of any practice that is detrimental to the welfare of the patient or potential users of the service exists.
- (e) In addition to any other penalties, a civil fine of not more than one hundred (\$100.00) dollars per violation per day may be assessed, for violations of the Act or this Chapter.

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**SUBCHAPTER 13. AIR AMBULANCE SERVICE**

**310:641-13-9. Air ambulance vehicle [AMENDED]**

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

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

- (j) There shall be a back-up source of medical oxygen sufficient to allow completion of the transport in the event the main system fails. For air transports, this back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight.
- (k) Storage of oxygen shall comply with applicable OSHA standards within 29 CFR, Part 19 D.
- (l) Oxygen flow meters and outlets shall be located to prevent injury to medical transport personnel to the extent possible.
- (m) In the event the licensee will be utilizing shall notify the Department prior to placing a substitute aircraft not previously permitted by the Department for a period of more than five (5) days, the licensee shall notify the Department to have the aircraft inspected and permitted by the Department. into operation.
  - (1) Licensees with a substitute aircraft utilized for periods of five (5) days or less, the licensee shall complete an agency specific equipment log documenting the transfer of all required equipment onto the substitute aircraft at the time of transfer.
  - (2) The agency will maintain documentation of the transfer in accordance with 310:641-13-21 Air ambulance service records and files.
- (n) Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department as detailed within this section of 310:641 Subchapter 15.

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**SUBCHAPTER 15. EMERGENCY MEDICAL RESPONSE AGENCY**

**310:641-15-11. Prehospital emergency medical response agency equipment [AMENDED]**

- (a) The tampering, modification, or removal of the manufacturer's expiration date is prohibited.
- (b) Certified agencies shall ensure that all, recalled, outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from the response vehicles immediately.
- (c) The unit checklist will establish the equipment, supplies, and medications for each unit. A list of the equipment, supplies, and medication will be included in the application. For medications this is to include the number, weight, and volume of the containers.
- (d) At a minimum, the following equipment and supplies will be present on for each emergency medical response:
  - (1) one (1) each adult, pediatric, and infant size bag-valve-mask resuscitators;
  - (2) one (1) complete set of oropharyngeal airways, single wrapped for sanitation purposes;
  - (3) portable oxygen system with two (2) each oxygen masks in adult, pediatric, and infant sizes;
  - (4) two (2) adult nasal cannulas;
  - (5) portable suction device with age and size appropriate tubing and tips;
  - (6) one (1) bulb syringe with saline drops, sterile, in addition to any bulb syringes in an obstetric kit;
  - (7) instant cold packs;
  - (8) sterile dressing and bandages, to include:
    - (A) sterile burn sheets,
    - (B) sterile 4"x4" dressings,
    - (C) sterile 6"x8" or 8"x10" dressings,
    - (D) roller bandages, 2" or larger,
    - (E) rolls of tape (minimum of one (1) inch width),
    - (F) sterile occlusive dressings, 3" x 8" or larger,
    - (G) triangular bandages, and
    - (H) scissors;
  - (9) blood pressure cuff kit in adult, pediatric, and infant sizes;
  - (10) obstetrics kit;
  - (11) blankets;

- (12) universal precaution kit for each person attending a patient;
  - (13) blood-glucose measurement equipment per medical direction and Department approval;
  - (14) AED with adult and pediatric capability;
  - (15) adult and pediatric upper and lower extremity splints;
  - (16) spinal immobilization equipment per medical control authorization;
  - (17) adult traction splint per medical control authorization and;
  - (18) patient care reports;
  - ~~(19) digital thermometer.~~
- (e) A list of equipment in addition to the minimum equipment will be sent to the Department with the application.
- (f) The agency will have the equipment to support the procedures and interventions detailed within the protocols as authorized by the medical director.
- (g) An electronic or paper copy of patient care protocols will be available to responding agency members.
- (h) All assessment and medical equipment utilized for patient care will be maintained in accordance with the manufacturer's guidelines. Documentation will be maintained at the agency showing the periodic tests, maintenance, and calibration are being conducted in accordance with manufacturer's requirements. Equipment shall include, but not be limited to suction devices, pulse oximetry, glucometers, end-tidal Co2 and capnography monitors, CPAP/BiPAP devices, ventilators, and blood pressure monitors.

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**SUBCHAPTER 17. STRETCHER ~~AID~~ VAN SERVICE [AMENDED]**

**310:641-17-1. Purpose [AMENDED]**

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

**310:641-17-2. Stretcher ~~aid~~ van service license required [AMENDED]**

- (a) No person, company, governmental entity or trust authority shall operate, advertise, or hold themselves out as providing any type of stretcher ~~aid~~ van service without first obtaining a license to operate a stretcher ~~aid~~ van service from the Department. The Department shall have sole discretion to approve or deny an application for a stretcher ~~aid~~ van service license based on the ability of the applicant to meet the requirements of this rule.
- (b) State and Federal agencies that respond to stretcher ~~aid~~ van transports off State and Federal property are required to become licensed by the Department.
- (c) Persons, companies, and governmental entities which operate on their own premises are exempt from this licensing requirement, unless the stretcher ~~aid~~ van ~~patient(s)~~ passenger(s) is/are transported on the public streets or highways of Oklahoma or outside of their own premises.
- (d) An application to operate a stretcher ~~aid~~ van service shall be submitted on forms prescribed and provided by the Department.
- (e) The application shall be signed under oath by the party or parties seeking to secure the license.
- (f) The party or parties who sign the application shall be considered the owner or agent (licensee) and responsible for compliance to the Act and this Chapter.
- (g) The application shall contain, but not be limited to the following:
  - (1) a statement of ownership which shall include the name, address, telephone number, occupation and/or other business activities of all owners or agents who shall be responsible for the service.

- (A) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included.
  - (B) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included.
- (2) proof of vehicle insurance, at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Section 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
  - (3) proof of professional liability insurance, at least in the amount of one million dollars (\$1,000,000) or to the amount provided for in "The Governmental Tort Claims Act", Title 51 O.S. Sections 151 et seq. This insurance requirement shall remain in effect at all times while the service is licensed;
  - (4) participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws. This insurance requirement shall remain in effect at all times while the service is licensed;
  - (5) copy of any contract(s) for vehicles, medical equipment, and/or personnel if such exist;
  - (6) a written communication policy addressing:
    - (A) the receiving and dispatching of calls;
    - (B) ensuring compliance with State and local EMS Communication Plans; and
    - (C) applicants for this license will provide documentation that a screening process is in place to ensure a request for the transport of a stretcher ~~and~~ van patient will meet the agency's capability, capacity, and licensure requirements. Documentation of the screening will be retained as part of the patient care report or call log.
  - (7) Provide a response plan that includes:
    - (A) providing for and receiving mutual aid with all surrounding, contiguous, or overlapping service areas; and
    - (B) providing for and receiving disaster assistance in accordance with local and regional plans and command structures.
  - (8) confidentiality policy ensuring confidentiality of all documents and communications regarding protected ~~patient~~ passenger health information;
  - (9) an application for an initial or new license shall be accompanied by a non-refundable fee of six hundred (\$600.00) dollars plus twenty (\$20.00) dollars for each vehicle in excess of two (2) vehicles utilized for ~~patient~~ passenger transport. An additional fee of one hundred fifty (\$150.00) dollars shall be included for each stretcher ~~and~~ van substation in addition to the base station.
  - (10) A map or narrative description which identifies the proposed service area;
  - (11) evidence that the proposed service area is an emergency medical service region, ambulance district, or county with a population in excess of five hundred thousand (500,000) people;
  - (12) the defined hours of operation for the service; and
  - (13) Stretcher Vans are prohibited from carrying medications other than oxygen and those other medications which are passenger supplied and administered. The passenger must have a current physician prescription and/or order for the administration of oxygen. A copy of the order shall be maintained in agency files.
  - (14) A quality assurance plan or policy that includes:
    - (A) The Department may require quality assurance documentation for review and shall protect the confidentiality of that information.
    - (B) The quality assurance documentation shall be maintained by the agency for three (3) years.
    - (C) The quality assurance policy shall include, but not be limited to:
      - (i) Any passenger condition where the passenger entered the 911 system,

(ii) If oxygen is continued, the physician order must be maintained with the trip report or passenger report;  
(iii) policy to review other selected passenger reports not specifically included, and  
(iv) policy to provide internal and external feedback of findings deterred through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation.

- (h) Stretcher ~~aid~~ van license applicants will provide documentation that reflects compliance with existing sole-source ordinances.
- (i) Stretcher ~~aid~~ van services are exempt from a duty to act requirements and continuous staffing coverage.
- (j) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year.

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

- (a) The Department shall have sole discretion to approve or deny an application for a stretcher ~~aid~~ van service license based on the ability of the applicant to meet the requirements of this Chapter.
- (b) A license may be issued for a stretcher ~~aid~~ van service.
- (c) The license shall be issued only for the name, service area, and service provided. The license is not transferable or assignable.
- (d) The initial license period shall expire the second June 30th; following the date of issue. Subsequent renewal periods shall be twenty-four (24) months, or two (2) years.
- (e) The original, or a copy of the original, license shall be posted in a conspicuous place in the principal business office. If an office or other public place is not available, then the license shall be available to anyone requesting to see the license; during regular business hours.
- (f) The stretcher ~~aid~~ van service is limited to the transportation of stable ~~patients~~ passengers that can only be transported in a reclining position. As such, the medical interventions the staff members can provide are that of first aid, BLS CPR, and AED interventions. Agency supplied medications are prohibited for this license type.

**310:641-17-4. Renewal of a stretcher ~~aid~~ van license [AMENDED]**

- (a) The Department shall provide to all licensed stretcher ~~aid~~ van services a "Survey/Renewal Form" in December each year. This form shall be considered and utilized as a renewal application if due. The "Survey/Renewal Form" along with proof of the required types of insurance shall be returned to the Department by January 31st each year.
  - (1) Upon receipt of a complete and correct renewal application, a renewal fee statement shall be mailed by the Department to each licensee in need of renewal.
  - (2) A non-refundable fee for the renewal of a stretcher ~~aid~~ van service license shall be one hundred dollars (\$100.00), fifty dollars (\$50.00) for each substation, plus twenty dollars (\$20.00) for each vehicle in excess of two (2).
  - (3) A stretcher ~~aid~~ van service license shall be renewed if:
    - (A) the service has applied for such renewal;
    - (B) the service has no outstanding deficiencies or is in need of correction as may be identified during inspection of the service, and;
    - (C) the proper fee has been received by the Department.
- (b) A stretcher ~~aid~~ van service license; if not renewed by midnight June 30 of the expiration year, shall be considered non-renewed.
  - (1) A grace period of thirty (30) days is permitted under 63 O.S. Section 1-1702.
  - (2) Thereafter a new application shall be required for the continuation of any such license, and the applicant shall be subject to initial application procedures. An extension may be granted by the Department for the purpose of renewal, subject to a determination by the Department of the following:

- (A) the safety, need, and well-being of the public and general populace to be served by the stretcher ~~aid~~ van service;
- (B) the availability of personnel, equipment, and the financial ability of the applicant to meet the minimum standards of emergency medical services law;
- (C) the number of estimated runs to be made by the stretcher ~~aid~~ van service;
- (D) the desire of the community(ies) to be served

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

- (a) A stretcher ~~aid~~ van license application may be denied for any of the following reasons:
  - (1) a felony conviction, adjudication, or plea of guilty or nolo contendere of any person, member of the firm, partnership, corporation or the person designated to supervise the service; to include, but not be limited to, fraud, grand larceny, child abuse, sexual offense(s), drug offense(s), or a conviction, adjudication, or plea of guilty or nolo contendere which might otherwise have a bearing on the operation of the service;
  - (2) falsification of Department required information;
  - (3) ownership, management, or administration by principals of an entity whose license has been revoked; and
  - (4) licensure or re-licensure may not be in the best interest of the public as determined by the Department.
- (b) An applicant shall be notified in writing within sixty (60) days from the date the Department receives a complete application of the granting or denial of a license. In the event of a denial, the specific reason(s) shall be noted and indications of the corrective action necessary to obtain a license or renewal shall be given, if applicable. A license application may be re-submitted, but each resubmission shall be considered an initial application.

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

- (a) Each stretcher ~~aid~~ van service shall be staffed by a minimum of two (2) persons.
- (b) The ~~patient~~ passenger shall be accompanied by a minimum of:
  - (1) an attendant that has a current Oklahoma Emergency Medical Responder certification and maintains current BLS certification and
  - (2) the driver shall hold a valid Oklahoma driver's license, possess a current BLS certification, and have completed an agency defensive driving course that includes driving a vehicle similar to a stretcher ~~aid~~ van.
- (c) Under no circumstance during the transport of a stretcher ~~aid~~ van ~~patient~~ passenger shall the attendant be less than an Oklahoma certified Emergency Medical Responder.
- (d) Each stretcher ~~aid~~ van service shall provide to each attendant and driver an orientation designed to familiarize these individuals with the local and regional emergency medical system and other Oklahoma public safety resources.
- (e) Agencies will maintain training records demonstrating competency in emergency procedures, ~~patient~~ passenger handling, and vehicle operations for all personnel utilized by the agency prior to ~~patient~~ passenger contact or vehicle operations.

**310:641-17-9. Stretcher ~~aid~~ van vehicles [AMENDED]**

- (a) A stretcher ~~aid~~ van vehicle may not be permitted by the Department prior to the submission and approval of all required documentation, fees, and a Department inspection.
- (b) Authorized stretcher ~~aid~~ van vehicles of licensed services shall be in good mechanical and serviceable condition at all times, so as to not be hazardous to the ~~patient(s)~~ passenger(s) or crewmembers. If, in the determination of the Department, a vehicle does not meet this requirement, it may be removed from service until repairs are made.
- (c) Authorized stretcher ~~aid~~ van vehicles of licensed services shall be tested for interior carbon monoxide, in a manner acceptable to the Department. Carbon monoxide levels of more than ten parts per million

(10ppm) shall be considered in excess and shall render the vehicle "out of compliance". Vehicles shall be removed from service if carbon monoxide levels exceed fifty parts per million (50ppm) and until repairs are made to reduce the amounts of carbon monoxide below ten parts per million (10ppm).

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

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

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

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

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

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

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

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

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

- (1) ~~oxygen systems,~~
- (2) ~~emergency lights, and~~
- (3) ~~sirens.~~

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

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

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

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

- ~~(1) one (1) each pediatric and adult size bag valve mask resuscitators,~~
- ~~(2) one suction unit (portable or vehicle mounted) which is capable of delivering adequate suction to clear the airway, with wide bore tubing (one quarter inch) (1/4"), and rigid and soft catheters for the types of patients the agency transports.~~
- ~~(3) one (1) emesis basin,~~
- ~~(4) one (1) pair of scissors or shears,~~
- ~~(5) (1) body substance isolation kits with gowns, gloves, eye protection, and masks;~~
- ~~(6) (2) latex or equivalent gloves separate from body substance isolation kits;~~
- ~~(7) pediatric and adult oropharyngeal airways,~~
- ~~(8) (3) extra blankets, sheets, pillow cases;~~
- ~~(9) (4) two (2) five (5) pound fire extinguishers, secured, with one (1) accessible to the driver and one (1) accessible to the patient passenger care attendant;~~
- ~~(10) (5) one (1) elevating gurney with locking equipment that complies with AMD 004;~~
- ~~(11) (6) an AED with adult and pediatric capabilities if the agency transports pediatric passengers;~~
- ~~(12) (7) if the agency transports children, then the agency is required to provide a child restraint system;~~
- (8) portable and spare oxygen cylinders shall be appropriately secured; and
- (9) one (1) stretcher mount portable oxygen securing device.

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

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

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

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

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

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

### **310:641-17-12. Sanitation requirements [AMENDED]**

(a) The following shall apply regarding sanitation standards for all stretcher ~~aid~~ van services facilities, vehicles, and personnel:

- (1) the interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order at all times;
- (2) the exterior of the vehicle shall be clean and maintained in good working order to ensure the vehicle can operate safely and in accordance with applicable sections of Title 47 of the Oklahoma Statutes;
- (3) linen shall be changed after each patient passenger is transported, and the used linen will be bagged and stored in an outside or separate compartment;
- (4) clean linen, blankets, washcloths, and hand-towels shall be stored in a closed interior cabinet free of dirt and debris;

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

**310:641-17-13. Inspections [AMENDED]**

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

**310:641-17-14. Stretcher ~~and~~ van notice of violation [AMENDED]**

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

- (b) Unless the Department specifies a reduced period, within thirty (30) days after receipt of the notice of violation, the agency shall submit to the Department a written demonstration of compliance and/or plan of correction.
- (c) A plan of correction shall include at least the following:
  - (1) When the correction was or will be completed;
  - (2) How the correction was or will be made;
  - (3) What measures will prevent a recurrence; and
  - (4) Who will be accountable to ensure future compliance.
- (d) The Department shall ensure that the agency is afforded due process in accordance with the Procedures of the State Department of Health, Oklahoma Administrative Code, Title 310, Chapter 2, and the Administrative Procedures Act, Title 75 O.S. Section 250 et seq.
- (e) Violations found by the Department which require immediate correction shall be handled in compliance with Title 75 of the Oklahoma Statutes, Section 314.1 and the Oklahoma Administrative Code, Title 310, Chapter 2, specifically 310:2-21-23.

**310:641-17-16. Operational protocols [AMENDED]**

- (a) Stretcher ~~aid~~ van vehicles are to be used for stretcher ~~aid~~ van ~~patients or~~ passengers only.
  - (1) Emergency transfers are prohibited.
  - (2) Stretcher ~~aid~~ vans are prohibited from conducting patient transfers or providing transportation from the pre-hospital setting.
- (b) Stretcher ~~aid~~ van services are limited to providing non-emergency transportation to medically stable, non-emergent individuals who need to be transported in a reclining position on a stretcher but who do not require any type of monitoring or administration of medical care.
- (c) Passenger supplied medications for self-administration are permitted.
- (d) ~~Patient care~~ Passenger attendants are limited to first aid, BLS CPR, and AED interventions, and the continuation of oxygen.
- (e) Stretcher ~~aid~~ vans shall define the days and hours of operation in which transportation is provided.
- (f) When a facility requests a stretcher ~~aid~~ van, the agency will provide an accurate estimated time of arrival and ensure the ~~patient~~ passenger needs will be able to be met for the service being requested within the scope of the licensure capabilities and capacity.
- (g) Stretcher ~~aid~~ van transports may be made to and from any State or Federal Veteran Centers.
- (h) When a stretcher ~~aid~~ van passenger develops an emergency condition, the service shall:
  - (1) contact 911 or the local emergency number;
  - (2) proceed to the closest hospital or to a rendezvous point;
  - (3) provide appropriate first aid, BLS CPR, and AED interventions; and
  - (4) submit an incident report to the Department within 48 hours of the incident;
- (i) Mutual aid plan(s), regarding interfacility transports only, with licensed services shall be developed and placed in the agency files for inspection. Plans will be periodically reviewed to ensure accuracy and completeness. Licensed stretcher ~~aid~~ van agencies shall provide mutual aid if the agency has the capability and if the requested activity is within the licensure requirements.

**310:641-17-17. Transfer protocols [AMENDED]**

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

**310:641-17-18. Stretcher ~~aid~~ van service records and files [AMENDED]**

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

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

(1) a record of each ~~patient~~passenger transport to include, but not be limited to:

- (A) personal information such as name, date of birth and address;
- (B) contact information;
- (C) originating location;
- (D) destination;
- (E) reason for the transport; and
- (F) ~~a call log that contains:~~
  - ~~(i) time requested,~~
  - ~~(ii) time arrived,~~
  - ~~(iii) time departed,~~
  - ~~(iv) time at destination,~~
  - ~~(v) time transport was complete,~~
  - ~~(vi) unit number, and~~
  - ~~(vii) staff members on transport. if oxygen was continued.~~

(2) Records shall be submitted to the Department as required.

(c) All passenger ~~and patient~~ transport reports and information shall be considered as confidential.

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

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

- (1) Oklahoma license and certification,
- (2) Basic Life Support certification that meets or exceeds American Heart Association standards,
- (3) Incident Command System or National Incident Management Systems training at the 100, 200, and 700 levels or their equivalent,
- (4) verification of an Emergency Vehicle Operations Course or other agency approved defensive driving course,

(f) The electronic or paper copies of the licenses and credentials described in this section shall be kept separate from other personnel records to ensure confidentiality of records that do not pertain to the documents relating to ~~patient care~~ the passenger.

(g) Copies of staffing patterns, schedules, or staffing reports.

(h) Copies of in-service training and continuing education records.

(i) Copies of the stretcher ~~aid~~ van service's:

- (1) operational policies, guidelines, or employee handbook;
- (2) OSHA and/or Department of Labor exposure plan, policies, or guidelines.

(j) A log of each request for service call received and/or initiated, to include the:

- (1) disposition of the request and the reason for declining the request, if applicable;;
- (2) patient-passenger care report number;;
- (3) date of request;;
- ~~(4) patient care report times;~~
- ~~(5) (4) location of the incident;;~~
- ~~(6) (5) where the ambulance originated, and;~~
- ~~(7) (6) nature of the call;;~~
- (7) time requested;
- (8) time arrived;
- (9) time departed;
- (10) time at destination;
- (11) time transport complete;
- (12) unit number;

- (13) staff member on transport; and
- (14) medical screening documentation.

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

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

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

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

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

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

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

### **310:641-17-19. Sole source ordinances [AMENDED]**

(a) A stretcher ~~and~~ van service which operates as a sole source provider established by EMS regions, ambulance service districts, or municipalities shall file with the Department a copy of the ordinance or regulation and a copy of the contract to operate as a sole source provider. This requirement shall be retroactive and includes all established sole source ordinances and resolutions.

(b) A stretcher ~~and~~ van service which operates as a sole source provider for a "region" as established pursuant to the Oklahoma Interlocal Cooperation Act (Title 74, Section 1001, et seq.), shall file with the Department, a copy of the interlocal agreement and any ordinance or other regulations or contract or agreement established by the region for ambulance service provision.

(c) Violation of contracts established herein may be cause for enforcement action by the Department.

### **310:641-17-20. Suspension, revocation, probation, or non-renewal of a licensee [AMENDED]**

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

- (1) violations of any of the provision of the Oklahoma Statutes, the Act, or this chapter;
- (2) permitting, aiding, or abetting in any illegal act in connection with the ambulance service;
- (3) conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;
- (4) responding to requests for service or completing transports that are not permitted by the type of license issued by the Department;
- (5) placing a vehicle into service before it is properly inspected, approved, and permitted by the Department;
- (6) failure to comply with a written order issued by the Department within the time frame specified by the Department;
- (7) engaging in any act which is designed or intended to hinder, impede, or obstruct the investigation of any matter governed by the Act or by any lawful authority;
- (8) a stretcher ~~and~~ van service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules shall be considered an expired or lapsed licensee and therefore no longer licensed as an ambulance service in the State of Oklahoma;
- (9) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;

- (10) offering, giving, promising anything of value or benefit, as defined in Oklahoma Statutes or Department Policy to a Federal, state, or local governmental official for the purpose of influencing the employee or official to circumvent a Federal, state, or local law, rule, or ordinance governing the licensee's profession or occupations;
  - (11) interference with an investigation disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;
  - (12) failure to report the unprofessional conduct or non-compliance of regulations by individually licensed and certified personnel as defined in this Chapter.
- (b) No person, company, governmental entity or trust authority may operate an ambulance service or emergency medical response agency except in accordance with the Act and the rules as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.
- (c) A license/certificate/permit holder or applicant in connection with a license application or an investigation conducted by the Department pursuant to this rule shall not:
- (1) knowingly make a false statement of material fact;
  - (2) fail to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation; or
  - (3) fail to respond to a demand for information made by the Department or any designated representative thereof.
- (d) If in the course of an investigation, the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause for conduct of any practice that is detrimental to the welfare of the patient or potential users of the service.
- (e) In addition to any other penalties, a civil fine of not more than one hundred (\$100.00) dollars per violation per day may be assessed, for violations of the Act or this Chapter.