



Oklahoma State Department of Health  
Creating a State of Health

April 2011

Ladies and Gentlemen;

Thank you for volunteering to participate in the Emergency Medical System of Oklahoma. By serving on your respective 522 district boards, you are helping ensure the citizens of Oklahoma have access to emergency medical services (EMS) in an efficient and effective manner.

This guidebook is intended to serve as a resource to guide EMS activities in your district. EMS activities involve ambulance providers and emergency medical response agencies (non-transport agencies). This guidebook will provide answers to your questions and will refer you to other resources for further information.

EMS does not operate in a vacuum. Federal standards impact the training and scope of practice that certified emergency medical response agencies and licensed ambulance providers receive. Federal dollars come to agencies as grants from Federal Emergency Management Administration (FEMA) or insurance payments from Medicare/Medicaid Programs. At the state level, all EMS entities are certified or licensed through the Oklahoma State Department of Health, where Emergency Medical Services and Trauma and Systems work together to meet the regulatory and development role that is statutorily required.

Additionally, at the county level, the Boards of County Commissioners in the counties that have population less than 500,000 must submit plans that ensure funding, coverage, and 9-1-1 response standards for EMS. These plans are required for 75 of the 77 counties in Oklahoma. EMS entities will work within these county plans. Cooperation among all the EMS entities providing services in the county is essential to ensure that all citizens in our communities, districts, counties, and state have access to efficient and effective Emergency Medical Services.

As district board members, you are asked to make decisions based on good business principles and practices for fiscal responsibility. These decisions will be based on the structure of the district and manner in which the board chooses to manage EMS activities within the district. Contracting for services is different than owning the EMS agency, but both require board oversight to ensure EMS coverage.

This guidebook is to assist the board with its decisions. You are encouraged to contact and work with other district boards to share common solutions and to avoid pitfalls. This guidebook and other district boards will provide you with the resources and tools necessary to manage EMS in your district. In addition, support is available from EMS providers, Emergency Systems at Oklahoma State Department of Health, and Oklahoma Cooperative Extension Service at Oklahoma State University.

Thank you again for serving your community and district.

Professionally;

Dale Adkerson, Director  
Emergency Medical Services  
Emergency Systems

Lee Martin, Director  
Trauma and Systems  
Emergency Systems

# Resource Guidebook for Oklahoma 522 Districts

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Emergency Systems of the Oklahoma State Department of Health consists of two major program areas:

- **Emergency Medical Services (EMS)**  
EMS provides the oversight that ensures regulatory compliance of the agencies and personnel providing pre-hospital care to the citizens of Oklahoma. EMS program areas are as follows:
  - Licensure of EMS agencies/Emergency Medical Response Agencies (EMRAs)
  - Licensure of EMS professionals
  - Complaint Investigations
  - Regulatory Compliance Inspections of EMS agencies and vehicles
  - Evaluation of EMS instructional programs
  - OKEMSIS Database
  
- **Trauma and Systems Development**  
Trauma and systems development encompasses several, interdependent program areas with the over-arching goal of creating a system of trauma care for the citizens of Oklahoma that ensures our trauma patients are properly prioritized and transported to the appropriate facilities that can provide definitive care in a timely manner. These program areas are as follows:
  - Regional Trauma Advisory Board (RTAB) Coordination
  - Continuous Quality Improvement (CQI)
  - Systems Development for EMS and Trauma
  - Trauma Fund
  - Trauma Registry
  - EMResource

Each program area is described in more detail in the following pages. For additional information or support, contact:

**Lee Martin**  
Trauma and Systems Director  
Email: LeeM@health.ok.gov

*or*

**Dale Adkerson**  
EMS Director  
Email: DaleA@health.ok.gov

Oklahoma State Department of Health  
Emergency Systems, Protective Health Services  
1000 N.E. Tenth, Room 1104  
Oklahoma City, OK 73117  
Phone: 405-271-4027  
E-Mail: Esystems@health.ok.gov

Website: [http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/)



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## **EMERGENCY SYSTEMS- Emergency Medical Services (EMS)**

OSDH-Emergency Medical Services provides the regulatory and licensure authority and oversight of the agencies and personnel that provide pre-hospital care to the citizens of Oklahoma.

The ability to provide this oversight is found in Oklahoma Statute (OS) 63-1-2501 et seq. This is the Emergency Response Systems Development Act. This act requires the Department to develop and administer rules that agencies and personnel are required to follow. Those rules may be found at:

<http://www.ok.gov/health/documents/2009rulesandregs.pdf>

Additionally, OSDH-EMS is statutorily tasked with:

- Creation of a comprehensive plan for EMS Development
- Certification of training programs and approval of training courses
- Establishment of standards for testing and licensure
- Development and maintenance of standard run forms and collection of statewide EMS data
- Licensure of ambulance services and stretcher aide services
- Certification of Emergency Medical Response Agencies

## **The Oklahoma Emergency Response Systems Development Advisory Council (OERSDAC)**

This council has been established in accordance with OS 63-1-2516. The council is made up of 19 members from rural and urban counties and is appointed by the Governor, Senate Pro Tempore, Speaker of the House, and the Commissioner of Health. This council advises the Commissioner of Health and OSDH on EMS-related matters. Their meetings dates and locations are posted on the OSDH-EMS website:

[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/OERSDAC\\_-\\_Oklahoma\\_Emergency\\_Response\\_System\\_Development\\_Advisory\\_Council/index.html](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/OERSDAC_-_Oklahoma_Emergency_Response_System_Development_Advisory_Council/index.html)

### Board of Health



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## **EMERGENCY SYSTEMS- TRAUMA**

Trauma is an injury or injuries, caused by an external force or violence. Trauma injuries may range from minor to severe, from obvious to non-apparent and may include single or multiple injuries.

### **Organized Trauma System**

A trauma system is an organized approach to facilitating and coordinating a multidisciplinary system response to severely injured patients. The trauma system continuum of care includes injury prevention, emergency medical services field intervention, emergency department care, surgical interventions, intensive and general surgical in-hospital care, rehabilitative services, social services, and support groups to enable both the patient and their family to return to society at the most productive level possible. Multiple studies have shown that implementation of an organized trauma system results in 50% to 80% reduction in preventable deaths. This is all vitally important because:

- Traumatic injury is the leading cause of death for persons between the ages of 1-44 years in the United States.
- Traumatic injury results in more years of potential life lost than any other disease process including cancer and heart disease.
- Injury is America's most expensive disease process costing nearly \$180 million per year.
- The overall injury mortality rate in Oklahoma is 29% higher than the national average.

### **Trauma Legislation**

The Oklahoma Trauma System Improvement and Development Act (SB 1554 by Robinson & Hilliard) was passed during the 2004 legislative session. This bill:

- Created the Oklahoma Trauma Systems Improvement and Development Advisory Council.
- Created Regional Trauma Advisory Boards with representation from regional hospitals and ambulance services.
- Called for development of a statewide trauma system plan.
- Called for the development, regulation and improvement of trauma system on a statewide basis.
- Requires the development of regional trauma quality improvement activities and a state Medical Audit Committee to review these activities.

#### **Board of Health**



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## Oklahoma Emergency Medical Services Information System (OKEMSIS)

The Oklahoma State Department of Health (OSDH) is required to collect EMS data from Oklahoma licensed Ambulance Services. Since 2009, OKEMSIS is the database receiving the data from licensed agencies. The Oklahoma Highway Safety Office has provided funding to support the OKEMSIS system.

OKEMSIS is part of an effort to build a national database for EMS information. The National EMS Information System, or NEMSIS, is receiving data and is working to provide research quality information regarding the activities of EMS.

Providers submit data to the database one run at a time or in "batches". A website is available for agencies to submit runs one at a time. "Batch" submitters will need to work with data vendors to ensure compatible download formats. Most vendors have developed NEMSIS-compliant download formats and will need to add only the "Oklahoma-specific" data fields to be fully compliant. Formats can be tested at the OKEMSIS website:

<https://okemsis.health.ok.gov/>

Periodically, regional training sessions are presented to assist agencies with data entry into OKEMSIS. Please contact the EMS office at 405-271-4027 to inquire about this training.

Few things are as important to the future of EMS as quality data. Quality data are needed to show EMS makes significant differences in patient outcomes. Participation and cooperation in data collection, submission, and analysis are important to the continuing development of EMS.

**Board of Health**

**Oklahoma Cooperative Extension Service – Oklahoma State University  
Support for EMS Systems**

The Oklahoma Cooperative Extension Service (OCES) at Oklahoma State University, in cooperation with Oklahoma State Department of Health (OSDH) Emergency and Trauma Systems, is available to provide EMS call analysis and/or EMS budget and revenue alternatives. These are available on a “first-come, first-serve” basis and will be available as long as funding is available to support them. In addition, the two agencies also work cooperatively to provide two guidebooks; one for training 522 EMS District Boards and one for EMS systems development. Both are being updated in 2011.

To begin a study, contact a County Extension Office, an EMS Field Coordinator at OSDH, or the contacts listed below from OCES. To do a call analysis, reports will need to be up-to-date at the Oklahoma Emergency Medical Services Information System (OKEMSIS). The study will include at least two funding alternatives. The total capital costs, annual capital costs, and annual operating costs (building rent, utilities and maintenance, vehicle expenses, labor expenses, etc.) will be itemized. The total annual capital and operating expenses will be summarized and include the average cost per call.

The revenue tables will include different options, and may include fee per call, mileage fees, special taxation district millage levies, sales tax, subscription fees, and fees per utility bill (when applicable). These studies do not recommend a particular action; rather, they are intended to provide information to the local EMS decision-makers.

For further information, contact OCES below or your local County Extension Office:

**Dr. Gerald A. Doeksen**  
Regents Professor and Extension Economist  
Email: gad@okstate.edu

**Cheryl F. St. Clair**  
Associate State Extension Specialist  
Email: cheryl@okstate.edu

Oklahoma Cooperative Extension Service  
Oklahoma State University  
513 Ag Hall  
Stillwater, OK 74078  
Phone: 405-744-6083

**Stan Ralstin**  
Area Extension Rural Development Specialist  
(Western half of Oklahoma)  
Email: stan.ralstin@okstate.edu

**Jack Frye**  
Area Extension Rural Development Specialist  
(Eastern half of Oklahoma)  
Email: jack.frye@okstate.edu

Oklahoma Cooperative Extension Service -  
OSU  
Northwest Area Office  
316 E. Oxford  
Enid, OK 73701  
Phone: 580-237-7677  
Fax: 580-242-1955

Oklahoma Cooperative Extension Service -  
OSU  
Southeast District Office  
P.O. Box 1378  
Ada, OK 74821  
Phone: 580-332-4100  
Fax: 580-332-8716

## OVERVIEW OF A 522 DISTRICT

The overview is the main information for the “Resource Guidebook for Oklahoma 522 Districts.” The overview is designed to provide an overview of 522 activities from considering whether to form a 522 district, to establishing a 522 district, to providing emergency medical services (EMS) to a 522 district. There are several available resources that local decision makers should utilize for any questions concerning 522 districts. These resources include:

- Contacting and communicating with other 522 boards to benefit from their experience. A listing of all 522 districts in Oklahoma is provided in the introductory material.
- Contacting and communicating with EMS providers in the local area or surrounding area. These are available on the website of the Emergency Systems, Oklahoma State Department of Health (OSDH):

[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/)

- Contacting Emergency Systems, OSDH, at 405-271-4027. There is a listing of these contacts in the introductory material.
- Contacting the Oklahoma Cooperative Extension Service, Oklahoma State University, at 405-744-6083. Listing of specific contacts is in the introductory material.
- Utilizing “A Systems Development Guide for Emergency Medical Services: A Systematic Approach to Funding and Administration,” Rural Hospital Performance Improvement Project, Office of Rural Health Policy, HRSA, DHHS, 2003. Publication is available from either Emergency Systems at OSDH or the Oklahoma Cooperative Extension Service at OSU. The “Systems Development Guide” will be updated in the next few months.
- Legislation directly related to EMS and 522 districts, as well as other related legislation, is provided in this guidebook, either in full copy or through internet links in the **Appendices**.
- Other publications that the 522 board may find useful in operating the 522 district include:
  - **Rural and Frontier Emergency Medical Services Agenda for the Future**  
The Rural and Frontier EMS Agenda for the Future has been developed to help understand how important the district functions are to the overall mission of delivering emergency medical service to the entire state of Oklahoma and to the nation. The nation’s healthcare system is undergoing constant and rapid evolution. A complete copy of The Rural and Frontier Agenda for the Future is available on the internet at:

<http://www.citmt.org/download/rfemsagenda.pdf>



The Agenda describes 14 EMS Attributes and proposes continued development of these attributes to move our current EMS systems into the future.

➤ **Emergency Medical Services Agenda for the Future**

The goal of the EMS Agenda for the Future is to focus community attention on the need to strengthen support for EMS systems in an ever changing health care environment. This is available on the internet at:

[http://www.dphhs.mt.gov/ems/publications/agendas/agenda\\_for\\_future.pdf](http://www.dphhs.mt.gov/ems/publications/agendas/agenda_for_future.pdf)

➤ **Emergency Medical Services Education Agenda for the Future: A Systems Approach**

This provides a vision for the future of EMS education and a proposal for an improved structured system to educate the next generation of EMS professionals. This is available on the internet at:

<http://www.nhtsa.gov/people/injury/ems/FinalEducationAgenda.pdf>

All of the above contacts or references may be useful in establishing and/or operating a 522 district. The 522 alternative is one available funding mechanism and operations and management tool for provision of EMS in Oklahoma. This Resource Guidebook is designed to assist local decision makers in understanding this alternative.

County Districts

| <b>Area</b>     | <b>County Commissioner<br/>Address &amp; Phone</b>  | <b>Levy</b> |
|-----------------|---|-------------|
| Alfalfa County  | Alfalfa County<br>300 S. Grand Ave.<br>Cherokee, OK 73728-2548<br>Phone: 580-596-2392     | 3 mills     |
| Atoka County    | Atoka County<br>200 E. Court St, Ste 201W<br>Atoka, OK 74525<br>Phone: 580-889-2643       | 2 mills     |
| Beaver County   | Beaver County<br>112 W. 2 <sup>nd</sup> Street<br>Beaver, OK 73932<br>Phone: 580-625-3151 | 1 mill      |
| Bryan County    | Bryan County<br>5 W Main Street<br>Achille, OK 74720<br>Phone: 580-283-3711               | 3 mills     |
| Choctaw County  | Choctaw County<br>300 E. Duke Street<br>Hugo, OK 74743-4044<br>Phone: 580-326-5331        | 3 mills     |
| Cimarron County | Cimarron County<br>201 N. Hart Street<br>Boise City, OK 73933<br>Phone: 580-544-2929      | 2.5 mills   |
| Coal County     | Coal County<br>4 N Main Street #3<br>Coalgate, OK 74538-2844<br>Phone: 580-927-3122       | 3 mills     |
| Cotton County   | Cotton County<br>301 N. Broadway Street<br>Walters, OK 73572-1209<br>Phone: 580-875-3026  | 3 mills     |

County Districts

| Area   | County Commissioner<br>Address & Phone  | Levy    |
|--|---|---------|
| Creek County<br>(Excludes Mannford<br>School District)         | Creek County<br>317 E Lee Avenue #103<br>Sapulpa, OK 74066-4338<br>Phone: 918-224-0278          | 3 mills |
| Ellis County   | Ellis County<br>100 S Washington Street<br>Arnett, OK 73832<br>Phone: 580-885-7766              | 3 mills |
| Grady County<br>(Except Independent<br>Districts 1, 2, and 29) | Grady County<br>326 W Choctaw Ave<br>Chickasha, OK 73018<br>Phone: 405-224-5211                 | 3 mills |
| Harmon County  | Harmon County<br>114 W. Hollis Street<br>Hollis, OK 73550<br>Phone: 580-688-2460                | 3 mills |
| Hughes County  | Hughes County<br>200 N. Broadway Street #7<br>Holdenville, OK 74848-3400<br>Phone: 405-379-2746 | 3 mills |
| Jackson County   | Jackson County<br>101 N. Main Street<br>Altus, OK 73521-3176<br>Phone: 580-482-4420             | 3 mills |
| Johnston County  | Johnston County<br>403 W. Main Street<br>Tishomingo, OK 73460<br>Phone: 580-371-3058            | 3 mills |
| LeFlore County   | LeFlore County<br>P O Box 607<br>Poteau, OK 74953-0607<br>Phone: 918-647-2527                   | 3 mills |

**County Districts**

| <b>Area</b>        | <b>County Commissioner<br/>Address &amp; Phone</b>   | <b>Levy</b> |
|--------------------|--|-------------|
| Love County        | Love County<br>405 W. Main Street Ste 101<br>Marietta, OK 73448<br>Phone: 580-276-2191     | 3 mills     |
| Major County       | Major County<br>500 E. Broadway<br>Fairview, OK 73737-2200<br>Phone: 580-227-4732          | 3 mills     |
| Marshall County    | Marshall County<br>100 Plaza, Rm 106<br>Madill, OK 73446<br>Phone: 580-795-3165            | 3 mills     |
| McCurtain County   | McCurtain County<br>PO Box 1078<br>Idabel, OK 74745-1078<br>Phone: 580-286-3209            | 3 mills     |
| Murray County      | Murray County<br>1001 W. Wyandotte Ave<br>Sulphur, OK 73086-4462<br>Phone: 580-622-3777    | 3 mills     |
| Muskogee County    | Muskogee County<br>400 W Broadway Street<br>Muskogee, OK 74401-6662<br>Phone: 918-682-9601 | 3 mills     |
| Pushmataha County  | Pushmataha County<br>304 SW B Street<br>Antlers, OK 74523-3825<br>Phone: 580-298-2512      | 3 mills     |
| Roger Mills County | Roger Mills County<br>506 Broadway<br>Cheyenne, OK 73628<br>Phone: 580-497-3365            | 3 mills     |

County Districts

| <b>Area</b>     | <b>County Commissioner<br/>Address &amp; Phone</b>                                      | <b>Levy</b> |
|-----------------|---|-------------|
| Tillman County  | Tillman County<br>1200 S Main Street<br>Frederick, OK 73542-6812<br>Phone: 580-335-2156 | 2 mills     |
| Woodward County | Woodward County<br>600 Main Street #9<br>Woodward, OK 73801-3068<br>Phone: 580-256-8097 | 3 mills     |

School Districts

| Area            | County Commissioner<br>Address & Phone  | Levy    |
|-----------------|---|---------|
| Ardmore         | Carter County<br>107 1 <sup>st</sup> Street SW Annex #1<br>Ardmore, OK 73401<br>Phone: 580-223-8414 | 3 mills |
| Buffalo         | Harper County<br>311 SE 1st<br>Buffalo, OK 73834<br>Phone: 580-735-6023                             | 3 mills |
| Butler          | Custer County<br>675 B Street<br>Arapaho, OK 73620<br>Phone: 580-323-4420                           | 3 mills |
| Cashion         | Logan County<br>312 E. Harrison Ave #101<br>Guthrie, OK 73044-4903<br>Phone: 405-282-2124           | 3 mills |
|                 | Kingfisher County<br>101 S. Main St #9<br>Kingfisher, OK 73750-3241<br>Phone: 405-375-3808          |         |
|                 | Canadian County<br>201 N. Choctaw Ave<br>El Reno, OK 73036<br>Phone: 405-295-6200                   |         |
| Canton-Longdale | Blaine County<br>7 <sup>th</sup> & Spiece<br>Watonga, OK 73772<br>Phone: 580-623-5202               | 3 mills |

**School Districts**

| <b>Area</b> | <b>County Commissioner<br/>Address &amp; Phone</b>  | <b>Levy</b> |
|-------------|---|-------------|
| Cleora      | Delaware County<br>327 South 5 <sup>th</sup> Street, PO Box 309<br>Jay, OK 74346<br>Phone: 918-253-4432 | 3 mills     |
|             | Ottawa County<br>102 E. Central Ave #104<br>Miami, OK 74354-7009<br>Phone: 918-542-9408                 |             |
| Crescent    | Logan County<br>312 E. Harrison Ave #101<br>Guthrie, OK 73044-4903<br>Phone: 405-282-2124               | 3 mills     |
| Geary       | Blaine County<br>7 <sup>th</sup> & Spiece<br>Watonga, OK 73772<br>Phone: 405-623-5202                   | 3 mills     |
|             | Canadian County<br>201 N. Choctaw Ave<br>El Reno, OK 73036<br>405-295-6200                              |             |
| Glenpool    | Tulsa County<br>500 S. Denver Ave<br>Tulsa, OK 74103-3838<br>Phone: 918-596-5004                        | 3 mills     |
| Greer       | Greer County<br>100 S. Pennsylvania Ave<br>Mangum, OK 73554-4284<br>Phone: 580-782-2329                 | 3 mills     |
| Grove       | Delaware County<br>327 South 5 <sup>th</sup> Street, PO Box 309<br>Jay, OK 74346<br>Phone: 918-253-4432 | 3 mills     |

School Districts

| Area   | County Commissioner<br>Address & Phone  | Levy    |
|--|---|---------|
| Guthrie  | Logan County<br>312 E. Harrison Ave #101<br>Guthrie, OK 73044-4903<br>Phone: 405-282-2124   | 3 mills |
| Hinton   | Caddo County<br>201 W. Oklahoma Ave<br>Anadarko, OK 73005-3446<br>Phone: 405-247-3105   | 3 mills |
| Jefferson  | Jefferson County<br>220 N. Main St #101<br>Waurika, OK 73573-2235<br>Phone: 580-228-2241  | 3 mills |
| Kingfisher   | Kingfisher County<br>101 S. Main St #9<br>Kingfisher, OK 73750-3241<br>Phone: 405-375-3808  | 3 mills |
| Laverne  | Harper County<br>311 SE 1 <sup>st</sup> Street<br>Buffalo, OK 73834<br>Phone: 580-735-2870  | 3 mills |
| Leedey   | Dewey County<br>S Broadway St AT E Ruble Ave<br>Taloga, OK 73667<br>Phone: 580-328-5390   | 3 mills |
| McClain/Grady Counties<br>(Newcastle, Blanchard, and<br>Dibble School Districts) | McClain County<br>121 N. 2 <sup>nd</sup> Ave, PO Box 629<br>Purcell, OK 73080-4255<br>Phone: 405-527-3117<br><br>Grady County<br>326 W. Choctaw Ave<br>Chickasha, OK 73018<br>Phone: 405-224-5211 | 3 mills |



**School Districts**

| <b>Area</b>          | <b>County Commissioner<br/>Address &amp; Phone</b>   | <b>Levy</b> |
|----------------------|--|-------------|
| Miami                | Ottawa County<br>102 E. Central Ave 3104<br>Miami, OK 74354-7009<br>Phone: 918-542-9408    | 3 mills     |
| Mountain View/Gotebo | Kiowa County<br>316 South Main Street<br>Hobart, OK 73651<br>Phone: 580-726-3377           | 3 mills     |
| Okeene               | Blaine County<br>7 <sup>th</sup> & Spiece<br>Watonga, OK 73772<br>Phone: 580-623-5202      | 2 mills     |
| Oologah – Talala     | Rogers County<br>219 S. Missouri Rm 1-109<br>Claremore, OK 74017<br>Phone: 918-341-0585    | 3 mills     |
| Seiling              | Dewey County<br>S Broadway St AT E Ruble Ave<br>Taloga, OK 73667<br>Phone: 580-328-5390    | 3 mills     |
| Vici – Camargo       | Dewey County<br>S Broadway St AT E Ruble Ave<br>Taloga, OK 73667<br>Phone: 580-328-5390    | 3 mills     |
| Weleetka/Graham      | Okfuskee County<br>209 N 3 <sup>rd</sup> Street<br>Okemah, OK 74859<br>Phone: 918-623-0939 | 3 mills     |

**City Districts**

| <b>Area</b>  | <b>County Commissioner<br/>Address &amp; Phone</b>                                       | <b>Levy</b> |
|--------------|--|-------------|
| Noble        | Noble City Office<br>304 S. Main Street<br>Noble, OK 73068<br>Phone: 405-872-9251        | 3 mills     |
| Pauls Valley | Pauls Valley City Office<br>220 W. Paul<br>Pauls Valley, OK 73075<br>Phone: 405-238-3308 | 3 mills     |



## HOW TO ESTABLISH A 522 DISTRICT

Prior to the election to form a 522 district for emergency medical services (EMS), local decision makers need information on what a 522 district is, what it can accomplish for emergency medical services, how much funding could be provided, what it costs the taxpayers, how the funds are distributed, etc. In general, the local decision makers want to know what a 522 district involves. “Frequently Asked Questions” (FAQs) are included at the end of the Overview Section of the Resource Guidebook.

### **Description of a 522 district**

“522” refers to State Question 522 that was voted on and passed by Oklahoma voters. The passing of State Question 522 resulted in an Oklahoma constitutional amendment (Article X) that allows a district to be formed to fund Emergency Medical Services (EMS). The district must follow the boundaries of a county (or counties), school district (or school districts) or an incorporated city or town. If the proposed district only covers a part of one county, or part of more than one county, school district boundary lines must be followed. The proposed district is formed to establish an annual recurring ad valorem tax levy of not more than three (3) mills per dollar of assessed valuation of all taxable property in the district for EMS operations and/or to establish funds for a bond issue for capital equipment for EMS not to exceed an additional three (3) mills per dollar of assessed valuation of all taxable property in the district. These two types of funding (for EMS operations or for EMS capital equipment) can be voted on in the same election or in separate elections.

### **Advantages of establishing a 522 district**

In general, establishing a 522 district will

1. provide a consistent funding stream for EMS operations,
2. provide a funding mechanism for EMS capital equipment needs, and
3. provide flexibility in the overall organization and management of the EMS agency (or agencies).

Possible advantages of a district could be substantial cost savings to the EMS providers from shared costs, such as medical direction, communications systems (dispatch), and backup vehicles. The forming of a district may also result in improved quality control, better coordination and cooperation, better preparation for unexpected disasters, and rotation of personnel for more effective coverage.

EMS providers are empowered to charge fees for services, and accept gifts, funds, or grants from sources other than the mill levy to be used for the provision of EMS. Other sources of funding may come from a vote of the local residents for sales tax, instituting a surcharge on utility bills (if the EMS provider owns the utility), fund-raisers, or voluntary subscription fees. Decision makers should investigate all revenue alternatives prior to making a decision on how to fund their EMS. Alternative funding information may be obtained from:

- “A Systems Development Guide for Emergency Medical Services: A Systematic Approach to Funding and Administration,” Rural Hospital Performance Improvement Project, Office of Rural Health Policy, HRSA, DHHS, 2003.
- Oklahoma State Department of Health, Emergency Systems Division, 405-271-4027
- Oklahoma Cooperative Extension Service, 405-744-6083 or 6081

### **To establish a 522 district**

An election of the registered voters in the proposed district to form a 522 district is called for by the board of county commissioners of the county or all counties involved in the proposed district, or by a petition signed by not less than 10% of the registered voters of the proposed district. If the board or boards of county commissioners of the county or all counties involved in the proposed district do not readily call an election at the request of local decision makers, the local decision makers can petition the board or boards of county commissioners to call the election by having a petition signed by not less than 10% of the registered voters from the proposed district. This petition must specify the proposed district to be formed, the tax levy (or levies) that is (are) being requested and the proposed question(s) that is (are) to be placed on the ballot. An example ballot is included at the end of this section for reference. The registered voters will determine the outcome of the election; the district is formed if the proposed mill levy (or mill levies) is (are) approved by a majority of the votes cast.

The ballot would include the question to form the district, the question to authorize a tax levy (not to exceed three [3] mills) for EMS operations and/or the question to authorize a tax levy (not to exceed three [3] mills) for a bond issue to fund EMS capital equipment. The purpose of the tax levy for EMS operations is to provide funds for support, organization, operation, and maintenance of EMS in the proposed district. The number of mills may be increased at a later election, but will not exceed a total levy of three (3) mills. When a special levy for EMS operations is passed, it will be in effect for each fiscal year thereafter. This special levy will be in addition to any other levies already in effect in the proposed district.

If a special levy for EMS capital equipment purchases is passed, it will be to establish funds for a bond issue for EMS capital equipment. This levy will not exceed an additional three (3) mills per dollar of assessed valuation of all taxable property in the district. When the bond issue is completely re-paid, this special levy for EMS capital equipment will terminate.

All elections called for any purpose for the proposed district will be conducted by the county election board or boards of each county involved after appropriate receipt of an election proclamation issued by the majority of the board or boards of county commissioners in the proposed district. An example proclamation is included at the end of this section for reference. If more than one county is involved, the proclamation must be a joint proclamation from a majority of the board of county commissioners of each county involved. The proclamation will be published in one issue of a newspaper of general circulation in each county involved, at least ten (10) days prior to the election. The proclamation will indicate the purpose of the election and the date of the election. The county election board will certify the results of an election to the board or boards of county commissioners issuing the proclamation. The registered voters will

ultimately determine the outcome of the election; the district is formed if the mill levy is approved by a majority of the votes cast.

An election to form a 522 district can be called by the board (or boards) of county commissioners at any time; the proclamation or joint proclamation must include the date of the election. After the county commissioners have proclaimed the 522 election date, local groups may want to develop promotion material to inform the citizens in the proposed district area of the costs and advantages of voting to form and fund a 522 district. An example of one county's promotion material is included for reference at the end of this section. Typically, the vote for a 522 district is included on the ballot of another required election to avoid the costs of a special election.

**Estimate of annual funding from a 522 district**

To determine an estimate of annual funds generated from a proposed district, the county clerk in any county included in the proposed district should be contacted to estimate the annual amount that would result from a specific mill levy request (up to the three (3) mills maximum) per dollar of assessed valuation of all taxable property in the district. Typically, the estimated annual amount is based on the previous year's taxable assessed property values.

**Cost of a 522 district to local taxpayers**

The cost to the local taxpayers can be calculated specifically for a particular taxpayer or by using a general chart similar to the following:

**Ad Valorem Tax Estimates for Different Market Values**

| <b>Calculation of YEARLY Tax Increase<br/>from Three Mills Ad Valorem Tax</b> |                |          |                       |               |          |                        |
|---|----------------|----------|-----------------------|---------------|----------|------------------------|
| <b>General Illustration</b>   |                |          |                       |               |          |                        |
| <b>Market Value</b>   | <b>x 12.5%</b> | <b>=</b> | <b>Assessed Value</b> | <b>x .003</b> | <b>=</b> | <b>Yearly Increase</b> |
| \$25,000  | x 12.5%        | =        | \$3,125               | x .003        | =        | \$9.38                 |
| \$50,000  | x 12.5%        | =        | \$6,250               | x .003        | =        | \$18.75                |
| \$100,000   | x 12.5%        | =        | \$12,500              | x .003        | =        | \$37.50                |
| \$250,000   | x 12.5%        | =        | \$31,250              | x .003        | =        | \$93.75                |
| \$500,000   | x 12.5%        | =        | \$62,500              | x .003        | =        | \$187.50               |
| \$1,000,000   | x 12.5%        | =        | \$125,000             | x .003        | =        | \$375.00               |

**Specific Illustration**

**2- STEPS TO FIGURE YOUR TAX INCREASE:**  
 Market Value x 12.5% = ASSESSED VALUE  
 Assessed Value x .003 = ANNUAL TAX INCREASE

**NOTE:** Your latest tax statements show the ASSESSED VALUE of each property. With your ASSESSED VALUE, the formula requires only one step, the last step of the Specific Illustration above.

The 12.5% assessment rate varies by county. The table above should be re-calculated based on a specific county's assessment rate.

### **Distribution of funds from a 522 district**

After the 522 district has been formed, the funds will not be available until after the next property assessment period. Depending on when the election occurs, this could be a year or longer in the future. Typically, property assessments are completed in the summer or fall of each year. Then the ad valorem tax statements are sent out at the end of the calendar year. Taxpayers have the option to pay their property taxes in full or to pay the first half of the taxes by the first of the new calendar year and the second half of the taxes by the end of the first quarter of the new calendar year. The funds are then distributed by the county treasurer(s) to the appointed 522 board treasurer after each tax collection period. The 522 board is appointed by the board (or boards) of county commissioners of the newly-formed district. The appointed 522 board is responsible for overseeing all funds distributed from the appropriate tax levy or levies from the 522 district.

**PROCLAMATION AND NOTICE OF ELECTION**

Under and by virtue of Section 9C, Article 10 of the Oklahoma Constitution, as amended, and other statutes of the State of Oklahoma, and acts complementary, supplementary, and enacted pursuant thereto, and Resolution No. 20\_\_ - \_\_ of the Board of County Commissioners of \_\_\_\_\_ County, both of which were adopted on the \_\_\_ day of \_\_\_\_\_, 20\_\_, authorizing the calling of a Special Election on the proposition set out hereinbelow. We, the majority of the Board of County Commissioners of \_\_\_\_\_ County, Oklahoma, hereby call a Special Election and give notice of such election to be held in the County of \_\_\_\_\_, State of Oklahoma on the \_\_\_ day of \_\_\_\_\_, 20\_\_, for the purpose of submitting to the registered, qualified voters of said County the following proposition:

SHALL RESOLUTION NO. 20\_\_ - \_\_ OF \_\_\_\_\_ COUNTY, OKLAHOMA, ENTITLED:

A RESOLUTION WHICH PROPOSES THAT AN EMERGENCY MEDICAL SERVICE DISTRICT, COMPOSED OF ALL OF \_\_\_\_\_ COUNTY, BE FORMED FOR THE PURPOSE OF PROVIDING AMBULANCE SERVICES TO ALL COUNTY RESIDENTS, WITH A SPECIAL ANNUAL RECURRING AD VALOREM TAX OF THREE (3) MILLS ON THE DOLLAR OF ASSESSED VALUATION BEING LEVIED, IN ADDITION TO ALL OTHER LEVIES, UPON THE ASSESSED VALUATION OF ALL TAXABLE PROPERTY IN \_\_\_\_\_ COUNTY, OKLAHOMA, OF THE OKLAHOMA CONSTITUTION, AS AMENDED, EFFECTIVE IN THE 20\_\_ TAX YEAR, THE PROCEEDS OF SUCH LEVY TO BE USED TO PROVIDE FUNDS TO SUPPORT, ORGANIZE, OPERATE, MAINTAIN, AND FINANCE THE EMERGENCY MEDICAL SERVICE DISTRICT AND ITS PURPOSE OF PROVIDING AMBULANCE SERVICES TO ALL COUNTY RESIDENTS

BE APPROVED?

The ballots used at said elections shall set out the propositions as above set forth and shall also contain, with respect to each proposition, the following words:

Yes \_\_\_\_\_ For the above Proposition  
No \_\_\_\_\_ Against the above Proposition

Only the registered, qualified voters of \_\_\_\_\_ County, State of Oklahoma, may vote upon the propositions as above set forth.

The polls shall be opened at seven o'clock A.M. and remain open continuously until and be closed at seven o'clock P.M.

The persons who shall conduct said election shall be those precinct officers designated by the County Election Board of \_\_\_\_\_ County, State of Oklahoma, which officers shall also act as counters and certify the results thereof as required by law.



WITNESS our hands as the Board of County Commissioners of \_\_\_\_\_ County, state of Oklahoma, and the seal of said County this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Passed and Approved this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

BOARD OF COUNTY COMMISSIONERS  
\_\_\_\_\_ COUNTY, OKLAHOMA

\_\_\_\_\_  
, Chairman

\_\_\_\_\_  
, Commissioner

\_\_\_\_\_  
, Commissioner

ATTEST  
(SEAL)

\_\_\_\_\_  
, Court Clerk

PURSUANT TO THE LEGAL NOTICE AS IS REQUIRED BY THE OKLAHOMA OPEN MEETINGS ACT INCLUDING THE POSTING OF NOTICE AND AGENDA AS IS REQUIRED BY THE TERMS THEREOF, THE BOARD OF COUNTY COMMISSIONERS OF \_\_\_\_\_ COUNTY, OKLAHOMA MET IN THE SPECIAL SESSION IN THE \_\_\_\_\_ ROOM OF THE \_\_\_\_\_ COUNTY COURTHOUSE, \_\_\_\_\_, OKLAHOMA, ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_, AT \_\_\_\_\_ O'CLOCK \_\_.M.

PRESENT:

ABSENT:

THEREUPON, the following resolution was introduced and the title caused to be read in full by the Chairman. After explanation and discussion of the Resolution in full, Commissioner \_\_\_\_\_ moved passage of the Resolution and Commissioner \_\_\_\_\_ seconded the motion. The motion carrying with it the approval of said Resolution was approved by the following vote:

AYE:

NAY:

Said resolution was thereupon signed by the Board of Commissioners, attested by the County Clerk of \_\_\_\_\_ County, or his designee, sealed with the seal of \_\_\_\_\_ County, and is as follows:

**RESOLUTION NO 20\_\_ - \_\_**

RESOLUTION AUTHORIZING THE CALLING AND HOLDING OF A SPECIAL ELECTION IN \_\_\_\_\_ COUNTY, STATE OF OKLAHOMA, FOR THE PURPOSE OF SUBMITTING TO THE QUALIFIED ELECTORS OF SAID COUNTY THE PROPOSITION OF FORMING A COUNTY-WIDE EMERGENCY MEDICAL SERVICE DISTRICT AND THE LEVYING AND COLLECTING OF AN ANNUAL TAX LEVY OF 3 MILLS TO FINANCE SAID DISTRICT.

**EMERGENCY RESOLUTION**

WHEREAS, it is deemed necessary by the Board of County Commissioners of \_\_\_\_\_ County, Oklahoma, to form and establish a county-wide Emergency Medical Service District to provide emergency medical services and ambulance services to all residents of \_\_\_\_\_ County, Oklahoma, and to have adequate monies to finance the same; and

WHEREAS, available funds in said County are not sufficient for such purpose, and authority is granted to said County pursuant to Article 10, Section 9C of the Oklahoma Constitution, as amended, to form an Emergency Medical Services District and to levy an annual tax of 3 mills in the County to finance said District, provided the same is authorized by the qualified electors thereof voting it an election called for the purpose; and

WHEREAS, it is further the intent of the Board of County Commissioners of \_\_\_\_\_ County for the governing body of the Emergency Medical Service District to allocate the proceeds of the tax to the existing ambulance service providers furnishing ambulance services in \_\_\_\_\_ County, or any subsequently created ambulance service provider hereafter providing such services in \_\_\_\_\_ County, in a percentage reasonably related to the size of their individual ambulance service areas within \_\_\_\_\_ County.

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF \_\_\_\_\_ COUNTY, OKLAHOMA:

Section 1. The Board of County Commissioners of \_\_\_\_\_ County does hereby authorize and direct a special election, to be conducted by the \_\_\_\_\_ County Election Board, and to be held in \_\_\_\_\_ County on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_, for the purpose of submitting to the qualified voters of \_\_\_\_\_ County the following proposition:

**PROPOSITION**

Shall Resolution 20\_\_ - \_\_\_\_, which proposed that an Emergency Medical Service District, composed of all of \_\_\_\_\_ County, be formed for the purpose of providing ambulance services to all County residents, with a special annual recurring ad valorem tax of three (3) mills on the dollar of assessed valuation being levied, in addition to all other levies, upon the assessed valuation of all taxable property in \_\_\_\_\_ County, Oklahoma, real and personal, under the authority of Article 10, Section 9C of the Oklahoma Constitution, as amended, with such levy first being effective in the 20\_\_ tax year, the proceeds of such levy to be used to provide funds to support, organize, operate, maintain, and finance the Emergency Medical Services District and its purpose of providing ambulance services to all County Residents, be approved?

Section 2. Such call for said election shall be by proclamation by the Board of Commissioners of \_\_\_\_\_ County, Oklahoma, and attested by the County Clerk, setting forth the proposition to be voted on, the time for holding the special election, the polling places, the hours of opening and closing of the polls, and that such election shall be conducted by the duly qualified election proposition to be voted upon substantially as set forth in Section 3, hereof, and the returns of said election shall be made to and canvassed by the County Election Board.

Section 3. Said election proclamation shall be published in one issue of a newspaper in general circulation in \_\_\_\_\_ County, Oklahoma, at least ten (10) days prior to the election. Passed and approved this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

BOARD OF COUNTY COMMISSIONERS  
\_\_\_\_\_ COUNTY, OKLAHOMA

\_\_\_\_\_, Chairman

\_\_\_\_\_, Commissioner

\_\_\_\_\_, Commissioner

ATTEST:

\_\_\_\_\_, County Clerk

BY \_\_\_\_\_  
Deputy

(SEAL)

STATE OF OKLAHOMA            )  
  )     ss.  
COUNTY OF \_\_\_\_\_        )

I, the undersigned, the duly qualified and acting County Clerk for the County of \_\_\_\_\_, Oklahoma, hereby certify that the above and foregoing is a true, correct and complete copy of the Resolution duly adopted by the Board of County Commissioners of \_\_\_\_\_ County, and of the proceedings of the Board of County Commissioners of \_\_\_\_\_ County in the adoption of said Resolution on said date therein set out as shown by the records of my office.

I further certify that in conformity with Title 25 Oklahoma Statutes Sections 301-314 inclusive, as amended (the Oklahoma Open Meeting Act), I received notice of the schedule of regular meetings of the Board of County Commissioners of \_\_\_\_\_ County as required by law, and I did, or caused to be done, the following acts:

A. At least forty-eight (48) hours prior to said meeting, received public notice in writing of the date, time and place of said meeting; and

B. At least twenty-four (24) hours prior to said meeting (excluding Saturday, Sundays, and legal holidays declared by the State of Oklahoma), I displayed public notice of said meeting in prominent public view at the principal Office of the County and at the location

of said meeting; an agenda or said meeting; and that the minutes of the meeting reflect the time and manner of such notice of the meeting required by the Oklahoma Open Meeting Act.

WITNESS my hand and the seal of \_\_\_\_\_ County this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

ATTEST:

\_\_\_\_\_, County Clerk

BY \_\_\_\_\_  
Deputy

(SEAL)

# ***“IT TAKES TWO”***

## **AMBULANCE SERVICES WILL CLOSE..... IF YOU DON'T VOTE “YES” ON THE TWO QUESTIONS (Brought to you by “EMTs of \_\_\_\_\_ County”)**

Without additional funding, our two ambulance services in \_\_\_\_\_ County will be forced to close our doors.

We are asking you to vote “YES” on:

1. The increase in sales tax from 1¼ ¢ to 2¢
2. The property tax (Ad Valorem tax) of three mills (special taxation district, or 522 ambulance district)

Both questions **MUST** pass for us to **KEEP** our ambulance services in \_\_\_\_\_ County.

IF only one passes, we will **NO LONGER** be able to provide Ambulance Services to you.

### **FACTS**

If our services close, you could be waiting anywhere from 20 minutes up to 1½ hours for an ambulance to get to you. The ambulances will have to come from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_. These services will respond to your emergencies, but they will have to cover their own citizens, also.

### **The BIGGEST FACT is:**

**YOU ARE THE ONE WHO WILL MAKE THE DECISION TO KEEP AMBULANCE SERVICES IN \_\_\_\_\_ COUNTY.**

## ***“IT TAKES TWO”***

It takes **ALL OF US** to vote “YES”!  
It takes **ALL OF US** to provide ambulance services in \_\_\_\_\_ County!

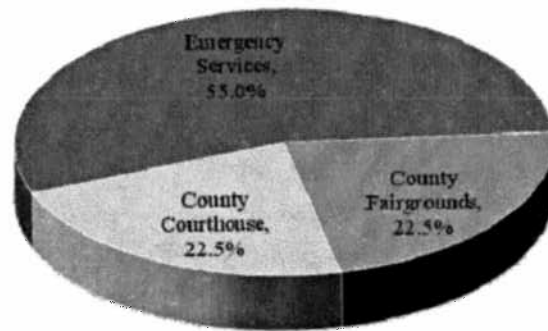
**REMEMBER:** When you vote, ***“IT TAKES TWO”!!!***

**Here is what the Sales Tax will cost you:**

| Based on a 3/4¢ Sales Tax |             |                |
|---------------------------|-------------|----------------|
| Family Income             | Family Size | Cost Per Month |
| \$15,000                  | 4           | \$3.88         |
| \$25,000                  | 4           | \$6.50         |
| \$55,000                  | 4           | \$10.13        |

**With the additional 3/4¢ Sales Tax, the distribution will be:**

| Distribution of 2¢ Sales Tax |                  |
|------------------------------|------------------|
| Service                      | Percent of Funds |
| Emergency Services           | 55.0%            |
| County Fairgrounds           | 22.5%            |
| County Courthouse            | 22.5%            |
|                              | 100.0%           |



**Here is what the Ad Valorem Tax will cost you:**

**Calculation of YEARLY Tax Increase from Three Mills Ad Valorem Tax**

| General Illustration |         |   |                |        |   |                 |
|----------------------|---------|---|----------------|--------|---|-----------------|
| Market Value         | x 12.5% | = | Assessed Value | x .003 | = | Yearly Increase |
| \$25,000             | x 12.5% | = | \$3,125        | x .003 | = | \$9.38          |
| \$50,000             | x 12.5% | = | \$6,250        | x .003 | = | \$18.75         |
| \$100,000            | x 12.5% | = | \$12,500       | x .003 | = | \$37.50         |
| \$250,000            | x 12.5% | = | \$31,250       | x .003 | = | \$93.75         |
| \$500,000            | x 12.5% | = | \$62,500       | x .003 | = | \$187.50        |
| \$1,000,000          | x 12.5% | = | \$125,000      | x .003 | = | \$375.00        |

**Specific Illustration**

**2- STEPS TO FIGURE YOUR TAX INCREASE:**

Market Value x 12.5% = ASSESSED VALUE

Assessed Value x .003 = ANNUAL TAX INCREASE

**NOTE:** Your latest tax statements show the ASSESSED VALUE of each property. With your ASSESSED VALUE, the formula requires only one step, the last step of the Specific Illustration above.

**REMEMBER when you vote, "IT TAKES TWO"!!!**

Example Ballot for Establishing a 522 District

And

Requesting a Special Annual Recurring Ad Valorem Tax of three (3) mills

PROPOSITION NO. \_\_\_\_\_

Shall Resolution No. 20\_\_ - \_\_ of \_\_\_\_\_  
County, Oklahoma, entitled:

A resolution which proposes that an Emergency Medical Service District, composed of all of \_\_\_\_\_ County, be formed for the purpose of providing ambulance services to all county residents, with a special annual recurring ad valorem tax of three (3) mills on the dollar of assessed valuation being levied, in addition to all other levies, upon the assessed valuation of all taxable property in \_\_\_\_\_ County, Oklahoma, real and personal, under the authority of Article 10, Section 9C of the Oklahoma Constitution, as amended, effective in the 20\_\_ tax year, the proceeds of such levy to be used to provide funds to support, organize, operate, maintain, and finance the Emergency Medical Service District and its purpose of providing ambulance services to all county residents be approved?

**FOR THE PROPOSITION      YES    ►    ◀**

**AGAINST THE PROPOSITION   NO    ►    ◀**





## CHAPTER 1 Appointing and Organizing the 522 Board

### After establishing a 522 district

After the election has passed by a majority vote, the board(s) of county commissioners of the newly-formed district will choose and appoint the board of trustees (hereinafter referred to as the “522 board”). The 522 board must be composed of at least five members who live within the district. Each county must have at least one 522 board member represented in the district and these members may not hold another office (**Officers and Deputies not to hold other offices, Appendix A-1**). Typically, the 522 board will begin meeting prior to the distribution of the funds; there are numerous organizational and management activities to learn and/or set up prior to the receipt of any funds.

- **Officers and Deputies Not to Hold Other Offices**, Title 51, Chapter 1, §6  
Except as may be otherwise provided, no person holding an office under the laws of the state and no deputy of any officer so holding any office shall, during the person's term of office, hold any other office or be the deputy of any officer holding any office, under the laws of the state. Exceptions to this are listed in detail in the legislation. Reference **Appendix A-1**.

### Terms of appointment

At the first meeting of the 522 board, the original appointed members will draw lots to determine each member's length of term in office. The number of lots will be equal to the number of original members of the board. The lots will be numbered sequentially from one through five, with lots in excess of the fifth lot being numbered sequentially from one through five until all lots are numbered. Each original board member will hold office for the number of years indicated on his or her lot. When a board member completes his/her allotted number of years, the board(s) of county commissioners will appoint new members to the 522 board to replace those members whose appointment has expired. The new members will be appointed for a term of five (5) years. The operation of an EMS District is constantly under the authority and diligent surveillance of the appointed 522 board of trustees.

### Enacting and maintaining By-Laws

One of the first orders of business for the 522 board is to establish and enact 522 Board By-Laws. These By-Laws will define the parameters of operations and oversight of the 522 board in accordance with Article X, Section 9C of the Oklahoma Constitution (**Appendix B-2**). The 522 board will maintain these By-Laws. Example By-Laws for a 522 board are presented in **Appendix A-2**. These are only examples; each 522 board will need to develop By-Laws to fit their particular situation.

## **Election of officers**

The 522 Board By-Laws will include the organization and governance structure of the 522 board, including the election of 522 board officers. Typically, at a minimum, the 522 board officers include a chairman, a vice-chairman, a treasurer, and a secretary/clerk. The duties of the chairman are to take the lead role in managing the board activities, to comply with “Robert’s Rules of Order,” to have the final vote on any 522 board decisions (a tiebreaker in decision making), and to provide other duties, as needed. “Robert’s Rules of Order” are readily available online or in bookstores. The vice-chairman will be available to the chairman for duties as assigned and will act as chairman in the absence of the chairman. The duties of the treasurer are to set up a checking account with appropriate checks and balances (as agreed by the 522 board), to distribute funds as directed by the decisions of the 522 board, to provide treasurer’s reports at the 522 board meetings, and other duties as directed by the 522 board. The duties of the secretary/clerk are to keep detailed minutes of all the 522 board meetings, to comply with the Open Meeting Act (**Appendix A-3**) by providing appropriate notification of meeting dates, to coordinate the 522 board activities with the board(s) of county commissioners, and to provide other clerical/secretarial tasks as needed by the 522 board. The clerk must be knowledgeable of the Open Meeting Act and ensure that the board is in compliance at all times. The clerk may also act as a notary to the 522 board or obtain appropriate notarized signatures, when needed. The other 522 board members are asked to attend meetings to provide discussion on 522 board issues, vote on 522 board decisions, and provide other support to the 522 board, when needed. The 522 board may vote to have any member provide other specific duties as delineated in the 522 board by-laws or as needed by the board.

- **Oklahoma Open Meeting Act**, Title 25, Chapter 8, §§301-314  
Oklahoma’s public policy is to encourage and facilitate an informed citizenry’s understanding of the governmental processes and governmental problems. This Act states that all meetings of public bodies, as defined in the Act, shall be held at specified times and places which are convenient to the public and shall be open to the public, except as specified in the Act. All meetings of such public bodies, with exception to executive sessions, shall be preceded by advance public notice specifying the time and place of each such meeting to be convened as well as the subject matter or matters to be considered at such meeting. Reference **Appendix A-3**.

## **Posting bond**

The 522 board has the power and duty to communicate and adopt rules, procedures, and contract provisions necessary to carry out the purposes and objectives of the 522 district. Each individual trustee will post such bond as required by the board(s) of county commissioners and shall not be less than Ten Thousand Dollars (\$10,000).

## **Civil immunity (can sue or be sued)**

The 522 board can sue and be sued. However, the 522 board has immunity from civil suit for actions or omissions arising from the operation of the district; this is the same as civil immunity

for municipalities and counties within the state. Additional information on this legislation can be found in the **Political Subdivision Tort Claims Act, 51 O.S. 151 et seq. (1981)**.

### **“Other” funding for a 522 district**

The district, under the jurisdiction of the 522 board of trustees, is empowered to charge fees for services, and accept gifts, funds, or grants from sources other than the mill levy to be used for providing emergency medical services. Fees for service are billed to the patients, to their private insurance carriers, to Medicare or Medicaid.

There are two pieces of legislation that deal with coverage and/or fees for Medicare Part B that the 522 board should become familiar with:

- **TITLE 42 Public Health, Part 410, Supplementary Medical Insurance (SMI) Benefits, §410.40-410.41** (available from e-CFR data)  
This legislation includes the basic requirements for Medicare Part B coverage for ambulance services and specifies the vehicle requirements for Medicare Part B coverage for ambulance services. Reference **Appendix B-4**.
- **TITLE 42 Public Health, Part 414, Payment for Part B Medical and Other Health Services, Subpart H, Fee Schedule for Ambulance Services, §414.601-414.625** (available from e-CFR data)  
This subpart establishes a fee schedule for the payment of ambulance services from Medicare Part B, with exception for services furnished by certain critical access hospitals. Reference **Appendix B-5**.

Other sources of funding may come from a vote of the local residents for sales tax, instituting a surcharge on utility bills (mandatory only if the cities and towns own their own utilities), fund-raisers, or voluntary subscription fees.

EMS services provided to persons outside of the district will be charged an amount equal to the actual costs for the service, not taking into account any millage or sources of income within the district that the 522 district receives. The 522 board of trustees has the legal authority to bring suits necessary to collect accounts owed and to sue and defend as necessary for the protection of the 522 district.

- **Emergency Medical Service District Budget Act, Title 19, Chapter 35, §§1701 –1801**  
This act applies to all 522 districts created under the provision of Section 9C of Article X of the Constitution of the State of Oklahoma. The purpose of the Emergency Medical Service District Budget Act is to provide a budget procedure for 522 districts to: 1) establish uniform and sound fiscal procedures for the preparation, adoption, execution and control of budgets; 2) enable districts to make financial plans for both current and capital expenditures and to ensure that their directors administer their respective functions in accordance with adopted budgets; 3) make available to the public and investors sufficient information as to the financial conditions, requirements and expectations of the 522 district; and 4) assist 522 districts to improve and implement

generally accepted accounting principles as applied to governmental accounting, auditing and financial reporting and standards of governmental finance management. This Act provides guidance in fiscal responsibility and annual audit, as well as the preparation of the business plan. Reference **Appendix B-6**.

### **Fiscal responsibility and annual audit**

The 522 board is responsible for all funds received by the district and is responsible for the appropriate distribution and expenditure of funds. The 522 board must maintain appropriate statements and records and is subject to annual audits. The State Auditor and Inspector will conduct an annual audit of the operations of the 522 district.

### **Preparation of business plan**

The 522 board becomes more than merely a “pass through” agency for funding. The 522 board is, in essence, the responsible body for operational functions and business administration of the EMS District. A publication from the Small Business Administration (<http://www.sba.gov/category/navigation-structure/starting-managing-business/starting-business/writing-business-plan>) on how to prepare a business plan has been included in **Appendix A-5**.

The board has the duty and the power to make rules applying to such details as vehicle specification, patient care equipment, level of care to be delivered to the constituents of the District, station locations, and other functions necessary to the operation of high-quality EMS. The 522 board is responsible for ensuring that necessary patient care equipment is in good order and meets all required specifications, as funding is available. Purchases should be made with advice from the EMS providers, EMS licensed personnel (EMT’s basic or intermediate or Paramedics), and the medical director (physician). Oklahoma Administrative Code (**Appendix B-3**) states that a business plan is required in the application for an Ambulance Service. A complete business plan may only be necessary when a 522 board owns and operates the emergency medical services. For the other two options, only a partial business plan may be necessary to provide appropriate EMS and to provide appropriate fiscal responsibility. Good business principles and practices are necessary for fiscal responsibility, no matter how the 522 district is structured.

- **Oklahoma Administrative Code, Chapter 641, Emergency Medical Services, Title 310** in the *Statutes and Regulations of the Oklahoma State Department of Health* These are the administrative rules of the Oklahoma State Department of Health for emergency medical services. Reference **Appendix B-3**.

### **Contracting for EMS**

The 522 board has the power and authority to contract for EMS services. Whether or not the 522 board will contract for services will depend on how the 522 board structures their activities (see Chapter 2). If the 522 board decides to contract with established licensed EMS providers,

example contracts are provided in **Appendix A-4**. The 522 board is responsible for having the contracts reviewed by an attorney to meet all current legal requirements.

### **522 districts extended to cities and towns**

If the governing body of an incorporated city or town decides to (1) form a 522 district, (2) join an existing 522 district or (3) join with other incorporated cities or towns to form a 522 district, the governing body will be considered as being substituted the powers and duties of the county commissioners as stated above. The residents and voters in the city or town will have all rights, duties, privileges, and obligations as stated above for a 522 district following school district(s) or county (counties) boundaries.

## **CHAPTER 2**

### **Providing EMS**

The 522 board has the power and authority to hire a manager and appropriate personnel, contract, organize, maintain or otherwise operate the emergency medical services within their district. The 522 board will determine the structure of EMS in the district. There are two basic options: 1) contract with licensed established EMS providers to provide services or 2) own and operate the EMS.

The 522 board will need to know the current provisions for EMS within their district before determining how to structure the district. The board will want to invite all the current EMS providers to meet with the 522 board and share information on their current activities and funding situation. The 522 board will want to gain as much information, understanding and knowledge of EMS within their district as possible before deciding how to structure EMS with the 522 funding. The 522 board will determine the best way to fund EMS in the 522 district. The 522 board will want to ask the following questions about the current EMS situation within the district:

- what EMS providers are currently providing service in the district,
- are all parts of the district receiving EMS coverage,
- is 9-1-1 available to provide communications within the district,
- what are the greatest EMS needs of each EMS provider,
- what are the possible solutions,
- what level of service is being provided or could be provided,
- what are the costs in providing a higher level of service,
- what problems are the current EMS providers experiencing, and
- what other EMS providers would be available to provide service in the district.

The directors of the current EMS providers may be the best asset of the 522 board. These directors can assist the 522 board in making the best possible decision and can provide the necessary EMS expertise to the board and possibly act as staff to the 522 board. They can support the 522 board in structuring the district and in operating the 522 district. Do not overlook this valuable local resource when considering the advantages and disadvantages of the structure alternatives listed above. The 522 board is a voluntary board and will want to utilize as many available resources as possible to provide the best possible EMS operations with a reasonable amount of time spent as voluntary board members.

#### **Legislation pertaining specifically to 522 districts**

No matter how the 522 board decides to structure EMS in the district, the 522 board will need to be aware of EMS and trauma legislation, rules, and regulations. The first two referenced pieces of legislation pertain **directly** to 522 districts:

- **Article X, Section 9(C) of the Constitution of the State of Oklahoma**  
Article X, Section 9C of the Constitution, allows the establishment of Emergency Medical Services Districts in Oklahoma and includes all rules and regulations pertaining to these formed districts. Reference **Appendix B-2**.
- **Emergency Medical Service District Budget Act**, Title 19, Chapter 35, §§1701 –1801  
This act applies to all 522 districts created pursuant to the provisions of Section 9C of Article X of the Constitution of the State of Oklahoma. The purpose of this act is to provide a budget procedure for 522 districts to: 1) establish uniform and sound fiscal procedures for the preparation, adoption, execution and control of budgets; 2) enable districts to make financial plans for both current and capital expenditures and to ensure that their directors administer their respective functions in accordance with adopted budgets; 3) make available to the public and investors sufficient information as to the financial conditions, requirements and expectations of the 522 district; and 4) assist 522 districts to improve and implement generally accepted accounting principles as applied to governmental accounting, auditing and financial reporting and standards of governmental finance management. Reference **Appendix B-6**.

### EMS legislation

Although 522 boards must follow these first two pieces of legislation specifically related to 522 districts, the 522 boards must also know the legislative requirements for EMS in general in the following legislation:

- **Oklahoma Administrative Code, Chapter 641, Emergency Medical Services** (Title 310, Oklahoma State Department of Health)  
These are the administrative rules of the Oklahoma State Department of Health for emergency medical services. Reference **Appendix B-3**.
- **House Bill 1888 (passed in June 2010)**  
House Bill 1888 established a new role for the Board of County Commissioners in the provision of emergency medical services (EMS) for the county, requiring the county commissioners to develop an EMS plan addressing EMS funding issues, countywide EMS coverage, and 9-1-1 EMS response by April 1, 2011. Reference **Appendix B-7**.
- **Oklahoma Emergency Response Systems Development Act, Title 63, Article 25, §§1-2501 – 1-2516**  
This legislation defines requirements for providing delivery of fast, efficient emergency medical care for the sick and injured at the scene of a medical emergency and during transport to a health care facility, for EMS response and mutual aid given the shortage of providers of emergency care, for the types of EMS transport personnel and licensing requirements, for death benefits, for delivery of stabilizing and definitive care at a health care facility, and for strategies to improve emergency service during the first critical minutes immediately following the onset of a medical emergency. Reference **Appendix B-1**.



- **Federal Specifications for the Star-of-Life Ambulance, KKK-A-1822F**  
All ambulance vehicles must meet the Federal Specification for the Star-of-Life Ambulance, KKK-A-1822F. Reference **Appendix B-8**.
- **Lien for Ambulance Services**, Title 42, Chapter 1, §49  
This law was enacted to require any entity involved in operating an ambulance service to have a lien in the event any person is injured as a result of the negligent or intentional act of another and if that person asserts or maintains a claim against another person for damages on account of the injuries. The details of the lien are specified in this legislation. Reference **Appendix B-9**.
- **Oklahoma EMT Protection Law**, Title 21, Chapter 20, §650.3-650.5  
The Oklahoma EMT Protection Law provides fines and punishment for any type of interference with an emergency medical technician or other emergency medical care provider in the performance of or attempt to perform emergency medical care and treatment or in going to or returning from the scene of a medical emergency. Reference **Appendix B-10**.
- **Good Samaritan Act**, Title 76, Torts §5  
The Good Samaritan Act indicates responsibility for negligence and exceptions to such. This law basically provides that any person who in good faith, voluntarily and without compensation, renders or attempts to render emergency care will not be liable for any civil damages as a result of any acts of omissions by such person in rendering the emergency care. The law basically provides civil protection for persons in specific circumstances that render emergency care. Reference **Appendix B-11**.

### **EMS legal opinions**

Opinions are issued by the Attorney General in response to requests by state agency officials, state legislators, and local decision makers to help them perform their duties. These opinions are not law, but rather they provide answers to questions of law and on how the law applies to particular situations. Attorney General Opinions may be signed by the Attorney General, the Deputy Attorney General, or by an Assistant Attorney General (**Appendix B-12**). The opinions included are the short version, including the date of the question, the author of the question, the question(s) itself, and the short answer. Also, a summary of all EMS legal opinions is included at the beginning of the EMS Legal Opinions to assist in finding an opinion based on a particular subject area. For additional details and justifications, please refer to the following Attorney General website:

<http://www.oscn.net/applications/oscn/index.asp?ftdb=STOKAG&level=1>

### **Trauma legislation**

The 522 board should also be aware of the following trauma legislation as it relates to the provision of EMS in the 522 district:

- **Oklahoma Trauma Systems Improvement and Development Act**, Title 63, Article 25, §1-2530.1-1-2530.9, Chapter 1 – Oklahoma Public Health Code

In order to improve the health and well-being of the people of this state, it is necessary to improve and further develop trauma systems by encouraging hospitals and emergency medical service providers to provide an organized system of trauma care. The State Board of Health will develop rules to establish minimum standards and objectives to implement the development, regulation, and improvement of trauma systems on a statewide basis. The Oklahoma Trauma Systems Improvement and Development Advisory Council, Regional Trauma Advisory Boards (R-TABS), Medical Audit Committee, certification of trauma transfer and referral centers in each county and in certain contiguous communities, and the Trauma Care Assistance Revolving Fund were established under this legislation. Reference **Appendix B-13**.

### **Other legislation related to EMS**

No matter what structure the 522 board decides to implement, the 522 board should be aware of all the legislation, rules, and regulations shown above concerning EMS and trauma. Not only does the 522 board need knowledge and references for EMS and trauma legislation, rules, and regulations, but the 522 board needs to be aware of the following legislation that may involve the operation of the 522 district:

- **Nine-One-One Emergency Number Act**, Title 63, Chapter 58, §§2811-2821  
This Act establishes the telephone number nine-one-one (911) as the primary emergency telephone number for use in Oklahoma and to encourage units of local governments and combinations of such units to develop and improve emergency communication procedures and facilities to expedite the response of law enforcement, fire, medical, rescue, and other emergency services to any person requiring such assistance. Reference **Appendix B-14**.
- **Nine-One-One Wireless Emergency Number Act**, Title 63, Chapter 58, §§2841-2846  
The purpose of the Nine-One-One Wireless Emergency Number Act is to provide efficient communication between wireless telephone customers and emergency service providers to expedite the response of law enforcement, fire, medical, rescue, and other emergency services to any person requiring such assistance. Reference **Appendix B-15**.
- **Health Insurance Portability and Accountability Act of 1996 (HIPPA)**, Public Law 104-191, 104<sup>th</sup> Congress  
HIPPA was designed to respect the privacy of individually identifiable health information, to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes. This Act makes health care providers responsible for safeguarding patient information. This requirement extends to EMTs and ambulance services. Fines and other penalties can result from violations of the Act. Additional

information on HIPPA can be found at <http://www.hhs.gov/ocr/privacy/>. Reference **Appendix B-16**.

- **Oklahoma Do-Not-Resuscitate Act**, Title 63, Chapter 61A, §§3131.1-3131.14  
The intention of this Act is to recognize that the existence of do-not-resuscitate identification or consent correctly expresses the will of any person who bears it and that foreign courts recognize this expression and give full faith and credit to do-not-resuscitate identification or consent. Reference **Appendix B-17**.
- **Emergency Care or Treatment by Use of Automated External Defibrillator – Immunity from Civil Liability**, Title 76, Torts, §5A  
A person who is qualified pursuant to this subsection and who, in good faith and without expectation of compensation, renders emergency care or treatment outside of a medical facility by the use of an automated external defibrillator shall be immune from civil liability for personal injury which results from the use of the device, except for acts of gross negligence or willful or wanton misconduct. Reference **Appendix B-18**.
- **Bloodborne pathogens**, Part 1910 Occupational Safety and Health Standards, Title 29: Labor (available from e-CFR data)  
This legislation applies to all occupational exposures to blood or other potentially infectious materials and includes the procedure for the evaluation of circumstances surrounding exposure incidents. Reference **Appendix B-19**.
- **Airborne/Respiratory Protection**, Part 1910 Occupational Safety and Health Standards, Title 29: Labor (available from e-CFR data)  
This legislation applies to all occupational exposure to air contaminants and the procedures to follow in the event of an exposure. Reference **Appendix B-20**.
- **Uniform Controlled Dangerous Substances Act**, Destruction of Out of Date, Unwanted, Unused, or Abandoned Controlled Dangerous Substances, Title 63, Public Health and Safety, Chapter 2  
This act sets forth the rules and regulations concerning controlled dangerous substances in Oklahoma. Reference **Appendix B-21**.

### **Labor/Personnel legislation**

The 522 Board may be required to hire personnel and the board will then need specific knowledge of various labor laws, including:

- **Standards for Workplace Drug and Alcohol Testing Act**, Title 40, Chapter 15, §§551-565  
This Act does not require or encourage employers to conduct drug or alcohol testing. Employers who choose to conduct drug or alcohol testing of job applicants or persons employed in this state shall be governed by the provision of this act and the rules promulgated pursuant thereto. Reference **Appendix C-1**.

- **Drug Test Policy**  
An example drug test policy is included in **Appendix C-2**, if the 522 board should find it necessary to institute a drug and alcohol testing policy.
- **Occupational Safety and Health Administration (OSHA)**, Public Law 91-596  
To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes. Reference **Appendix C-3**.
- **Fair Labor Standards Act (FLSA)**, Title 29 §553 (Available from e-CFR data)  
This federal statute establishes a national minimum wage, guarantees 'time-and-a-half' for overtime in certain jobs, and prohibits most employment of minors in "oppressive child labor." Reference **Appendix C-4**.
- **Peer Counseling Legislation**, HB1460-(2007)  
An Act providing for privileged communications between specific individuals in peer support counseling sessions and providing for confidentiality in specific communications. Any communication made by a participant or counselor in a peer support counseling session conducted by a law enforcement agency or by an emergency services provider for public safety personnel or emergency services personnel, and any oral or written information conveyed in the peer support counseling session, is confidential and may not be disclosed by any person participating in the peer support counseling session. Exceptions to this rule are listed at the end of the Act. Reference **Appendix C-5**.
- **Family and Medical Leave Act (FMLA) of 1993**, as amended, Public Law 103-3  
The FMLA is to grant family and temporary medical leave under certain circumstances. Reference **Appendix C-6**.

### Statutory limits to expenditures

The Emergency Medical Service District Budget Act, Title 19, Chapter 35, Section 1710.1 states that any proceeds collected pursuant to the provisions of Section 9C of Article X of the Oklahoma Constitution shall only be expended for the purpose of providing funds for the support, organization, operation and maintenance of 522 district ambulance services. Also, this section further states that 522 districts that provide ambulance services through contracts with one or more ambulance service providers shall utilize *not less than ninety percent (90%) of all revenues collected by the district for payment of such contracts*. Reference **Appendix B-6**.

The Emergency Medical Service District Budget Act, Title 19, Chapter 35, Section 1717 states that it is unlawful for any employee or member of the 522 Board in any budget year:

1. To create or authorize creation of a deficit in any fund.
2. To authorize, make or incur expenditures or encumbrances in excess of ninety percent (90%) of the appropriation for any fund of the budget as adopted or amended until

revenues in an amount equal to at least ninety percent (90%) of the appropriation for the fund have been collected. Any fund balance which is included in the appropriation for the fund is considered revenue in the budget year for which it is appropriated. Expenditures may then be made and authorized so long as any expenditure does not exceed any fund balance.

3. Any obligation that is contracted or authorized by any member or employee of the board in violation of this act shall become the obligation of the member or employee himself and shall not be valid or enforceable against the district. Any member or employee who violates this act shall forfeit his position and shall be subject to such civil and criminal punishments as are provided by law. Any obligation, authorization for expenditure or expenditure made in violation of this act shall be illegal and void.

### **Structure of EMS operations - contract with licensed established EMS providers**

The first alternative for structuring EMS operations in the 522 district is to contract with licensed established EMS providers to provide services. Example contracts are included in **Appendix A-4**. The 522 board is responsible for having the contracts reviewed by an attorney to meet all current legal requirements.

If a 522 board decides to contract with licensed established EMS providers, the 522 board is not the employer and may not need to know the labor/personnel laws in detail. The 522 board will rely heavily on the EMS directors for providing EMS in the district.

### **Structure of EMS operations - own and operate EMS**

The other alternative for structuring district EMS operations is to own and operate the EMS. This requires the most amount of time to establish. However, once the system is established and operational, the director of the EMS will then provide the day-to-day management of the system and report regularly to the 522 board. The 522 board will have regular meetings and oversee the operations of the EMS through the EMS Director.

This means that the 522 Board will need to employ a knowledgeable, capable, trustworthy EMS director. To assist the 522 board with funding appropriate personnel, included in **Appendix C-7** is a functional job analysis for paramedics. Example job descriptions for EMS Director, Assistant EMS Director, Central Shift Supervisor, Business Office Clerk, and Board Administrator are included in **Appendix C-8**. The job descriptions provide the essential duties and responsibilities for each type of employee; however, these are provided for information purposes only, the 522 board or the EMS Director will need to customize these to meet the district's specific needs.

If the 522 board owns and operates the EMS, the board will be required to establish standard operating procedures (SOPs). The 522 board typically employs a qualified EMS director who will be responsible for the establishment of SOPs, the day-to-day EMS operations, quality assurance, and collection of accounts. In addition, the EMS administrator is required to prepare reports (as specified by the 522 board) to present regularly to the 522 board and to develop plans for future development of EMS in the district to present to the 522 board. The 522 board is an

appointed, voluntary board and, as such, it is recognized that the members may have other full-time job responsibilities or other affairs to conduct. The EMS Director will provide requested reports and information, and overall support and staff to the 522 board. The 522 board is not expected to be fully knowledgeable of the technical aspects of EMS operations and management; however, the 522 board must ensure that appropriate personnel are available to provide this expertise to meet the 522 board's due diligence and fiscal responsibilities.

Owning and operating the EMS system requires the most involvement of a 522 board and the most knowledge of the legislation, rules, regulations, information, and forms included in the Appendices. Although this is the most complicated structure of an EMS district, the district may have advantages over contractual arrangements for EMS. The 522 board has full control of all aspects of the EMS operations. This can prove to be advantageous in having unified medical direction, communications systems (dispatch), and/or backup vehicles. Owning and operating a 522 district may result in improved quality control, better coordination and cooperation, better preparation for unexpected disasters, and rotation of personnel for more effective coverage.

Another alternative the 522 board may consider is the employment of an administrator to manage and oversee all of the board's business activities. This would require the 522 board to become an employer. This means that the 522 board will need to employ a knowledgeable, capable, trustworthy administrator to handle the business of the board. A job description showing the general duties of the administrator is provided in the example job descriptions in **Appendix C-8**. These duties could include contracting with licensed established EMS providers for EMS in the district. The administrator will need a thorough knowledge of all the documents included in **Appendices A and B**. **Appendix A** provides information and legislation relating to the administration of the 522 board. **Appendix B** provides legislation, rules, regulations, and legal opinions for EMS operations and EMS-related activities. The administrator may also need the specific information provided in **Appendices C and D**. **Appendix C** provides information and legislation concerning labor or personnel issues. **Appendix D** provides all the instructions and forms needed for licensing for EMS, Trauma, and EMS data and research.

## **CHAPTER 3**

### **EMS Capital Equipment**

The 522 board of trustees will issue bonds for EMS capital equipment, after a tax levy is approved by a majority vote at a special election for such purpose. These bonds will be issued for the purpose of acquiring emergency vehicles and other equipment and maintaining and housing this equipment, as per Article X, Section 9C of the Oklahoma Constitution (**Appendix B-2**).

#### **Issuing bonds**

The bonds will not bear interest at a higher rate than that authorized by statute for the issuance of city municipal bonds. The bonds will be sold only at public sale after twenty (20) days' advertisement in a newspaper for publication of legal notices with circulation in the district. A 522 district may refund its bonds, as provided by law for refunding municipal bonds.

#### **Paying bonds from district tax levy**

Upon issuing the bonds, the special annual ad valorem tax levy (maximum of three [3] mills on the dollar) on the property in the district will be payable annually on the real and personal taxable property in the district for the payment of principal and interest on the outstanding bonds. The tax levy will continue until the bonds are paid. However, the 522 board can suspend the collection of such annual tax levy when it is not needed for the payment of the bonds. Under no circumstances will the tax levy of real and personal taxable property in any district ever be more than three (3) mills for the payment of bonds issued for EMS capital equipment.

#### **Paying bonds from “other” available funds**


The 522 board can pay the principal and interest of the bonds from any proceeds from operations of the 522 district that the 522 board determines are not necessary to the future operation and maintenance of the EMS or from any other available district funds that are not already encumbered or obligated.

#### **Maturity of bonds**

Bonds are issued for designated sums with serial numbers, maturing annually after three (3) years from date of issue. All bonds and interest will be paid upon maturity and no bonds shall be issued for a period longer than thirty (30) years. The 522 board can schedule the payment of principal over the thirty-year period so that when interest is added there will be approximately level annual payments of principal and interest.

#### **522 board option to increase to three (3) mills**

If the mill levy in the original election proclamation is less than three (3) mills, the 522 board can request the board(s) of county commissioners to call another election to consider increasing the mill levy. Again, the total levy for the bond issues for EMS capital equipment can never be more than three (3) mills.



## **522 board jurisdiction over sale and refunding of bonds**

The 522 board has jurisdiction over the sale or refunding of any bonds issued by the district and is responsible for the economical expenditure of the funds derived from the bonds.



## **CHAPTER 4**

### **District Boundary Changes**

#### **Expanding a 522 district**

A 522 district can expand to include a county or counties or parts of a county or counties to an established district through an election called by the appropriate board(s) of county commissioners, as per Article X, Section 9C of the Oklahoma Constitution (**Appendix B-2**). To do this the board(s) of county commissioners in the original district must concur with the proposed expansion. The proposed expansion area will only be added to the original district if approved at two separate elections: (1) an election by a majority vote of the voters in the original district and (2) an election by a majority vote of the voters in the expansion area. The county or counties in which the expansion area is located will have at least one member on the 522 board (appointed by the county commissioners). Appropriate millage or other approved method of financial support will be levied in the expansion area when it is added to the original district. The millage will be levied at the approved rate used to cover EMS operations and outstanding bond issues for EMS capital equipment, not to exceed a maximum of three (3) mills for EMS operations and not to exceed a maximum of three (3) mills for bond issues for EMS capital equipment.

#### **Withdrawing from a 522 district**

A county, counties or parts of a county or counties can withdraw from a 522 district if an election is called by the appropriate board(s) of county commissioners. The withdrawal is approved by a majority vote of the voters in the area requesting withdrawal. To obtain an election for withdrawal, a petition signed by not less than twenty percent (20%) of all registered voters in the county can be presented to the appropriate board(s) of county commissioners; the board(s) of county commissioners will then call an election. The petition for an election for a specified area to withdraw from a 522 district and the ballot will provide for the payment of any debt for operational costs and outstanding bonded indebtedness in proportional shares, for which the specified withdrawal area would be responsible as a result of the membership of the 522 district.

#### **Dissolving a 522 district**

A 522 district can be dissolved, or the millage levy changed, by a majority vote of the registered voters voting at an election called by the county commissioners of the specified 522 district; provided that an election will not be called unless either three-fifths (3/5) of the 522 board members request the board(s) of county commissioners call the election, or the respective board(s) of county commissioners are presented a petition signed by not less than twenty percent (20%) of all registered voters in the 522 district. If a 522 district is dissolved, any mill levy used to support, organize, operate and maintain the 522 district will terminate, provided that the mill levy will not terminate until all outstanding bonds are retired and all other debts incurred by the 522 district have been resolved.

### **Election requirements for expanding, withdrawing, or dissolving a 522 district**

All elections for expanding, withdrawing, or dissolving a 522 district will be conducted by the county election board(s) of each county or counties involved, upon receipt of an election proclamation, issued by a majority of the board(s) of county commissioners in the specified area. If more than one county is involved, the proclamation must be a joint proclamation from a majority of the board(s) of county commissioners of each county involved. The proclamation will be published in one issue of a newspaper of general circulation in each county involved in the specified area at least ten (10) days prior to the election. The proclamation will set forth the purpose of the election and the date of the election. The county election board(s) shall certify the results of an election to the board(s) issuing such proclamation.

## **CHAPTER 5**

### **Role of Board(s) of County Commissioners**

The board(s) of county commissioners is (are) involved if and when the local decision makers want to call an election: (1) to form and fund a 522 district, or (2) to expand, withdraw, or dissolve funding of a 522 district. This chapter is designed to include all duties and responsibilities of the county commissioners in one chapter; therefore, there will be duplication from previous chapters, as per Article X, Section 9C of the Oklahoma Constitution (**Appendix B-2**).

#### **Calling the election to establish and fund a 522 district**

The election is called for by the board(s) of county commissioners of the county or all counties involved in the proposed district, or by a petition signed by not less than 10% of the registered voters of the proposed district. If the board or boards of county commissioners of the county or all counties involved in the proposed district do not readily call an election at the request of local decision makers, the local decision makers can petition the board or boards of county commissioners to call the election by having a petition signed by not less than 10% of the registered voters from the proposed district. This petition must specify the proposed district to be formed, the tax levy (or levies) that is (are) being requested and the proposed question(s) that is (are) to be placed on the ballot. The ballot would include the question to form the district, the question to authorize a tax levy (not to exceed three [3] mills) for EMS operations and/or the question to authorize a tax levy (not to exceed three [3] mills) for a bond issue to fund EMS capital equipment.

#### **Expanding a 522 district**

A 522 district can expand to include a county or counties or parts of a county or counties to an established district through an election called by the appropriate board(s) of county commissioners. To do this the board(s) of county commissioners in the original district must concur with the proposed expansion. The proposed expansion area will only be added to the original district if approved at two separate elections: (1) an election by a majority vote of the voters in the original district and (2) an election by a majority vote of the voters in the expansion area. The county or counties in which the expansion area is located will have at least one member on the 522 board (appointed by the county commissioners).

#### **Withdrawing from a 522 district**

A county, counties, or parts of a county or counties can withdraw from a 522 district if an election is called by the appropriate board(s) of county commissioners. The withdrawal is approved by a majority vote of the voters in the area requesting withdrawal. To obtain an election for withdrawal, a petition signed by not less than twenty percent (20%) of all registered voters in the county can be presented to the appropriate board(s) of county commissioners; the board(s) of county commissioners will then call an election. The petition for an election for a specified area to withdraw from a 522 district and the ballot will provide for the payment of any debt for operational costs and outstanding bonded indebtedness in proportional shares, for which

the specified withdrawal area would be responsible as a result of the membership of the 522 district.

### **Dissolving a 522 district**

A 522 district can be dissolved, or the millage levy changed, by a majority vote of the registered voters voting at an election called by the county commissioners of the specified 522 district; provided that an election will not be called unless either three-fifths (3/5) of the 522 board members request the board(s) of county commissioners call the election, or the respective board(s) of county commissioners are presented a petition signed by not less than twenty percent (20%) of all registered voters in the 522 district.

### **Election requirements for establishing and funding, expanding, withdrawing, or dissolving a 522 district**

All elections for expanding, withdrawing, or dissolving a 522 district will be conducted by the county election board(s) of each county or counties involved, upon receipt of an appropriate election proclamation, issued by a majority of the board(s) of county commissioners in the specified area. If more than one county is involved, the proclamation must be a joint proclamation from a majority of the board(s) of county commissioners of each county involved. The proclamation will be published in one issue of a newspaper of general circulation in each county involved in the specified area at least ten (10) days prior to the election. An election to form a 522 district can be called by the board (or boards) of county commissioners at any time; the proclamation or joint proclamation must include the purpose and date of the election. Typically, any election for a 522 district is included on the ballot of another required election to avoid the costs of a special election.

### **Appointing the 522 board of trustees**

After the election has passed by a majority vote, the board(s) of county commissioners involved with the newly-formed district will choose and appoint the board of trustees (hereinafter referred to as the "522 board"). The 522 board must be composed of at least five members who live within the district. Each county must have at least one 522 board member represented in the district and these members may not hold another office (**Officers and Deputies not to hold other offices, Appendix A-1**). When a board member completes his/her allotted number of years, the board(s) of county commissioners will appoint new members to the 522 board to replace those members whose appointment has expired. The law states that county commissioners will not act as 522 board members, but will allow the 522 board to make decisions in operating the 522 district.

### **Posting bond, as required by the board of county commissioners**

The 522 board has the power and duty to communicate and adopt rules, procedures, and contract provisions necessary to carry out the purposes and objectives of the 522 district. The 522 board is instructed by the board(s) of county commissioners to practice due diligence and to be fiscally responsible in operating the 522 district as a business. Each individual 522 board member will

post such bond as required by the board(s) of county commissioners and shall not be less than Ten Thousand Dollars (\$10,000).

**Option for a 522 board to request increase to three (3) mills**

If the mill levy in the original election proclamation for bond issues for EMS capital equipment is less than three (3) mills, the 522 board can request the board(s) of county commissioners to call another election to consider increasing the mill levy.

## FREQUENTLY ASKED QUESTIONS ON "522" DISTRICT

1. Question: What is a “522” EMS District?

Answer: “522” refers to State Question 522 which resulted in a constitutional amendment (Article X) that allows a district to be formed following the boundaries of a county, school district or an incorporated city or town and to establish an annual recurring ad valorem tax levy of not more than three (3) mills per dollar of assessed valuation of all taxable property in the district for EMS operations and/or to establish funds for a bond issue for capital equipment not to exceed an additional three (3) mills per dollar of assessed valuation of all taxable property in the district. These two types of funding can be voted on in the same election or in separate elections.

2. Question: What are the advantages for an ambulance service to have the support of a 522 district?

Definitive Answer:

Consistent funding stream for operations.

Funding mechanism for capital equipment needs.

Flexibility in the overall organization and management of the EMS agency or agencies and operations.

Possible Answer:

Possible advantages of a district could be substantial cost savings to the EMS providers from shared costs, such as medical direction, communications systems (dispatch), and backup vehicles. The forming of a district may also result in improved quality control, better coordination and cooperation, better preparation for unexpected disasters, and rotation of personnel for more effective coverage.

3. Question: What will a three mill ad valorem levy cost the average homeowner?

Answer: Each county may have a different assessment rate. The example below illustrates the additional taxes based on different market rates of residential homes times an example assessment rate of 11% (0.11) times the three mills (.003). These calculations can be prepared for a specific county with different home market values, county-specific assessment rates, and different millage rates.

| Market Value | Assessment Rate | Millage Rate | Est. Yrly. Increase |
|--------------|-----------------|--------------|---------------------|
| \$40,000 x   | 0.11            | x 0.003 =    | \$13.20             |
| \$60,000 x   | 0.11            | x 0.003 =    | \$19.80             |
| \$80,000 x   | 0.11            | x 0.003 =    | \$26.40             |
| \$120,000 x  | 0.11            | x 0.003 =    | \$39.60             |
| \$200,000 x  | 0.11            | x 0.003 =    | \$66.00             |

4. Question: Are there other sources of revenue for the district?  
Answer: Yes. The board of trustees are empowered to charge fees for service, to request a vote of the local residents for sales tax, to institute a surcharge on utility bills (only applies to cities or towns that own their own utilities), to generate revenues through fund-raisers or voluntary subscription fees, or to accept gifts, funds or grants from other sources.
5. Question: Will the district provide free ambulance service?  
Answer: This decision is entirely up to the board, but is not recommended. The tax revenue is designed to help with the cost of financing the availability of an emergency medical service. However, some districts have been able to provide service with funds from tax revenues and reimbursements through Medicare, Medicaid and private insurance policies, without having to bill the patient.
6. Question: May additional tax revenues be raised through "522"?  
Answer: Yes. If only one source of funding for EMS operations was established in the initial district, the trustees may issue bonds, if approved by a majority vote in a special election, to acquire emergency equipment and maintain the same.
7. Question: Can the three mills for the operation of the service and the bond issue be voted on at the same time?  
Answer: Yes. The bond issue can be contingent upon the passing of the question establishing an EMS district.
8. Question: How are the bonds repaid?  
Answer: By an additional annual three mill ad valorem levy until the bonds are repaid.
9. Question: How is the election called?  
Answer: By the Board of County Commissioners or by petition of 10% of registered voters in the region affected.
10. Question: What is the time frame involved in calling the election?  
Answer: Elections shall be conducted by the county election board or boards upon receipt of an election proclamation issued by a majority of the board or boards of county commissioners of the proposed district. The proclamation setting forth the purpose and date of the election shall be published in one issue of a newspaper of general circulation in each county involved at least ten (10) days prior to the election.
11. Question: When can the district be organized following the election?  
Answer: The board can be appointed immediately. Funds will not be available until the following collection period. The board may borrow from anticipated tax funds for operating expense if service is begun before funds are actually available.

12. Question: Who serves as administrators of the district?  
Answer: A board of trustees of not less than five (5) members shall be chosen jointly by the board or boards of county commissioners following the election establishing the district. One individual from each county or part thereof must be appointed to the board.
13. Question: What duties do board members have?  
Answer: Board members have the power and duty to promulgate and adopt rules, procedures and contract provisions necessary to carry out purposes and objectives of the legislation and such additional powers as authorized by the legislature.
14. Question: What happens to the existing service and equipment when an EMS District is established?  
Answer: The existing service, if one exists, can be donated to the district, purchased, leased, or contracted to provide services for the district.
15. Question: May the district be expanded?  
Answer: Yes. By a majority vote of both the existing district and the area of expansion.
16. Question: May the district be dissolved?  
Answer: Yes. By a majority vote at an election called for that purpose. The election may be called by three-fifths of the EMS District trustees or upon petition of not less than 20% of all registered voters in the district.
17. Question: Are these 522 districts part of county government?  
Answer: No. The districts are special government entities or special taxation districts which may constitute a part of a county, a part of more than one county, a county, or more than one county.
18. Question: Does the board operate the emergency medical service?  
Answer: The board may provide service through a capable administrator, hire an administrator and contract for service, or contract the entire service.
19. Question: What is the term of office for board members?  
Answer: The first board draws lots for length of office ranging from one to five years, after which the appointment is for five years.
20. Question: Must board members be bonded?  
Answer: Yes. All board members must be able to be bonded. The minimum is \$10,000.
21. Question: May the board members serve on another public board or hold public office?  
Answer: Basically, no; there may be exceptions; reference Oklahoma legislation §51-6 Officers and Deputies Not to Hold Other Offices - Exemptions for further details.



22. Question: Is the board required to follow the procedures of the open meeting law?  
Answer: Yes. It is a public body administering public funds.
23. Question: Who conducts audits for the district?  
Answer: The State Examiner and Inspector shall conduct an annual audit of the operations of such districts.
24. Question: What agency of government has pecuniary liability?  
Answer: The 522 district board has jurisdiction over funds received and disbursed, has the capacity to sue and be sued, and has the same immunity from civil suits for actions arising from the operation of the district as municipalities and counties.



Oklahoma  
State  
Department  
of Health

## Appendix A

### Board Administration Information and Legislation



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## **Appendix A**

### **Board Administration Information and Legislation**

#### **A-1 Officers and Deputies Not to Hold Other Offices, Title 51, Chapter 1, §6**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>





# Officers and Deputies Not to Hold Other Offices

## Title 51, Chapter 1, §6

### Title 51. Officers

#### Chapter 1 - General Provisions

#### Section 6 - Officers and Deputies Not to Hold Other Offices

A. Except as may be otherwise provided, no person holding an office under the laws of the state and no deputy of any officer so holding any office shall, during the person's term of office, hold any other office or be the deputy of any officer holding any office, under the laws of the state. The provisions of this section shall not apply to:

1. Notaries public;
2. Members of the State Textbook Committee;
3. County free fair board members;
4. Municipal and county law enforcement officers serving in positions as law enforcement officers of both such governmental entities upon such terms and conditions as are mutually approved by resolutions adopted by the board of county commissioners and governing body of the municipality employing such officers;
5. Any person holding a county or municipal office or position, or membership on any public trust authority, who is a member of a board or commission that relates to federal, state, county or municipal government and is created by the United States Government, the State of Oklahoma or a political subdivision of the state, except where the duties of the offices or positions conflict;
6. Any elected municipal officers and school board members who are appointed to a state board, commission, or similar entity if there is no compensation for such services other than reimbursement for necessary travel expenses pursuant to the provisions of the State Travel Reimbursement Act;
7. Any trustee of a public trust, who is appointed as a trustee of a different public trust or any trustee of the Tulsa County Public Facilities Authority who may also be employed by the Department of Transportation;
8. Law enforcement officers employed by municipal or county law enforcement departments or agencies, other than those law enforcement officers elected or appointed as sheriff, chief of police or some similar position in which they are the head of a county or municipal law enforcement agency, who are elected to local boards of education; provided, the provisions of this paragraph shall not prohibit any law enforcement officer employed by a municipality having a population of ten thousand (10,000) or fewer people from serving as a member of a local board of education;
9. Any member of the Oklahoma Highway Patrol Division of the Department of Public Safety who is elected to a local board of education;
10. Any District Supervisor, Assistant District Supervisor, Team Supervisor, Parole Officer 1 or Parole Officer 2 of the Department of Corrections who is elected or appointed to a city council;
11. Any trustee or director of a rural electric cooperative, or port authority who is appointed or elected to a state, county or municipal board, commission or similar entity;
12. County employees who are elected as members of town or city councils;
13. Municipal, county, state or tribal law enforcement or peace officers operating under cross-deputization agreements with an Indian tribe or branch of the federal government;
14. Municipal or county law enforcement or peace officers serving in positions as campus police officers or campus public safety officers pursuant to the provisions of the Oklahoma Campus Security Act, upon such terms and conditions as are mutually approved by resolution adopted by the governing body of the municipality or county and the governing board of the institution of higher education;
15. State law enforcement or peace officers serving in positions as campus police officers or campus public safety officers pursuant to the provisions of the Oklahoma Campus Security Act, upon such terms and conditions as are mutually approved by written agreement between the Commissioner of Public Safety and the governing board of the institution of higher education;

16. Municipal and county law enforcement officers serving in positions as part-time rangers under the Oklahoma Tourism and Recreation Department;
17. The Administrator of a Scenic Rivers Commission serving in the position of a park ranger under the Oklahoma Tourism and Recreation Department;
18. Members of the University Hospitals Authority;
19. Any person holding a state office or position who is a reserve force deputy sheriff or a reserve municipal police officer;
20. Any person holding a state office or position who serves as a special assistant district attorney without compensation;
21. Any elected or appointed member of a local school board who is a member of a municipal planning commission;
22. Any elected or appointed member of a local school board who is a member or an officer of a volunteer fire department;
23. Directors or officers of a rural water district and chiefs of municipal fire departments or rural fire districts who are appointed or elected to an unsalaried office in a state, county, municipal, school, or technology center school board, commission, or similar entity, except where the duties of the office would create a conflict of interest;
24. Any person who is a dispatcher or confinement officer at a municipal or county jail who is a noncompensated reserve municipal police officer or a reserve deputy sheriff;
25. Any person who is an assistant district attorney serving as a municipal judge or prosecutor;
26. Any park ranger under the Oklahoma Tourism and Recreation Department who is elected or appointed to a local board of education or to a municipal board, commission or similar entity;
27. Members of the Oklahoma State University Medical Center Authority or the Oklahoma State University Medical Trust;
28. Any member of the state Legislature or any state officer who serves on the board of trustees of the Oklahoma School for the Visual and Performing Arts; and
29. Members of the Council on Judicial Complaints.

The provisions of this section shall not prohibit any person holding an office under the laws of the state or any deputy of any officer so holding any office from serving upon the board of Oklahoma Futures or upon the board of directors of the Oklahoma Center for the Advancement of Science and Technology. The provisions of this section shall not prohibit a member of the board of directors of the Oklahoma Center for the Advancement of Science and Technology from serving upon the board of Oklahoma Futures.

B. Any salaries, emoluments or benefits that would otherwise be paid by the agency or political subdivision to a loaned employee or officer shall instead be paid to the regular employer of such employee. The loaned employee shall in turn be paid regular salary and benefits the same as if continuing regular employment with the permanent employer.

#### ***Historical Data***

R.L. 1910, § 4274; Amended by Laws 1929, HB 282, c. 255, p. 363, § 1; Amended by Laws 1939, SB 283, c. 20, art. 1, p. 22, § 1, emerg. eff. April 27, 1939; Amended by Laws 1981, HB 1022, c. 47, § 1, emerg. eff. April 13, 1981; Amended by Laws 1986, HB 1944, c. 207, § 54, emerg. eff. July 1, 1986; Amended by Laws 1987, HB 1444, c. 222, § 116, emerg. eff. July 1, 1987; Amended by Laws 1987, HB 1473, c. 236, § 128, emerg. eff. July 20, 1987; Amended by Laws 1989, SB 114, c. 357, § 1, emerg. eff. June 3, 1989; Amended by Laws 1990, SB 539, c. 230, § 1, eff. September 1, 1990; Amended by Laws 1991, HB 1409, c. 202, § 1, emerg. eff. May 17, 1991; Amended by Laws 1991, SB 111, c. 298, § 9, emerg. eff. July 1, 1991; Amended by Laws 1992, HB 1804, c. 2, § 2, emerg. eff. March 18, 1992 (repealed by Laws 1992, HB 2500, c. 373, § 22, emerg. eff. July 1, 1992); Amended by Laws 1992, HB 2371, c. 43, § 1, eff. September 1, 1992; Amended by Laws 1992, HB 2500, c. 373, § 11, emerg. eff. July 1, 1992; Amended by Laws 1993, SB 423, c. 330, § 22 (repealed by Laws 1994, HB 2299, c. 2, § 34, emerg. eff. March 2, 1994); Amended by Laws 1993, HB 1160, c. 331, § 3, emerg. eff. July 1, 1993; Amended by Laws 1994, HB 2299, c. 2, § 18, emerg. eff. March 2, 1994; Amended by Laws 1995, HB 1248, c. 127, § 1, emerg. eff. April 27, 1995; Amended by Laws 1996, HB 2918, c. 24, § 5, emerg. eff. April 3, 1996; Amended by Laws 1997, SB 331, c. 317, § 1, emerg. eff. May 29, 1997 (superseded document available); Amended by Laws 1998, SB 789, c. 184, § 1, emerg. eff. July 1, 1998 (superseded document available); Amended by Laws 2000, SB 1132, c. 162, § 1, eff. November 1, 2000 (superseded document available); Amended by Laws 2001, SB 620, c. 19, § 1, eff. November 1, 2001 (repealed by

Laws 2001, SB 814, c. 414, § 16, eff. November 1, 2001); Amended by Laws 2001, HB 1214, c. 33, § 39, emerg. eff. July 1, 2001 (superseded document available); Amended by Laws 2001, SB 814, c. 414, § 6, eff. November 1, 2001 (superseded document available); Amended by Laws 2002, SB 1368, c. 389, § 2, emerg. eff. June 4, 2002 (superseded document available); Amended by Laws 2003, SB 531, c. 378, § 4, eff. June 4, 2003 (superseded document available); Amended by Laws 2004, HB 2530, c. 51, § 1, emerg. eff. April 1, 2004 (superseded document available); Amended by Laws 2007, HB 1384, c. 170, § 1, emerg. eff. May 31, 2007 (superseded document available); Amended by Laws 2009, HB 1737, c. 453, § 4 (superseded document available); Amended by Laws 2010, SB 499, c. 43, § 1, eff. November 1, 2010 (superseded document available).





## **Appendix A**

### **Board Administration Information and Legislation**

#### **A-2 Example 522 Board By-Laws**





BY-LAWS  
OF  
EMERGENCY MEDICAL SERVICES OF \_\_\_\_\_ COUNTY

1. THE BOARD OF COUNTY COMMISSIONERS OF \_\_\_\_\_ COUNTY, COMPLYING TO STATE LAWS OF CONSTITUTION OF STATE OF OKLAHOMA (ARTICLE 10-SECTION 9 C), PLACED THE QUESTION BEFORE THE PEOPLE ON SAID DAY OF \_\_\_\_\_, 20\_\_\_\_ WHEREUPON THE COUNTY OF \_\_\_\_\_ APPROVED THE FORMATION OF AN AMBULANCE DISTRICT CALLED \_\_\_\_\_ COUNTY EMERGENCY MEDICAL SERVICES. TO COMPLY WITH STATE LAW, THE BOARD OF COUNTY COMMISSIONERS SHALL APPOINT MEMBERS TO THE BOARD OF TRUSTEES OF \_\_\_\_\_ COUNTY EMERGENCY MEDICAL SERVICES, HEREINAFTER REFERRED TO AS " \_\_\_\_\_ COUNTY EMS".

APPOINTMENT OF BOARD MEMBERS

THE ORIGINAL BOARD OF TRUSTEES FOR THE \_\_\_\_\_ COUNTY EMS SHALL BE COMPOSED OF \_\_\_\_\_ ( ) MEMBERS, \_\_\_\_\_ ( ) FROM EACH COUNTY COMMISSION DISTRICT. THE MEMBERS OF SAID BOARD SHALL ELECT BY ORAL VOTE THE FOLLOWING OFFICES:

ONE (1) CHAIRPERSON, ONE (1) VICE-CHAIRPERSON, ONE (1) SECRETARY. SUCH BOARD OF TRUSTEES SHALL HAVE THE POWER AND DUTY TO PROMULGATE AND ADOPT SUCH RULES, PROCEDURES, AND CONTRACT PROVISIONS TO CARRY OUT THE PURPOSE AND OBJECTIVES OF THESE PROVISIONS AND SHALL POST SUCH BOND AS REQUIRED BY THE COUNTY COMMISSIONERS.

2. TERM OF OFFICE

THE ORIGINAL MEMBERS OF THE BOARD OF TRUSTEES SHALL HOLD OFFICE AS FOLLOWS: AT FIRST MEETING OF SAID BOARD, BOARD MEMBERS SHALL DRAW LOTS TO DETERMINE EACH TRUSTEE'S ORIGINAL LENGTH OF TERM OF OFFICE. THE NUMBER OF LOTS TO BE PROVIDED SHALL BE EQUAL TO THE NUMBER OF ORIGINAL MEMBERS OF THE BOARD.

LOTS SHALL BE NUMBERED SEQUENTIALLY FROM ONE (1) THROUGH FIVE (5), WITH LOTS IN EXCESS OF THE FIFTH LOT BEING ALSO NUMBERED SEQUENTIALLY FROM ONE THROUGH FIVE (5) UNTIL ALL LOTS ARE NUMBERED.

EACH ORIGINAL MEMBER OF THE BOARD SHALL HOLD OFFICE FOR THE NUMBER OF YEARS INDICATED ON SAID PARTY'S LOT. EACH YEAR AS NECESSARY THE BOARD(S) OF COUNTY COMMISSIONERS SHALL APPOINT SUCCESSORS TO SUCH MEMBERS OF THE BOARD OF TRUSTEES WHOSE TERM HAS EXPIRED, AND SUCH APPOINTMENTS SHALL BE FOR TERMS OF FIVE (5) YEARS.

THE ORIGINAL MEMBERS OF THE BOARD OF TRUSTEES OF \_\_\_\_\_ COUNTY EMS WILL SERVE A TERM OF OFFICE AS TO THE FOLLOWING TERMS:

FROM TIME OF APPOINTMENT IN CALENDAR YEAR \_\_\_\_\_, TO THE END OF FISCAL YEAR \_\_\_\_\_. IN THE CALENDAR YEAR \_\_\_\_\_, MONTH OF \_\_\_\_\_, THE BOARD OF COUNTY COMMISSIONERS WILL APPOINT SUCCESSORS TO SUCH MEMBERS WHOSE TERMS HAVE EXPIRED, AND SUCH SUBSEQUENT APPOINTMENTS SHALL BE FOR TERMS OF FIVE (5) YEARS.

EACH YEAR THEREAFTER, IN THE MONTH OF JUNE, THE BOARD(S) OF COUNTY COMMISSIONERS SHALL APPOINT SUCCESSORS TO SUCH MEMBERS WHOSE TERMS HAVE EXPIRED, AND SUCH SUBSEQUENT APPOINTMENTS SHALL BE FOR FIVE (5) YEARS. FOLLOWING HIS/HER APPOINTMENT EACH NEW MEMBER WILL BE SWORN IN AT THE NEXT REGULAR MEETING IN THE MONTH OF JULY, AND WILL ASSUME THE DUTIES AS A MEMBER OF THE \_\_\_\_\_ COUNTY EMS BOARD OF TRUSTEES.

THE MEMBERS OF THE BOARD OF TRUSTEES SHALL, ANNUALLY IN THE MONTH OF JULY, ELECT BY ORAL VOTE THE FOLLOWING OFFICES:

ONE (1) CHAIRPERSON, ONE (1) VICE-CHAIRPERSON, ONE (1) SECRETARY.

AT ANY TIME A MEMBER OF THE \_\_\_\_\_ COUNTY EMS BOARD OF TRUSTEES SHOULD SUBMIT A LETTER OF RESIGNATION TO THE BOARD OF TRUSTEES, SAID LETTER OF RESIGNATION SHALL BE REVIEWED AND VOTED ON AT THE NEXT REGULAR MEETING OF THE BOARD OF TRUSTEES, WITH A MAJORITY OF THE REMAINING BOARD MEMBERS OF THE \_\_\_\_\_ COUNTY EMS TRUSTEES IN AGREEMENT. THE BOARD OF COUNTY COMMISSIONERS SHALL THEN APPOINT A MEMBER TO REPLACE THE ABSENT MEMBER, WHO SHALL THEN SERVE THE REMAINING TERM OF SAID DISCHARGED MEMBER.

### 3. DUTIES OF THE BOARD

THE BOARD OF TRUSTEES SHALL HAVE THE ADDITIONAL POWERS TO HIRE OR DISMISS AN ADMINISTRATOR AND TO CONTRACT, ORGANIZE, MONITOR, OR OTHERWISE OPERATE THE EMERGENCY MEDICAL SERVICE IN SAID DISTRICT, AND SUCH ADDITIONAL POWERS AS MAY BE AUTHORIZED, INCLUDING THE REVIEW OF SUCH PERSONNEL THE ADMINISTRATOR MAY UTILIZE IN THE PROVISION OF SERVICES.

THE BOARD OF TRUSTEES OF \_\_\_\_\_ COUNTY EMERGENCY MEDICAL SERVICES WILL APPROVE PAYMENT OF ALL BILLS AND LIABILITIES MADE BY SAID AMBULANCE SERVICE OR ITS REPRESENTATIVES.

THE BOARD OF TRUSTEES OF \_\_\_\_\_ COUNTY EMS WILL NOT BE SALARIED OR PAID FOR SERVICES RENDERED FOR THEIR DUTIES AS MEMBERS OF SAID BOARD UNTIL AT SUCH TIME A RESOLUTION IS MADE BY SAID BOARD, AND LEGALLY VOTED ON, AND PASSED BY A MAJORITY OF THE SAID BOARD MEMBERS.

\_\_\_\_\_ COUNTY EMS BOARD WILL CONDUCT A MONTHLY MEETING ON THE \_\_\_\_\_ OF EACH CALENDAR MONTH, UNLESS OTHERWISE ANNOUNCED AT THE PRECEDING MONTH MEETING, AT WHICH

TIME THE CHAIRPERSON, OR PERSONS IN CHARGE SHALL MAKE SUCH ANNOUNCEMENT. TIME AND PLACE OF SAID MEETINGS SHALL BE AT \_\_\_\_\_ .M. IN THE \_\_\_\_\_ COUNTY COURT HOUSE UNLESS A CHANGE OF DATE, TIME, AND/OR PLACE IS DULY AGREED UPON AND ANNOUNCED TO THE PUBLIC AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING.

TIME, DATE, AND PLACE OF EACH REGULAR MEETING SHALL BE FILED WITH THE COUNTY CLERK FOR THE ENTIRE CALENDAR YEAR BY DECEMBER 15 ANNUALLY.

NO MEMBER OF THE BOARD OR PERSON HOLDING A HIRED OR OTHER APPOINTED POSITION SHALL HAVE PECUNIARY INTEREST EITHER DIRECTLY OR INDIRECTLY FOR PURCHASE FOR SAID EMS UNLESS THE SAME ARE PURCHASED ON COMPETITIVE BIDS. THE BOARD SHALL HAVE THE EXCLUSIVE CONTROL OF THE EXPENDITURES OF ALL MONIES COLLECTED OR DEPOSITED TO THE CREDIT OF THE EMS FUND, THE AMBULANCES, AND ALL OTHER EQUIPMENT LEASED, PURCHASED, OR SET APART FOR THE PURPOSE. ALL MONEY DRAWN FROM THE COUNTY TREASURY MEMBERS ON A REGULAR OR MONTHLY BASIS MUST HAVE BEEN AUTHORIZED BY THE CHAIRPERSON AND MEMBERS OF THE GOVERNING BOARD. NO PERSON SHALL BE ALLOWED TO SPEND OVER \$\_\_\_\_\_.00 WITHOUT FIRST BRINGING THE MATTER BEFORE A MEETING OF THE BOARD AND RECEIVING ITS APPROVAL. ALL PURCHASES OR CONTRACTS IN EXCESS OF \$\_\_\_\_\_.00 WILL BE SUBMITTED FOR COMPETITIVE BIDDING, WITH THE BOARD OF TRUSTEES RESERVING THE RIGHT TO REJECT ANY OR ALL BIDS. BIDDING PROCEDURES WILL COMPLY WITH THE STANDARDS SET FORTH BY THE BOARD OF COUNTY COMMISSIONERS.

ALL PAYMENT VOUCHERS OR CHECKS WILL BE ENDORSED BY CHAIRMAN OF BOARD OF COUNTY COMMISSIONERS AND COUNTY CLERK. THIS MEMBER SHALL BE DESIGNATED THE REQUISITIONING OFFICIAL, AND SHALL HAVE THE AUTHORITY TO MAKE PURCHASES, NOT EXCEEDING THE AMOUNT OF \$\_\_\_\_\_.00, SUCH PURCHASES TO BE USED ON AN EMERGENCY BASIS ONLY. IN THE ABSENCE OF THE REQUISITIONING OFFICIAL, THE REQUISITION PURCHASE ORDERS SHALL BE SIGNED BY THE CHAIRPERSON.

#### 4. QUORUM

EXCEPT AS HEREIN OTHERWISE, SPECIFICALLY PROVIDED A MAJORITY OF FIVE OF THE AUTHORIZED NUMBER OF TRUSTEES SHALL CONSTITUTE A QUORUM OF THE BOARD, FOR TRANSACTION OF BUSINESS. EVERY ACT OR DECISION DONE OR MADE BY A MAJORITY OF THE TRUSTEES PRESENT AT A MEETING DULY HELD, AT WHICH A QUORUM IS PRESENT, SHALL BE THE ACT OF THE BOARD OF TRUSTEES. PROVIDED, HOWEVER, THAT A MINORITY OF THE BOARD OF TRUSTEES, FROM DAY TO DAY, BUT MAY NOT TRANSACT ANY BUSINESS.

SHOULD A PERIOD OF THREE MONTHS PASS DURING WHICH NO BUSINESS MAY BE CONDUCTED FOR LACK OF A QUORUM, THE MATTER SHALL BE REMANDED TO THE COUNTY COMMISSIONERS AT THEIR NEXT

STATED MEETING AND THEY MAY TAKE SUCH ACTION AS MAY BE NECESSARY TO CORRECT THE MATTER.

ANY MEMBER OF THE \_\_\_\_\_ COUNTY EMS BOARD WHO IS ABSENT FROM THREE (3) CONSECUTIVE REGULAR MEETINGS SHALL BE HELD IN VIOLATION AND SHALL BE DISMISSED AUTOMATICALLY FROM HIS/HER POSITION ON THE BOARD. THE VIOLATOR SHALL BE NOTIFIED OF SAID DISMISSAL BY REGISTERED LETTER, A COPY OF WHICH SHALL BE SENT TO THE COUNTY COMMISSIONER. THE COUNTY COMMISSIONER SHALL THEN APPOINT A NEW MEMBER WHO SHALL SERVE THE REMAINDER OF THAT TERM OF OFFICE.

#### 5. SPECIAL MEETINGS

SPECIAL MEETINGS OF THE BOARD OF TRUSTEES MAY BE CALLED AT ANY TIME, BY ORDER OF THE CHAIRPERSON, OR FIVE (5) OR MORE OF THE BOARD OF TRUSTEES.

NOTICE OF THE TIME AND PLACE OF ALL SPECIAL MEETINGS OF THE BOARD OF TRUSTEES SHALL BE GIVEN TO EACH TRUSTEE BY THE DELIVERY PERSONALLY, OR BY MAIL, OR BY TELEPHONE CONTACT, AT LEAST TWENTY-FOUR (24) HOURS BEFORE THE TIME FIXED FOR HOLDING SAID MEETING. EACH TRUSTEE SHALL REGISTER HIS OR HER ADDRESS WITH THE SECRETARY OF THE BOARD OF TRUSTEES. THE NOTICE OF MEETING SENT OR GIVEN BY MAIL, OR TELEPHONE TO SUCH ADDRESS, AS HEREIN ABOVE PROVIDED, AND SUCH ADDRESS SHALL BE VALID NOTICE OF SUCH MEETING.

#### 6. SPECIAL APPOINTMENTS NON-VOTING

A PHYSICIAN MAY BE APPOINTED AS MEDICAL DIRECTOR TO THE \_\_\_\_\_ COUNTY EMS DISTRICT TO SERVE AS ADVISORY PERSONNEL IN THE DIRECT PROVISION OF EMERGENCY CARE IN THE FIELD AND TO ESTABLISH AND MAINTAIN CURRENT PATIENT CARE PROTOCOLS IN ACCORDANCE WITH THE GUIDELINES ESTABLISHED BY THE TECHNICAL MEDICAL DIRECTIONS COMMITTEE OF THE STATE OF OKLAHOMA. THE MEDICAL DIRECTOR MAY AND SHOULD ACT IN CONJUNCTION WITH THE ADMINISTRATOR AS LIAISON TO THE RECEIVING HOSPITALS.

OTHER PERSONS MAY BE APPOINTED FOR SPECIFIC SERVICES AND FOR SPECIFIC TERMS OF TENURE AS REQUIRED TO ASSIST THE BOARD IN THE TRANSACTION OF ITS BUSINESS AND THE DISCHARGE OF ITS DUTIES.

SUCH APPOINTEES WILL NOT BE SALARIED OR PAID FOR SERVICES RENDERED FOR THEIR DUTIES AS APPOINTEES UNTIL AT SUCH TIME A RESOLUTION IS MADE BY SAID BOARD, AND LEGALLY VOTED ON, AND PASSED BY A MAJORITY OF THE BOARD MEMBERS ON EACH SPECIFIC INSTANCE.

#### 7. DUTIES OF THE ADMINISTRATOR

ADMINISTRATION OF THE \_\_\_\_\_ COUNTY EMERGENCY MEDICAL SERVICE SHALL BE HELD BY A PERSON WHO IS AN EMERGENCY MEDICAL TECHNICIAN (EMT) OR BECOMES AN EMT WITHIN ONE YEAR OF ASSUMING THE OFFICE OF ADMINISTRATOR TO THE SERVICE. THIS ADMINISTRATOR SHALL BE GIVEN THE NECESSARY AUTHORITY TO HOLD RESPONSIBLE FOR THE ADMINISTRATION OF THE EMS IN ALL ITS ACTIVITIES. THIS PERSON SHALL ACT AS THE DULY AUTHORIZED REPRESENTATIVE OF THE BOARD OF TRUSTEES IN ALL MATTERS.

THE AUTHORITY AND DUTIES OF THE ADMINISTRATOR SHALL BE:

- A. To perfect and submit to the Board of Trustees for approval a plan of organization of the personnel and others connected with the operation of the EMS, and to maintain other such records on service utilization and effectiveness to provide necessary data for continuing evaluation of the service.
- B. To prepare an annual budget showing the expected receipts and expenditures.
- C. To select, employ, control and discharge all employees authorized by the Board of Trustees
- D. To see that all physical properties and equipment are kept in a good state of repair and operating condition.
- E. To supervise all business affairs, such as records of financial transactions, collections of accounts, and the purchase of supplies in issuance of them, and to insure that all funds are collected and expended to the best possible advantage.
- F. To submit at each regular meeting report showing the Professional Services, the Financial Activities of EMT and to propose and submit such special reports as may be required by the Board of Trustees.
- G. To attend all meetings of the Board of Trustees.
- H. To perform any of the duties that may be necessary to maintain constant provision of services.
- I. TO serve as the Liaison Officer in conjunction with the Medical Director for the provision of communications between the Board of Trustees and the Governing Boards of the receiving hospitals.
- J. Co-ordinate a continuing public information program.



- K. Provide for the training and continuing education of all ambulance personnel including the administrator.
- L. Disburse such equipment and supplies as may be purchased to the appropriate ambulance and/or personnel.

8. Service Area

SPECIFICALLY THE GEOGRAPHIC AREA LYING WITHIN THE CONFINES OF THE LINES OF BOUNDARY DEFINED AND DESIGNATED BY THE STATE OF OKLAHOMA AS \_\_\_\_\_ COUNTY. THIS AREA SHALL, UNLESS SUBSEQUENTLY REDEFINED BY THE BOARD, CONSIST OF ONE DISTRICT KNOWN AS \_\_\_\_\_ COUNTY EMERGENCY MEDICAL SERVICES.

THE UNIT, HEREINAFTER REFERRED TO AS \_\_\_\_\_ EMS SERVICES, SHALL BE HEADQUARTERED AT \_\_\_\_\_, OKLAHOMA. THE UNIT HEREINAFTER REFERRED TO AS \_\_\_\_\_ EMS SHALL BE HEADQUARTERED EITHER AT \_\_\_\_\_, \_\_\_\_\_, OR \_\_\_\_\_ OKLAHOMA AS SPECIFIED BY THE GUIDELINES. THE UNIT HEREINAFTER REFERRED TO AS \_\_\_\_\_ EMS MAY BE HELD IN THE RESERVE FOR BACK-UP DUTY OR FOR USE IN SUCH CAPACITY AS IS REQUIRED BY THE SERVICE. IT OR ITS FUNCTION MAY BE RETIRED FROM SERVICE WHEN AND IF THE BOARD OF TRUSTEES MAKES SUCH AN AGREEMENT.

THE UNITS SHALL SERVE IN CONJUNCTION WITH EACH OTHER AND MAY AND SHALL PROVIDE ASSISTANCE TO EACH OTHER AND TO REGIONAL JURISDICTIONS OUTSIDE THE BOUNDARIES OF THE DISTRICT AS DELINEATED IN WRITTEN AND VERBAL MUTUAL AID AGREEMENTS WITH OTHER EMERGENCY MEDICAL SERVICES AND/OR RECEIVING FACILITIES.

ALL UNITS SHALL, UNLESS OTHER WRITTEN ARRANGEMENTS ARE MADE WITH A PROVIDER AND AGREED TO BY THE BOARD OF TRUSTEES, BE QUARTERED IN COUNTY BUILDINGS AT COUNTY EXPENSE. ALL UNITS ARE DEEMED THE PROPERTY OF THE COUNTY AND MAY BE BARTERED, TRADED, OR SOLD BY THE BOARD OF TRUSTEES UNLESS OWNERSHIP BY ANOTHER ENTITY CAN BE PROVEN.

**CONSTITUTION AND BY-LAWS OF THE  
GOVERNING BOARD, \_\_\_\_\_ COUNTY EMERGENCY MEDICAL SERVICES**

**ARTICLE I OFFICERS**

**Section 1**

The membership of the Governing Board shall consist of five (5) qualified members appointed by the Board of County Commissioners, and the Officers of the Governing Board shall be a chairman, a Vice-Chairman, a Secretary and a Treasurer, and such other officers as the Board of Control may authorize. All of them shall be elected or appointed by the board from among its own membership at the first regular meeting after it has been appointed, and shall hold office for a period of one (1) year or until their successors shall have been selected and duly qualified. Members of the Governing Board shall draw lots to determine each member's original length of term in office. The number of lots to be provided shall be equal to the number of original members of the board, and lots shall be numbered sequentially from one through five. Each year as necessary, the board or boards of county commissioners shall appoint successors to such members whose terms have expired, and such subsequent appointments shall be for terms of five (5) years.

Members of the Board as such, shall receive no salary or compensation for their services.

**Section 2**

The chairman shall call and preside at all meetings. The Vice-Chairman shall act as chairman in the absence of the chairman, and when acting, shall have all power and authority of the chairman. The Secretary shall be responsible for taking of the minutes of all meetings of the Governing Board.

**ARTICLE II REGULAR AND SPECIAL MEETINGS**

- A. The annual meeting of the Governing Board shall be the first meeting after the close of the Fiscal year (month of July).
- B. Regular meetings will be held every three (3) months.
- C. Special meetings can be called by the chairman of the Board or executive director of EMS.
- D. The time, date, and place of each meeting will be filed with the County Clerk at the court house for the entire calendar year by December 15<sup>th</sup> of each year. This information will also be published in the local paper.

**ARTICLE III COMMITTEE**

**A. Finance Committee**

The finance committee shall be the responsibility of the Governing Board as a whole. This committee is responsible for Policy, Review of Budget, Financial Statements and related issues.

## B. Building, Grounds, and Maintenance Committee

This committee shall be the responsibility of the Governing Board as a whole. This committee will inspect the premises every three months, and report on the up-keep of the grounds, building, ambulance, and all other items which are essential to the operation of the EMS.

## ARTICLE IV

No member of the Board shall have pecuniary interest either directly or indirectly for purchase(s) for said EMS unless the same are purchased on competitive bids. The Governing Board shall have the exclusive control of the expenditures of all monies collected or deposited to the credit of the EMS Fund, the ambulance, building, and all other equipment leased or set apart for the purpose. All money drawn from the County Treasurers must have been authorized by the Chairman and Secretary of the Governing Board. No person shall be allowed to spend over \$\_\_\_\_\_ without first bringing the matter before the Governing Board.

## ARTICLE V ADMINISTRATION

### Section 1

Administrator of \_\_\_\_\_ shall be the Administrator of EMS. This administrator shall be given the necessary authority and held responsible for the administration of the EMS in all its activities. He/she shall act as the duly authorized representative of the Governing Board in all matters.

Section 2 - The authority and duties of the Administrator shall be:

- A. To perfect and submit to the Governing Board for approval a plan of organization of the personnel and others connected with the operation of the EMS.
- B. To prepare an annual budget showing the expected receipts and expenditures by the Governing Board.
- C. To select, employ, control, and discharge all employees authorized by the Governing Board.
- D. To see that all physical properties and equipment are kept in a good state of repair and operating condition.
- E. To supervise all business affairs, such as records of financial transaction, collections of accounts and the purchase of supplies and issuance of them, and to insure that all funds are collected and expedited to the best possible advantage.
- F. To submit at each regular meeting report showing the Professional Services, the Financial Activities of EMS and to propose and submit such special reports as may be required by the Governing Board.
- G. To attend all meetings of the Governing Board.
- H. To perform any of the duties that may be necessary in the best interest of the hospital.
- I. To serve as the liaison officer and channel of communications between the Governing Board of the Hospital and the Governing Board of the EMS.

## **Appendix A**

### **Board Administration Information and Legislation**

#### **A-3 Oklahoma Open Meeting Act, Title 25, Chapter 8, §§301-314**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>





# Open Meeting Act

## Title 25, Chapter 8, §§301-314

### Title 25. Definitions and General Provisions

#### Chapter 8 - Public Meetings

#### Open Meeting Act

#### Section 301 - Short Title

This act shall be known as the Oklahoma Open Meeting Act.

#### ***Historical Data***

Laws 1977, c. 214, § 1, eff. Oct. 1, 1977.

#### Section 302 - Public Policy

It is the public policy of the State of Oklahoma to encourage and facilitate an informed citizenry's understanding of the governmental processes and governmental problems.

#### ***Historical Data***

Laws 1977, c. 214, § 2, eff. Oct. 1, 1977.

#### Section 303 - Times and Places - Advance Notice

All meetings of public bodies, as defined hereinafter, shall be held at specified times and places which are convenient to the public and shall be open to the public, except as hereinafter specifically provided. All meetings of such public bodies, except for executive sessions of the State Banking Board and Oklahoma Savings and Loan Board, shall be preceded by advance public notice specifying the time and place of each such meeting to be convened as well as the subject matter or matters to be considered at such meeting, as hereinafter provided.

#### ***Historical Data***

Laws 1977, c. 214, § 3; amended by Laws 1987, c. 61, § 19, emerg. eff. May 4, 1987.

#### Section 304 - Definitions

As used in the Oklahoma Open Meeting Act:

1. "Public body" means the governing bodies of all municipalities located within this state, boards of county commissioners of the counties in this state, boards of public and higher education in this state and all boards, bureaus, commissions, agencies, trusteeships, authorities, councils, committees, public trusts or any entity created by a public trust, including any committee or subcommittee composed of any of the members of a public trust or other legal entity receiving funds from the Rural Economic Action Plan Fund as authorized by Section 2007 of Title 62 of the Oklahoma Statutes, task forces or study groups in this state supported in whole or in part by public funds or entrusted with the expending of public funds, or administering public property, and shall include all committees or subcommittees of any public body. Public body shall not include the state judiciary, the Council on Judicial Complaints when conducting, discussing, or deliberating any matter relating to a complaint received or filed with the Council, the Legislature, or administrative staffs of public bodies, including, but not limited to, faculty meetings and athletic staff meetings of institutions of higher education when those staffs are not meeting with the public body, or entry-year assistance committees. Furthermore, public body shall not include the multidisciplinary team provided for in subsection C of Section 1-502.2 of Title 63 of the Oklahoma Statutes or any school board meeting for the sole purpose of considering recommendations of a multidisciplinary team and deciding the placement of any child who is the subject of the recommendations. Furthermore, public body shall not include meetings conducted by stewards

designated by the Oklahoma Horse Racing Commission pursuant to Section 203.4 of Title 3A of the Oklahoma Statutes when the stewards are officiating at races or otherwise enforcing rules of the Commission;

2. "Meeting" means the conduct of business of a public body by a majority of its members being personally together or, as authorized by Section 307.1 of this title, together pursuant to a videoconference. Meeting shall not include informal gatherings of a majority of the members of the public body when no business of the public body is discussed;

3. "Regularly scheduled meeting" means a meeting at which the regular business of the public body is conducted;

4. "Special meeting" means any meeting of a public body other than a regularly scheduled meeting or emergency meeting;

5. "Emergency meeting" means any meeting called for the purpose of dealing with an emergency. For purposes of the Oklahoma Open Meeting Act, an emergency is defined as a situation involving injury to persons or injury and damage to public or personal property or immediate financial loss when the time requirements for public notice of a special meeting would make such procedure impractical and increase the likelihood of injury or damage or immediate financial loss;

6. "Continued or reconvened meeting" means a meeting which is assembled for the purpose of finishing business appearing on an agenda of a previous meeting. For the purposes of the Oklahoma Open Meeting Act, only matters on the agenda of the previous meeting at which the announcement of the continuance is made may be discussed at a continued or reconvened meeting; and

7. "Videoconference" means a conference among members of a public body remote from one another who are linked by interactive telecommunication devices permitting both visual and auditory communication between and among members of the public body and members of the public. During any videoconference both the visual and auditory communications functions of the device shall be utilized. Whenever the term "teleconference" appears in any law in relation to a meeting of a public body, it shall be deemed to mean a videoconference as defined in this paragraph.

#### ***Historical Data***

Laws 1977, HB 1416, c. 214, § 4, eff. October 1, 1977; Amended by Laws 1982, HB 1465, c. 342, § 12, emerg. eff. June 2, 1982; Amended by Laws 1988, HB 1798, c. 153, § 6, emerg. eff. July 1, 1988; Amended by Laws 1993, HB 1318, c. 282, § 1, eff. September 1, 1993; Amended by Laws 1998, SB 996, c. 315, § 1, emerg. eff. May 28, 1998 (repealed by Laws 1999, HB 1845, c. 1, § 45, emerg. eff. February 24, 1999) (superseded document available); Amended by Laws 1998, SB 1042, c. 370, § 3, eff. November 1, 1998 (superseded document available); Amended by Laws 1999, HB 1845, c. 1, § 9, emerg. eff. February 24, 1999 (superseded document available); Amended by Laws 1999, SB 726, c. 423, § 10, emerg. eff. June 10, 1999 (superseded document available); Amended by Laws 2007, SB 69, c. 142, § 1, eff. November 1, 2007 (superseded document available); Amended by Laws 2010, HB 3291, c. 378, § 4 (superseded document available).

#### **Section 305 - Recording of Votes**

In all meetings of public bodies, the vote of each member must be publicly cast and recorded.

#### ***Historical Data***

Laws 1977, c. 214, § 5, eff. Oct. 1, 1977.

#### **Section 306 - Vote By Electronic or Telephonic Communications**

No informal gatherings or any electronic or telephonic communications, except teleconferences as authorized by Section 3 of this act, among a majority of the members of a public body shall be used to decide any action or to take any vote on any matter.

#### ***Historical Data***

Laws 1977, c. 214, § 6, eff. Oct. 1, 1977; Laws 1993, c. 282, § 2, eff. Sept. 1, 1993.

## Section 307 - Executive Sessions

A. No public body shall hold executive sessions unless otherwise specifically provided in this section.

B. Executive sessions of public bodies will be permitted only for the purpose of:

1. Discussing the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee;
2. Discussing negotiations concerning employees and representatives of employee groups;
3. Discussing the purchase or appraisal of real property;
4. Confidential communications between a public body and its attorney concerning a pending investigation, claim, or action if the public body, with the advice of its attorney, determines that disclosure will seriously impair the ability of the public body to process the claim or conduct a pending investigation, litigation, or proceeding in the public interest;
5. Permitting district boards of education to hear evidence and discuss the expulsion or suspension of a student when requested by the student involved or the student's parent, attorney or legal guardian;
6. Discussing matters involving a specific handicapped child;
7. Discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law;
8. Engaging in deliberations or rendering a final or intermediate decision in an individual proceeding pursuant to Article II of the Administrative Procedures Act; or
9. Discussing the following:
  - a. the investigation of a plan or scheme to commit an act of terrorism,
  - b. assessments of the vulnerability of government facilities or public improvements to an act of terrorism,
  - c. plans for deterrence or prevention of or protection from an act of terrorism,
  - d. plans for response or remediation after an act of terrorism,
  - e. information technology of the public body but only if the discussion specifically identifies:
    - (1) design or functional schematics that demonstrate the relationship or connections between devices or systems,
    - (2) system configuration information,
    - (3) security monitoring and response equipment placement and configuration,
    - (4) specific location or placement of systems, components or devices,
    - (5) system identification numbers, names, or connecting circuits,
    - (6) business continuity and disaster planning, or response plans, or
    - (7) investigation information directly related to security penetrations or denial of services, or
  - f. the investigation of an act of terrorism that has already been committed.

For the purposes of this subsection, the term "terrorism" means any act encompassed by the definitions set forth in Section 1268.1 of Title 21 of the Oklahoma Statutes.

C. Notwithstanding the provisions of subsection B of this section, the following public bodies may hold executive sessions:

1. The State Banking Board, as provided for under Section 306.1 of Title 6 of the Oklahoma Statutes;
2. The Oklahoma Industrial Finance Authority, as provided for in Section 854 of Title 74 of the Oklahoma Statutes;
3. The Oklahoma Development Finance Authority, as provided for in Section 5062.6 of Title 74 of the Oklahoma Statutes;
4. The Oklahoma Center for the Advancement of Science and Technology, as provided for in Section 5060.7 of Title 74 of the Oklahoma Statutes;
5. The Oklahoma Savings and Loan Board, as provided for under subsection A of Section 381.74 of Title 18 of the Oklahoma Statutes;
6. The Oklahoma Health Research Committee for purposes of conferring on matters pertaining to research and development of products, if public disclosure of the matter discussed would interfere with the development of patents, copyrights, products, or services;
7. A review committee, as provided for in Section 855 of Title 62 of the Oklahoma Statutes;
8. The Child Death Review Board for purposes of receiving and conferring on matters pertaining to materials declared confidential by law;
9. The Domestic Violence Fatality Review Board as provided in Section 1601 of Title 22 of the Oklahoma Statutes;



10. All nonprofit foundations, boards, bureaus, commissions, agencies, trusteeships, authorities, councils, committees, public trusts, task forces or study groups supported in whole or part by public funds or entrusted with the expenditure of public funds for purposes of conferring on matters pertaining to economic development, including the transfer of property, financing, or the creation of a proposal to entice a business to remain or to locate within their jurisdiction if public disclosure of the matter discussed would interfere with the development of products or services or if public disclosure would violate the confidentiality of the business;

11. The Oklahoma Indigent Defense System Board for purposes of discussing negotiating strategies in connection with making possible counteroffers to offers to contract to provide legal representation to indigent criminal defendants and indigent juveniles in cases for which the System must provide representation pursuant to the provisions of the Indigent Defense System Act; and

12. The Quality Investment Committee for purposes of discussing applications and confidential materials pursuant to the terms of the Oklahoma Quality Investment Act.

D. An executive session for the purpose of discussing the purchase or appraisal of real property shall be limited to members of the public body, the attorney for the public body, and the immediate staff of the public body. No landowner, real estate salesperson, broker, developer, or any other person who may profit directly or indirectly by a proposed transaction concerning real property which is under consideration may be present or participate in the executive session.

E. No public body may go into an executive session unless the following procedures are strictly complied with:

1. The proposed executive session is noted on the agenda as provided in Section 311 of this title;

2. The executive session is authorized by a majority vote of a quorum of the members present and the vote is a recorded vote; and

3. Except for matters considered in executive sessions of the State Banking Board and the Oklahoma Savings and Loan Board, and which are required by state or federal law to be confidential, any vote or action on any item of business considered in an executive session shall be taken in public meeting with the vote of each member publicly cast and recorded.

F. A willful violation of the provisions of this section shall:

1. Subject each member of the public body to criminal sanctions as provided in Section 314 of this title; and

2. Cause the minutes and all other records of the executive session, including tape recordings, to be immediately made public.

### ***Historical Data***

Amended by Laws 1992, HB 2409, c. 12, § 1, eff. September 1, 1992; Amended by Laws 1993, HB 1228, c. 69, § 1, eff. September 1, 1993; Amended by Laws 1993, HB 1136, c. 195, § 3, emerg. eff. July 1, 1993; Amended by Laws 1994, HB 2427, c. 384, § 13, emerg. eff. July 1, 1994; Amended by Laws 1998, HB 2863, c. 201, § 6, eff. May 11, 1998 (superseded document available); Amended by Laws 1998, SB 996, c. 315, § 2, emerg. eff. May 28, 1998 (superseded document available); Amended by Laws 1999, HB 1845, c. 1, § 10, emerg. eff. February 24, 1999 (superseded document available); Amended by Laws 2001, HB 1372, c. 284, § 3, emerg. eff. July 1, 2001 (superseded document available); Amended by Laws 2003, SB 395, c. 175, § 1, emerg. eff. May 5, 2003 (superseded document available); Amended by Laws 2006, HB 1619, c. 1, §§ 11, 15, eff. July 1, 2007 (Laws 2005, SB 755, c. 239, State Question 725, Legis. Ref. No. 340, approved by the people at the general election held November 7, 2006) (superseded document available).

### **Section 307.1 - Videoconference Exceptions**

A. A public body may hold meetings by videoconference where each member of the public body is visible and audible to each other and the public through a video monitor, subject to the following:

1. No less than a quorum of the public body shall be present in person at the meeting site as posted on the meeting notice and agenda;

2. The meeting notice and agenda prepared in advance of the meeting, as required by law, shall indicate the meeting will include videoconferencing locations and shall state:

a. the location, address, and telephone number of each available videoconference site, and

- b. the identity of each member of the public body and the specific site from which each member of the body shall be physically present and participating in the meeting;
3. After the meeting notice and agenda are prepared and posted, as required by law, no member of the public body shall be allowed to participate in the meeting from any location other than the specific location posted on the agenda in advance of the meeting;
4. In order to allow the public the maximum opportunity to attend and observe each public official carrying out the duties of the public official, a member or members of a public body desiring to participate in a meeting by videoconference shall participate in the videoconference from a site and room located within the district or political subdivision from which they are elected, appointed, or are sworn to represent;
5. Each site and room where a member of the public body is present for a meeting by videoconference shall be open and accessible to the public, and the public shall be allowed into that site and room. Public bodies may provide additional videoconference sites as a convenience to the public, but additional sites shall not be used to exclude or discourage public attendance at any videoconference site;
6. The public shall be allowed to participate and speak, as allowed by rule or policy set by the public body, in a meeting at the videoconference site in the same manner and to the same extent as the public is allowed to participate or speak at the site of the meeting;
7. Any materials shared electronically between members of the public body, before or during the videoconference, shall also be immediately available to the public in the same form and manner as shared with members of the public body; and
8. All votes occurring during any meeting conducted using videoconferencing shall occur and be recorded by roll call vote.
- B. No public body shall conduct an executive session by videoconference.

#### ***Historical Data***

Added by Laws 1993, HB 1318, c. 282, § 3, eff. September 1, 1993; Amended by Laws 1994, HB 2123, c. 323, § 37, emerg. eff. July 1, 1994; Amended by Laws 1995, SB 45, c. 152, § 1, eff. November 1, 1995; Amended by Laws 1995, SB 672, c. 358, § 2, eff. November 1, 1995; Amended by Laws 1997, HB 2090, c. 108, § 1, eff. November 1, 1997 (superseded document available); Amended by Laws 1998, SB 996, c. 315, § 3, emerg. eff. May 28, 1998 (superseded document available); Amended by Laws 1999, SB 113, c. 259, § 1, emerg. eff. July 1, 1999 (repealed by Laws 2000, HB 2711, c. 6, § 33, emerg. eff. March 20, 2000); Amended by Laws 1999, HB 1571, c. 397, § 16, emerg. eff. June 10, 1999 (superseded document available); Amended by Laws 2000, HB 2711, c. 6, § 6, emerg. eff. March 20, 2000 (superseded document available); Amended by Laws 2000, HB 2028, c. 148, § 1, emerg. eff. July 1, 2000 (superseded document available); Amended by Laws 2003, HB 1270, c. 57, § 28, emerg. eff. April 10, 2003; Amended by Laws 2003, HB 1030, c. 324, § 1, emerg. eff. July 1, 2003 (repealed by Laws 2004, HB 2725, c. 5, § 14, emerg. eff. March 1, 2004); Amended by Laws 2003, HB 1771, c. 474, § 4, eff. November 1, 2003; Amended by Laws 2003, SB 545, c. 318, § 2, eff. November 1, 2003 (repealed by Laws 2004, HB 2725, c. 5, § 15, emerg. eff. March 1, 2004) (superseded document available); Amended by Laws 2004, HB 2725, c. 5, § 14, emerg. eff. March 1, 2004 (superseded document available); Amended by Laws 2005, HB 1535, c. 129, § 24, eff. November 1, 2005 (repealed by Laws 2006, HB 3139, c. 16, § 7, emerg. eff. March 29, 2006); Amended by Laws 2005, HB 1860, c. 232, § 1, eff. November 1, 2005 (superseded document available); Amended by Laws 2006, HB 3139, c. 16, § 6, emerg. eff. March 29, 2006 (superseded document available); Amended by Laws 2006, HB 1284, c. 245, § 1, eff. November 1, 2006 (superseded document available); Amended by Laws 2007, SB 69, c. 142, § 2, eff. November 1, 2007 (superseded document available).

#### **Section 308 - Meeting Between Governor and Majority Members of Public Body**

Any meeting between the governor and a majority of members of any public body shall be open to the public and subject to all other provisions of this act.

#### ***Historical Data***

Laws 1977, c. 214, § 8, eff. Oct. 1, 1977.

## **Section 309 - Legislature**

The Legislature shall conduct open meetings in accordance with rules to be adopted by each house thereof.

### ***Historical Data***

Laws 1977, c. 214, § 9, eff. Oct. 1, 1977.

## **Section 310 - Legislative Committee Members Attending Executive Sessions**

Any member of the Legislature appointed as a member of a committee of either house of the Legislature or joint committee thereof shall be permitted to attend any executive session authorized by the Oklahoma Open Meeting Act of any state agency, board or commission whenever the jurisdiction of such committee includes the actions of the public body involved.

### ***Historical Data***

Laws 1977, c. 214, § 10, eff. Oct. 1, 1977; Laws 1981, c. 272, § 7, eff. July 1, 1981.

## **Section 311 - Public Bodies - Notice**

A. Notwithstanding any other provisions of law, all regularly scheduled, continued or reconvened, special or emergency meetings of public bodies shall be preceded by public notice as follows:

1. All public bodies shall give notice in writing by December 15 of each calendar year of the schedule showing the date, time and place of the regularly scheduled meetings of such public bodies for the following calendar year.

2. All state public bodies, including, but not limited to, public trusts and other bodies with the state as beneficiary, shall give such notice to the Secretary of State.

3. All county public bodies, including, but not limited to, public trusts and any other bodies with the county as beneficiary, shall give such notice to the county clerk of the county wherein they are principally located.

4. All municipal public bodies, including, but not limited to, public trusts and any other bodies with the municipality as beneficiary, shall give such notice to the municipal clerk of the municipality wherein they are principally located.

5. All multicounty, regional, areawide or district public bodies, including, but not limited to, district boards of education, shall give such notice to the county clerk of the county wherein they are principally located, or if no office exists, to the county clerk of the county or counties served by such public body.

6. All governing boards of state institutions of higher education, and committees and subcommittees thereof, shall give such notice to the Secretary of State. All other public bodies covered by the provisions of this act which exist under the auspices of a state institution of higher education, but a majority of whose members are not members of the institution's governing board, shall give such notice to the county clerk of the county wherein the institution is principally located.

7. The Secretary of State and each county clerk or municipal clerk shall keep a record of all notices received in a register open to the public for inspection during regular office hours, and, in addition, shall make known upon any request of any person the contents of said register.

8. If any change is to be made of the date, time or place of regularly scheduled meetings of public bodies, then notice in writing shall be given to the Secretary of State or county clerk or municipal clerk, as required herein, not less than ten (10) days prior to the implementation of any such change.

9. In addition to the advance public notice in writing required to be filed for regularly scheduled meetings, all public bodies shall, at least twenty-four (24) hours prior to such meetings, display public notice of said meeting, setting forth thereon the date, time, place and agenda for said meeting, such twenty-four (24) hours prior public posting shall exclude Saturdays and Sundays and holidays legally declared by the State of Oklahoma; provided, however, the posting of an agenda shall not preclude a public body from considering at its regularly scheduled meeting any new business. Such public notice shall be posted in prominent public view at the principal office of the public body or at the location of said meeting if no office

exists. "New business", as used herein, shall mean any matter not known about or which could not have been reasonably foreseen prior to the time of posting.

10. In the event any meeting is to be continued or reconvened, public notice of such action, including date, time and place of the continued meeting, shall be given by announcement at the original meeting. Only matters appearing on the agenda of the meeting which is continued may be discussed at the continued or reconvened meeting.

11. Special meetings of public bodies shall not be held without public notice being given at least forty-eight (48) hours prior to said meetings. Such public notice of date, time and place shall be given in writing, in person or by telephonic means to the Secretary of State or to the county clerk or to the municipal clerk by public bodies in the manner set forth in paragraphs 2, 3, 4, 5 and 6 of this section. The public body also shall cause written notice of the date, time and place of the meeting to be mailed or delivered to each person, newspaper, wire service, radio station, and television station that has filed a written request for notice of meetings of the public body with the clerk or secretary of the public body or with some other person designated by the public body. Such written notice shall be mailed or delivered at least forty-eight (48) hours prior to the special meeting. The public body may charge a fee of up to Eighteen Dollars (\$18.00) per year to persons or entities filing a written request for notice of meetings, and may require such persons or entities to renew the request for notice annually. In addition, all public bodies shall, at least twenty-four (24) hours prior to such special meetings, display public notice of said meeting, setting forth thereon the date, time, place and agenda for said meeting. Only matters appearing on the posted agenda may be considered at said special meeting. Such public notice shall be posted in prominent public view at the principal office of the public body or at the location of said meeting if no office exists. Twenty-four (24) hours prior public posting shall exclude Saturdays and Sundays and holidays legally declared by the State of Oklahoma.

12. In the event of an emergency, an emergency meeting of a public body may be held without the public notice heretofore required. Should an emergency meeting of a public body be necessary, the person calling such a meeting shall give as much advance public notice as is reasonable and possible under the circumstances existing, in person or by telephonic or electronic means.

B. 1. All agendas required pursuant to the provisions of this section shall identify all items of business to be transacted by a public body at a meeting, including, but not limited to, any proposed executive session for the purpose of engaging in deliberations or rendering a final or intermediate decision in an individual proceeding prescribed by the Administrative Procedures Act.

2. If a public body proposes to conduct an executive session, the agenda shall:

- a. contain sufficient information for the public to ascertain that an executive session will be proposed;
- b. identify the items of business and purposes of the executive session; and
- c. state specifically the provision of Section 307 of this title authorizing the executive session.

#### ***Historical Data***

Laws 1977, c. 214, § 11, eff. October 1, 1977; Laws 1987, c. 184, § 1, eff. November 1, 1987; Laws 1992, c. 12, § 2, eff. September 1, 1992.

#### ***Section 312 - Written Minutes***

A. The proceedings of a public body shall be kept by a person so designated by such public body in the form of written minutes which shall be an official summary of the proceedings showing clearly those members present and absent, all matters considered by the public body, and all actions taken by such public body. The minutes of each meeting shall be open to public inspection and shall reflect the manner and time of notice required by this act.

B. In the written minutes of an emergency meeting, the nature of the emergency and the proceedings occurring at such meeting, including reasons for declaring such emergency meeting, shall be included.

C. Any person attending a public meeting may record the proceedings of said meeting by videotape, audiotape or by any other method; providing, however, such recording shall not interfere with the conduct of the meeting.

#### ***Historical Data***


Laws 1977, c. 214, § 12, eff. Oct. 1, 1977; Laws 1992, c. 78, § 1, emerg. eff. April 13, 1992

 **Section 313 - Actions Taken in Willful Violation of Act**

Any action taken in willful violation of this act shall be invalid.

***Historical Data***

Laws 1977, c. 214, § 13, eff. October 1, 1977.

 **Section 314 - Violations - Misdemeanor - Penalty**

Any person or persons willfully violating any of the provisions of this act shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding Five Hundred Dollars (\$500.00) or by imprisonment in the county jail for a period not exceeding one (1) year or by both such fine and imprisonment.

***Historical Data***

Laws 1977, c. 214, § 14, eff. October 1, 1977.

## **Appendix A**

### **Board Administration Information and Legislation**

#### **A-4 Example 522 EMS Provider Contracts**





***AMBULANCE SERVICE CONTRACT FOR SUBSCRIPTION SERVICE***

IT IS AGREED by and between the *Ambulance Service*, its successors and assigns, hereinafter referred to as First Party, and \_\_\_\_\_, hereinafter referred to as Second Party, that First Party will furnish ambulance service to Second Party under the following terms and conditions and subject to the statements and declarations of Second Party, and in consideration of the subscription payment of \$\_\_\_\_\_ per annum, payable in advance of the date hereof.

1. First Party agrees to furnish the Second Party, while this contract is in force, ambulance transportation to a hospital, nursing home, physician's office, or any other place where medical service is to be rendered to Second Party, provided that the ambulance service commences and terminates within the territorial limits of a \_\_\_\_\_ (\_\_\_\_) mile radius of \_\_\_\_\_ and is medically necessary.
2. The term Second Party includes Second Party, spouse, and their children under 21 years of age who are residents of the same household.
3. Second Party shall be entitled to ambulance service when the same is medically necessary, and proof of the necessity of the ambulance service shall be furnished upon request by Second Party to First Party by an affidavit of the attending physician or physicians. If Second Party fails to furnish to First Party said affidavit upon request, then Second Party shall be liable to First Party for the ambulance service performed at the regular rate charged by First Party for ambulance service.
4. This contract for ambulance service shall not include the transportation of Second Party if the incident involved creating the need is covered by Medicare, therefore, if First Party furnishes to Second Party ambulance service that is medically necessary but is covered by Medicare, First Party shall be subrogated to the Second Party's right of recovery against any person or organization legally liable for said ambulance service, and Second Party shall execute and deliver written assignments and/or other instruments and do whatever is necessary to secure said rights for First Party, and Second Party shall do nothing to prejudice the rights of First Party to be compensated for the rendering of said ambulance service performed under these circumstances. That for any services rendered outside the \_\_\_\_\_ (\_\_\_\_) mile radius, Second Party shall pay the sum of \_\_\_\_ Dollar (\$\_\_\_\_.00) per mile.
5. The rights, title and interest of this contract of Second Party cannot be transferred without the written consent of First Party.
6. In the event that Second Party moves from the place where he was residing at the time of the execution of this contract, he shall notify in writing First Party of the change of address within \_\_\_\_ (\_\_\_\_) days after its occurrence.
7. Either First Party or Second Party may terminate this contract by written notice to the other party and said termination of the contract shall be effective \_\_\_\_\_ (\_\_\_\_) days after the



mailing of said termination notice. The mailing of the notice of termination shall be sufficient notice of termination.

8. The First Party by entering into this contract with Second Party relies upon the truth of the representations and statements made in the application of Second Party for ambulance service contract.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

EXPIRES \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Ambulance Service  
President  
FIRST PARTY

\_\_\_\_\_  
SECOND PARTY

AGREEMENT

An Agreement entered into this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_, by and between the \_\_\_\_\_ County Emergency Medical Services District Board of Trustees, hereinafter referred to as "Trustees" and the City of \_\_\_\_\_, hereinafter referred to as "Provider."

WITNESSETH:

WHEREAS, the Trustees have been created for the express purpose of providing extra hospital emergency and routine transfer care; and

WHEREAS, Provider is a Municipality capable of operating an extra emergency routine transfer care system hereinafter referred to as "System," and,

WHEREAS, the Trustees have determined that Provider is the best qualified to provide the operation of the System.

NOW, THEREFORE, in consideration of the mutual covenants, conditions and promises the parties hereto agree as follows:

1. TERM. The Trustees agree to hire Provider to run and operate the System from this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_, until such time as this agreement is mutually terminated by Trustees and Provider.

2. SERVICE AREA. Provider agrees to serve the geographic area of \_\_\_\_\_ County and incorporated municipalities within the County under normal operating conditions. Provider will be required to honor mutual agreement arrangements made by the Trustees with other Boards of Trustees, Ambulance Trust Authorities, Counties, Municipalities or Providers for second ambulance coverage of a designated graphical area in case of an emergency or in case of a disaster situation within the scope of their area. Provider will furnish services to all citizens of \_\_\_\_\_ County, regardless of ability to pay when an emergency, and shall perform long distance transfer services to a maximum radius of \_\_\_\_ miles from \_\_\_\_\_ County. Provider agrees to make calls outside the service area as are consistent with the life saving responsibility of the service. Out of service area calls shall be assigned by the ambulance dispatcher and made so long as the emergency response within the service area is not jeopardized. Provider agrees, with the exception of routine patient transfer runs, to provide in (95%) of runs a response time of no more than seven (7) minutes within a five (5) mile radius of the City of \_\_\_\_\_, and no more than thirty (30) minutes within the service area of \_\_\_\_\_ County.

3. EQUIPMENT. The Provider, who presently owns the required equipment agrees to transfer title of the equipment consisting of

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Provided further that should the Emergency Medical Service District cease to exist or default, the Trustees shall revert title of said equipment and replacement equipment back to the

\_\_\_\_\_. The Trustees agree to furnish to Provider the equipment listed above. Provider agrees to supply all maintenance to said equipment as well as promptly make such repairs as are necessary to keep the equipment operational. The Trustees may from time to time with agreement of Provider, subtract, add or make substitutions of said equipment. The Trustees agree to replace ambulances and related equipment when necessary, upon mutual agreement of the Trustees and the Provider. The Trustees agree to provide insurance on the ambulances.

- a. The patient care equipment in each emergency ambulance shall meet or exceed that prescribed by the American College of Surgeon's committee on trauma as being acceptable for emergency vehicles.
b. The Trustees shall insure that all replacement vehicles meet or exceed G.S.A. specifications KKK-A1822 and all communications equipment shall be compatible with established Oklahoma Area Communications System Plan.

4. PERSONNEL.

- a. The Provider shall render care and transportation at the level of Basic Life Support System as delineated by the Division of Emergency Medical Services, Oklahoma State Department of Health.
b. Provider shall furnish on each emergency ambulance run whether routine or emergency at least two (2) Emergency Medical Technicians serving as driver and attendant.
c. The Provider shall employ \_\_\_\_ ( ) fully trained Emergency Medical Technicians to serve as drivers and attendants for the service provided to the Trustees.
d. The Trustees shall arrange for the provision of two (2) fully funded CETA positions to be trained as Emergency Medical Technicians and utilized by the Provider. Provider shall have full authority over the CETA personnel, once assigned.
e. In the event CETA positions are not available, or are discontinued, the Trustees shall be responsible for providing the Provider with sufficient funds to employ one (1) additional fulltime EMT/Firefighter.

- f. Personnel employed by the Provider to operate Emergency Medical Service shall be trained at least to the basic 81 hour EMT-A level. EMTs shall be either nationally registered or State certified as delineated in the Oklahoma Statutes, Title 63, Section 333-76 through 330.81.
- g. The Trustees and the Provider shall mutually endeavor to assure that in-service and refresher training programs are made available to EMT personnel.
- h. The Provider shall encourage the utilization of volunteers trained to the level of EMT-A in supportive positions for emergency medical services.
- i. The Fire Chief of the City of \_\_\_\_\_ shall have complete administrative authority over the day to day operations of the System.
- j. All matters relating to the direct management of Provider Personnel are exclusively the responsibility of the Provider. This includes employment and dismissal of personnel, development of job descriptions, determination of relative job status, and development and administration of wage and salary scales, and any other matter pertinent to the direct management of personnel involved in providing quality emergency medical service.

5. COMPENSATION. It is the intent of this agreement that the Trustees will provide at all times sufficient operating revenue to meet agreed on Provider commitments. The Trustees agree to compensate Provider in the following manner:

- a. For the period from \_\_\_\_\_ until termination of this agreement in the prescribed manner herein, the Trustees shall pay to the Provider an amount to cover Provider's expenses, not to exceed one twelfth of the yearly budget in any one month, by the 15<sup>th</sup> of each month. Documented expense incurred over and above the monthly sum with approval of the Trustees shall be reimbursed to Provider.
- b. Provider agrees to submit a yearly budget, in the manner prescribed in Attachment A, hereinafter. The budget will cover projected operating expenses and maintenance costs for a prescribed period of which will normally be based on a Fiscal Year period (July 1- June 30).
- c. The Trustees and Provider shall mutually establish, through the budgeting procedure outlined in Attachment A, total allowable expenses for the respective periods. The disbursement from Trustees to Provider during each period shall be in a manner set forth in (a) above.
- d. Provider shall no later than the first day of February of each year encompassed by the term hereof, submit to the Trustees in a manner prescribed by the Trustees, a budget for the next fiscal year; such budget shall remain ineffective until approved by the Trustees and Provider.

- e. Provider shall submit a statement by the 10<sup>th</sup> day of each month to the Trustees for all salaries and actual expenses incurred in the operation and maintenance of the service for the preceding month in a mutually agreed upon format containing requests for reimbursement.

6. FINANCIAL. The Trustees and Provider upon mutual agreement shall cause personnel employed by both parties to make every reasonable effort to collect all fees or accept assignment of insurance for reimbursement for services rendered.

- a. All monies collected by the Provider for services rendered shall be remitted to the Trustees for use in supporting operation of the System. The personnel of the Provider shall make every reasonable effort to collect all fees or accept assignment of insurance for reimbursement of service at the time that service is rendered.
- b. Collection of fees for services rendered to be paid by third party reimbursers such as Medicare, Medicaid, or other insurance organizations shall become the responsibility of the Trustees once that service has been provided and an initial attempt at collection has been made by the Provider.
- c. On the effective date of the contract between the Trustees and the Provider, accounts receivable other than third party reimbursement will be assigned to the Trustees for collection. Proceeds from such collections shall be divided equally between the Trustees and Provider.
- d. Proceeds from all third party reimbursement claims prepared and submitted by the Provider prior to the effective date of contract will remain payable to the Provider.
- e. Upon the effective date of the contract and thereafter, all billings for services and proceeds therefrom shall be directed solely to the Trustees.
- f. Provider or Volunteer Personnel engaged in transferring patients outside the geographical limits of the \_\_\_\_\_ EMS District shall be reimbursed for meals, lodging, and overtime at the same rate as that established by the \_\_\_\_\_, or other mutually agreed on rates between the Trustees and the Provider.

7. MISCELLANEOUS.

- a. Provider agrees to comply with all applicable rules, regulations, ordinances, and statutes of any City, Town, State regulatory agency, Federal Government or Agency thereof and the Trustees and its Professional Advisory Group.
- b. Provider agrees to permit Trustees or any agent designated by the Trustees free access to the books and equipment for purposes of inspection during routine business hours.
- c. Provider agrees that the responsibility for setting rates and collecting fees shall be that of the Trustees.
- d. This agreement shall be construed to the laws of the State of Oklahoma.

e. Nothing in this agreement shall be construed as creating a partnership relation between the parties hereto.

8. CONTRACT AMENDMENT. This contract may be amended by mutual consent of both parties at any time.

9. TERMINATION CLAUSE. Either party may terminate this contract under the conditions set forth in Section I or upon default of the Trustees and dissolution of the \_\_\_\_\_ Emergency Medical Service District.

In Witness Hereof the parties hereto set their hands and seals on date first above written.

\_\_\_\_\_ EMERGENCY MEDICAL SERVICES BOARD OF TRUSTEES.  
"THE TRUSTEES"

BY \_\_\_\_\_  
Chairman of the Board of Trustees

ATTEST

\_\_\_\_\_  
Secretary

CITY OF \_\_\_\_\_, OKLAHOMA  
"PROVIDER"

BY \_\_\_\_\_  
Appropriate City Official

ATTEST

\_\_\_\_\_  
Secretary

Approved as to form and legality this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Municipal Counselor

**ATTACHMENT A**  
**PROPOSED BUDGET AND RATIONALE FOR CONTRACT PERIOD \_\_\_\_\_**

In developing this proposal, several recommendations have been made or included from the preceding sections. However, to recap briefly, the following elements were addressed in designing the budget for the \_\_\_\_\_ EMS System.

1. The EMS Trust Authority would contract for the continuation of the ambulance service within the \_\_\_\_\_.
2. Two additional full-time trained firefighter/EMTs would be employed to supplement existing staff. These personnel would be employed through CETA funding of the first and possibly second year. In the event CETA funds are not available, one full-time EMT/Firefighter would be employed by the Provider.
3. The \_\_\_\_\_ service would assume all responsibilities for providing service, including autopsy calls for unexplained deaths and long distance transfers.
4. Funds would be set aside through amortization in order to obtain one new ambulance each year. The budget estimate does not reflect the possibility of obtaining matching federal funds for this purchase.

On the basis of these and other recommendations, we have projected systems costs and anticipated income to sustain operation. It will be noted that figures have not been projected for all of the system functions. For example, no cost estimate has been included for personnel training. It is assumed that minor costs such as these will be absorbed by agencies that wish to support the service.

Further, it should be noted that the cost figures which follow are estimate in many instances based on the best available data. Future miles traveled with the assumption of long distance transfers and the "hard" collection rates are unknowns that necessitate an "educated guess." Nevertheless, we believe them to be accurate enough to justify their use in developing an adequately supportive budget.

| COST ITEMS  | ESTIMATED COSTS | TOTALS |
|---|-----------------|--------|
| <b>I. Insurance</b>   |                 |        |
| A. Vehicle insurance rate annually x _____ vehicles                           |                 | _____  |
| <b>Insurance Subtotal</b>   |                 | _____  |
| <b>II. Annual Operating Expenses</b>  |                 |        |
| <b>A. Vehicles (No. and Type)</b>   |                 |        |
| Gasoline (75,000 miles ÷ 8 mpg) x \$ _____ per gal. x _____ vehicles          |                 | _____  |
| Tires (75,000 miles ÷ 20,000 miles) x \$ _____/tire x _____ vehicles          |                 | _____  |
| Oil (75,000 miles ÷ 3,000 miles) x 5 qts. x \$ _____/qt. x _____ vehicles     |                 | _____  |
| Filters (75,000 miles ÷ 3,000 miles) x \$ _____/filter x _____ vehicles       |                 | _____  |
| Lubrication (75,000 miles ÷ 3,000 miles) x \$ _____ per lube x _____ vehicles |                 | _____  |
| Tune-up (75,000 miles ÷ 10,000 miles) X \$ _____/tune-up x _____ vehicles     |                 | _____  |
| Misc. Rprs (75,000 miles ÷ 10,000 miles) x \$ _____ per rprs x _____ vehicles |                 | _____  |
| Two-way radio service contract (mobiles) \$ _____/mobile x _____ EMTs         |                 | _____  |
| <b>Vehicles Subtotal</b>  |                 | _____  |
| <b>B. Base station communications system maintenance</b>                      |                 | _____  |
| <b>Base Station Subtotal</b>  |                 | _____  |
| <b>C. Medical</b>   |                 |        |
| Linens - \$ _____ per call x _____ Estimated calls                            |                 | _____  |
| Medical equipment maintenance - \$ _____/call x _____ estimated calls         |                 | _____  |
| Sterile bandages, expendables - \$ _____/call x _____ estimated calls         |                 | _____  |
| <b>Medical Subtotal</b>   |                 | _____  |
| <b>III. Labor Costs</b>   |                 |        |
| A. EMTs (_____) x \$ _____/yr. (includes fringe benefits)                     |                 | _____  |
| B. Firefighters' Retirement Pension Fund \$ _____ x _____ EMTs                |                 | _____  |
| C. Fire Chief – part-time \$ _____/yr.  |                 | _____  |
| <b>Labor Costs Subtotal</b>   |                 | _____  |
| <b>GRAND TOTAL</b>  |                 | _____  |



**AMBULANCE SERVICE AGREEMENT**

THIS Agreement made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , by and between the CITY OF \_\_\_\_\_, OKLAHOMA- \_\_\_\_\_ EMERGENCY MEDICAL SERVICE AUTHORITY, hereinafter referred to as \_\_\_\_\_, and \_\_\_\_\_ AMBULANCE SERVICE, INC., hereinafter referred to as \_\_\_\_\_.

WHEREAS, the CITY OF \_\_\_\_\_, OKLAHOMA, by and through \_\_\_\_\_ EMERGENCY MEDICAL SERVICES AUTHORITY, “\_\_\_\_\_”, desires to provide ambulance service for the CITY OF \_\_\_\_\_, and surrounding areas, as needed; and, WHEREAS, \_\_\_\_\_ has a need for emergency medical services provided by \_\_\_\_\_, for the health, welfare, and safety of the residents within the present ambulance service area of \_\_\_\_\_; and,

WHEREAS, \_\_\_\_\_ is engaged in the business of providing emergency ambulance service, and is willing and capable of supplying said emergency and transfer services for the CITY OF \_\_\_\_\_.

NOW THEREFORE, for an in consideration of the terms, covenants and conditions as hereinafter set forth, the parties have mutually agreed as follows:

I.  
ADOPTION OF SERVICES

1.1 Contract. \_\_\_\_\_ will provide emergency and non-emergency medical services and qualified medical personnel to the residents of the \_\_\_\_\_ Ambulance Service Area as defined herein. This association between \_\_\_\_\_ and \_\_\_\_\_ shall be pursuant to the terms of \_\_\_\_\_ Ordinance No. \_\_\_\_\_.

The Service Area shall encompass the following geographical area:

The Northern boundary line shall be \_\_\_\_\_.

The Southern boundary line shall be \_\_\_\_\_.

The Western boundary line shall be \_\_\_\_\_.

The Eastern boundary line shall be \_\_\_\_\_.

1.2 Inspection. \_\_\_\_\_ shall have the unconditional right to reasonable unannounced inspect of every ambulance utilized in connection with this contract. Additionally, the same right of inspection shall apply to personnel who are directly manning ambulances and other emergency equipment, including dispatching, which shall be utilized in the fulfillment of the terms and conditions of this Agreement.

1.3 Term. The initial term of this Agreement shall commence on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, or as soon thereafter as approved by the parties hereto and proper authorization shall continue thereafter for a period of 1 year subject to the renewal by \_\_\_\_\_ on each anniversary of each fiscal year date. This continuation shall continue for additional periods of similar duration unless either party notifies the other at least 180 days prior to the expiration date with the intent to cancel, modify or otherwise renegotiate the provisions of same. If this Agreement is to be terminated during its initial term by \_\_\_ or because of \_\_\_\_\_'s failure to perform under the terms of this contract and the applicable City ordinances, then, in that event, \_\_\_\_\_ shall have the tight to liquidated damages. Liquidated damages are defined as prescribed to the terms of a performance bond which shall be obtained by \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ and which shall become a part of this Agreement.

There shall be no other damages assessed and the parties agree to the terms and conditions as set forth within the bond as total indemnification for liquidated damages.

## II. RESPONSIBILITIES OF \_\_\_\_\_

2.1 In connection with the Contract, additionally, the service area will include the corporate city limits of the City of \_\_\_\_\_ and all of the \_\_\_\_\_ public school district which is also known as the \_\_\_\_\_ Emergency Medical Services District (“\_\_\_\_\_”). At least one ambulance assigned to the \_\_\_\_\_ Emergency Medical Services District will be based within the city of \_\_\_\_\_, Oklahoma.

2.2 \_\_\_\_\_ agrees to take such steps as are necessary to insure the availability of Advanced Life Support /Paramedic ambulance service to the citizens within the Contract Service Area on a 24 hour per day, 365 day per year basis.

2.3 \_\_\_\_\_ shall provide one Paramedic ambulance on a full-time basis to the \_\_\_\_\_ Ambulance District for emergency response only. Such Paramedic shall, when on duty, be stationed within the \_\_\_\_\_, Oklahoma, except during transports which temporarily remove him from the city limits of \_\_\_\_\_, Oklahoma.

2.4 For the provision of non-emergency transports, \_\_\_\_\_ shall dispatch an additional ambulance to affect these transports without taking the primary paramedic ambulance out of the ambulance district.

2.5 \_\_\_\_\_ will at all times be in compliance with all provisions of the Emergency Medical Service laws of the State of Oklahoma.

III.  
AMBULANCE EQUIPMENT

3.1 \_\_\_\_\_ will at all times supply emergency equipment in compliance with Oklahoma Emergency Medical Services Statutes: OAC 310:641-1-1. General Provisions, through 310:641-7-51, Repealer.

- Essential Basic Medical Equipment
- Mandatory Extrication Equipment,\*

\*All heavy extrication services must be provided by the \_\_\_\_\_ Fire Department.

- Intermediate Life-Support Medical Equipment
- Paramedic Life Support Medical Equipment.

3.2 The “\_\_\_\_\_” business name will be placed on each side and rear of the vehicle for ready identification.

3.3 All \_\_\_\_\_ vehicles for use in connection with the “\_\_\_\_\_” contract shall be subject to unannounced inspections by a qualified designee of “\_\_\_\_\_” as to the clinical and mechanical worthiness of the vehicle.

3.4 All \_\_\_\_\_ vehicles shall be in good mechanical and serviceable condition, at all times, so as not to be hazardous to the patient(s) or crew members. All Preventative Maintenance schedules shall be readily accessible during regular business hours by a “\_\_\_\_\_” representative.

3.5 All \_\_\_\_\_ vehicles utilized in connection with the “\_\_\_\_\_” contract shall have a permit and/or inspection decal, affixed by the State Department of Health – EMS Division – with no less than a Class “A” permit which indicates compliance with applicable sections as a primary “first out” emergency vehicle.

IV.  
STAFFING

4.1 Each ambulance which \_\_\_\_\_ shall dedicate to “\_\_\_\_\_” shall have on staff an adequate number of emergency medical personnel in order to respond to all call. Specifically, \_\_\_\_\_ will provide as a minimum, one Emergency Medical Technician-Basic and one Emergency Medical Technician-Paramedic which will respond to any emergency. The only exception is in the event of a disaster.

4.2 Under no circumstances during the transport of an emergency ambulance patient will the attendant be less than a licensed EMT-Paramedic.

4.3 In addition, each ambulance shall have a driver which is not less than an EMT Basic.

4.4 In unique and unexpected circumstances, including a disaster, the minimum driver requirement may be altered to facilitate a transport of an emergency patient with a law enforcement officer, firefighter, or authorized first responder as driver. In this event, a written report of the circumstances, reason, and any other pertinent information regarding the call will be forwarded to “\_\_\_\_\_” within ten (10) working days.

V.  
RESPONSE TIME

5.1 The response time is the interval between the time the ambulance receives sufficient information to initiate a response and the time the ambulance arrives on the scene with the vehicle placed in park. This measurement applies separately to the first responder unit and the responding ambulances and requires accurate recording methods.

5.2 The following Response Times should be monitored and accurately recorded so that continual audit of these times may be performed as a method to assure the most efficient responses are being performed:

- time Request for EMS response is received at the PSAP;  
(this time should be indicated when sufficient information has been received from the call taker to initiate a response)
- time Ambulance is notified;
- time First Responder is notified;
- time Ambulance is en route;
- time First Responder is en route;
- time Ambulance is on the scene;
- time First Responder is on the scene;
- time Ambulance is en route to hospital or is available if not needed;
- time First Responder is available;
- time Ambulance arrives at hospital;
- time Ambulance is free from hospital;
- time Ambulance arrives in Contract Service Area.

5.3 \_\_\_\_\_ agrees to maintain a Service Response Time of eight minutes or less (7 min-59 sec) with 90% reliability for all “Delta” level calls within the District.

5.4 \_\_\_\_\_ agrees to maintain a Service Response Time of nine minutes or less (8 min-59 sec) with 90% reliability for all ‘Bravo and Charlie’ level calls within the District.

5.5 \_\_\_\_\_ agrees it shall pay, as a penalty provision, to “\_\_\_\_\_” the sum of \$\_\_\_\_\_ per minute for each “late minute” for response times which exceed the maximum allowable as stated herein. This provision shall be enforced at the sole discretion of “\_\_\_\_\_.”

VI.  
PHYSICIAN MEDICAL DIRECTION

\_\_\_\_\_ shall agree to at all times employ a licensed Physician Medical Director

who is a fully licensed, non-restricted Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) in the State of Oklahoma who shall:

- a. Be Board Certified in emergency, family, internal, or surgery medicine, or posses and maintain current certification in Advanced Cardiac Life support and Advanced Trauma Life Support;
- b. Be familiar with the design and operation of pre-hospital emergency medical service systems;
- c. Have experience in the emergency department management of the acutely ill or injured patient(s) in the urban setting;
- d. Be knowledgeable and actively involved in quality assurance and the education activities of the ambulance service;
- e. Maintain Oklahoma State Department of Health – Emergency Medical Services Division certifications/approval as a Medical Director;
- f. Develop medical protocols for patient care techniques, both on-line and off-line, and present said protocols for approval by OSDH-EMS. Protocols shall include medication to be utilized, treatment modalities for patient care procedures, and appropriate security procedures for controlled and dangerous drugs;
- g. Agree to provide the same Medical Control for the “\_\_\_\_\_” First Responder team.
- h. Supervise a quality assurance (QA) program;
- i. Work together to offer optimal care to all ambulance patients in the most efficient manner available within the area.

#### VII.

#### QUALITY ASSURANCE PROGRAM

See “Quality Assurance Program” Attachment.

#### VIII.

#### INSPECTION CORRECTION ACTIONS

8.1 \_\_\_\_\_ shall agree to submit to reasonable unannounced inspections of every ambulance utilized in connection with the “\_\_\_\_\_” contract.

8.2 It is understood that inspection may include a review of all requirements of the “Contract” and may be required to submit copies of certain records, as deemed necessary.

8.3 \_\_\_\_\_’s EMT and Paramedic personnel may be requested to present a state license or certificate card at any time while on duty in performance for “\_\_\_\_\_.”

8.4 \_\_\_\_\_ AGREES that Inspection items may be weighed as a requirement to maintain operation and contract compliance as well as a condition for Contract renewal.

8.5 Any violations which appear to be hazardous to the health and welfare of the public and/or employees shall require immediate correction. Significant violations which may result in poor patient care shall be considered gross violations and may be issue for immediate contract breach considerations.

IX.  
COMMUNICATIONS

9.1 \_\_\_\_\_ Ambulance Service, in connection with the provision of service to “\_\_\_\_\_,” will agree to correlate its actions with the City of \_\_\_\_\_ Police and Fire Departments at all times.

9.2 \_\_\_\_\_ proposes that the \_\_\_\_\_ Police Department provide all emergency call reception and dispatching services.

9.3 \_\_\_\_\_ proposes that the \_\_\_\_\_ Police Department utilize the “MEDICAL PRIORITY DISPATCH – EMERGENCY MEDICAL DISPATCH” (EMD), a nationally recognized and industry standard program of professional call reception, screening and prioritization.

X.  
PURCHASES

10.1 \_\_\_\_\_ shall agree to purchase fuel and supplies from merchants in \_\_\_\_\_ if possible and at its own expense but shall not be obligated to do so if prices are not competitive (more than 5%) or specific supplies and services are not available in \_\_\_\_\_.

XI.  
INSURANCE

11.1 \_\_\_\_\_ shall provide all vehicle and professional liability insurance and will provide a Certificate of Insurance to the \_\_\_\_\_ City Manager prior to start of operations. The City Manager shall be notified of any cancellation or replacement of insurance by the company or agent providing such insurance.

11.2 \_\_\_\_\_ shall maintain, during the term of the Contract, Worker’s Compensation insurance as prescribed by the laws of the State of Oklahoma.

11.3 \_\_\_\_\_ agrees to furnish to “\_\_\_\_\_,” prior to issuance of any contract, an original and duplicate Certificates of Insurance which would indicate the types of insurance, the amount of insurance and expiration dates of all policies carried by \_\_\_\_\_.

XII.  
ACCESSIBILITY

12.1 \_\_\_\_\_ shall deny no one access to emergency care and transportation regardless of ability to pay.

12.2 \_\_\_\_\_ shall provide mechanisms to offset out-of-pocket costs to patients. Examples are: subscribers, third-party reimbursement invoicing, scheduled payment programs, etc.

XIII.  
OPERATIONS REPORTS AND RECORDS

13.1 \_\_\_\_\_ agrees to make all records and reports in connection with the \_\_\_\_\_ operation available to the City Manager of the City of \_\_\_\_\_ on behalf of “\_\_\_\_\_,” and shall submit a monthly Log Report to the City Manager within 15 days of the close of the preceding month.

The Log Report shall include the following information: Call Number; Patient Age; Caller; Unit; Call Times; Response Times; Call Classification; Call Date; Doctor; Reasons; From Location; To Location; Attendants; Response Time.

All reports shall be sanitized of patient names. Patient names may not be disclosed to any individual other than employees of “\_\_\_\_\_.”

XIV.  
COMMUNITY EDUCATION

14.1 \_\_\_\_\_ agrees to be available upon request to aid in and conduct community education programs, including but not limited to CPR and First Aid programs. \_\_\_\_\_ shall agree to make community education an integral part of any agreement and of its operation in \_\_\_\_\_.

14.2 \_\_\_\_\_ shall agree to provide annual certification courses in CPR on an annual basis and First Responder Courses on a semi-annual basis.

14.3 All courses administered in \_\_\_\_\_ by \_\_\_\_\_ shall be at no expense to the participants except for actual cost of materials.

XV.  
STAND-BY SERVICES

15.1 \_\_\_\_\_ shall respond upon request of the Police Chief or Fire Chief which could result in possible personal injury or death to individuals. This service will result in a no cost to the City of \_\_\_\_\_.

15.2 \_\_\_\_\_ agrees to be available upon request of the City Manager to “Standby” on location at public events, including but not limited to football games, scheduled and sanctioned rodeo events, races, and fireworks displays, etc. There shall be no charge for these stand-by services within the City of \_\_\_\_\_.

XVI.  
PATIENT CHOICE

16.1 \_\_\_\_\_ shall honor the patient’s choice of hospital, medical facility, nursing home or other facility when the patient’s condition permits a choice to be made.

16.2 Should a patient be unconscious or without family to direct his/her destination to a medical facility for treatment, he/she shall be transported to the nearest hospital where appropriate services are available.

XVII.  
FIRST RESPONDER SYSTEM

17.1 \_\_\_\_\_ proposes that the \_\_\_\_\_ Police Department continue to provide First Responder services as it currently does. \_\_\_\_\_ will be responsible for replacement of all supplies utilized by First Responders. In the event that \_\_\_\_\_ replacement costs exceed \$5,000.00 per year to \_\_\_\_\_, \_\_\_\_\_ shall be permitted to petition “\_\_\_\_\_” for remuneration based upon actual costs.

XVIII.  
SCHEDULE OF FEES

18.1 Unless otherwise negotiated, the fees specified here are those which \_\_\_\_\_ will charge persons utilizing its services:

- Emergency Base Rate w/Special Equipment \$ \_\_\_\_\_
- Emergency Base Rate \$ \_\_\_\_\_
- Non-Emergency Base Rate w/Special Equipment \$ \_\_\_\_\_
- Non-Emergency Base Rate \$ \_\_\_\_\_
- Mileage, (loaded per mile) \$ \_\_\_\_\_

18.2 \_\_\_\_\_ will utilize an “inclusive” billing method so as to bill patient/users for pharmaceutical items only, in addition to the Base Rate and Mileage.

18.3 \_\_\_\_\_ will bill the portion of the charges not paid by Medicare to applicable insurance co-pays or to the individual as directed by Medicare regulations. \_\_\_\_\_ shall not pursue collections of balances due beyond those efforts which are required by Medicare regulations.

18.4 Any fee schedule adjustment desired by \_\_\_\_\_ shall be submitted to the City Manager and shall be approved by the “\_\_\_\_\_” Board of Trustees prior to becoming effective.



XIX.  
MEMBERSHIP PROGRAM

19.1 \_\_\_\_\_ will offer to the citizens of \_\_\_\_\_ and the \_\_\_\_\_ Ambulance District an Ambulance Membership Program. The fee schedule for this service is estimated to be \$ \_\_\_\_\_ annually.

19.2 The membership program will cover the uninsured portion of the ambulance bill for all medically necessary ambulance services.

19.3 The membership will apply only when other means of transportation would be unsafe due to the patient's medical condition(s). Generally, patients must be suffering from an emergency condition or must be bed-confined.

19.4 Ambulance charges which are covered by Medicare will be adjusted to the Medicare allowable charge. \_\_\_\_\_ will bill the portion not paid by Medicare to applicable insurance co-pays or to the individual as directed by Medicare regulations.

XX.  
PRIMARY PROVIDER

20.1 The parties agree that \_\_\_\_\_ shall be responsible for responding to all emergency and non-emergency calls within the District for the term of this Agreement or any extensions thereof and the City of \_\_\_\_\_ will continue to enact municipal ordinances for both emergency and non-emergency ambulance services.

20.2 The foregoing paragraph to the contrary, notwithstanding, the parties hereto understand and agree that in the event that services provided by \_\_\_\_\_ from time-to-time necessitate, due to emergency, utilization of another emergency medical service, then, in that event, \_\_\_\_\_ shall have the right to utilize the services of another ambulance service provider not affiliated with \_\_\_\_\_. \_\_\_\_\_ agrees that when such situation might arise due to their inability to furnish emergency medical services, all charges and expenses shall be the responsibility of \_\_\_\_\_ but only after the transporting ambulance service and the patient have exhausted all possibilities of receiving payment from the patient's Medicare, Medicaid, Veterans benefits, insurance companies or any other responsible third-party payer for services rendered.

The only exception to this shall be in the event of Aeromedical ambulance service (helicopter). \_\_\_\_\_ shall not be responsible for charges incurred by a patient in the event Aeromedical transportation is utilized for the sole medical benefit of the patient. However, if Aeromedical Services are utilized due to inability or unavailability of \_\_\_\_\_ to perform such transport, \_\_\_\_\_ shall be liable for charges related to such services as defined in 20.2 above.

XXI.  
SUBSIDY ARRANGEMENT

21.1 It is specifically intended that a subsidy arrangement will be necessary.

21.2 For the aforementioned services, the City of \_\_\_\_\_ - \_\_\_\_\_ shall agree to pay \_\_\_\_\_ - Ambulance Services, Inc., the sum of \$ \_\_\_\_\_ per month until such time as the contract is negotiated for renewals (less any applicable response time performance penalties).

21.3 Should the City of \_\_\_\_\_ and \_\_\_\_\_ Ambulance Service, Inc. agree to renew a contract subsequent to this contract period, the monthly subsidy arrangement shall be negotiated for the renewal period and the subsidy shall be commensurate with available and anticipated ad valorem tax receipts.

21.4 The parties hereto agree that the penalty provision as set forth within 5.5, if applicable, shall be deducted from the monthly subsidy to be paid by the City of \_\_\_\_\_ to \_\_\_\_\_.

ACCEPTED AND APPROVED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

CITY OF \_\_\_\_\_, OKLAHOMA –

\_\_\_\_\_ EMERGENCY

MEDICAL SERVICES

BY \_\_\_\_\_

ATTEST

\_\_\_\_\_

\_\_\_\_\_ AMBULANCE SERVICE, INC.

BY \_\_\_\_\_

ATTEST

\_\_\_\_\_

AGREEMENT

AN AGREEMENT entered into this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by and between the 522 District \_\_\_\_\_ Board of Trustees (comprised of the area contained within \_\_\_\_\_ County Independent School District No. \_\_\_\_), hereinafter referred to as "TRUSTEES" and the City of \_\_\_\_\_, Oklahoma, an incorporated municipality, hereinafter referred to as "PROVIDER."

WITNESSETH

WHEREAS, the TRUSTEES have been created for the express purpose of providing ambulance services for the district comprised of the \_\_\_\_\_ County Independent School District No. \_\_\_\_ area; and

WHEREAS, PROVIDER is a municipality capable of operating an ambulance service hereinafter referred to as "SYSTEM;" and

WHEREAS, the TRUSTEES have determined that PROVIDER is the best qualified to provide the operation of the SYSTEM.

NOW, THEREFORE, in consideration of the mutual covenants, conditions and promises the parties hereto agree as follows:

1. SERVICE AREA: PROVIDER agrees to serve the geographic area of \_\_\_\_\_ County currently being the same geographic area as contained in \_\_\_\_\_ County Independent School District No. \_\_\_\_ hereinafter referred to as "DISTRICT."

2. TERM: The TRUSTEES agree to hire PROVIDER to run and operate the SYSTEM in the DISTRICT from \_\_\_\_\_, 20 \_\_, through \_\_\_\_\_, 20 \_\_, for the compensation as hereinafter provided. This contract shall be automatically extended from July 1, 20 \_\_ through June 30, 20 \_\_ and automatically extend for the same period from year to year thereafter, unless one of the following conditions occurs:

(a) Either party notifies the other party that the contract is to be terminated at the end of the contract year no later than the first day of May of such year; notice of termination shall be deemed complete if the termination is hand delivered by TRUSTEES to the City Clerk of PROVIDER or by PROVIDER to the County Clerk of County, or if posted prior

- to May 1<sup>st</sup> of the given year in the U.S. Mail, return receipt requested by TRUSTEES to the City Clerk of PROVIDER or by PROVIDER to the County Clerk of \_\_\_\_\_ County;
- (b) Upon mutual agreement of the parties;
  - (c) Upon the default in payment of compensation by the TRUSTEES as hereinafter set forth;
  - (d) Upon the dissolution of \_\_\_\_\_ 522 District as provided by law.

3. COMPENSATION: The TRUSTEES shall pay PROVIDER \_\_\_\_\_ (\$ \_\_\_\_\_) as compensation services to the DISTRICT for the period of \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_' payments shall be made as millage is received by the TRUSTEES after deducting five per cent (5%) reserves as required by law and after deducting \$ \_\_\_\_\_ as operating costs of the trust. Compensation for each contract year thereafter shall be in an amount equal to the millage received for the benefit of the 522 District as a result of the 522 District election, which was held on the \_\_\_ day of \_\_\_\_\_ 20\_\_, after deduction of reserves as required by law, and after deduction of \$ \_\_\_\_\_ as operating expenses for the trust; payment shall be made as millage is received.

Prior to payment of any compensation in a new contract year, TRUSTEES shall be entitled to and PROVIDER shall submit to the TRUSTEES a budget for each such contract year, which budget shall be accepted by the TRUSTEES unless disapproved by them within thirty (30) days of submission. If the total budget amount for any given year is less than the millage income to the trust, the compensation under this contract shall be adjusted to the total budget amount for such contract year. Any change to such budget that would result in an adjustment of compensation under this contract shall require prior approval of the TRUSTEES.

4. PERSONNEL: The PROVIDER will provide at least the minimum number of certified Emergency Medical Technicians for the SYSTEM necessary to maintain certification with the Oklahoma State Department of Health.

5. EQUIPMENT: The PROVIDER will provide appropriate equipment required and certified by the Oklahoma State Health Department. The PROVIDER agrees to maintain all vehicles and equipment in good operating condition so as to maintain certification

6. PROVIDER agrees to make such calls outside the DISTRICT as are consistent with the life-saving responsibility of an Emergency Medical Services Provider. Out of DISTRICT ambulance calls shall be assigned by the ambulance dispatcher and made only if the emergency response within the DISTRICT is not jeopardized. Out of DISTRICT ambulance calls and services shall be billed in accordance with the requirements of Oklahoma Constitution, Article X, Section 9C.

7. RESPONSE TIME: PROVIDER understands that response time is the most important part of service and accordingly agrees to strive to provide in ninety-five per cent (95%) of the runs a response time of no more than ten minutes (10 minutes) in the DISTRICT, except in cases of verified routine patient transfer runs.

8. **REPORTS:** The PROVIDER will provide the TRUSTEES with monthly reports by the 15<sup>th</sup> of each month for activities through the previous month which will list the ambulance runs for the previous month, a billing summary for charges made to persons provided service, a budget status of the ambulance service, and the response time for ambulance runs. The response time information will not be compiled until the proposed centralized dispatch for the fire and police departments is completed and operational. Until such time, a response time can only be estimated.

9. **PROOF OF CERTIFICATION:** PROVIDER will provide the TRUSTEES a copy of the annual certification from the Oklahoma State Department of Health, which certification will be certified as a true and correct copy by the City Clerk of PROVIDER. PROVIDER will provide TRUSTEES copies of inspection reports issued by the Oklahoma State Department of Health within two (2) weeks of receipt of such reports by PROVIDER.

10. **PROOF OF INSURANCE:** PROVIDER will provide TRUSTEES proof of liability insurance coverage in the minimum amount of the maximum liability under the Oklahoma Tort Claims Act, 51 O.S., §§ 151, et seq.

11. **MISCELLANEOUS:** (a) PROVIDER agrees to comply with all applicable rules, regulations, ordinances, and statutes of the City of \_\_\_\_\_, State of Oklahoma, Federal Government, and of such regulatory agencies of the State or Federal Government as are mandated upon an ambulance district;

(b) PROVIDER agrees to permit TRUSTEES or any agent designated by TRUSTEES free access to the books and equipment for purposes of inspection during routine business hours. This includes copies as requested by TRUSTEES of annual audit and operating fiscal reports;

(c) This agreement shall be construed in accordance with the laws of the State of Oklahoma;

(d) Nothing in this agreement shall be construed as creating a partnership relation between the parties hereto;

(e) All matters relating to the direct management of PROVIDER personnel are exclusively the responsibility of the PROVIDER. This includes employment and dismissal of personnel, development of job descriptions, determination of relative job status, and development and administration of wage and salary scales, and another other matter pertinent to the direct management of personnel involved in providing quality emergency medical care.

12. **CONTRACT AMENDMENT:** This contract may be amended by the mutual consent of both parties at any time.

IN WITNESS WHEREOF, the parties hereto do set their hands and seals on the date opposite their signatures.

\_\_\_\_\_, 20\_\_ ; \_\_\_\_\_ EMS DISTRICT \_\_\_\_\_ BOARD OF TRUSTEES

By \_\_\_\_\_

\_\_\_\_\_, Chairman

ATTEST:

\_\_\_\_\_  
Secretary

\_\_\_\_\_, 20\_\_ ; \_\_\_\_\_ THE CITY OF \_\_\_\_\_ OKLAHOMA

By \_\_\_\_\_

\_\_\_\_\_, Mayor

ATTEST: (Seal)

\_\_\_\_\_  
City Clerk

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
City Attorney



## **Appendix A**

### **Board Administration Information and Legislation**

#### **A-5 Writing a Business Plan from Small Business Administration**

<http://www.sba.gov/category/navigation-structure/starting-managing-business/starting-business/writing-business-plan>







## Writing a Business Plan

### Why Do You Need One?

Do you really need to make a business plan?

The short answer is yes.

The importance of a comprehensive, thoughtful business plan cannot be overemphasized. Many factors critical to business success depend upon your plan: outside funding, credit from suppliers, management of your operation and finances, promotion and marketing of your business, and achievement of your goals and objectives.

Some people assume that if they are not going to seek financial support from lenders or investors to open their business that they don't need to prepare a business plan, but *every* business should have one. Writing a business plan serves as a **roadmap** for your venture when you're starting out. It can help you figure out many key business elements, including:

- What you will need to do to get started and what resources (time, money, etc.) you will need to expend
- What it will take for your business to make a profit and how long that will take
- What information potential customers, vendors and investors will need to know in order for you to market your business effectively

Writing your business plan also forces you to think about your business **objectively**. When you're done, you will have a more realistic idea of the effort it will require and whether it's a venture you want to pursue at this time.

Don't be intimidated. The process of sitting down and writing out a business plan could spark your creativity and lead you to new business strategies you may not have considered previously. You'll also find that having your business goals written down enables you to refer to them at any time. This will ensure you don't lose sight of your original focus once you do start your business.

### Essential Elements of a Good Business Plan

A business plan should be a **work in progress**. That's because your business will evolve over time, and be influenced by outside factors such as the economy and local conditions. Even successful business owners should maintain a current business plan to ensure they remain knowledgeable on the elements that can affect continued success.

- **Business Plan Executive Summary**  
The executive summary is Part 1 of the business plan and is the most important section of your plan. It provides a concise overview of the entire plan, along with a history of your company. This section tells your reader where...
- **Market Analysis**  
The market analysis section is Part 2 of the business plan. This section should illustrate your knowledge about the particular industry your business is in. It should also present general highlights and conclusions of any marketing...
- **Company Description**  
The company description is Part 3 of the business plan. Without going into detail, this section should include a high level look at how all of the different elements of your business fit together. The company description section...

- **Organization & Management**  
Organization and Management is Part 4 of the business plan. This section should include: your company's organizational structure, details about the ownership of your company, profiles of your management team, and the...
- **Marketing & Sales Management**  
Marketing and Sales Strategies is Part 5 of your business plan. Marketing is the process of creating customers, and customers are the lifeblood of your business. In this section, the first thing you want to do is define your...
- **Service or Product Line**  
Service or Product Line is Part 6 of your business plan. What are you selling? In this section, describe your service or product, emphasizing the benefits to potential and current customers. For example, don't tell your readers...
- **Funding Request**  
The Funding Request is Part 7 of your business plan. In this section, you will request the amount of funding you will need to start or expand your business. If necessary, you can include different funding scenarios, such as a best...
- **Financials**  
Financials is Part 8 of your business plan. The financials should be developed after you've analyzed the market and set clear objectives. That's when you can allocate resources efficiently. The following is a list of the...
- **Appendix**  
The Appendix is Part 9 of your business plan. This section should be provided to readers on an as-needed basis. In other words, it should not be included with the main body of your business plan. Your plan is your communication tool...

### **Templates for Writing a Business Plan**

What goes into a business plan?

There is no single formula for developing a business plan, but some elements are consistent throughout all business plans. Your plan should include an executive summary, a description of the business, a plan for how you will market and manage your business, financial projections and the appropriate supporting documents.

To help you get started in writing your business plan, we have summarized the essential elements in the following outline.

### **Elements of a Business Plan**

1. Cover sheet
2. Executive summary (statement of the business purpose)
3. Table of contents
4. Body of the document
  - A. Business
    1. Description of business
    2. Marketing
    3. Competition
    4. Operating procedures
    5. Personnel
    6. Business insurance

B. Financial data

1. Loan applications
2. Capital equipment and supply list
3. Balance sheet
4. Breakeven analysis
5. Profit and loss statements
6. Three-year summary
7. Detail by month, first year
8. Detail by quarters, second and third year
9. Assumptions upon which projections were based
10. Pro-forma cash flow

C. Supporting documents

1. Tax returns of principals (partners in the business) for last three years, personal financial statements (all banks have these forms)
2. Copy of franchise contract and all supporting documents provided by the franchisor (for franchise businesses)
3. Copy of proposed lease or purchase agreement for building space
4. Copy of licenses and other legal documents
5. Copy of resumes of all principals
6. Copies of letters of intent from suppliers, etc.



**EMS Operations and Related  
Legislation, Rules, Regulations, and Legal Opinions**

**Contents**

- B-1 **Oklahoma Emergency Response Systems Development Act**, Title 63, Article 25, §§1-2501-1-2516 in the *Statutes and Regulations of the Oklahoma State Department of Health* (pages 2-13)
- B-2 **Article X, Section 9C of the Constitution of the State of Oklahoma** in the *Statutes and Regulations of the Oklahoma State Department of Health* (pages 14-17)
- B-3 **Oklahoma Administrative Code, Chapter 641, Emergency Medical Services** (Title 310, Oklahoma State Department of Health) in the *Statutes and Regulations of the Oklahoma State Department of Health* (pages 18-95)
- B-4 **TITLE 42 Public Health, Part 410, Supplementary Medical Insurance (SMI) Benefits**, §§410.40-410.41 (available from e-CFR data)
- B-5 **TITLE 42 Public Health, Part 414, Payment for Part B Medical and Other Health Services, Subpart H, Fee Schedule for Ambulance Services**, §§414.601-414.625 (available from e-CFR data)
- B-6 **Emergency Medical Service District Budget Act**, Title 19, Chapter 35, §§1701 –1801
- B-7 **House Bill 1888** (passed in June 2010)
- B-8 **Federal Specifications for the Star-of-Life Ambulance**, KKK-A-1822F
- B-9 **Lien for Ambulance Services**, Title 42, Chapter 1, §49
- B-10 **Oklahoma EMT Protection Law**, Title 21, Chapter 20, §§650.3-650.5
- B-11 **Good Samaritan Act**, Title 76, Torts §5
- B-12 **EMS Legal Opinions**
- B-13 **Oklahoma Trauma Systems Improvement and Development Act**, Title 63, Article 25, §§1-2530.1-1-2530.9, Chapter 1 – Oklahoma Public Health Code
- B-14 **Nine-One-One Emergency Number Act**, Title 63, Chapter 58, §§2811-2821
- B-15 **Nine-One-One Wireless Emergency Number Act**, Title 63, Chapter 58, §§2841-2846
- B-16 **Health Insurance Portability and Accountability Act of 1996 (HIPPA)**, Public Law 104-191, 104<sup>th</sup> Congress
- B-17 **Oklahoma Do-Not-Resuscitate Act**, Title 63, Chapter 61A, §§3131.1-3131.14
- B-18 **Emergency Care or Treatment by Use of Automated External Defibrillator – Immunity from Civil Liability**, Title 76, Torts, §5A
- B-19 **Bloodborne pathogens**, Part 1910 Occupational Safety and Health Standards, Title 29: Labor (available from e-CFR data)
- B-20 **Airborne/Respiratory Protection**, Part 1910 Occupational Safety and Health Standards, Title 29: Labor (available from e-CFR data)
- B-21 **Uniform Controlled Dangerous Substances Act**, Destruction of Out of Date, Unwanted, Unused, or Abandoned Controlled Dangerous Substances, Title 63, Public Health and Safety, Chapter 2



## Appendix B

### EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions

**B-1 Oklahoma Emergency Response Systems Development Act,**  
Title 63, Article 25, §§1-2501-1-2516  
in the *Statutes and Regulations*  
*of the Oklahoma State Department of Health*  
(pages 2-13)

**B-2 Article X, Section 9C of the Constitution  
of the State of Oklahoma**  
in the *Statutes and Regulations*  
*of the Oklahoma State Department of Health*  
(pages 14-17)

**B-3 Oklahoma Administrative Code, Chapter 641,  
Emergency Medical Services**  
(Title 310, Oklahoma State Department of Health)  
in the *Statutes and Regulations*  
*of the Oklahoma State Department of Health*  
(pages 18-95)

[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/Statutes\\_and\\_Rules/index.html](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/Statutes_and_Rules/index.html)







Oklahoma State Department of Health  
Protective Health Services  
Emergency Medical Services  
1000 N.E. 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-4027  
Fax: (405) 271-4240



## STATUTES AND REGULATIONS



### **EMS DIVISION MISSION STATEMENT**

The mission of Oklahoma EMS is to protect and promote health in Oklahoma by fostering continued improvement of comprehensive, coordinated system of health and public safety resources to provide timely and lifesaving out-of-hospital care.



Oklahoma State  
Department of Health

Printed: June 2009  
Effective: June 11, 2009

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**§63-1-2501. Short title.**

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

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

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

The Legislature hereby finds and declares that:

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

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

**§63-1-2503. Definitions.**

As used in the Oklahoma Emergency Response Systems Development Act:

1. "Ambulance" means any ground, air or water vehicle which is or should be approved by the Commissioner of Health, designed and equipped to transport a patient or patients and to provide appropriate on-scene and en route patient stabilization and care as required. Vehicles used as ambulances shall meet such standards as may be required by the State Board of Health for approval, and shall display evidence of such approval at all times;
2. "Ambulance authority" means any public trust or nonprofit corporation established by the state or any unit of local government or combination of units of government for the express purpose of providing, directly or by contract, emergency medical services in a specified area of the state;
3. "Ambulance patient" or "patient" means any person who is or will be transported in a reclining position to or from a health care facility in an ambulance;
4. "Ambulance service" means any private firm or governmental agency which is or should be licensed by the State Department of Health to provide levels of medical care based on certification standards promulgated by the Board;
5. "Ambulance service district" means any county, group of counties or parts of counties formed together to provide, operate and finance emergency medical services as provided by Section 9C of Article X of the Oklahoma Constitution or Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes;
6. "Board" means the State Board of Health;

7. "Classification" means an inclusive standardized identification of stabilizing and definitive emergency services provided by each hospital that treats emergency patients;

8. "Commissioner" means the State Commissioner of Health;

9. "Council" means the Oklahoma Emergency Response Systems Development Advisory Council;

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

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

12. "Emergency Medical Technician/Basic, Emergency Medical Technician/Intermediate, Emergency Medical Technician/Advanced Cardiac, or Emergency Medical Technician/Paramedic" means an individual licensed by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;

13. "First responder" means an individual certified by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;

14. "First response agency" means an organization of any type certified by the Department to provide emergency medical care, but not transport. First response agencies may utilize certified first responders or licensed emergency medical technicians; provided, however, that all personnel so utilized shall function under the direction of and consistent with guidelines for medical control;

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

- a. Basic life support,
- b. Intermediate life support,
- c. Paramedic life support,
- d. Stretcher aid van, and
- e. Specialized Mobile Intensive Care, which shall be used solely for inter-hospital transport of patients requiring specialized en route medical monitoring and advanced life support which exceed the capabilities of the equipment and personnel provided by paramedic life support.

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

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

16. "Medical control" means local, regional or statewide medical direction and quality assurance of health care delivery in an emergency medical service system. On-line medical control is the medical direction given to emergency medical personnel and stretcher aid van personnel by a physician via radio or telephone. Off-line medical control is the

establishment and monitoring of all medical components of an emergency medical service system, which is to include stretcher aid van service including, but not limited to, protocols, standing orders, educational programs, and the quality and delivery of on-line control;

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

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

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

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

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

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

22. "Stretcher aid van" means any ground vehicle which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus. Vehicles used as stretcher aid vans shall meet such standards as may be required by the State Board of Health for approval and shall display evidence of such approval at all times. Stretcher aid van services shall only be permitted and approved by the Commissioner in emergency medical service regions, ambulance service districts, or counties with populations in excess of 300,000 people. Notwithstanding the provisions of this paragraph, stretcher aid van transports may be made to and from any federal or state veterans facility;

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

24. "Transport protocol" means the written instructions governing decision-making at the scene of a medical emergency by ambulance personnel regarding the selection of the

hospital to which the patient shall be transported. Transport protocols shall be developed by the regional medical director for a regional emergency medical services system or by the Department if no regional emergency medical services system has been established. Such transport protocols shall adhere to, at a minimum, the following guidelines:

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

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

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

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

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

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

Added by Laws 1990, c. 320, § 8, emerg. eff. May 30, 1990.

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

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

1. "Emergency Medical Technician/Basic" or "EMT/Basic" means an individual

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

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

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

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

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

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

Added by Laws 1990, c. 320, § 10, emerg. eff. May 30, 1990. Amended by Laws 2005, c. 204, § 1, eff. July 1, 2005.

#### **§63-1-2508. Licensure of certain individuals without examination - Temporary licenses.**

A. The Commissioner may issue a license as an EMT/Basic, EMT/Intermediate or EMT/Paramedic without examination to an applicant who has been duly certified or licensed as such under the laws of another state, territory, or the District of Columbia, if such applicant meets the qualifications for licensure as established herein and such standards as



may be promulgated by the State Board.

B. The Commissioner may issue a temporary license valid for nine (9) months from the date of issuance to any person duly certified or licensed as an EMT/basic, EMT/intermediate, or EMT/paramedic under the laws of another state, territory, or the District of Columbia. This temporary license may not be renewed and the holder must meet the qualifications for licensure as established herein and such standards as may be promulgated by the State Board in order to receive any further EMT license in this state.

Added by Laws 1990, c. 320, § 12, emerg. eff. May 30, 1990. Amended by Laws 1991, c. 167, § 4, eff. July 1, 1991.

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

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

2. A ground ambulance service based outside of this state that is licensed and in good standing in its home state may respond to an emergency request for care and transport of a patient within this state provided no local licensed ambulance service is readily available, and may be exempt from the licensing requirements of this state pursuant to rules promulgated by the State Board of Health.

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

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

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

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

D. The operation or maintenance of an ambulance service in violation of this act, or the rules promulgated by the Board, is declared a public nuisance inimical to the public welfare. The Commissioner in the name of the people of the state, through the Attorney General, or the district attorney of the county in which the ambulance service is located,

may, in addition to other remedies herein provided, bring action for an injunction to restrain such violation or to enjoin the future operation or maintenance of any such ambulance service.

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

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

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

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

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

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

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

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

3. Coordinate the efforts of local units of government to establish service districts and set up boards of trustees or other authorities to operate and finance emergency medical services in the state as provided under Section 9C of Article X of the Oklahoma Constitution or under Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes. The Commissioner shall evaluate all proposed district areas and operational systems to determine the feasibility of their economic and health services delivery;

4. Prepare, maintain and utilize a comprehensive plan and program for emergency medical services development throughout the state to be adopted by the State Board of Health and incorporated within the State Health Plan. The plan shall establish goals, objectives and standards for a statewide integrated system and a timetable for accomplishing and implementing different elements of the system. The plan shall also include, but not be limited to, all components of an emergency medical services system;

regional and statewide planning; the establishment of standards and the appropriate criteria for the designation of facilities; data collection and quality assurance; and funding;

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

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

7. Evaluate and certify all emergency medical services training programs and emergency medical technician training courses and operational services in accordance with specifications and procedures approved by the Board;

8. Provide an emergency medical technicians' and ambulance service licensure program;

9. Create a standing Medical Direction Subcommittee of the Advisory Council to be composed entirely of physicians who are or who have been medical directors or regional medical directors. Members of the Subcommittee shall be appointed by and shall serve at the pleasure of the Commissioner. The Subcommittee shall advise the Commissioner or the Commissioner's designee on the following:

- a. the design of all medical aspects and components of emergency medical services systems,
- b. the appropriateness of all standards for medical and patient care operations or services, treatment procedures and protocols,
- c. the implementation and facilitation of regional EMS Systems, and
- d. such other matters and activities as directed by the Commissioner or the Commissioner's designee;

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

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

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

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

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

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

- and
- c. monitor emergency patient care provided by emergency medical service and hospitals.

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

#### **§63-1-2512. Rules.**

A. The State Board of Health shall promulgate rules to enact the provisions of the Oklahoma Emergency Response Systems Development Act.

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

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

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

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

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

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

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

- A. Notwithstanding any other provision of this title, Emergency Medical Services (EMS)

Regions, Ambulance Service districts or municipalities are hereby authorized to regulate and control, pursuant to duly enacted ordinance or regulation, Ambulance Service transports originating within the jurisdiction of such EMS Regions, Ambulance Service districts or municipalities.

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

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

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

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

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

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

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

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

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

4. Any ambulance engaged in the transport of a patient from a location outside an

EMS Region, Ambulance Service district or municipality to a location inside an EMS Region, Ambulance Service district or municipality; or

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

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

### **§63-1-2516. Oklahoma Emergency Response Systems Development Advisory Council.**

A. 1. There is hereby re-created the Oklahoma Emergency Response Systems Development Advisory Council until July 1, 2012, in accordance with the provisions of the Oklahoma Sunset Law, to be composed of physicians, health service providers, consumers of health care, other health care professionals, and persons involved in the education and training of emergency medical personnel.

2. The Council shall consist of nineteen (19) persons, eight of whom shall be persons representing rural areas of this state and counties with populations under fifty thousand (50,000). Members of the Council shall be appointed as follows:

- a. six members shall be appointed by the Governor,
- b. five members shall be appointed by the State Commissioner of Health,
- c. four members shall be appointed by the Speaker of the House of Representatives, and
- d. four members shall be appointed by the President Pro Tempore of the Senate.

3. Two of the appointees of each appointing authority shall represent rural areas of this state and counties with populations under fifty thousand (50,000). Initially, three of the appointees of the Governor, two appointees of the Commissioner, and one appointee each of the Speaker of the House of Representatives and the President Pro Tempore of the Senate shall be appointed for terms of one (1) year. The remaining appointees of the Council shall be appointed for terms of two (2) years. Thereafter, all appointees shall be appointed for terms of two (2) years. All appointees shall be eligible for reappointment, but in no case shall any appointee be appointed for more than six (6) consecutive years on the Council.

4. The current members of the Council shall continue to serve as members of the Council until a majority of the appointments are made under this section and such current members shall be eligible for reappointment.

B. Persons on the Council shall at all times serve without compensation, but shall be reimbursed for their actual and necessary travel expenses from funds available for the operation of the State Department of Health and in accordance with the provisions of the State Travel Reimbursement Act. The Council shall advise the Commissioner or the Commissioner's designee on the following:

1. Training program specifications for emergency medical personnel, the types of medical care procedures which may be performed by emergency medical personnel, and qualifications for licensure and certification of emergency medical personnel;

2. Patient care equipment for ambulances, ambulance specifications, criteria and standards for the classification of emergency medical services rendered by providers,

including communications and reporting requirements, and operational procedures for providers of ambulance services;

3. Design of the statewide communications system, including procedures for summoning and dispatching emergency medical service, including 911;

4. Projects, programs, and legislation needed to improve emergency medical services in the state; and

5. Such other matters and activities as directed by the Commissioner or the Commissioner's designee.

Added by Laws 1994, c. 236, § 2, eff. Sept. 1, 1994. Amended by Laws 1996, c. 62, § 1; Laws 2001, c. 411, § 9, eff. Nov. 1, 2001; Laws 2002, c. 85, § 1; Laws 2005, c. 204, § 4, eff. July 1, 2005; Laws 2008, c. 11, § 1.

**CONSTITUTION OF THE  
STATE OF OKLAHOMA****ARTICLE X. -REVENUE AND TAXATION****GENERAL PROVISIONS****9C. Emergency medical service districts**

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

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

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

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



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

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

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

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

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

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

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

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

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

The State Auditor and Inspector shall conduct an annual audit of the operations of such district.

(j) Any emergency medical service district may expand to include other counties or parts thereof, provided that an election is called by the county commissioners whose county or counties, or part thereof, are to be added to in the established district; and provided further, that the county commissioners in the original district concur in the calling of said election. The proposed expansion area shall only be added to the original district if approved separately by a majority vote, by the voters in both the original district and in the expansion area, at an election called for that purpose. The county in which the expansion area is located shall have not less than one member on the board of trustee.

Appropriate millage or other approved method of financial support shall be levied in the expansion area, when said area is added to the original district which millage shall be levied at the rate used to cover operational costs and outstanding bonded indebtedness as proved in Section 9C, (d) and (e), Article X.

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

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

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

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

board or boards issuing such proclamation.

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

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

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

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

"Unofficial Version"

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| 5. Personnel Licenses and Certification | 310:641-5-1 |
| 7. Training Programs                    | 310:641-7-1 |
| 9. Trauma Transfer and Referral Centers | 310:641-9-1 |

[**Authority:** Oklahoma State Board of Health; 63 O.S. Section 1-104; 63 O.S., Section 1-2501 et seq.]

[**Source:** Codified 5-1-1992]

**SUBCHAPTER 1. GENERAL EMS PROGRAMS**

**PART 1. GENERAL PROVISIONS**

- Section
- 310:641-1-1. Purpose
  - 310:641-1-2. Emergency medical service rules
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  - 310:641-1-4. Purpose, authority and indoor tobacco smoke

**PART 3. SPECIAL PROVISIONS**

- 310:641-1-10. Severance
- 310:641-1-11. Repealer
- 310:641-1-12. Effective date

**PART 1. GENERAL PROVISIONS**

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

The purpose of this Chapter is:

- (1) to describe and give a cross-reference to the several other subchapters of emergency medical service rules and regulations.
- (2) to provide a definition and to further expand on certain section of emergency medical service law, which is not contained in the other subchapters.

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

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

(a) Subchapter 3 of this Chapter incorporates the authorization, classification, qualifications, skills, procedures authorized and medical control of emergency medical technicians, first responders, and other related emergency medical personnel.

(b) Subchapter 5 of this Chapter provides for the granting and renewal of ambulance services, specifying the highest level of care, guidelines for transportation, and medical control.

(c) Subchapter 7 of this Chapter provides for granting and renewal of training programs. Further, it contains emergency medical service instructor qualification and standards for the courses in emergency medical service.

(d) All of the emergency medical service rules and regulations, although separated into subchapters, are interrelated and the parts may be considered, for the purpose of law, a whole or inclusive rule and regulation.

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

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

(a) Fines and/or imprisonment can be levied against individuals who delay, obstruct or in any way interferes with an emergency medical technician or an ambulance service in the performance of their duty [Section 650.3 of Title 21, Oklahoma Statutes].

(b) Any person who commits assault, battery or assault and battery against an emergency medical technician or ambulance service may be fined and/or imprisoned [Section 650.4 and 650.5 of Title 21, Oklahoma Statues].

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

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

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

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

(c) Smoking or possessing a lighted tobacco product is prohibited in an ambulance or

stretcher aid van.

[Source: Added at 19 Ok Reg 2087, eff 7-1-2002]

### PART 3. SPECIAL PROVISIONS

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

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

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

#### **310:641-1-11. Repealer**

All previous emergency medical service rules and regulations are hereby repealed.

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

#### **310:641-1-12. Effective date**

It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this Chapter shall take effect and be in full force from and after its passage and approval by the State Board.

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

**SUBCHAPTER 3. AMBULANCE SERVICES****PART 1. GENERAL PROVISIONS**

## Section

- 310:641-3-1. Purpose
- 310:641-3-2. Definitions
- 310:641-3-3. Compliance required

**PART 3. AMBULANCE SERVICES**

## Section

- 310:641-3-10. License required
- 310:641-3-11. Issuance of a ground ambulance license
- 310:641-3-12. Renewal of a ground ambulance license
- 310:641-3-13. Denial of an initial or renewal license
- 310:641-3-14. Severance of action, amendment, and re-instatement
- 310:641-3-15. Ground ambulance service - personnel staffing

**PART 5. GROUND TRANSPORT VEHICLES**

## Section

- 310:641-3-20. New vehicles
- 310:641-3-21. Ground transport vehicles presently in use [REVOKED]
- 310:641-3-22. General provisions for ground transport vehicles
- 310:641-3-23. Equipment for ground transport vehicles

**PART 7. AIR AMBULANCES**

## Section

- 310:641-3-30. Air ambulance license
- 310:641-3-31. Air medical service
- 310:641-3-32. Air ambulance vehicles
- 310:641-3-33. Air ambulance equipment
- 310:641-3-34. Air ambulance medical staffing
- 310:641-3-35. Air medical director
- 310:641-3-36. Operational protocols
- 310:641-3-37. Communications
- 310:641-3-38. Aircraft utilization
- 310:641-3-39. Rotorwing standards - certificate of the aircraft operator

**PART 9. SPECIALTY CARE**

## Section

- 310:641-3-40. Specialty care
- 310:641-3-41. Application
- 310:641-3-42. Issuance of a specialty care license
- 310:641-3-43. Personnel
- 310:641-3-44. Vehicles
- 310:641-3-45. Renewal
- 310:641-3-46. Denial and other requirements

310:641-3-47. Equipment

**PART 10. STRETCHER AID VANS**

310:641-3-48. Stretcher aid van license

310:641-3-48.1. Stretcher aid van services

310:641-3-48.2. Stretcher aid van vehicles

310:641-3-48.3. Stretcher aid van equipment and supplies

310:641-3-48.4. Stretcher aid van staffing

310:641-3-48.5. Stretcher aid van medical control

**PART 11. MEDICAL CONTROL**

Section

310:641-3-50. Requirement

**PART 13. SANITATION**

Section

310:641-3-60. Sanitation requirements

**PART 15. INTRAVENOUS SOLUTIONS**

Section

310:641-3-70. Storage of intravenous solutions

**PART 17. CONTROLLED SUBSTANCES**

Section

310:641-3-80. Authority to Carry Controlled Substances on a Vehicle

**PART 19. INSPECTION, CORRECTION, ACTIONS**

Section

310:641-3-90. Inspections

310:641-3-91. Correction orders

**PART 21. WATER AMBULANCES [REVOKED]**

Section

310:641-3-100. Water ambulances [REVOKED]

**PART 23. EMERGENCY MEDICAL SERVICES REGIONS**

Section

310:641-3-110. Emergency medical services regions

**PART 25. OPERATIONAL PROTOCOLS**

Section

310:641-3-120. Operational protocols

**PART 27. TRANSFER PROTOCOLS**

Section



310:641-3-130. Transfer protocols

**PART 29. SUBSCRIPTION PROGRAMS**

Section

310:641-3-140. Subscription program

**PART 31. CERTIFIED EMERGENCY MEDICAL RESPONSE AGENCIES**

Section

310:641-3-150. Certified emergency medical response agencies

**PART 33. SERVICE AND AGENCY FILES**

Section

310:641-3-160. Ambulance service, first response agency and stretcher aid van files

**PART 35. SOLE SOURCE**

Section

310:641-3-170. Sole source ordinances

**PART 37. REGIONAL SYSTEM [REVOKED]**

Section

310:641-3-180. Regional emergency medical services system [REVOKED]

**PART 39. ENFORCEMENT ACTION**

Section

310:641-3-190. Suspension, revocation, probation, or non-renewal of a licensee

**PART 41. SPECIAL PROVISIONS**

Section

310:641-3-200. Repealer

310:641-3-201. Severance

310:641-3-202. Effective date

## PART 1. GENERAL PROVISIONS

### 310:641-3-1. Purpose

The rules of this Subchapter are promulgated to:

- (1) Establish minimum standards for the issuance and renewal of ambulance service and emergency medical personnel certification and licensure;
- (2) Establish standards for enforcement of the "Oklahoma Emergency Response Systems Development Act";
- (3) Establish minimum standards for emergency care and the transportation of ambulance patients; and
- (4) Establish minimum standards for ambulance vehicles and emergency care equipment.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 23 Ok Reg 2386, eff 6-25-2006]

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

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

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

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

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

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

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

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

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

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

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

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

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

"**Clinical Coordinator**" means the individual designated in writing by a training program as

responsible for coordination and supervision of clinical experiences.

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

**"Council"** means the Oklahoma Emergency Response Systems Development Advisory Council.

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

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

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

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

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

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

**"Emergency medical responder"** means a person who has successfully completed a state-approved course using the national standard emergency medical responder curriculum and passed a competency-based examination from a state approved testing agency such as the National Registry of EMT's.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**"PIC"** means Pilot in Command

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

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

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

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

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

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

**"Specialty Care Transports"** means interfacility transfers of critically ill or injured patients requiring specialized interventions such as IV infusions including vasopressors, vasoactive compounds, antiarrhythmics, fibrinolytics, tocolytics, and/or any other parenteral pharmaceutical unique to the patient's special health care needs or special monitors or procedures such as mechanical ventilation multiple monitors, cardiac balloon pump, external cardiac support (Ventricular assist devices, etc) or any other specialized device or procedure outside the paramedic scope of practice certified by the referring physician as unique to the patient's health care needs.

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

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

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

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

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

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

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

**"Trauma transfer and referral center"** means an organization certified by the Department and staffed and equipped for the purpose of directing trauma patient transfers within a region that consists of a county with a population of three hundred thousand (300,000) or

more and its contiguous communities, and facilitating the transfer of trauma patients into and out of the region for definitive trauma care at medical facilities that have the capacity and capability to appropriately care for the emergent medical needs of the patient.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 386, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1053, eff 5-13-2002; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Emergency lapsed on 7-14-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 25 Ok Reg 2443, eff 7-11-2008; Amended at 26 Ok Reg 1498, eff 6-11-2009]

### **310:641-3-3. Compliance required**

All ambulance services licensed pursuant to the Act shall comply with all appropriate Federal, State, and local laws, providing such local law does not conflict with Federal or State law.

[Source: Added at 17 Ok Reg 392, eff 11-1-99 (emergency); Added at 17 Ok Reg 2948, eff 7-13-00]

## **PART 3. AMBULANCE SERVICES**

### **310:641-3-10. License required**

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

- (1) Federal agencies are exempt from this licensing requirement unless the federal agency ambulance service routinely responds to emergency requests for service off federal property.
- (2) Persons, companies, and governmental entities which operate on their own premises, are exempt from this licensing requirement, unless an ambulance patient is transported on the public streets and highways of Oklahoma, or outside of their own premises.
- (3) An application for a license to operate an ambulance service shall be submitted on forms prescribed and provided by the Department. Ground, air, stretcher aid van and specialty care services shall each be considered a separate license.
- (4) The application shall be signed under oath by the party or parties seeking to secure the license.
- (5) The party or parties who sign the application shall be considered the owner or agent (licensee), and responsible for compliance to the Act and rules.
- (6) The application shall contain, but not be limited to the following:
  - (A) A statement of ownership shall include the name, address, telephone number,

- occupation and/or other business activities of all owners or agents who shall be responsible for the service;
- (B) If the owner is a partnership or corporation, a copy of incorporation documents and the name of all partner(s) or stockholder(s) with an ownership interest of five (5%) percent or more (principal), and the name and addresses of any other ambulance service in which any partner or stockholder holds an interest shall also be included;
- (C) If the owner is an entity of government, governmental trust, trust authority, or non-profit corporation, the name of each board member, or the chief administrative officer and/or chief operation officer shall be included;
- (D) A business plan which includes a financial disclosure statement showing evidence of the ability to sustain the operation for at least one (1) year, and if a subscription program is anticipated the requirement of part 29, of these rules, shall be documented;
- (E) Proof of vehicle and professional liability insurance, at least in the amount of one million dollars (\$1,000,000.00) or to the amount provided for in "The Governmental Tort Claims Act", O.S. 51-151, O.S. 51-152, O.S. 51-153 and O.S. 51-154, shall be forwarded. This insurance requirement shall remain in effect at all times while the service is licensed, and such proof shall be in the form of a Certificate of Insurance from the insurance company;
- (F) Proof of participation in a workers' compensation insurance program for employees who are subject to pertinent labor laws shall be forwarded. This insurance requirement shall remain in effect at all times while the service is licensed;
- (G) Each licensee shall have medical control as prescribed by the Act and these rules;
- (H) Copy of any contract(s) for vehicles, medical equipment, and/or personnel, if such exist;
- (I) Paper or electronic copy of patient care protocols as required by medical control as prescribed by the Act and these rules;
- (J) A documentation of support from the governmental authority(ies) having primary jurisdiction over the proposed emergency response area. If the emergency response area encompasses multiple jurisdictions, a written endorsement shall be presented from each;
- (K) A description of the proposed level of service in the primary response area, including:
- (i) A map defining the primary emergency response area including location(s) of base station, substations, and posts, and;
  - (ii) A description of the level of care to be provided, describing variations in care within the proposed service area, and;
  - (iii) Response time standards consistent with the requirements of OAC 310:641-3-15(a), for emergency and non-emergency requests for ambulance or stretcher aid van service within the primary response area;
- (L) A written policy for receiving and dispatching emergency and non-emergency calls;
- (i) Ensuring HIPAA compliance; and,
  - (ii) Ensuring compliance with State and local EMS Communication Plans.
- (M) Mutual aid agreements with all surrounding contiguous or overlapping licensed emergency ambulance services that contain procedures for disaster response

including entry into the Incident Command System and National Incident Management System.

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

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

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

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

(a) A license may be issued for basic life support, intermediate life support, paramedic life support, specialty care, or stretcher aid vans.

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

(2) Intermediate life support means that the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one EMT-I on each request for emergency medical services, except as specified in 310-641-3-15(a)(2).

(3) Paramedic life support means that the ambulance service vehicles are equipped with the minimum paramedic equipment, and staffed with at least one EMT-P on each request for emergency medical services, except as specified in 310-641-3-15(a)(2).

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

(c) 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) A temporary license, not to exceed one hundred twenty (120) days and for one (1) time only, may be issued by the Department. A temporary license may be issued to an applicant who substantially meets all requirements and may be granted only for an area of Oklahoma that may otherwise be without ambulance service. Sole determination for a temporary license shall be made by the Department and based upon the following:

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

(2) The availability of personnel in the area, and equipment of the ambulance service;

(3) The financial ability of the applicant to meet the minimum standards of emergency

medical services law;

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

(5) The desire of the community(ies) to be served.

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

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

(h) The Department shall have the authority to upgrade or downgrade an advanced life support ambulance provider's license upon evidence that the license no longer meets existing license requirements for that level of care. Under no circumstance shall a downgrade be for less than basic life support, and during the time of a downgrade the service shall operate on State protocols. In order to return to a level of advanced life support, the service shall provide the Department written evidence that they now meet the requirements for a higher level of care. A fee of fifty (\$50.00) dollars shall be required for reinstatement.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 19 Ok Reg 386, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1053, eff 5-13-2002; Amended at 19 Ok Reg 2087, eff 6-27-2002; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007]

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

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

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

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

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

(A) The ambulance service has applied for such renewal;

(B) The ambulance service has no outstanding deficiencies or is in need of correction as may be identified during inspection of the service, and;

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

(4) An ambulance service license, if not renewed by midnight July 31st of the expiration year, shall be considered non-renewed. Thereafter a new application shall be required for the continuation of any such license, and the applicant shall be subject to initial application procedures. An extension may be granted by the Department for the purpose of renewal,



subject to a determination by the Department of the following:

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 22 Ok Reg 2418, eff 7-11-2005]

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

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

- (1) The failure to meet standards set forth by statute or rule;
- (2) A felony conviction 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 or other sexual offense(s), drug offense(s), or a conviction which might otherwise have a bearing on the operation of the service;
- (3) Insufficient number of personnel to properly staff one vehicle on a twenty four (24) hour basis at the highest level of the service license;
- (4) In urban areas, an insufficient number of vehicles and/or staff to respond to life-threatening emergency calls ninety percent (90%) of the time within eight (8) minutes;
- (5) Insufficient financial resources;
- (6) Falsification of Department required information;
- (7) Ownership, management, or administration by principals of an entity whose license has been revoked; and
- (8) 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 the application, of the granting or denial of a license or renewal. In the event of a denial, the specific reason(s) shall be noted, and an indication of the corrective action necessary to obtain a license or renewal shall be given, if applicable. A license application may be re-submitted, but each re-submission shall be considered an initial application.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 10 Ok Reg 3459, eff 7-1-93 (emergency); Amended at 11 Ok Reg 2641, eff 6-25-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006]

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

(a) The issuance or renewal of a license after notice of a violation(s) has been given, shall not constitute a waiver by the Department of its power to rely on the violation(s) for

subsequent license revocation or other enforcement action which may arise out of the notice of violation(s).

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

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

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007]

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

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

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

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

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

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

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

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

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

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

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

shall require a reassessment of the service's staff and staffing patterns. The service may be required to obtain additional personnel or other action by the Department may result.

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 386, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1053, eff 5-13-2002; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007]

## PART 5. GROUND TRANSPORT VEHICLES

### 310:641-3-20. New vehicles

(a) A used vehicle which has new ownership, or a new vehicle which is of first registration, either leased, contracted for, or purchased on or after July 18, 1991, shall conform to the General Service Administration (GSA) specifications KKK-A-1822, as amended and as in effect at the time of manufacture. These requirements shall not apply to stretcher aid vans.

(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; and
- (8) any future GSA KKK-A-1822 specification, as may be issued.

(c) The business name, and/or a logo of the licensed ambulance service shall be placed on each side and the rear of the vehicle, and shall be at least three (3") inch high letters.

(d) The phrase "unless otherwise specified" shall mean that only the options printed within the respective KKK-A-1822 document are available for this purpose, specification, substitution, or option.

(e) Ambulance vehicles shall be exempt from the section of the KKK specifications which specifies color, emblems and markings.

(f) Specification KKK-A-1822 1.1.3 which requires the ambulance manufacture, or vendor who sells the vehicle, to furnish to the purchaser(s) a "Star of Life" certificate label,

which shall be affixed in the oxygen compartment.

(g) Any vehicle initially placed in service after a purchase, lease, contract and/or remount shall be inspected, and approved and permitted under Section 310:641-3-22(e) of this Chapter, by the Department prior to utilization.

(h) Any part of a ground ambulance vehicle which is remounted by a professional remounting service shall meet the KKK-A-1822 specifications. This includes the proper placement, or replacement, of the "Star of Life" certification label in the oxygen compartment of the finished vehicle, before it can be utilized again as an ambulance in this State.

(i) A copy of the "letter of certification", as described in specification KKK-A-1822 4.3.5, shall be submitted to the Department for each ambulance vehicle make and model proposed for use in Oklahoma. Certification documentation of test verification shall be accepted only if performed by an independent testing facility, qualified to perform such tests. No vehicle shall be approved for use in Oklahoma unless certification documentation has been filed with the Department. A file of all letters of certification received by the Department shall be maintained, and a list of certified vehicles, sorted by manufacturer, shall be forwarded to the Oklahoma Motor Vehicle Commission annually by the Department.

(j) A list of approved manufacturers, salesmen and dealers who meet the provisions of the Oklahoma Motor Vehicle Commission, shall be compiled annually and be made available from the Department upon request to any interested party. The Department shall issue to approved manufacturers, salesmen and dealers a Certificate of Compliance to remain effective until the next revision of the Federal Ambulance Specification KKK-A-1822.

(k) The purchaser of any ambulance vehicle which violates this section shall be responsible for corrective action, if the vehicle is accepted before receipt of the Department approval and permit.

(l) If, while awaiting delivery of a new, remounted, or refurbished ambulance vehicle, a manufacturer or dealer provides a licensed ambulance service with an ambulance vehicle on temporary loan or lease, such temporarily loaned or leased ambulance vehicle shall comply with Federal Ambulance Specification KKK-A-1822 in effect at the time of manufacture, and shall be properly inspected and permitted by the Department prior to utilization as an ambulance in accordance with Section 310:641-3-20(f).

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 19 Ok Reg 386, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1053, eff 5-13-2002; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 25 Ok Reg 2443, eff 7-11-2008]

### **310:641-3-21. Ground transport vehicles currently in use [REVOKED]**

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

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

- (a) Authorized emergency vehicles of licensed ambulance services shall comply, at all times, with the applicable requirements of Title 47, the Oklahoma Motor Vehicle Code.
- (b) Authorized emergency vehicles of licensed ambulance services shall be in good mechanical and serviceable condition at all times, so as not to be hazardous to the patient(s) or crewmembers. If, in the determination of the Department, a vehicle does not meet this requirement, it may be removed from service until repairs are made.
- (c) Authorized emergency vehicles of licensed ambulance services shall be tested for interior carbon monoxide, in a manner acceptable to the Department. Carbon monoxide levels of more than ten parts per million (10ppm) shall be considered in excess, and shall render the vehicle "out of compliance". Vehicles shall be removed from service if carbon monoxide levels exceed fifty parts per million (50ppm), and until repairs are made to reduce the amounts of carbon monoxide below ten (10ppm) parts per million.
- (d) Authorized emergency vehicles of licensed ambulance services utilized for the provision of patient care shall be equipped with communication equipment (radio and encoder) which shall provide voice contact with the emergency department of the area and other hospitals outside of the area. Acceptable frequencies shall be approved and consistent with the Oklahoma Area Wide Communication Plan, as adopted under the rules of the Federal Communications Commission (FCC). No paging shall be allowed on these designated medical frequencies. Encoder numbers for Oklahoma hospitals, copies of the Area Wide Communication Plan, and approval of frequencies may be obtained by contacting the Division.
- (e) Authorized emergency vehicles of licensed ambulance services shall have a permit and/or inspection decal, affixed by the Department. These decals shall be placed in the lower left corner of a rear window, unless it shall be impossible or impractical to utilize this area. The following permit classes of vehicles shall be recognized as authorized emergency vehicles of ambulance services:
- (1) Class "A" permit shall be affixed to an ambulance in compliance with section 310:641-3-20 utilized as a primary "first out" vehicle. Class "A" vehicles shall have on board medical equipment as required in Section 310:641-3-23. Emergency and non-emergency ambulance patients may be transported in class "A" ambulances.
  - (2) Class "B" permit shall be affixed to an ambulance in compliance with section 310:641-3-20 utilized as a secondary or "back up" vehicle. Class "B" vehicles shall have medical equipment as required in section 310:641-3-23 on board when placed in-service to respond to emergency calls or transport any ambulance patients.
  - (3) Class "S" permit shall be affixed to a vehicle in compliance with section 310:641-3-22 utilized as a stretcher aid van. Class "S" vehicles shall have medical equipment as required in section 310:641-3-48.3 on board when placed into service to respond to calls for non-emergency transport for stretcher aid van patients.
  - (4) Class "E" permit shall be affixed to other vehicles owned or operated by a licensed ambulance service and utilized in provision of emergency medical services. Ambulance patients shall not be transported on the public streets or highways in a class "E" vehicle.
  - (5) The licensee shall notify the Department in writing on forms provided by the Department prior to placing a substitute vehicle into operation. A substitute vehicle may operate up to 5 days in temporary service provided it is available for inspection during the period.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 386, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1053, eff 5-13-2002; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006]

### **310:641-3-23. Equipment for ground transport vehicles**

- (a) Each ambulance vehicle, except for stretcher aid vans, shall carry the following:
- (1) In addition to the on-board suction unit, a functioning portable suction apparatus with wide-bore tubing (1/4"), rigid and soft suction catheters for adults, children and infants, which may be electronically, manual or oxygen powered;
  - (2) A minimum of two (2) each, single use adult, pediatric and infant bag-valve mask resuscitators with an adult, child, and infant clear masks;
  - (3) Oropharyngeal airways, set or a minimum of one (1) of each size for adult (size 7,8,or 9), child (size 3,4,5,or 6), and infant (sizes 0,1,or 2), – nasal pharyngeal airways are optional;
  - (4) Portable and wall mounted oxygen sets, with variable flow regulators and adequate length tubing, and an extra bottle of portable oxygen;
  - (5) A minimum of two (2) each adult, child, and infant size oxygen masks, and a minimum of two (2) adult nasal cannulas;
  - (6) Bandaging materials, as follows:
    - (A) Two (2) burn sheets, clean, wrapped, and marked in a plastic bag that need not be sterile;
    - (B) Fifty (50) sterile 4"x4" dressings;
    - (C) Six (6) sterile 6"x8" or 8"x10" dressings;
    - (D) Ten (10) roller bandages, 2" or larger, such as kerlix, kling, or equivalent;
    - (E) Four (4) rolls of tape (1/2" and larger);
    - (F) Four (4) sterile occlusive dressings, 3" x 8" or larger;
    - (G) Eight (8) triangular bandages, and;
    - (H) One (1) pair of bandage scissors must be on the ambulance or must be a required personal carry item for the EMS crew.
  - (7) Fracture immobilization devices, as follows:
    - (A) One (1) traction splint for lower extremity, with limb support slings, padded ankle hitch, padded pelvic support, traction strap;
    - (B) Upper and lower extremity splints for joint above and below fracture (such as pneumatic, wire ladder, wood, cardboard);
    - (C) Short spine board or vest type immobilizer, including straps and accessories;
    - (D) Two (2) long spine board including straps and head immobilization device;
    - (E) Two (2) rigid or adjustable extrication collars in large, medium, small adult sizes, and pediatric sizes for children ages 2 years or older and one (1) infant collar. Collars shall not be foam or fiber filled.
  - (8) Pediatric equipment including:
    - (A) Oropharyngeal airways, sizes 00-5, two (2) each;
    - (B) Self-inflating resuscitation bag, two (2) each infant and child sizes;
    - (C) Masks for bag-valve mask device, two (2) each neonate, infant and child sizes;
    - (D) Oxygen masks, two (2) each infant and child sizes;
    - (E) Nonrebreathing mask, two (2) pediatric size;

- (F) Stethoscope, one (1) pediatric size;
  - (G) Backboard, one (1) pediatric size;
  - (H) Cervical immobilization device infant, child and adolescent sizes, two (2) each;
  - (I) Blood pressure cuff, two (2) each infant and child sizes;
  - (J) Suction catheters, one (1) each tonsil-tip and 6-14 French catheters;
  - (K) Extremity splints, one (1) complete set of pediatric sizes;
  - (L) Bulb syringes, sterile, two (2);
  - (M) Obstetric pack, sterile, one (1);
  - (N) Thermal blankets, two (2);
  - (O) Water-soluble lubricant packets, two (2);
  - (P) Blood glucose analysis system; and,
  - (Q) CO2 detection devices, either electronic or two (2) disposable.
- (9) Pediatric Equipment and Supplies for Advanced Life Support Ambulances Only Including:
- (A) One (1) transport monitor;
  - (B) One (1) defibrillator with pediatric paddles;
  - (C) Monitoring electrodes, two (2) set pediatric sizes;
  - (D) Laryngoscope with straight blades, two (2) sets 0-2, curved blades two sets 2-4;
  - (E) Endotracheal tube stylets, two sets of pediatric sizes;
  - (F) Endotracheal tubes, two (2) sets of uncuffed 2.5 - 5.5, two (2) sets of cuffed 6.0-8.0;
  - (G) Magill forceps, one (1) pediatric size;
  - (H) Nasogastric tubes, two (2) each 8F-16F;
  - (I) Nebulizer, one (1) pediatric size;
  - (J) IV catheters, 14 to 26 gauge, Six (6) each;
  - (K) Interosseous needles, two (2) each;
  - (L) One (1) Length/weight-based drug dose chart or tape (eg. Broselow Tape);
  - (M) Resuscitation drugs (ACLS & PALS) and IV fluids (NS and/or LR) per Department-approved protocols.
- (10) Miscellaneous medical equipment, as follows:
- (A) Portable blood pressure set in adult, child, and infant sizes;
  - (B) Stethoscope;
  - (C) Obstetrical kit, with towels, 4"x4" dressing, umbilical tape, bulb syringe, cord cutting device, clamps, sterile gloves, aluminum foil, and blanket;
  - (D) Universal communicable disease precaution equipment including gloves, mask, goggles, gown, and other universal precautions;
  - (E) Blood-glucose measurement equipment per medical direction and Department approval;
  - (F) CPAP per medical direction and Department approval; and
  - (G) Semi-automatic advisory defibrillator (SAAD).
- (11) Other mandatory equipment, as follows:
- (A) Trash receptacle which shall include a sufficient number of replacement bags and a receptacle for containment of medical wastes that displays the "biological hazard" emblem.
  - (B) Two way radio communication equipment on VHF; with a minimum of 155.340 MHz for hospital communications.
  - (C) One (1) sturdy, lightweight, all-level cot for the primary patient;

- (D) A crash stable side or center mounting cot fastener and/or anchorage assembly of the quick release type;
  - (E) At least three (3) strap type restraining devices (chest, hip, and knee), and compliant shoulder harness shall be provided per stretcher, cot, and litter (not less than two (2") inches wide, nylon, easily removable for cleaning, two (2) piece assembly with quick release buckles)
  - (F) Patient run reports;
  - (G) Two (2) fire extinguishers, mounted with quick release in cab and patient compartment (each dry powder, ABC, five (5#) pound);
  - (H) Two (2) operable flashlights;
  - (I) All ambulance equipment and supplies shall be maintained in accordance with OAC 310:641-3-60. Additionally, sterility shall be maintained on all sterile packaged items.
  - (J) Digital or strip type thermometers and single use probes.
  - (K) Six (6) instant cold packs.
- (b) Intermediate equipment, in addition to the basic equipment-the ALS ambulance shall carry the following:
- (1) Intravenous administration equipment in a sufficient quantity to treat multiple patients requiring this level of care;
  - (2) Interosseous administration equipment if approved by local medical control;
  - (3) Appropriate quantities of sterile fluid as approved by local medical control;
  - (4) Adequate advanced airway equipment per medical control;
  - (5) Blood sampling equipment if approved by medical control;
  - (6) One (1) Occupational Safety and Health Administration (OSHA) approved sharps container;
  - (7) Pulse oximetry device if approved by medical control; and
  - (8) End tidal CO2 monitoring device
- (c) Paramedic equipment, in addition to the required basic and intermediate equipment, the ALS ambulance will carry the following:
- (1) Cardiac monitor/defibrillator with printout, defibrillator pads, quick-look paddles, EKG leads, chest attachment pads. Telemetry capability is optional. Monitor must be recalibrated every twelve months and;
  - (2) Drugs (pre-load when available) approved by medical control, including those which are compatible with the recommendations of the American Heart Association's Emergency Cardiac Care Committee, as reflected in the Advanced Cardiac Life Support and Pediatric Advanced Life Support guidelines. Expired medications shall be immediately removed.
- (d) Extrication equipment shall be available for each ambulance service by either mutual aid assistance with a fire department, other ambulance service, rescue squad, or carried in total on the service's vehicle.
- (1) All ambulance vehicles shall carry the following equipment:
    - (A) Three (3) reflectors (triangular) or battery powered warning lights;
    - (B) Two (2) OSHA approved hard hats, with goggles or face shield; and
    - (C) Gauntlet leather gloves, two (2) pair of heavy work gloves; and
    - (D) One (1) spring-loaded window punch.
  - (2) All ambulance services shall have available either on board the ambulance or through mutual aid agreement with a fire department rescue unit, the following



## extrication equipment:

- (A) One (1) hammer (3# to 5# with 15" handle);
- (B) One (1) fire ax, flat head
- (C) One (1) crowbar, (51" pinch point)
- (D) One (1) bolt cutter (minimum 18")
- (E) One (1) power jack, portable, hydraulic or pneumatic, and one (1) spreader tool kit, hand powered, at least of four (4) ton capacity and one (1) air gun kit, air cutting tools, (250psi with cylinder and chisels); "Jaws of Life" may be substituted
- (F) One (1) shovel, pointed blade
- (G) One (1) tin snip, double action (at least 8")
- (H) Two (2) ropes, synthetic, kernmantle (50' x 3/4")
- (I) Protective goggles, one (1) per occupant
- (J) Two (2) utility knives, curved blade
- (K) Two (2) lights, portable, battery operated;
- (L) One (1) blanket (large 5'x 6' for patient protection during extrication)
- (M) Two (2) baling hooks;
- (N) One (1) spring loaded window punch;
- (O) Twelve (12) blocks, hardwood shoring, (2"x4"x12" blocks with rope handles);
- (P) Four (4) blocks, hardwood cribbing, (4"x4"x12" blocks with rope handles);
- (Q) Four (4) blocks, hardwood cribbing, (wedge shaped with rope handles);
- (R) One (1) come-along (2 ton, chain type and two (2) pull chains, alloy steel, rescue type (10' at least with grab hooks and rings);
- (S) Two (2) extrication straps, synthetic fabric, (9' with quick release buckles)
- (T) One (1) loop sling, extrication, (1" wide nylon or equal x 6' circumference with closure ring)

(e) Equipment shall be clean, in good working condition, and appropriately secured.

(f) Optional equipment:

- (1) Portable battery powered ventilator per local medical direction.
- (2) Pneumatic anti shock garment (PASG), compartmentalized (legs and abdomen separate), control valves (closed/open), inflation pump per local medical direction.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 19 Ok Reg 386, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1053, eff 5-13-2002; Amended at 19 Ok Reg 2087, eff 6-27-2002; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 25 Ok Reg 2443, eff 7-11-2008]

## PART 7. AIR AMBULANCES

### 310:641-3-30. Air ambulance license

(a) The air ambulance operator (applicant) shall meet the requirements of section 310:641-3-10 and be licensed at a Paramedic level and/or Specialty Care license in compliance with section 310:641-3-40. The air ambulance license shall be in addition to and separate from a specialty care license. In addition the following special requirements

shall be forwarded for application, survey and renewal purposes, as requested on forms provided by the Department.

- (1) A list of flight crew and qualifications.
  - (2) The air medical director and qualifications.
  - (3) Copy of the Federal Aviation Administration (FAA) Part 135 certificate.
  - (4) Copy of contracts for aircraft, medical equipment, personnel and explanations, if applicable.
- (b) The issuance of an air ambulance license shall be consistent with 310:641-3-10, except for 310:641-3-10(a)(6)(J).
- (c) The issuance of an air ambulance license shall be consistent with section 310:641-3-11.
- (d) The renewal of an air ambulance license shall be consistent with section 310:641-3-12.
- (e) Temporary aircraft shall be inspected consistent with 310:641-3-22(e)(5).
- (f) The denial of an air ambulance license, or the renewal thereof shall be consistent with section 310:641-3-13, except that an air ambulance licensee shall not be held to the response criteria in Section 310:641-3-13(a)(3).
- (g) Air ambulance licensees shall be subject to section 310:641-3-14.
- (h) Air ambulance licensees shall document an on-going and active aviation safety program.
- (i) An air ambulance provider holding a valid license in an adjoining state and operating and responding only from bases in that state may be reciprocally licensed in Oklahoma in accordance with 63 O.S. § 1-2513(B).

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 25 Ok Reg 2443, eff 7-11-2008]

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

- (a) Air medical services shall be developed and maintained, at all times, to provide medical treatment, stability and transportation to ambulance patients. This care shall meet the needs of the ambulance patient, and the capability of the medical crew and aircraft.
- (b) Air medical services shall be under the direction of a physician as indicated in section 310:641-3-35 of this rule.
- (c) Air medical service shall operate within the statewide emergency medical response system, coordinating all prehospital responses with the appropriate local emergency resources through at least the following means:
- (1) immediate verbal contact with the ambulance and first response agencies closest to the patient;
  - (2) radio and telephone coordination with ground personnel to ensure the most timely response to the patient;
- (d) Air medical utilization protocols shall be developed by all licensed ambulance and certified first response agencies and submitted for approval by the Department.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

- (a) An air ambulance vehicle (aircraft) may be fixed wing, single or multi-engine, or rotary wing.
- (b) Operations of the aircraft shall be under the provisions of Part 91 and Part 135 of the Federal Aviation Regulations (FAR).
- (c) The operator of an air ambulance service declares the capability of providing quality air ambulance services. These services include qualified flight crews, aircraft maintenance, patient configuration, space allocated for medical attendants and equipment as designated in Section 310:641-3-33.
- (d) The aircraft design and configuration shall not compromise patient stability in loading, unloading or in-flight operations.
- (1) The aircraft shall have an entry that allows loading and unloading without excessive maneuvering (no more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis) of the patient, and does not compromise functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.
  - (2) A minimum of one stretcher shall be provided that can be carried to the patient.
  - (3) Aircraft stretchers and the means of securing it in-flight must be consistent with FAR's.
  - (4) The type and model of stretcher indicates the maximum gross weight allowed (inclusive of patient and equipment) as labeled on the stretcher.
  - (5) The stretcher shall be large enough to carry the 95<sup>th</sup> percentile adult patient, full length in the supine position. (The 95<sup>th</sup> percentile adult American male is 6 ft. and 212 lbs.)
  - (6) The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available.
  - (7) The head of the stretcher is capable of being elevated at least 30 degrees for patient care and comfort.
  - (8) If the ambulance stretcher is floor supported by its own wheels, there is a mechanism to secure it in position under all conditions. These restraints permit quick attachment and detachment for patient transfer.
- (e) Patients transported by air will be restrained with a minimum of three straps, including shoulder straps, that must comply with FAA regulations. The following additional requirements shall apply to achieve patient stability.
- (1) Patients less than 60 pounds (27kg) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device. All patients under 40 pounds must be secured in a five-point safety strap device that allows good access to the patient from all sides and permits the patient's head to be raised at least 30 degrees. Velcro straps are not encouraged for use on pediatric devices.
  - (2) If a car seat is used, it shall have an FAA approved sticker.
  - (3) There shall be some type of restraining device within the isolette to protect the infant in the event of air turbulence.
- (f) A Supplemental lighting system shall be installed in the aircraft/ambulance in which standard lighting is insufficient for patient care.
- (1) A self-contained lighting system powered by a battery pack or portable light with a battery source must be available.

- (2) A means to protect the pilot's night adaptation visions shall be provided for night operations either through the medical configuration or a dividing curtain. (Use of red lighting or low intensity lighting in the patient care area is acceptable if to isolate the patient care area.)
- (g) An electric power outlet shall be provided with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment packages without compromising the operation of any other system or equipment. A back-up power source to enable use of equipment may be provided by an extra battery of appropriate voltage and capacity.
- (h) A means to protect the pilot and controls from any intended or accidental interference by the patient, medical transport personnel, or equipment and supplies shall be provided.
- (i) Appropriately sized helmets shall be worn (by all rotor wing personnel on the aircraft except for the patient) OR the interior modification of the aircraft shall be clear of objects/projections OR the interior of the aircraft shall be padded to protect the head-strike envelope of the medical personnel and patients as appropriate to the aircraft.
- (j) There shall be access and necessary space to ensure any onboard patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
- (k) 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 enroute:
    - (A) Quantity of oxygen remaining.
    - (B) Measurement of liter flow.
- (l) A variety of medical oxygen delivery devices consistent with the service's medical protocols shall be available.
- (m) An appropriately secured portable medical oxygen tank with a delivery device shall be carried on the aircraft. Portable medical oxygen tank may not be secured between patient's legs while the aircraft is in motion.
- (n) There shall be a back-up source of medical oxygen sufficient to allow completion of the transport in the event the main system fails. For air transports, this back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight.
- (o) Storage of oxygen shall comply with applicable OSHA standards.
- (p) Oxygen flow meters and outlets shall be padded, flush mounted, or so located to prevent injury to medical transport personnel.
- (q) The licensee shall notify the Department prior to placing a substitute aircraft into operation. Any vehicle initially placed in service after a purchase, lease, contract and/or refurbish shall be inspected, approved, and permitted by the Department.

**[Source:** Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 25 Ok Reg 2443, eff 7-11-

2008; Amended at 26 Ok Reg 1498, eff 6-11-2009]

**310:641-3-33. Air ambulance equipment**

- (a) Medical control shall determine the patient's needs and level of care required when deciding what equipment shall be aboard each flight and the type of aircraft required for transport. Equipment kits, cases and/or packs which are carried on any given flight shall be available for the following categories: trauma, cardiac, burn, toxicologic, pediatric, neonatal, and obstetrics.
- (b) The following medical equipment shall be required to be on board every aircraft certified by the Department for air medical services:
- (1) IV supplies and fluids, readily available.
  - (2) Hangers/hooks to secure IV solutions in place and equipment to provide high flow fluids if needed. Glass IV containers shall not be used unless required by specific medications and properly secured.
  - (3) A minimum of three IV infusion pumps, on the aircraft or immediately available for critical care transports.
  - (4) Accessible medications, consistent with the service's medical protocols.
- (c) Medications shall be easily accessible. Controlled substances shall be in a locked system and kept in a manner consistent with 310:641-3-70.
- (d) Storage of medications shall allow for protection from extreme temperature changes if environment deems it necessary.
- (e) Medical supplies and equipment shall be consistent with approved medical protocols and scope of care. The following equipment shall be on the aircraft/ambulance and immediately available for all Critical Care or ALS providers.
- (1) A cardiac monitor, defibrillator and external pacemaker shall be secured and positioned so that displays are visible.
  - (2) Extra batteries or power source shall be available for cardiac monitor / defibrillator or external pacemaker.
  - (3) The defibrillator shall be secured and positioned for easy access. Pediatric paddles shall be available.
  - (4) An external pacemaker shall be on-board.
  - (5) The pulse generator pacemaker shall be on-board or immediately available as a carry-on item.
- (f) The aircraft shall be configured for effective CPR.
- (g) Each air ambulance service shall carry the following advanced airway and ventilatory support equipment.
- (1) Laryngoscope and tracheal intubation supplies, including laryngoscope blades, bag-valve-mask and oxygen supplies, including PEEP valves; appropriate for ages and potential needs of patient transported.
  - (2) A mechanical ventilator appropriate for critical care transports.
  - (3) Two suction units, one of which is portable and both of which are capable of delivering adequate suction to clear the airway.
  - (4) Pulse oximetry, on-board and immediately available.
  - (5) End-tidal CO2 monitoring capabilities and equipment.
  - (6) Automatic blood pressure device, sphygmomanometer, Doppler or arterial line monitoring capability, on-board and immediately available.
  - (7) Devices for decompressing a pneumothorax and performing an emergency

cricothyroidotomy.

(h) All medical equipment (including specialized equipment) and supplies shall be secured according to FAR's.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

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

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

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

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

(b) Aeromedical crew members (ACMs) are required to participate in continuing education training for, but not limited to, the following: altitude physiology, emergency medical services and aviation communications, aircraft and flight safety, use of patient care equipment, protocol and procedure review and legal aspects of air transportation.

(1) Didactic continuing education shall include an annual review of:

- (A) Aviation - safety issues.
- (B) Hazardous materials recognition and response.
- (C) Human factors - Crew Resource Management
- (D) Infection control
- (E) State EMS rules and regulations regarding ground and air transport.
- (F) Stress recognition and management.
- (G) Survival training.

(2) Appropriate continuing education shall be developed and documented on an annual basis and must include:

- (A) Critical care (adult, pediatric, neonatal).
- (B) Emergency / trauma care.
- (C) Invasive procedure labs.
- (D) Labor and delivery.
- (E) Prehospital experience.

(c) Scene or pre-hospital transports of air ambulance service shall have as a minimum, one aeromedical crew member licensed as an emergency medical technician - Paramedic.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

### **310:641-3-35. Air medical director**

(a) An air medical director shall be a physician, fully licensed to practice in the State of Oklahoma, with a background in flight medicine, pre-hospital and/or emergency medicine. Physician shall know the aircraft limitations for in-flight patient care.

(b) An air ambulance service based in another state may have as its air medical director a physician who is not licensed to practice in the State of Oklahoma but is fully licensed in good standing in the home state of the air ambulance service. The air medical director shall meet all other qualifications listed in Section 310:641-3-35(a).

(c) The air medical director is responsible for protocols (on-line and off-line) for standards of patient care and shall review these annually. Written protocols shall be submitted to the Department for approval.

(d) The air medical director shall review all medical records from patient care flights.

(e) The air medical director is responsible for the aeromedical transfer. The air medical director may designate aeromedical crew members to determine needs for individual patient care flights, but shall be available for consultation, if required by the designee(s).

(f) The air medical director is responsible for reviewing the quality assurance program for air ambulance service.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

(a) There shall be written policies and procedures with documentation of training in the following areas:

(1) Equipment shall be annually tested and inspected by a certified clinical engineer.

(2) Documentation of equipment inspections shall be available for review by the Department.

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

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

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

(1) Additional physical and/or chemical restraints shall be available and used for combative patients who potentially endanger himself, the personnel or the aircraft.

(2) The written protocol shall address refusal to transport patients, family members or others who may be considered a threat to the safety of the transport personnel.

(e) A list of contaminated materials, which could pose a threat to the medical transport

team or render transport inappropriate, shall be readily available.

- (f) The LZ or aircraft operational area shall be a safe distance to avoid any downwind danger when approaching or departing.
- (g) The aircraft shall be equipped with survival gear appropriate to the coverage area and the number of occupants.
  - (1) Survival gear shall be maintained appropriately and shall be available to personnel on board.
  - (2) The survival kit and contents shall be included on the daily check sheet.
- (h) A fire extinguisher shall be accessible to medical transport personnel and pilot(s) or driver while in motion.
- (i) The interior of the aircraft or ambulance shall be climate controlled to avoid adverse affects on patients and personnel on board.

[Source: Added at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

- (a) All air ambulance aircraft shall have radio capability to communicate air to ground, air to air, and ground to air. This radio system should include two-way communications with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient by surface transportation. The aircraft shall also have the capability to communicate between the medical attendant and pilot, be in compliance with the Oklahoma Area Wide Communications Plan, and provide documentation that the aircraft can communicate with hospitals as specified in OAC 310:641-3-22(d).
- (b) All communications equipment shall be maintained in full operating condition and in good repair. Ambulance communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the base station at a reasonable distance. Radios on aircraft shall be capable of transmitting and receiving the following traffic:
  - (1) Medical direction.
  - (2) Communication Center.
  - (3) Air traffic control (aircraft).
  - (4) EMS and law enforcement agencies.
- (c) The pilot shall be able to control and override radio transmissions from the cockpit in the event of an emergency situation. If cellular phones are part of the on-board communications equipment, they shall be used in accordance with FCC regulations.
- (d) The medical team shall be able to communicate with each other during flight.
- (e) A communication Specialist shall be assigned to receive and coordinate all requests for the medical transport service. Training of the designated person shall be commensurate with the scope of responsibility of the Communications Center personnel and include:
  - (1) EMT certification, or the equivalent in knowledge or experience which minimally includes:
    - (2) Medical terminology.
    - (3) Knowledge of EMS – roles and responsibilities of the various levels of training – BLS/ALS, EMT/EMT-Paramedic.
    - (4) State and local regulations regarding EMS.
    - (5) Familiarization with equipment used in the field setting.



- (6) Knowledge of Oklahoma State EMS Rules and regulations.
  - (7) General safety rules and emergency procedures pertinent to medical transportation and flight following procedures.
  - (8) Navigation techniques/terminology and understanding weather interpretation. This shall include an understanding of GPS navigation.
  - (9) Types of radio frequency bands used in EMS systems.
  - (10) A knowledge of the hazardous materials response and recognition procedure using appropriate reference materials.
  - (11) Stress recognition and management.
- (f) Aircraft shall communicate, when possible, with ground units securing unprepared landing sites prior to landing. A readily accessible post incident/accident plan shall be part of the flight following protocol so that appropriate search and rescue efforts may be initiated in the event the aircraft is overdue, radio communications can not be established not location verified. There shall be a written plan to initiate assistance in the event the ambulance is disabled.
- (g) Initial coordination shall be documented and continuous flight following (or initiating and following ground transport) shall be monitored and documented, and shall consist of the following:
- (1) Time of call (Time request/inquiry received).
  - (2) Name and phone number of requesting agency.
  - (3) Age, diagnosis or mechanism of injury.
  - (4) Referring and receiving physician and facilities (for interfacility requests) as per policy of the medical transport service.
  - (5) Verification of acceptance of patient and verification of bed availability by referring physician and facility.
  - (6) Destination airport, refueling stops (if necessary) location of transportation exchange and hours of operation
  - (7) Ground transportation coordination at sending and receiving areas.
  - (8) Time of Dispatch (Time crew notified flight is a go, post pilot OK's flight).
  - (9) Time depart base (time of lift-off or other site).
  - (10) Number and names of persons on board.
  - (11) Amount of fuel on board.
  - (12) Estimated time of arrival (ETA)
  - (13) Pertinent LZ information.
  - (14) Time arrive location.
  - (15) Time helicopter arrives at landing zone or helipad).
  - (16) Time depart location.
  - (17) Time helicopter lifts off from landing zone or helipad.
  - (18) Time arrive destination.
  - (19) Time depart destination.
  - (20) Time arrive base.
  - (21) Time aborted.
- (h) Communications Center shall contain the following:
- (1) At least one dedicated phone line for the medical transport service.
  - (2) A method to keep noise and other distractions (traffic) from the communications area while the communications specialist is involved with a medical transport mission.
  - (3) A system for recording all incoming and outgoing telephone and radio

transmissions with time recording and playback capabilities. Recordings to be kept for three (3) years.

- (4) Capability to immediately notify the medical transport team and on-line medical direction (through radio, pager, telephone, etc.)
- (5) Back-up emergency power source for communications equipment, or a policy delineating methods for maintaining communications during power outages and in disaster situations.
- (6) A status board with information about pre-scheduled flights/patient transports, the medical transport team on duty, weather, and maintenance status.
- (7) Local aircraft service area maps and navigation charts shall be readily available. Road maps must be available for ground transport services.

[Source: Added at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

- (a) Each air ambulance service shall have in place a protocol to insure no delay in aircraft response. The air ambulance shall provide to the caller a point of origin and an accurate ETA. In such cases where a delay is anticipated, the air ambulance service called has a responsibility to notify the caller and assist in referral to another licensed ambulance service.
- (b) There shall be a policy / procedure for diversions from original destinations.
- (c) The air ambulance service shall ensure appropriate utilization and medical benefit to the patient. A documented review process shall be developed and utilized
- (d) The air ambulance service shall be integrated with and communicate with other public safety agencies, including ground emergency service providers. This shall include participation in regional quality improvement reviews, regional disaster planning and mass casualty incident drills to include an integrated response to terrorist events.
- (e) Air ambulance services shall conduct quarterly scheduled post event reviews of cases with ground agencies and receiving facilities to enhance performance improvement.
- (f) Air transport services shall develop and demonstrate use of a written code of ethical conduct that demonstrates ethical practices in business, marketing, and professional conduct.
- (g) A Flight Safety Committee/Work Group shall be established composed of a pilot and an appointed representative from each of the Oklahoma licensed air ambulance services, and shall submit a summary report of it's activities to the EMS Division annually.

[Source: Added at 21 Ok Reg 2755, eff 7-12-2004; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

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

[Source: Added at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

**PART 9. SPECIALTY CARE****310:641-3-40. Specialty care**

(a) Specialty care ambulance service may be licensed for the sole purpose of providing inter-facility transport of special populations of patients such as those requiring specialized medical monitoring and advanced life support as described in the application.

(b) Any specialty care ambulance service licensed prior to the effective date of this Chapter shall remain in effect for the period of issuance, except that all such ambulance services shall be subject to the Act and rules which otherwise pertain, including the requirement for renewal.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-3-41. Application**

(a) In addition to the application for initial ambulance service license, the applicant for specialty care shall be required to submit such additional information to support the following:

(1) Critical care category - such as coronary, neonate, burn, spinal, and such other categories as the Department finds to be in the public interest.

(2) Staffing patterns - staff may be physicians, registered nurses, emergency medical technician paramedic, and other health care professionals all with specialty care training in the critical care category.

(3) A specialty care ambulance service based in another state may have as its medical director a physician who is not licensed to practice in the State of Oklahoma but is fully licensed in good standing in the home state of the specialty care ambulance service. The specialty care ambulance service medical director shall meet all other qualifications listed in OAC 310:641-3-35(a).

(4) A listing of equipment and supplies for the specialty category for which a license may be issued.

(5) Training and education which is provided to the staff for the specialty care category. Copies of curriculum and training hours should be attached for review.

(6) Any other information which the Department may find essential or necessary to complete the review of the specialty care application for license.

(b) Applications for specialty care licensure shall be reviewed by the Medical Direction Subcommittee of the Oklahoma Emergency Response Systems Development Advisory Council, for recommendation to the Department.

(c) Specialty care licenses shall be exempt from the requirements of 310:641-3-10(6)(j).

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-3-42. Issuance of a specialty care license**

The issuance of license shall be in accordance with part 3 of this Subchapter.

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

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

- (a) It shall be the responsibility of the licensee to insure that qualified staff is utilized on each transport. The licensee shall be held responsible to see that personnel licenses and/or certification and specialty training are kept current. Also, that the staffing patterns comply with the specialty, approved by the Department, at the time of license issuance.
- (b) Emergency vehicle operators shall be as a minimum, Oklahoma registered or licensed emergency medical personnel capable to assist the attendants, should the need arise, except for air ambulance.
- (c) Any changes in staffing patterns after initial licensing shall require prior written approval by the Department.
- (d) Each specialty care patient shall be attended by at least one currently licensed paramedic with the following additional training.
  - (1) Evidence of successful completion of Department – approved post paramedic training such as Critical Care Paramedic (CCP) training; and
  - (2) Appropriate periodic skills verification in management of patients on ventilators, 12 lead EKG and/or critical care monitoring devices, drug infusion pumps, and cardiac and/or other critical care medications, or any other specialized procedures or devices determined at the discretion of the provider's medical director and approved by the Department; or
- (e) A currently licensed paramedic accompanied by at least one of the following:
  - (1) A registered nurse with special knowledge of the patient's care needs;
  - (2) A certified respiratory therapist;
  - (3) A licensed physician;
  - (4) Any licensed health care professional with special skills outside the paramedic scope of practice designated by the transferring physician.

[Source: Amended at 26 Ok Reg 1498, eff 6-11-2009]

**310:641-3-44. Vehicles**

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-3-45. Renewal**

Renewal of license shall be in accordance with Section 310:641-3-12.

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

**[310:641-3-46. Denial and other requirements**

(a) Denial of a license shall be in accordance with Sections 310:641-3-13 and 310:641-3-14.

(b) No extrication equipment shall be required.

(c) Medical equipment shall be as stated in the application, or as required by the Department for the specialty.

(d) Sanitation requirements in part 13 of this Subchapter are in effect.

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

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

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

[Source: Added at 26 Ok Reg 1498, eff 6-11-2009]

**PART 10. STRETCHER AID VANS****310:641-3-48. Stretcher aid van license**

(a) **General.** The issuance of a license shall be in accordance with part 3 of this Subchapter.

(b) **Application.** In addition to meeting the requirements described at OAC 310:641-3-11, the applicant for stretcher aid van licensure shall be required to submit the following information along with an initial or renewal application:

- (1) A map or narrative description which identifies the proposed service area;
- (2) Evidence that the proposed service area is in an emergency medical service region, ambulance district, or county with a population in excess of three hundred thousand (300,000) people;
- (3) The defined hours of operation for the service; and
- (4) An agreement demonstrating access to 24 hour per day emergency medical dispatch screening as required at 310:641-3-48.1(c).

[Source: Added at 19 Ok Reg 386, eff 11-19-2001(emergency); Added at 19 Ok Reg 1053, eff 5-13-2002; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007]

**310:641-3-48.1. Stretcher aid van services**

- (a) **Emergency transfers prohibited.** Stretcher aid van services are limited to providing non-emergency transfers of medically stable, non-emergent individuals who need to be transported in a reclining position on a stretcher or gurney but who do not require any monitoring equipment, medication other than oxygen and those other medications which are patient supplied and administered, or assistance during transfer. Stretcher aid vans are prohibited from conducting emergency transfers or providing transportation from the scene of an accident.
- (b) **Hours of Operation.** Stretcher aid van services shall define the days and hours of operation during which transport services shall be available.
- (c) **Centralized dispatch.** Each request for stretcher aid van service to a hospital (as defined by 63 O.S. Supp. 2000, Section 1-701) or ambulatory surgery center (as defined by 63 O.S. Supp. 2000, Section 2657) shall be screened for the clinical criteria specified at OAC 310:641-3-48.1(a) using a nationally recognized medical priority dispatch model. A certified medical dispatcher working through a regional emergency medical dispatch center shall conduct such screening. Patients requiring emergency transfer shall be referred to the appropriate licensed ambulance service. Patients requesting non-emergency transfer and meeting the definition of stretcher aid van patient as specified at OAC 310:641-3-2 shall be referred to the requested stretcher aid van service for transport. Each request for transport which does not identify a specific stretcher aid van service shall be referred to the next available stretcher aid van service on the basis of an established rotation.
- (d) **Entry into the emergency system.** When the medical condition of a passenger suddenly changes which requires care to be rendered, the operator of the stretcher aid van service shall immediately divert to the nearest hospital and contact the regional emergency medical services system control to request assistance and then notify their base of operations. Appropriate emergency care shall be initiated and continued until an ambulance service has intercepted the transport, or the aid van has arrived at the hospital. If the stretcher aid van service is operating in an area in which no regional emergency medical services system control is active when an emergent episode occurs, the aid van shall contact the nearest ambulance service rather than regional system control.
- (e) **Reports.** Each stretcher aid van service shall maintain a record of each patient transport including at least the patient's name, pickup location, destination, times, crew members and medical condition. Run reports shall be submitted to the Department as required.
- (f) **Medications.** Stretcher aid vans are prohibited from carrying medications other than oxygen and those other medications which are patient supplied and administered.
- (g) **Veterans Centers.** Stretcher aid van transports may be made to and from any State or Federal Veterans Centers;
- (h) **Origins of transports.** Stretcher aid van transports shall originate from an emergency medical service region, ambulance district, or county with a population in excess of three hundred thousand (300,000) people.

[Source: Added at 19 Ok Reg 386, eff 11-19-2001(emergency); Added at 19 Ok Reg 1053, eff 5-13-2002; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007]

**310:641-3-48.2. Stretcher aid van vehicles**

- (a) Each stretcher aid van vehicle shall meet the requirements at OAC 310:641-3-22(a), (b), (c), and (e).
- (b) Each vehicle shall have sufficient room for two (2) attendants and appropriate equipment to properly secure the passengers and stretcher or gurney type apparatus to prevent injury or aggravation of an existing medical condition. The stretcher or gurney and mounting device(s) shall meet or exceed current KKK-1822 specifications.
- (c) Each stretcher aid van shall be equipped with side and rear mounted loading lights.
- (d) Each stretcher aid van shall have the capability for communications with dispatch bases and receiving facilities, and the ability to contact emergency services as necessary.
- (e) The sanitation requirements in part 13 of this Subchapter shall apply to each stretcher aid van vehicle.
- (f) Each stretcher aid van shall display exterior markings identifying the vehicle as a stretcher aid van to include the business name, the words "Stretcher Aid Van", and the telephone number.

[Source: Added at 19 Ok Reg 386, eff 11-19-2001(emergency); Added at 19 Ok Reg 1053, eff 5-13-2002; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007]

**310:641-3-48.3. Stretcher aid van equipment and supplies**

- (a) Each stretcher aid van shall carry the following:
  - (1) One (1) adult size bag-valve mask resuscitator;
  - (2) Portable suction and associated administration equipment;
  - (3) Portable oxygen and associated administration equipment;
  - (4) One (1) emesis basin;
  - (5) One (1) scissors/shears;
  - (6) One (1) box of latex gloves;
  - (7) One (1) oropharyngeal airway set sizes 0 - 4;
  - (8) Twenty-four (24) sterile 4"x4" dressings;
  - (9) Six (6) sterile roller gauze, 2" or larger;
  - (10) Two (2) rolls of adhesive tape;
  - (11) Two (2) blankets;
  - (12) Two (2) sheets;
  - (13) Two (2) pillows with pillowcases;
  - (14) One (1) stretcher mount portable oxygen securing device;
  - (15) One (1) fire extinguisher;
  - (16) Two (2) isolation kits containing:
    - (A) Gown;
    - (B) Gloves;
    - (C) Face mask; and
    - (D) Surgical mask.
  - (17) One (1) elevating cot/stretcher with appropriate mounting equipment;
  - (18) One (1) stethoscope; and
  - (19) One (1) portable blood pressure set in adult size.
- (b) Stretcher aid van services which are authorized by the Department and comply with

Section 310:641-3-48.5 shall have a semi-automatic advisory defibrillator (SAAD) on the vehicle(s).

[Source: Added at 19 Ok Reg 386, eff 11-19-2001(emergency); Added at 19 Ok Reg 1053, eff 5-13-2002]

#### **310:641-3-48.4. Stretcher aid van staffing**

(a) Each stretcher aid van vehicle used for non-emergency transfer of a stretcher aid van patient shall be staffed by a minimum of two (2) individuals. One individual shall be a licensed emergency medical technician at the basic level or above who has completed an emergency vehicle operator course approved by the Department. The second individual shall hold a valid Oklahoma driver license and have minimum training consisting of successful completion of both an eight (8) hour training class in cardiopulmonary resuscitation and an eight (8) hour defensive driver training course.

(b) Under no circumstance during the transport of a stretcher aid van patient shall the attendant be less than a licensed emergency medical technician basic;

(c) Each stretcher aid van service shall provide 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.

(d) Documentation of the orientation and any required training and licensure for each attendant and driver shall be maintained in the employee's personnel file.

[Source: Added at 19 Ok Reg 386, eff 11-19-2001(emergency); Added at 19 Ok Reg 1053, eff 5-13-2002; Amended at 23 Ok Reg 2386, eff 6-25-2006]

#### **310:641-3-48.5. Stretcher aid van medical control**

(a) Each stretcher aid van service shall have a physician medical director who meets the requirements of part 11 of this Subchapter with the exception of OAC 310:641-3-50(c)(7) and 310:641-3-50(c)(8).

(b) The medical director shall be responsible for developing and approving emergency medical protocols and patient care techniques and on-line and off-line standing orders necessary to deal with emergent episodes.

[Source: Added at 19 Ok Reg 386, eff 11-19-2001(emergency); Added at 19 Ok Reg 1053, eff 5-13-2002]

### **PART 11. MEDICAL CONTROL**

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

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

(b) Each licensed ambulance service and/or certified emergency medical response agency shall have a physician medical director who is a fully licensed, non-restricted doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) in the State of Oklahoma. Medical



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

- (1) The physician medical director of an air, ground, specialty care ambulance service and/or emergency medical response agency based in another state shall not be required to be licensed to practice in the State of Oklahoma, but shall be fully licensed in good standing in the home state of that air, ground, or specialty care ambulance service and/or certified first response agency.
  - (2) The physician medical director for an ambulance service and/or emergency medical response agency operated by the federal government shall be fully licensed in good standing in Oklahoma or another state. If not licensed in Oklahoma, the physician shall be actively employed by the federal agency responsible for the operation of the ambulance service or emergency medical response agency.
- (c) The physician director shall:
- (1) Demonstrate appropriate training and experience in adult and pediatric emergency medical services. Demonstrated training and experience may include appropriate board certification approved by the Department or successful completion of training programs such as Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Advanced Trauma Life Support (ATLS), Advanced Disaster Life Support (ADLS) or other equivalent training.
  - (2) Be familiar with the design and operation of pre-hospital emergency medical services systems, and knowledgeable about the capabilities of the different levels of licensed personnel and of the established protocols.
  - (3) Have experience in the emergency department management of the acutely ill or injured patient(s). In the rural setting, the physician shall routinely and actively participate in the care for acutely ill or injured patient(s).
  - (4) Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, and supervise a quality assurance (QA) program by either direct involvement or appropriate designation and surveillance of his responsible designee. The QA program, or policy, shall be submitted with treatment protocols for approval by the Department. The Department may require quality assurance documentation for review, and shall protect the confidentiality of that information.
  - (5) Have knowledge and a relationship with the licensed ambulance service(s) and/or certified emergency medical response agency(ies) and their primary service area coverage. A physician may be the medical director for more than one (1) licensed ambulance service and/or certified emergency medical Response agency.
  - (6) Provide a written statement, to the Department, which includes:
    - (A) Agreement to provide medical direction and establish the standard of care provided by the service;
    - (B) Regular mail and email addresses;
    - (C) An Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) number or appropriate state equivalent;
    - (D) Current medical license;
    - (E) A curriculum vitae, and be actively involved in pre-hospital care.
  - (7) Develop medical protocols for patient care techniques, both on-line and off-line standing orders and present written EMT Intermediate, and EMT Paramedic life support

protocols to the Department for approval, before use. Protocols shall include medications to be used, treatment modalities for patient care procedures, and appropriate security procedures for controlled and dangerous drugs.

- (8) List all medications with quantities to be carried on each emergency vehicle.
- (9) Participate in the statewide emergency medical services system.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 26 Ok Reg 1498, eff 6-11-2009]

## PART 13. SANITATION

### 310:641-3-60. Sanitation requirements

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

- (1) The interior of the vehicle and the equipment within the vehicle shall be sanitary and maintained in good working order, at all times;
- (2) Equipment shall be of smooth and easily cleaned construction;
- (3) Freshly laundered linen or disposable linen shall be used on the cots and pillows. Linen shall be changed after each patient is transported, and bagged and stored in a separate compartment;
- (4) Clean linen storage shall be provided on each vehicle;
- (5) Closed compartments shall be provided on each vehicle for medical supplies;
- (6) Pillows and mattresses shall be kept clean and in good repair;
- (7) Soiled linen shall be placed in a closed container (plastic bags with ties). Any linen which is suspected of being contaminated with blood borne pathogens or other infectious disease shall be placed in a properly marked closed container for disposal. All contaminated disposable supplies shall be placed in properly marked containers with the "biological hazard" emblem for incineration;
- (8) Exterior and interior surfaces of vehicles shall be cleaned routinely;
- (9) Blankets and hand towels used in any vehicle shall be clean;
- (10) Implements inserted into the patient's nose or mouth shall be single-service wrapped and properly stored and handled. When multi-use items are utilized, the local health care facilities should be consulted for instructions in sanitation and handling of such items;
- (11) When a vehicle has been utilized to transport a patient(s) known to the operator to have a communicable disease the vehicle shall be cleansed and all contact surfaces shall be washed with soap and water and appropriate disinfectant. The vehicle should be placed "out of service" until a thorough cleansing is conducted, and;
- (12) All storage spaces used for storage of linens, equipment, medical supplies and other supplies at the base station shall be kept clean and free from unnecessary articles. The contents shall be arranged so as to permit thorough cleaning.
- (13) Personnel shall be clean, especially hands and fingernails, and well groomed. Clothing worn by personnel shall be clean. The licensee shall provide in each vehicle a means of hand washing for the attendants.

(14) The oxygen humidifier shall be cleaned and placed on the vehicle dry, when not in use.

(15) All medications and equipment with expiration dates shall be current. Expired medications and equipment shall be discarded appropriately.

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

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005]

## PART 15. INTRAVENOUS SOLUTIONS

### 310:641-3-70. Storage of intravenous solutions

(a) Intravenous solutions shall be stored in a closed compartment on the vehicle, which complies with the recommended manufacture storage standards. Intravenous solutions may be relocated to a designated place at the central office of the ambulance service, which complies with that of the manufacturer storage standards and the Food and Drug Administration regulation.

(b) Intravenous fluids in all ambulances shall be in plastic bags or containers.

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

## PART 17. CONTROLLED SUBSTANCES

### 310:641-3-80. Authority to carry controlled substances on a vehicle

(a) An ambulance service, with personnel licensed to utilize such, is hereby authorized to carry a limited supply of controlled substances, under lock and key when not on the person of the emergency medical technician, for use to benefit ambulance patient(s). The utilization, procurement, and accountability of such drugs shall be supervised by medical control for the service. An inventory shall be kept and signed according to the requirement of the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD), and the United States Department of Justice Drug Enforcement Administration (DEA). Each responsible medical director shall maintain a copy of their OBNDD certificate to the Department, for this purpose. No medical director shall procure drugs for an ambulance service, while under adverse action of his/her medical license.

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

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

13-00; Amended at 24 Ok Reg 1991, eff 6-25-2007]

## PART 19. INSPECTION, CORRECTION, ACTIONS

### 310:641-3-90. Inspections

- (a) The Department shall conduct unannounced inspections of every licensed ambulance service. Inspection may include a review of any requirements of the Act and rules promulgated thereunder. The Department may require copies of such records as deemed necessary consistent with the requirements of OAC 310:641-3-160(a).
- (b) The Department may request emergency medical personnel to present a license or certificate card at any time while on duty.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 23 Ok Reg 2386, eff 6-25-2006]

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

- (a) Violation of Oklahoma Statutes, the Act or the rules constitute grounds to issue a correction order, citing the deficiency, indicating the time period in which a correction shall be made. This time period shall not exceed one hundred twenty (120) days, for any deficiency.
- (b) Written notification shall be forwarded to the Department when a deficiency has been corrected. If this notice is not forthcoming within thirty (30) days, then the Department shall notify the service, by certified mail, that they are out of compliance. If no plan of correction is received within thirty (30) days, then action for remedy against the service may be undertaken by administrative procedure [Title 75 O.S., Sec. 301-et seq.].
- (c) Plans of correction that are not deemed acceptable by the Department shall not be considered a sufficient response to a correction order. Plans of correction shall include at least the following:
- (1) When the correction was or will be completed;
  - (2) How the correction was or will be made;
  - (3) What measures will prevent a recurrence;
  - (4) Who will be accountable to ensure future compliance.
- (d) If no acceptable plan of correction is received within thirty (30) days, and/or if the deficiency is not corrected within one hundred twenty (120) days, action for remedy against the service may be undertaken by administrative procedure [Title 75 O.S., Sec 301-et seq].
- (e) Violations which appear to be hazardous to the health and welfare of the public and/or employees shall require immediate correction.
- (1) If such a violation is not, or cannot be, corrected immediately, the vehicle shall be removed from service and the ambulance permit shall be removed until such time as the vehicle is in compliance and has been re-inspected and permitted by the Department.
  - (2) Violations that may justify immediate removal of an ambulance vehicle permit include:
    - (A) Inadequate sanitation, including the presence of contamination by blood

and/or body fluids;

- (B) Inoperable heater/air conditioner;
- (C) Inoperable AED or defibrillator;
- (D) Tires in poor condition;
- (E) Inoperable emergency lighting and/or siren;
- (F) Inoperable oxygen system or less than 200psi in onboard oxygen tank;
- (G) Inoperable suction apparatus;
- (H) Carbon monoxide levels of greater than (50 ppm) fifty parts per million, or broken exhaust pipe;
- (I) Lapse of required vehicle liability insurance; and
- (J) Lapse of required worker compensation insurance.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 26 Ok Reg 1498, eff 6-11-2009]

## PART 21. WATER AMBULANCES

### 310:641-3-100. Water ambulances [REVOKED]

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Revoked at 23 Ok Reg 2386, eff 6-25-2006]

## PART 23. EMERGENCY MEDICAL SERVICES REGIONS

### 310:641-3-110. Emergency medical services regions

(a) Region(s), established pursuant to Section 1-2503(16) of the Act shall not be recognized, without Department approval for this purpose. Pursuant to Title 74, O.S., Section 1001, et seq., the "Interlocal Cooperation Act", Section 1006 of this Title, the Department shall exercise authority granted to approve or disapprove all matters within its jurisdiction, in addition to and in substitution for the requirement of submission to and approval by the Attorney General.

(b) The Department shall recognize regions, which comply with the law and this Chapter.

(c) Any regional emergency medical services system shall provide the name of the regional medical director, copies of regional standards, rules and regulations, and transport protocols established for the regional emergency medical services system to the Department.

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

13-00; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 23 Ok Reg 2386, eff 6-25-2006]

## PART 25. OPERATIONAL PROTOCOLS

### 310:641-3-120. Operational protocols

(a) Authorized emergency vehicles of licensed ambulance services shall adhere to the following for physically displaying and/or orally transmitting via voice communications, to the following modes of operation:

(1) "Code 1" shall mean a non-emergency mode, or status, for the purpose of operation of an ambulance service vehicle. Neither red lights or siren shall be utilized, and the vehicle shall not be considered or afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code");

(2) "Code 2" which means red lights, but no siren, shall not be considered or utilized for the purpose of operation of any ambulance service vehicle;

(3) "Code 3" shall mean an emergency mode, or status, for the purpose of operation of an ambulance service vehicle. Both red lights and siren shall be utilized, and the vehicle shall be considered and afforded the exemption of an "authorized emergency vehicle" pursuant to Title 47 ("Motor Vehicle Code").

(b) Acceptance of an ambulance service license carries with it the requirement of a "Duty to Act". Except for non-emergency interfacility transfers, all licensed ambulance services shall respond when called, regardless of the patient's ability to pay or of the geographical funding district or boundaries. If the ambulance service can not physically respond within the limits of this Act, then the ambulance service called has a duty to immediately call for mutual aid from a neighboring licensed ambulance service.

(c) If an ambulance service receives a call for an emergency which is closer to another licensed ambulance service, the ambulance service called has a responsibility to immediately contact the nearest licensed ambulance service.

(d) Mutual aid and pre-arranged agreements between licensed ambulance services and surrounding licensed or certified emergency medical services providers shall be developed and placed in the service files for inspection. Mutual aid agreements shall be reviewed by all parties biennially. Licensed ambulance services shall provide mutual aid, if the capability exists without jeopardizing the primary service area.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 24 Ok Reg 1991, eff 6-25-2007]

## PART 27. TRANSFER PROTOCOLS

### 310:641-3-130. Transfer protocols

(a) Trauma triage, transport, and transfer guidelines shall adhere to the principle of delivering time-sensitive severely injured patients to hospitals with a level I or II trauma and emergency operative service classification without overloading those hospitals with stable at-risk patients, or patients with minor-to moderate injuries.

- (b) Specific triage, transport, and transfer guidelines and facility utilization protocols shall be developed by medical control for the region, area, and/or local service vicinity as specified by 310:641-3-130(c) and (d), and submitted to the Department for approval.
- (c) Protocols approved by the Department shall include the following requirements:
- (1) Non-emergency transports shall be transported to the facility of the patient's choice, if within reasonable service range.
  - (2) Emergency, non-injury related, non-life threatening transports shall be transported to the facility of the patient's choice, if within reasonable service range.
  - (3) Emergency, injury-related transports shall adhere to the Oklahoma Triage, Transport, and Transfer Guidelines approved by the Oklahoma State Trauma Advisory Council and the Oklahoma Emergency Response Systems Development Advisory Council and shall ensure that patients are delivered to the most appropriate classified hospital, either within their region or contiguous regions.
  - (4) Severely injured patients as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to a hospital classified at Level I or II for trauma and emergency operative services unless time and distance factors are detrimental to patient care. These patients shall be transported to the next highest level trauma and emergency operative service classified hospital, unless a Department approved regional plan has been developed, in which case the regional plan shall be followed.
  - (5) Stable patients at risk for severe injury or with minor-to-moderate injury as described in the Oklahoma Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility. These patients may be transported to the hospital of the patient's or patients legal representative's choice consistent with regional guidelines.
  - (6) Emergency, life threatening, non-injury transports shall be to the nearest facility that can provide evaluation and stabilization appropriate to the patient's condition
- (d) In counties with populations of 300,000 or more and their contiguous communities injury related transports shall be directed and coordinated by the trauma transfer and referral center for the region.
- (1) All ambulance services providing pre-hospital emergency services in these regions shall contact the trauma transfer and referral center at intervals determined by the Department to register the transport of an injured patient to a hospital.
  - (2) All ambulance services transporting injured patients on a pre-hospital basis from areas outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region. The trauma transfer and referral center shall direct the ambulance to the appropriate hospital based on the regional plan, the severity of the injury, and the capacity status of the hospitals in the region.
  - (3) All ambulance services transferring injured patients from hospitals outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional continuous quality improvement activities.
- (e) The patient has a right to refuse transport.
- (f) Each ambulance service shall ensure that the care of each patient is transferred appropriately to the receiving facility's licensed staff. The transfer of care will include verbal and written reports summarizing the assessment and treatment of the patient by the ambulance service.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-

92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 571, eff 1-12-2004 (emergency); Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 25 Ok Reg 2443, eff 7-11-2008]

## PART 29. SUBSCRIPTION PROGRAMS

### 310:641-3-140. Subscription program

A licensed ambulance service which operates or intends to operate a subscription program for the provision of emergency medical service, in addition to any other requirements of law and/or rules, shall submit or comply with the following:

- (1) A copy of the contract or agreement for subscription service and the application used to enroll participants;
- (2) A copy of the advertising used to promote the subscription service. The ambulance service shall maintain a current file of all advertising, which shall be open to inspection by the Department;
- (3) The ambulance service shall comply with all state and federal regulations regarding billing and reimbursement for participants in the subscription service;
- (4) The ambulance service shall secure a surety bond in the amount equal to the amount collected, or anticipated if for initial license application, or shall purchase and maintain contractual liability insurance and submit to the Department evidence of either security. The surety bond or contractual liability insurance shall be issued by a company licensed by or eligible to do business in the State of Oklahoma;
- (5) A waiver for the requirement of a surety bond or contractual liability insurance may be issued by the Department, if the ambulance service submits evidence of self insurance or the ambulance service has a contract for service, or is a part of a governmental entity which insures itself or contractor, and;
- (6) An ambulance service, which provides subscription service shall not deny emergency medical services to non-subscribers or subscribers in a non-current status, within the service area for the period of contract.

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

## PART 31. CERTIFIED EMERGENCY MEDICAL RESPONSE AGENCIES

### 310:641-3-150. Certified emergency medical response agencies

(a) All organizations desiring to become certified by the Department as a emergency medical response agency shall first secure a written agreement with a sponsoring licensed ambulance service, and an endorsement from the governmental authority in which the agency is located. The ambulance service shall submit an application for the proposed emergency medical response agency, and provide such documentation and other requirements to the Department, as prescribed on forms provided by the Department.

- (1) Transportation of ambulance patients shall not be performed by certified emergency medical response agencies.



- (2) An organization shall not be qualified, nor designate itself, as a Certified Emergency Medical Response Agency unless certified by the Department.
- (b) The emergency medical response agency application for initial and renewal certification shall contain at least the following:
- (1) The name, address, and officers of the organization;
  - (2) The name of the physician medical director of the organization;
  - (3) The name or names of licensed ambulance services, which shall serve as transport units for the service area;
  - (4) The names of all certified and licensed personnel acting or working in the organization, for this purpose;
  - (5) The level of care to be rendered;
  - (6) A list of equipment and supplies; and
  - (7) Details of vehicle liability, professional liability, and workers' compensation insurance
- (c) Applications may be approved by the Department, based upon inspection and review of the purpose and capability of the applicant, and upon a written agreement with a licensed ambulance service which shall provide transportation.
- (1) The application shall be accompanied by a non-refundable fee of fifty (\$50.00) dollars.
  - (2) Upon submission of a complete application, the Department shall have sixty (60) days to determine the ability of the agency to meet the requirements of law and these rules.
  - (3) A certificate shall be valid for two (2) years, The Department shall mail all certified first response agencies a "Survey/Renewal Form" in October, each year. This form shall be considered and utilized as a renewal application, if due. This form along with supplemental forms shall be returned to the Department by December 1<sup>st</sup> each year. The renewal fee shall be twenty (\$20.00) dollars.
- (d) Personnel of a certified emergency medical response agency may utilize procedures authorized to the extent and limitations set forth by required medical control of the emergency medical response agency and within their license and certification level.
- (e) The Department may place on probation, suspend, revoke, and/or fine certified emergency medical response agencies, under the same laws governing ambulance services.
- (f) Inspections shall be made at the discretion of the Department.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007]

### PART 33. SERVICE AND AGENCY FILES

#### **310:641-3-160. Ambulance service, emergency medical response agency and stretcher aid van files**

- (a) Each licensed ambulance service and emergency medical response agency shall maintain files 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) Ambulance services and stretcher aid van services shall maintain copies of all run reports for three (3) years, including copies of run sheets and narrative and;
    - (A) A copy of the run report shall be left with the receiving hospital at the time a patient(s) is (are) accepted at the hospital;
    - (B) All run reports shall contain administrative, legal, medical, community health and evaluation information required by the Department;
    - (C) All run reports and their narrative(s) shall be considered confidential;
  - (2) All licensed and certified providers shall maintain records on the maintenance, and regular inspections of each vehicle. Each vehicle must be inspected and a checklist completed after each call, or on a daily basis, whichever is less frequent;
  - (3) All licensed and certified providers shall maintain copies of licenses, certificates or other qualifications of staffing or personnel employed by or associated with the service or agency as required by this Act. These required documents shall be separate from other personnel records so as to ensure confidentiality of records which do not pertain to the requirements for the license or certificate;
  - (4) Copies of staffing patterns, schedules, or staffing reports which indicate the ambulance service is maintaining twenty four (24) hour coverage, at the highest level of license;
  - (5) Copies of in-service training and continuing education records;
  - (6) Copies of ambulance service operational and medical protocols;
  - (7) A log of each call received and/or initiated, to include the number of the run report, date, all required times, location of the incident, where the ambulance originated, and nature of the call;
  - (8) Copies of all Occupational, Safety, and Health Agency requirements, as required; and
  - (9) Such other documents which may be determined necessary by the Department.
- (b) The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month. Exceptions to the monthly reporting requirements shall be granted only by the Director of EMS, in writing.
- (c) Review and the disclosure of information contained in the ambulance service files shall be confidential, except for information which pertains to the requirements for license, certificate, or investigation issued by the Department.
- (d) 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.
- (e) All information submitted and/or maintained in files for review shall be accurate and consistent with Department requirements.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-

92; Amended at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007]

### PART 35. SOLE SOURCE

#### **310:641-3-170. Sole source ordinances**

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

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

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 23 Ok Reg 2386, eff 6-25-2006]

### PART 37. REGIONAL SYSTEM [REVOKED]

#### **310:641-3-180. Regional emergency medical services system [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Revoked at 23 Ok Reg 2386, eff 6-25-2006]

### PART 39. ENFORCEMENT ACTION

#### **310:641-3-190. Suspension, revocation, probation, or non-renewal of a licensee**

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

- (1) Violations of any of the provision of the Oklahoma Statutes, the Act or the rules and regulations promulgated by the Board;
- (2) Permitting, aiding or abetting in any illegal act in connection with the ambulance service;
- (3) Failure to provide emergency service to any person, unless a vehicle and/or personnel is not available, and failure to summon mutual aid;
- (4) Conduct of any practice that is detrimental to the welfare of the patient or potential users of the service;

- (5) Failure to operate the service on a twenty four (24) hour basis, except for the Specialty Care and/or Air Ambulance service;
  - (6) Placing a vehicle into service before it is properly inspected, approved and permitted by the Department, and/or;
  - (7) Failure to comply with a written correction order within the time frame specified by the Department.
  - (8) Engaging in any act which is designed or intended to hinder, impede or obstruct the investigation of any matter governed by the Act, by any lawful authority.
  - (9) An ambulance service who fails to renew their Oklahoma license within the time frame and other requirements as specified in these rules, shall be considered an expired or lapsed licensee, and therefore no longer licensed as an ambulance service in the State of Oklahoma.
  - (10) A emergency medical response agency who fails to renew their Oklahoma certification within the time frame and other requirements as specified in these rules, shall be considered an expired or lapsed certification, and therefore no longer certified as a emergency medical response agency in the State of Oklahoma.
- (b) No person, company, governmental entity, or trust authority may operate an ambulance service or emergency medical response agency except in accordance with Title 63, Section 1-2501, et seq., and the rules and regulations as promulgated by the State Board. The Commissioner, District Attorney of the county wherein a violation occurs, or the Attorney General of this State, shall have the authority to enforce provisions of the law.
- (c) A license/certificate/permit holder or applicant, in connection with a license application or an investigation conducted by the Department pursuant to this rule shall not:
- (1) knowingly make a false statement of material fact;
  - (2) fail to disclose a fact necessary to correct a misapprehension known by the licensee to have arisen in the application or the matter under investigation; or
  - (3) fail to respond to a demand for information made by the Department or any designated representative thereof.
- (d) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause exists that a violation of OAC 310:641-3-190 (a)(3) and (4) has been committed.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007]

**PART 41. SPECIAL PROVISIONS****310:641-3-200. Repealer**

All previous emergency medical service rules and regulations (Chapter 640) are hereby repealed.

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

**310:641-3-201. Severance**

If any part or section of the rules of this Subchapter are found to be unenforceable, then the remaining rules and regulations remain in effect.

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

**310:641-3-202. Effective date**

It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof the rules of this Subchapter shall take effect and be in full force from and after its passage and approval by the State Board.

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

**SUBCHAPTER 5. PERSONNEL LICENSES AND CERTIFICATION**

**PART 1. GENERAL PROVISIONS**

Section

310:641-5-1. Purpose

310:641-5-2. Definitions [REVOKED]

**PART 3. EMERGENCY MEDICAL PERSONNEL LICENSES**

Section

310:641-5-10. License requirement

310:641-5-11. License qualification

310:641-5-12. Personnel license levels

310:641-5-13. Issuance of licenses

310:641-5-14. Renewal requirements

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

310:641-5-15. Expired license

310:641-5-16. Inactive status [REVOKED]

310:641-5-17. Lapsed licenses

**PART 5. PROCEDURES AUTHORIZED**

Section

310:641-5-30. Standard of care

**PART 7. ADVANCED CARDIAC [REVOKED]**

Section

310:641-5-40. Requirements for advanced/cardiac [REVOKED]

**PART 9. MEDICAL CONTROL**

Section

310:641-5-50. Requirement and utilization

**PART 11. EMERGENCY MEDICAL PERSONNEL CERTIFICATION**

Section

310:641-5-60. Emergency medical technician - defibrillation [REVOKED]

310:641-5-61. First responder

310:641-5-61.1 First responder defibrillation [REVOKED]

310:641-5-62. Other certification [REVOKED]

**PART 13. RECIPROCITY [REVOKED]**

Section

310:641-5-70. Reciprocity [REVOKED]

**PART 15. ENFORCEMENT ACTIONS**

Section

310:641-5-80. Enforcement actions

**PART 17. SPECIAL PROVISIONS**

## Section

310:641-5-90. Severance

310:641-5-91. Repealer

310:641-5-92. Effective date

**PART 1. GENERAL PROVISIONS****310:641-5-1. Purpose**

These rules of this Subchapter are promulgated to:

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-5-2. Definitions [REVOKED]**

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

**PART 3. EMERGENCY MEDICAL PERSONNEL LICENSES****310:641-5-10. License Requirement**

No person may present himself or perform as an emergency medical technician in Oklahoma without a valid license from the Department.

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

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

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

- (1) Applicant shall be at least eighteen (18) years of age.
- (2) Applicant shall submit the following:
  - (A) An appropriate State application form specifying true, correct and complete information as to eligibility and character.
  - (B) A copy of a current active National Registry of Emergency Medical Technicians (NREMT) certification card.
  - (C) A signed "Affidavit of Lawful Presence" Form.
- (3) A license fee of seventy-five dollars (\$75.00) for EMT Basic, one hundred fifty dollars

(\$150.00) for EMT Intermediate, and two hundred dollars (\$200.00) for Paramedic shall be submitted with the application. Fees shall be in an acceptable form, made payable to the Oklahoma State Department of Health - Emergency Medical Services Division (OSDH/EMS). Fees are non-refundable except if the application is rejected. (4) A license application may be denied on the basis of a felony which includes any conviction of assault, battery, or assault and battery with a dangerous weapon; aggravated assault and battery; murder or attempted murder; manslaughter, except involuntary manslaughter; rape, incest, or sodomy; indecent exposure and indecent exhibition; pandering; child abuse; abuse, neglect or financial exploitation of any person entrusted to his care or possession; burglary in the first or second degree; robbery in the first or second degree; robbery or attempted robbery with a dangerous weapon, or imitation firearm; arson, substance abuse, or any such other convictions or circumstances which in the opinion of the Department would render the applicant unfit to provide emergency medical care to the public. Each decision shall be determined on a case-by-case basis.

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

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

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

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

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

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 25 Ok Reg 2443, eff 7-11-2008; Amended at 26 Ok Reg 1498, eff 6-11-2009]

### **310:641-5-12. Personnel license levels**

There shall be three (3) levels of emergency medical technicians recognized for new personnel licenses.



- (1) Emergency medical technician/ basic (EMT-B);
- (2) Emergency medical technician/ intermediate (EMT-I), and;
- (3) Emergency medical technician/ paramedic (EMT-P).

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004]

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

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

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

(c) A licensed emergency medical technician shall either have their State license card, or a copy, on their person or in the vehicle while on duty. If the card has been lost, or destroyed, a duplicate license may be obtained from the Department upon request and verification of status. A five (\$5.00) dollar fee shall be charged for a duplicate license, or license re-issued due to a name or address change.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 26 Ok Reg 1498, eff 6-11-2009]

### **310:641-5-14. Renewal requirements**

(a) An application for the renewal of all emergency medical technician licenses shall be submitted to the Department. A notice of expiration and application for renewal shall be mailed to each licensee, at the address of record. Licensees are solely responsible for meeting all requirements for renewal.

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

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

(B) Applicants who are licensed in Oklahoma and do not hold current NREMT certification must submit an appropriate license renewal application, fee, "Affidavit of

Lawful Presence” and documentation as required by 310:641-5-14.1 by March 31<sup>st</sup> of the year of license expiration.

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 25 Ok Reg 2443, eff 7-11-2008; Amended at 26 Ok Reg 1498, eff 6-11-2009]

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

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

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

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

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

Successful completion of a Department approved Paramedic or Intermediate course shall fulfill the refresher and all continuing education requirements for the EMT Basic;

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

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

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

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

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

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

- continuing education training for Intermediate EMT's;
- (D) Complete a skills review and maintenance verification for EMT-I by medical control, and;
- (E) Complete the Department renewal application with all required documentation and fee.
- (3) The EMT-P renewal requires the licensee to:
- (A) Complete a paramedic refresher course adhering to Department standards. Ten (10) hours of the refresher may be completed through distributive education as defined at OAC 310:641-3-2. Refresher course modules met by successfully completing ACLS (initial course), AMLS, PHTLS, or BTLT, PALS, or PEPP. Use of these courses disqualify these courses from being applied to continuing education hours.
- (B) Complete at least twenty four (24) hours of Department approved continuing education training. Twelve (12) hours of continuing education may be obtained through distributive education as defined at 310:641-3-2. The maximum number of hours allowed for any one topic is twelve (12) hours. Department pre-approved continuing education includes any subject covered in the National Standard EMT Paramedic course, and the following topics: – air ambulance emergency care, sexual assault, industrial accidents, explosion injuries, electrical hazards, crime scene response, athletic injuries, hazardous materials, crisis intervention, domestic violence, hypothermia and other environmental injuries, protective breathing apparatus, farm machinery extrication, medico-legal aspects, radioactive materials, and special rescue (diving, aerial, mountain). Bio-terrorism, EMS Geriatrics, PALS, PPC, and Pediatric Education for the Prehospital Professional (PEPP) or any other State approved courses will be allowed the number of hours specified on the course completion certificate up to 16 hours unless otherwise approved by the Department. Successful completion of the following National Standard courses– PHTLS (16hrs), BTLT (16hrs), Auto Extrication (16hrs), Emergency Driving (12hrs), PALS (16 hrs.) and/or Dispatcher Training (12hrs)– with the specified number of hours shown above may be applied to Continuing Education. These topics may be presented utilizing critiques, didactic sessions, practical drills, workshops, seminars, or other approved inservice training sessions. Any topic which is not specified above shall require prior written approval from the Division;
- (C) Maintain basic life support (BLS) certification for health care providers, current through March 31 of licensure expiration. The BLS course shall adhere to the current standards of the American Heart Association CPR for the Health Care Provider, the American Red Cross CPR for the Professional Rescuer, the National Safety Council CPR for the Health Care Provider or Department approved equivalent. BLS/CPR training shall not be applied toward the twenty-four (24) hours of required continuing education training for paramedics;
- (D) Complete biennial certification requirements for Advanced Cardiac Life Support (ACLS), in accordance with the American Heart Association. If a structured ACLS course is not available, the medical control may affirm, in writing, that ACLS skills and knowledge has been demonstrated;
- (E) Complete a skills review and maintenance verification for EMT-P by medical control, and;
- (F) Complete the Department renewal application with all required documentation and fee.

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

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

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

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

[Source: Added at 26 Ok Reg 1498, eff 6-11-2009]

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

Any person who fails to renew his Oklahoma emergency medical technician license within the time frame and other requirements as specified in Section 310:641-5-14 or 310:641-5-14.1 shall be considered an expired or lapsed licensee, and therefore no longer licensed as an emergency medical technician in the State of Oklahoma. Applications for renewal shall be postmarked no later than midnight March 31st of the respective license year of expiration. Hardships and unforeseen circumstances to the process deadline may be submitted in writing to the Department for an exception. Extensions may only be granted by the EMS Director in writing for a period not to exceed ninety (90) days after June 30<sup>th</sup>.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 26 Ok Reg 1498, eff 6-11-2009]

#### **310:641-5-16. Inactive status [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Revoked at 20 Ok Reg 2368, eff 7-11-2003]

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

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-

92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 26 Ok Reg 1498, eff 6-11-2009]

## PART 5. PROCEDURES AUTHORIZED

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

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

- (1) Patient assessment, including the determination of vital signs, diagnostic signs, and triage;
- (2) Bandaging, splinting, and the control of hemorrhage;
- (3) Treatment of shock, including the use of pneumatic anti-shock trousers (PASG);
- (4) Cardiopulmonary resuscitation (CPR) and the use of only adjunctive airway devices and the use of a semi-automated external defibrillator (SAED);
- (5) The maintenance of intravenous fluids, without medications and/or drugs added;
- (6) Rescue and extrication procedures;
- (7) Assistance of patient prescribed medications, including sublingual nitroglycerin, epinephrine auto injector and hand held aerosol inhalers;
- (8) Administration of agency supplied oral glucose, activated charcoal, aspirin, agency supplied epinephrine auto injector, and albuterol or approved substitute per medical direction;
- (9) All other emergency medical care skills and measures included in the standard United States Department of Transportation basic emergency medical technician training curriculum which are not specifically listed above, and;
- (10) Upon the approval of the Department, and recommendation of the Council, additional skills may be authorized upon the written request of a local medical director. Authorized skills for the EMT-B may be reduced or limited by medical direction.

(b) A licensed emergency medical technician intermediate (EMT-I) may perform to the following level or standard of care;

- (1) All skills listed in Subsection 310:641-5-30(a) for the EMT-B;
- (2) Establishment of vascular or interosseous access for the administration of intravenous fluids, without medications and/or drugs added;
- (3) Administration of medications per medical direction and approved by the Department;
- (4) Venipuncture to obtain blood samples;
- (5) The use and placement of definitive airway adjuncts for adults, children and infants;
- (6) Upon the approval of the Department, and recommendation of the Council, additional skills may be authorized upon the written request of a local medical director.

(c) A licensed emergency medical technician paramedic (EMT-P) may perform to the following level or standard of care;

- (1) All skills listed in Subsection 310:641-5-30(a), for the EMT-B and Subsection 310:641-5-30(b), for the EMT-I;
- (2) The recognition, interpretation, treatment of cardiac arrhythmias using a cardiac monitor/defibrillator/external pacemaker;
- (3) The advanced management of pediatric emergencies, including resuscitation, advanced airway placement, and administration of pediatric medication;

- (4) The advanced management of obstetric and gynecologic emergencies, including medication administration;
- (5) Advanced intervention of psychiatric patients, including medication administration;
- (6) All other emergency medical care skills and measures included in the standard United States Department of Transportation paramedic emergency medical technician training curriculum, which are not specifically listed above, and;
- (7) Upon the approval of the Department, and recommendation of the Council, additional skills may be authorized upon the written request of a medical director.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 2087, eff 6-27-2002; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 26 Ok Reg 1498, eff 6-11-2009]

#### **PART 7. ADVANCED CARDIAC [REVOKED]**

##### **310:641-5-40. Requirements for advanced/cardiac [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 19 Ok Reg 2087, eff 6-27-2002; Revoked at 21 Ok Reg 2755, eff 7-12-2004]

#### **PART 9. MEDICAL CONTROL**

##### **310:641-5-50. Requirement and utilization**

(a) Emergency medical personnel, licensed, certified, or otherwise authorized by this act, may perform procedures authorized while a duty to act is in effect, only under medical control of an identifiable medical director.

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

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

(2) While performing at a licensed ambulance service, emergency medical personnel may perform procedures authorized, not to exceed the level of license or certification.

(3) While performing at a certified emergency medical response agency certified emergency medical responders, EMT-B, EMT-I, and EMT-P shall practice at the emergency medical responder level, unless they meet the requirements for individual protocols specified at 310:641-5-50(c).

(c) Upon application to, and approval of, the Department, EMT Basic an EMT Intermediate, and/or EMT Paramedic shall be able to practice their respective level of

licensure while on staff at an ambulance service licensed at a lower life support level or a Certified Emergency Medical Response Agency. This program shall be called "Individual Protocol". Quality assurance documentation shall be completed by the licensed ambulance service or Certified First Response Agency on a monthly basis. The quality assurance documentation shall be maintained by the service or agency for 3 years. All participants shall adhere to Department policy for this privilege.

(d) While performing under any other condition or situation, emergency medical personnel, licensed or certified by this act, may perform only to the level of care as described for the-Certified Emergency Medical Responder, or in accordance with the Act.

(e) The Department may suspend or revoke individual protocols when a violation of the Act or rules exists.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 2087, eff 6-27-2002; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 24 Ok Reg 1991, eff 6-25-2007]

## PART 11. EMERGENCY MEDICAL PERSONNEL CERTIFICATION

### 310:641-5-60. Emergency medical technician - defibrillation [REVOKED]

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

### 310:641-5-61. Emergency medical responder

(a) No person may present himself or perform as a emergency medical responder in Oklahoma without documentation of successful completion of training from Oklahoma Career Tech, the Department, or the National Registry.

(b) Persons applying for initial certification shall meet the following requirements to be eligible for emergency medical responder;

(1) Each applicant shall have successfully completed a Department approved emergency medical responder course;

(2) Each applicant shall have, after completion of training, successfully completed a written and practical examination administered at the approved training facility, and based upon the First Responder curriculum objectives. Documentation shall be submitted in writing on the final course roster, to the Department; and

(3) All new applicants shall pass the National Registry First Responder Registration test or the Oklahoma Career Tech Emergency Medical Responder test.

(4) The Department shall maintain a registry of all qualified emergency medical responders.

(A) Emergency medical responders who were initially certified prior to January 1, 2000 shall provide the following to the Department:

(i) Current BLS CPR card

(ii) Documentation of successful completion of National Standard USDOT First Responder Refresher courses every two years since January 1, 2002.



(B) Subsequent registration shall be for a two year period beginning October 1 through September 30.

(C) Renewal forms shall be mailed by the Department in June of the re-registration year. The Department may re-register the Emergency Medical Responder when the following documentation has been received:

(i) A completed emergency medical responder certification renewal application.

(ii) A completion certificate or a final roster showing satisfactory completion of an emergency medical responder refresher.

(iii) A current copy of a provider-level CPR card from the AHA, Red Cross, National Safety Council or other Department approved training program.

(iv) A completed felony statement. If a candidate or applicant has been convicted of or received a suspended sentence for a felony, documentation of the conviction, its deposition, and outcome will be sent to the Department for a case-by-case review. The Department may at its discretion deny certification to anyone convicted of a felony.

(c) Certified emergency medical responders may perform to the following level or standard of care:

(1) Patient assessment and triage;

(2) Basic wound management, including hemorrhage control;

(3) Bandaging and splinting of fractures;

(4) Basic life support (BLS) including use of the semi-automated external defibrillator (SAED);

(5) Upon approved standing order of local medical director, administer aspirin to patients complaining of chest pain;

(6) Such other skills contained within the Department of Transportation national standard first responder curriculum, and;

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

(d) An emergency medical responder, while performing in the employment or association of an ambulance service or certified-emergency medical response agency, or agency providing emergency medical responder care to the general public shall perform medical procedures under medical control.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007]

### **310:641-5-61.1 First responder defibrillation [REVOKED]**

[Source: Added at 11 Ok Reg 3843, eff 7-11-94; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Revoked at 18 Ok Reg 2501, eff 6-25-2001]

**310:641-5-62. Other certification [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Revoked at 21 Ok Reg 2755, eff 7-12-2004]

**PART 13. RECIPROCITY [REVOKED]****310:641-5-70. Reciprocity [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 19 Ok Reg 2087, eff 6-27-2002; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**PART 15. ENFORCEMENT ACTIONS****310:641-5-80. Enforcement actions**

(a) Any license or certificate, or renewal of any license or certificate, issued by the Department in accordance with the Act and under the authority of emergency medical services rule may be revoked, suspended, placed on probation, or denied for violation(s) of the Act or OAC 310:641.

(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) A license/certificate/permit holder or applicant, in connection with a license application or an investigation conducted by the Department pursuant to this rule or OAC 310:641-3-190, 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.

(e) If in the course of an investigation the Department determines that a license/certificate/permit holder or applicant has engaged in conduct that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the license/certificate/permit holder's license, certificate, or permit respectively. A presumption of imminent harm to the public shall exist if the Department determines probable cause exists that a violation of OAC 310:641-3-190 (a)(3) and (4), or OAC 310:641-5-30 has been committed.

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 22 Ok Reg 2418, eff 7-11-2005]

## PART 17. SPECIAL PROVISIONS

### 310:641-5-90. Severance

If any part or section of these rules of this Subchapter are found to be invalid and/or declared unenforceable, then the remaining parts or sections shall remain in effect.

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

### 310:641-5-91. Repealer

All previous emergency medical service rules and regulations (Chapter 640) are hereby repealed.

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

### 310:641-5-92. Effective date

It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof the rules of this Subchapter shall take effect and be in full force from and after its passage and approval by the State Board.

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

**SUBCHAPTER 7. TRAINING PROGRAMS****PART 1. GENERAL PROVISIONS**

## Section

310:641-7-1. Purpose

310:641-7-2. Definitions [REVOKED]

**PART 3. TRAINING PROGRAMS**

## Section

310:641-7-10. Training programs

310:641-7-11. Training program applications

310:641-7-12. Training program renewal

310:641-7-13. Training program responsibilities

310:641-7-14. Training program approval

310:641-7-15. Course approval

**PART 5. INSTRUCTOR QUALIFICATIONS**

## Section

310:641-7-20. Instructor requirements

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

310:641-7-21.1 Instructor and instructor educator re-entry requirements

310:641-7-22. Early defibrillation instructor requirements [REVOKED]

310:641-7-23. Early defibrillation master trainers [REVOKED]

**PART 7. IN-SERVICE INSTRUCTION PROGRAM**

## Section

310:641-7-30. Authorization

310:641-7-31. Qualification and approval [REVOKED]

**PART 9. APPEALS [REVOKED]**

## Section

310:641-7-40. Adverse actions [REVOKED]

**PART 11. SPECIAL PROVISIONS**

## Section

310:641-7-50. Severance [REVOKED]

310:641-7-51. Repealer

310:641-7-52. Effective date [REVOKED]

310:641-7-53. Paramedic curriculum

**PART 13. SEMI-AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING**

## Section

310:641-7-60. Approved program providers

310:641-7-61. Approved instructors

## PART 1. GENERAL PROVISIONS

### 310:641-7-1. Purpose

The purpose of this Subchapter is to:

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 18 Ok Reg 2501, eff 6-25-2001]

### 310:641-7-2. Definitions [REVOKED]

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Revoked at 18 Ok Reg 2501, eff 6-25-2001]

## PART 3. TRAINING PROGRAMS

### 310:641-7-10. Training programs

- (a) All training programs shall be in compliance with the requirements of this Subchapter.
- (b) Each training program shall submit to the Department an application for approval to conduct emergency medical services training. The application shall be on forms provided by the Department. Training programs must be currently certified to teach EMS in Oklahoma before beginning courses.
- (c) Training programs approved for training may include colleges, universities, junior colleges, technology centers, or other institutions acceptable to the Department.
- (d) An institution may apply for certification as a Basic EMT program, an Intermediate EMT Program or a Paramedic program or a combination of any of these levels. Intermediate EMT and Paramedic are considered "advanced level" programs. A separate certificate will be issued for each training level. Training approval at any level includes approval for lower-level courses such as Emergency Medical Responder and corresponding refreshers.
- (e) Application for new advanced level programs require the following:
  - (1) Completion of a full basic certification period of two (2) years, of which at least three (3) full basic courses are instructed.
  - (2) Student average first time pass rate of 50% on the National Registry examination.
- (f) Training programs shall use Department approved curricula for all approved courses of instruction.
- (g) An application for certification as a training program constitutes agreement to participate in a Department quality assurance program.
- (h) Records shall be available for inspection by Department representatives during normal working hours.

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

13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 26 Ok Reg 1498, eff 6-11-2009]

### **310:641-7-11. Training program applications**

(a) The application for approval to conduct emergency medical services training shall be made on forms provided by the Department and shall include but is not be limited to the following:

- (1) Name of the training program, address, telephone number and fax number;
- (2) Level of program to be conducted;
- (3) The name of the Program Administrator and a Curriculum Vitae which includes address, telephone number, fax number and an electronic-mail address;
- (4) The name of the Program Coordinator and Curriculum Vitae or Resume that includes address, telephone number, fax number and an electronic mail address;
- (5) The name of the Medical Director and a Curriculum Vitae or Resume which includes address, telephone number, fax number and an electronic-mail address, copy of Oklahoma State medical license and Oklahoma Bureau of Narcotics and Dangerous Drugs expiration date;
- (6) Notarized affidavit attesting that the program will be conducted according to the Act and rules;
- (7) Copies of student grievance/appeal policy;
- (8) List of all instructors and individual vitae for each with copies of required documentation of instructor qualifications;
- (9) Copies of all current agreements for the use of equipment and facilities needed to conduct courses;
- (10) Copies of all current agreements for clinical experience locations required to conduct courses;
- (11) Current copies of inventories of equipment and supplies;
- (12) Copies of course plans (syllabi) and curriculum objectives for the course; and
- (13) Site applications for additional sites of instruction with required attachments.

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

(c) The program administrator, program coordinator or at least one paramedic level instructor shall be an Advanced Cardiac Life Support (ACLS) instructor for a Paramedic training program.

(d) The program administrator or program coordinator for a Paramedic training program shall be an Oklahoma licensed paramedic.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-7-12. Training program renewal**

- (a) Training programs continuing to conduct emergency medical services training shall submit an application for renewal, at least sixty (60) days prior to the expiration of their certificate, on forms provided by the Department.
- (b) Documentation with the request for renewal shall include changes in information pertaining to the program administrator, coordinator, and/or medical director, copies of current clinical agreements, copies of current facility/equipment agreements, current equipment and supply inventory, changes to emergency medical services instructors affiliated with the training program, current site applications and any other pertinent information requested by the Department.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004]

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

- (a) Each training program sponsoring emergency medical services training shall be responsible for course completion, respond to student complaints, and resolve student grievances.
- (b) Each training program conducting emergency medical services training shall use the United States Department of Transportation, National Highway Traffic Safety Administration (USDOT, NHTSA) curricula and curricula supplements as adopted by the Department. Each training program which desires to use a curriculum not approved by the Department shall submit the curriculum to the Department for approval prior to use in any course.
- (c) Each training program is responsible for quality assurance of its training, and shall disseminate all Department training updates to the students and instructors.
- (d) Each training program shall inspect and verify that each class facility used for any course at any locations is adequate for instructional purposes prior to scheduling a course at the location.
- (e) Each training program shall ensure that all Department required equipment is in good, safe and operational condition. Sufficient quantities shall be made available for each course conducted. Equipment for Basic EMT, and Intermediate EMT courses must be dedicated for training purposes. Equipment for Paramedic courses must be owned by the training program. Equipment shall be available for inspection by Department representatives at any time during a regularly scheduled class.
- (f) Each training program shall ensure that an instructor/student ratio of 1:10 is maintained during all practical classroom lab activities.
- (g) Each training program shall ensure that a qualified preceptor supervises each student during scheduled clinical experiences.
- (h) Each training program shall issue a course completion certificate and/or course transcript, including the course authorization number, to each student successfully completing an approved course.
- (i) Each training program shall assist all of their students eligible for National Registration with the completion of all required applications.

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

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

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

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

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 26 Ok Reg 1498, eff 6-11-2009]

#### **310:641-7-14. Training program approval**

(a) Any application for approval or renewal submitted by an applicant pursuant to the Act, shall constitute authorization for any inspection or investigation by the Department.

(b) A training program in compliance with all requirements shall be issued a training program certificate by the Department for a two (2) year period.

(c) The Department may deny, refuse to renew, revoke, suspend or place on probation any emergency medical services training program that is not in compliance with the Act or rules.

(d) The Department may deny, refuse to renew, revoke, suspend, place on probation and/or fine any emergency medical services training program which has a history of noncompliance, or is in violation of the Act or rules. This shall include an intentional or negligent act materially affecting the health or safety of a student.

(e) Failure to permit a Department authorized officer or employee the right to conduct an inspection or investigation as deemed necessary by the Department to determine the state of compliance with the provisions of the Act and rules shall be just cause for adverse action.

(f) The Department may deny a program permission to use an instructor or lab assistant who is in violation of the Act or rules.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003]



**310:641-7-15. Course approval**

(a) Each training program shall submit a written course application to the Department on forms provided by the Department. The application shall be submitted at least thirty (30) days prior to the course start date and shall include, but not be limited to:

(1) Course information including type of course, location, start and end date, class session days and times, course coordinator, and instructors, final practical examination date, and time and location;

(2) Course outline including date and time, topic, curriculum division and section number, instructor and location if different than those listed on the application for each class session;

(3) A list of locations and site coordinator for each location, if multiple locations via distance learning technology are used; and

(4) The Department may approve course requests submitted that do not meet the requirements of OAC 310:641-7-15(a) if non-approval would be detrimental to the interest of the public health and safety.

(b) A course application submitted by a training program in good standing which meets all course requirements will be issued a course authorization number by the Department.

(c) Courses must be instructed by Department approved emergency medical services instructors. Persons other than certified emergency medical services instructors recognized as experts in a specific area may instruct in an emergency medical services course with prior approval from the Department. The content and effectiveness of the presentation remain the responsibility of the training program and primary emergency medical services instructor.

(d) For each course conducted by a training program rosters reflecting the students participating in a given course shall be submitted to the Department under the following guidelines:

(1) An initial student roster within twenty-one (21) calendar days of the course start date. Amendments to the initial student roster may be made after the twenty-one (21) day requirement only with Department approval. In no case will a student be accepted on a final student roster that does not appear on an initial student roster for that course.

(2) A final student roster within twenty-one (21) calendar days of the course end date. This roster shall identify students who have successfully completed all course requirements, withdrawn from the course, failed the course, or whose class work was incomplete;

(3) Amendments to the final student roster for incomplete course objectives may be made after the twenty-one (21) day requirement only with Department approval. In no case will an amended final student roster be accepted after ninety (90) calendar days of the course ending date. A request for Department approval shall include a description of the circumstances requiring additional time.

(e) The Department may conduct quality management visits to any training program. Visits may include, but not be limited to class visits, instructor evaluations, student surveys, review of required records, and visits to clinical experience sites.

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

**[Source:** Added at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 22 Ok Reg 2418, eff 7-11-

2005; Amended at 23 Ok Reg 2386, eff 6-25-2006; Amended at 24 Ok Reg 1991, eff 6-25-2007; Amended at 26 Ok Reg 1498, eff 6-11-2009]

## PART 5. INSTRUCTOR QUALIFICATIONS

### 310:641-7-20. Instructor requirements

#### (a) State Certified Emergency Medical Service Instructor.

(1) A registry of approved emergency medical services instructors shall be maintained by the Department. Each instructor candidate shall submit to the Department an application for initial instructor certification. The application shall be on forms provided by the Department and accompanied by current documentation of qualification. This application shall constitute authorization for any inspection or investigation by the Department.

(2) Qualifications for instructor certification include:

(A) A resume or letter documenting two (2) years of direct field experience in emergency medical services within the previous five (5) years which meets or exceeds the level of training being taught;

(B) Current approval as a Basic Life Support Healthcare Provider Instructor (CPR) in accordance with American Heart Association (AHA) Instructor, American Red Cross Professional Rescuer Instructor, or National Safety Council CPR for the Health Care Provider Instructor standards. At the paramedic level, the instructor shall be a current American Heart Association, Advanced Cardiac Life Support (ACLS) provider and a Pediatric Advanced Life Support (PALS), Pediatric Emergency Medicine (APLS), Pediatric Prehospital Care (PPC) or Pediatric Education for the Prehospital Professional (PEPP) provider. Copies of all required documentation will be forwarded to the Department with application;

(C) Successful completion of a Department approved EMS Instructor Training Course or Fire Service Instructor I and/or II, with the EMS Instructor Training Bridge (ITC) Course or equivalent; and

(D) Current state licensure.

(3) To teach, a qualified instructor must have a letter from the director and medical director of a certified first response agency or ambulance service or the coordinator of an approved training institution, documenting affiliation.

#### (b) Emergency Medical Service Lab Assistant.

(1) A file of qualified Lab Assistants shall be maintained by each certified training program, licensed ambulance service or certified first response agency including documentation of qualification.

(2) Qualifications for lab assistants include:

(A) Affiliation with an approved training program, licensed ambulance service or certified first response agency;

(B) Two (2) years of current experience in medical services which meets or exceeds the level of training being assisted or evaluated; and

(C) Any certification required for the skill being assisted or evaluated.

#### (c) Emergency Medical Service Instructor Educator.

(1) Instructor Training Courses (ITC) and Instructor Refresher Courses (IRC) shall be taught by a state certified Instructor Educator.

- (2) An application for Instructor Educator shall be submitted on forms provided by the Department and accompanied by current documentation of qualification.
- (3) Qualifications for Instructor educator include:
  - (A) Affiliation with an approved training program
  - (B) Current Oklahoma licensure as a Basic EMT or higher.
  - (C) Five (5) years experience as a EMS field provider.
  - (D) Current approval as an Oklahoma EMS Instructor
  - (E) Completion of the NHTSA/DOT EMS Instructor Training Course;
  - (F) Successful completion of instruction of at least 3 major (initial) EMT courses at the Basic level or higher;
  - (G) Attendance at all mandatory meetings with the Department and other Instructor Educators.
- (4) EMS instructor educators must maintain EMS instructor certification(s). A registry of approved emergency medical services instructor educators shall be maintained by the Department.

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

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

- (a) Instructors and instructor educators shall submit an application for renewal.
- (b) The Department may deny, refuse to renew, revoke, suspend or place on probation any instructor or instructor educator for reasons which include, but are not limited to:
  - (1) Failure to attend Department required workshops or mandatory Department meetings for EMS instructor educators;
  - (2) Failure to follow Department rules;
  - (3) Failure to maintain professional license or certification qualifications;
  - (4) Falsification of any training document;
  - (5) Failure to maintain professional conduct at all times when providing EMS instruction;
  - (6) Failure to obtain sixteen (16) hours of instructor continuing education during the two (2) year certification period for EMS instructors or to complete a Department approved EMS Instructor Refresher.
- (c) This application shall constitute authorization for any inspection or investigation by the Department.

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 20 Ok Reg 2368, eff 7-11-2003; Amended at 22 Ok Reg 2418, eff 7-11-2005; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-7-21.1 Instructor and instructor educator re-entry requirements**

- (a) If expired more than two (2) years, the applicant must complete a new Department approved Instructor Training Course (ITC) and reapply as an initial candidate for EMS Instructor.
- (b) If less than two (2) years, the applicant must complete a Instructor Training Course Refresher.

[Source: Added at 23 Ok Reg 2386, eff 6-25-2006]

**310:641-7-22. Early defibrillation instructor requirements [REVOKED]**

[Source: Added at 11 Ok 3843, eff 7-11-94; Revoked at 17 Ok Reg 392, eff 11-1-99 (emergency); Revoked at 17 Ok Reg 2948, eff 7-13-00]

**310:641-7-23. Early defibrillation master trainers [REVOKED]**

[Source: Added at 11 Ok 3843, eff 7-11-94; Revoked at 17 Ok Reg 392, eff 11-1-99 (emergency); Revoked at 17 Ok Reg 2948, eff 7-13-00]

**PART 7. IN-SERVICE INSTRUCTION PROGRAM****310:641-7-30. Authorization**

- (a) Licensed ambulance services and certified first response agencies shall be authorized in-service instruction based upon the need for training and continuing education activities. In-service instruction is limited to refresher courses, first responder courses, continuing education and other training courses as designated by the Department.
- (b) Ambulance services or first response agencies shall use certified instructors consistent with the requirements in 310:641-7-20. A guest presenter may be used provided a certified instructor is present and responsible for the training session.
- (c) Ambulance service and first response agency personnel shall be the primary recipient of in-service instruction, however, in-service instruction may be provided to other ambulance services, first response agencies, and the public if approved by the service or agency head.
- (d) All courses shall be approved as required in 310:641-7-15. Ambulance services and certified first response agency instructors may provide first responder and first responder refresher training to communities or other ambulance services according to the following guidelines:
  - (1) Instructors and/or ambulance services and certified first response agencies shall not charge for this instruction except for reimbursement for books, supplies and other reasonable expenses.
  - (2) Training shall be limited to the immediate service area of the licensed ambulance service, unless requested to provide such training by another ambulance service or first response agency.
  - (3) Courses must be approved and requested by the service or agency medical director.
  - (4) An attendance policy approved by the Department shall be on file at the agency.
- (e) The Department may attend any in-service training as part of the quality management program.
- (f) The Department may invalidate all or any portion of training conducted if a violation

of the Act or rules has been substantiated.

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

### **310:641-7-31. Qualifications and approval [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Revoked at 18 Ok Reg 2501, eff 6-25-2001]

## **PART 9. APPEALS [REVOKED]**

### **310:641-7-40. Adverse actions [REVOKED]**

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

## **PART 11. SPECIAL PROVISIONS**

### **310:641-7-50. Severance [REVOKED]**

[Source: Added at 8 Ok Reg 3143, eff 7-18-91 (emergency); Added at 9 Ok Reg 1495, eff 5-1-92; Amended at 17 Ok Reg 392, eff 11-1-99 (emergency); Amended at 17 Ok Reg 2948, eff 7-13-00; Revoked at 18 Ok Reg 2501, eff 6-25-2001]

### **310:641-7-51. Repealer**

All previous emergency medical service rules and regulations (Chapter 640) are hereby repealed.

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

### **310:641-7-52. Effective date [REVOKED]**

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

### **310:641-7-53. Paramedic curriculum**

Training programs shall use the USDOT/NHTSA National Standard Paramedic Curriculum, 1999 including the 2000 Oklahoma Paramedic Curriculum Implementation Guidelines, March 2000 as approved by the Oklahoma Emergency Response Systems

Development Advisory Council and adopted by the Department. This shall be the official paramedic curriculum.

[Source: Added at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006]

### **PART 13. SEMI-AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING**

#### **310:641-7-60. Approved program providers**

Semi-automated external defibrillator (SAED) training providers approved by the American Red Cross, American Heart Association, National Safety Council or other Department approved training programs shall be deemed acceptable to the Department as approved training programs for persons administering SAED in accordance with 76 O.S. Supp. 1999 § 5A. Training programs offered by approved providers shall be at least four (4) hours in length, cover the use of the semi-automated external defibrillator and cardiopulmonary resuscitation in accordance with American Heart Association Standards.

[Source: Added at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006]

#### **310:641-7-61. Approved instructors**

Instructors approved by the American Red Cross, American Heart Association, National Safety Council, or other Department approved training program to provide semi-automated external defibrillation and cardiopulmonary resuscitation training shall be deemed acceptable to the Department as approved instructors of training programs for persons administering emergency defibrillation in accordance with 76 O.S. Supp. 1999 § 5A.

[Source: Added at 17 Ok Reg 2948, eff 7-13-00; Amended at 18 Ok Reg 2501, eff 6-25-2001; Amended at 21 Ok Reg 2755, eff 7-12-2004; Amended at 23 Ok Reg 2386, eff 6-25-2006]

**SUBCHAPTER 9. TRAUMA TRANSFER AND REFERRAL CENTERS****PART 1. GENERAL PROVISIONS**

310:641-9-1. Purpose

**PART 2. CERTIFICATION**

310:641-9-2. Certification required

310:641-9-3. Application

310:641-9-4. Issuance of certification

310:641-9-5. Certificate renewal

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

310:641-9-7. Revocation

**PART 1. GENERAL PROVISIONS****310:641-9-1. Purpose**

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

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]

**PART 2. CERTIFICATION****310:641-9-2. Certification required**

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

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]

**310:641-9-3. Application**

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

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

- (1) A description of proposed trauma, transfer and referral center operations, detailing how transfers will be processed within the region and how transfers into and out of the region will be facilitated;
- (2) A staffing plan and roster including an estimate of call volume and distribution;
- (3) A plan for supplemental training for trauma, transfer and referral center staff;
- (4) An endorsement from the physician who is providing medical control for the center;

- (5) A plan that identifies methods of communication with each emergency medical service and hospital that provides trauma care or transport within the region and/or transfers patients into or out of the region;
  - (6) The methods of data collection, confidential storage, retrieval, and reporting of requested information related to trauma transports and transfers to the Medical Audit Committee, Department and Commissioner of Health;
  - (7) A copy of the medical protocols used to triage and identify the level of trauma care needed for each patient; and
  - (8) A continuous quality improvement plan.
- (c) The Department shall approve, identify the application as incomplete or deny the application within thirty (30) days after submittal by the applicant.

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]

#### **310:641-9-4. Issuance of certification**

- (a) A certificate shall be issued to each center found to be compliant with Department requirements and shall be valid for a period of two years following the date of issuance.
- (b) The certificate shall be issued to the legal operating entity for the service area given in the application.
- (c) A sole provider determination for any region may be made by the Department after consideration of the following factors:
  - (1) The needs of the region and state for trauma transfer and referral direction and facilitation;
  - (2) The ability of the provider to provide adequate direction and facilitation; and,
  - (3) The current availability of a trauma, transfer and referral center in the region.
- (d) A certificate shall be valid for the legal operating entity making application and is not assignable or transferable.

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]

#### **310:641-9-5. Certificate renewal**

- (a) At least sixty (60) days prior to the expiration of their certificate, a certified trauma transfer and referral center shall reapply for a renewal certificate using forms approved by the Department.
- (b) The certified center shall identify any changes in operations from the original application.
- (c) The Department shall reevaluate, renew or deny the renewal certification based on the center's compliance with Department requirements for certification.

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]



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

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

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]

**310:641-9-7. Revocation**

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

[Source: Added at 21 Ok Reg 3113, eff 7-14-2004 (emergency); Added at 22 Ok Reg 2418, eff 7-11-2005]

## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

**B-4 TITLE 42 Public Health, Part 410,  
Supplementary Medical Insurance (SMI) Benefits,  
§§410.40-410.41 (available from e-CFR data)**

**<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>**

This legislation includes the basic requirements for Medicare Part B coverage for ambulance services and specifies the vehicle requirements for Medicare Part B coverage for ambulance services.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-5 TITLE 42 Public Health, Part 414, Payment for Part B Medical and Other Health Services, Subpart H, Fee Schedule for Ambulance Services, §§414.601-414.625 (available from e-CFR data)**

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>

This subpart establishes a fee schedule for the payment of ambulance services from Medicare Part B, with exception for services furnished by certain critical access hospitals.



Oklahoma  
State  
Department  
of Health



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## Appendix B

### EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions

#### B-6 Emergency Medical Service District Budget Act, Title 19, Chapter 35, §§1701 –1801

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

This act applies to all 522 districts created under the provision of Section 9C of Article X of the Constitution of the State of Oklahoma. The purpose of the Emergency Medical Service District Budget Act is to provide a budget procedure for 522 districts to: 1) establish uniform and sound fiscal procedures for the preparation, adoption, execution and control of budgets; 2) enable districts to make financial plans for both current and capital expenditures and to ensure that their directors administer their respective functions in accordance with adopted budgets; 3) make available to the public and investors sufficient information as to the financial conditions, requirements and expectations of the 522 district; and 4) assist 522 districts to improve and implement generally accepted accounting principles as applied to governmental accounting, auditing and financial reporting and standards of governmental finance management. This Act provides guidance in fiscal responsibility and annual audit, as well as the preparation of the business plan.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



# Emergency Medical Service District Budget Act

## Title 19, Chapter 35, §§1701 –1801

### Title 19. Counties and County Officers

#### Chapter 35 - Emergency Medical Service District Budget Act

##### Section 1701 - Short Title

This act shall be known and may be cited as the "Emergency Medical Service District Budget Act".

##### ***Historical Data***

Added by Laws 1986, c. 145, § 1, eff. June 1, 1986.

##### Section 1702 - Purpose of Act to Provide Budget Procedure for Emergency Medical Service Districts

The purpose of this act is to provide a budget procedure for emergency medical service districts which shall:

1. Establish uniform and sound fiscal procedures for the preparation, adoption, execution and control of budgets;
2. Enable districts to make financial plans for both current and capital expenditures and to ensure that their directors administer their respective functions in accordance with adopted budgets;
3. Make available to the public and investors sufficient information as to the financial conditions, requirements and expectations of the district; and
4. Assist districts to improve and implement generally accepted accounting principles as applied to governmental accounting, auditing and financial reporting and standards of governmental finance management.

##### ***Historical Data***

Added by Laws 1986, c. 145, § 2, eff. June 1, 1986.

##### Section 1703 - Act to Apply to All Emergency Medical Service Districts

This act shall apply to all emergency medical service districts created pursuant to the provisions of Section 9C of Article X of the Constitution of the State of Oklahoma.

##### ***Historical Data***

Added by Laws 1986, c. 145, § 3, eff. June 1, 1986.

##### Section 1704 - Definitions

As used in this act:

1. "Account" means an entity for recording specific revenues or expenditures, or for grouping related or similar classes of revenues and expenditures and recording them within a fund or department;
2. "Appropriation" means an authorization and allocation of money to be expended for a purpose;
3. "Audit" means a performance audit, a financial audit, agreed-upon procedures, limited review, or examination of the books and records;
4. "Board" means a board of trustees of an emergency medical service district created pursuant to the provisions of Section 9C of Article X of the Constitution of the State of Oklahoma;
5. "Budget" means a plan of financial operations for a fiscal year, including an estimate of proposed expenditures for given purposes and the proposed means for financing them;
6. "Budget summary" means a tabular listing of revenues by source and expenditures by fund and by department within each fund for the budget year;



7. "Budget year" means the fiscal year for which a budget is prepared or being prepared;
8. "Current year" means the year in which the budget is prepared and adopted, or the fiscal year immediately preceding the budget year;
9. "Deficit" means the excess of the liabilities, reserves, contributions and encumbrances of a fund over its assets as reflected by its book of account;
10. "Department" means a functional unit within a fund which carries on a specific activity;
11. "District" means an emergency medical service district created pursuant to the provisions of Section 9C of Article X of the Constitution of the State of Oklahoma;
12. "Estimated revenue" means the amount of revenues estimated to be received during the budget year in each fund for which a budget is prepared. Revenue includes any appropriated fund balance in the budget of revenues for a fund for the budget year;
13. "Fiscal year" means the annual period for reporting fiscal operations which begins and ends on dates as the Legislature provides;
14. "Fund" means an independent fiscal and accounting entity with a self-balancing set of accounts to record cash and other financial resources, together with all liabilities, which are segregated for the purpose of carrying on specific activities or attaining certain objectives, or as otherwise defined in current generally accepted accounting principles;
15. "Fund balance" means the excess of the assets of a fund over its liabilities, reserves, contributions and encumbrances, as reflected by its books of account;
16. "Immediate prior fiscal year" means the year preceding the current year;
17. "Levy" means to impose ad valorem taxes or the total amount of ad valorem taxes for a purpose or entity;
18. "Operating reserve" means that portion of the fund balance which has not been appropriated in a budget year. The "operating reserve" will be equivalent to the "unappropriated fund balance" in any fund for which a budget is prepared.

***Historical Data***

Added by Laws 1986, SB 581, c. 145, § 4, emerg. eff. June 1, 1986; Amended by Laws 2007, SB 590, c. 132, § 6, eff. November 1, 2007 (superseded document available).

** Section 1705 - State Auditor and Inspector to Advise Districts on Procedural and Technical Matters**

The State Auditor and Inspector, or his designee, shall advise districts on procedural and technical matters relating to accounting and budget procedures. It shall be the duty of the employees of the districts with notice of such advice to follow the instructions or advice of the State Auditor and Inspector until relieved of such duty by a court of competent jurisdiction or until the Supreme Court shall hold otherwise.

***Historical Data***

Added by Laws 1986, c. 145, § 5, eff. June 1, 1986.

** Section 1706 - Duty to Produce Financial Statement for Preceding Year**

It shall be the duty of the board of the district on or before the third Monday of July in each year to produce or cause to be produced and forward to the State Auditor and Inspector a financial statement of the district for the preceding year ending June 30th.

***Historical Data***

Added by Laws 1986, c. 145, § 6, eff. June 1, 1986. Amended by Laws 1989, c. 14, § 1, operative July 1, 1989.

### **Section 1706.1 - Audit Expense Funding**

The net proceeds of the one-tenth mill annual ad valorem levy upon the net total assessed valuation in any emergency medical service district for any year which shall be authorized and mandatorily required to be appropriated and dedicated to emergency medical service district audit shall henceforth be restricted to and used only for audit survey and reporting receipt, disbursement and management of emergency medical service district affairs financed by ad valorem levy and miscellaneous revenues other than ad valorem taxation accruing to the general fund of the emergency medical service district, whether such audit be in the performance of duties charged to the State Auditor and Inspector and instigated at the State Auditor and Inspector's own initiative and directive, on request of the board of trustees of the emergency medical service district, on request of the board of county commissioners of such county or on order of the Governor as provided by Section 212 of Title 74 of the Oklahoma Statutes. If, after completion of audit of all emergency medical service district accounts so financed, and report thereof, including report of audit of cash funds where possible, as provided by this section, unless there be directive from the Governor for other and/or further inquiry, the board of trustees of the emergency medical service district may, upon certificate of completion by the State Auditor and Inspector, request that any unexpended and unencumbered balance of appropriation therein be, by the board of trustees of the emergency medical service district, lapsed and canceled and the revenues restricted thereby revert to surplus, available for appropriation to any lawful emergency medical service district purpose.

#### ***Historical Data***

Added by Laws 1997, c. 136, § 1, eff. July 1, 1997.

### **Section 1707 - Election, Rights and Privileges of Officers**

The board shall elect a chairman. The chairman shall have all the rights and privileges as any other member of the board, including the right to vote on questions. Each member of the board shall be entitled to cast one vote. The members shall elect a vice-chairman from among them and develop such other rules or procedures as may be necessary to ensure the orderly conduct of business. The vice-chairman shall serve as chairman during the absence or vacancy of the chairman. When a vacancy occurs such position on the board shall be considered vacant until the vacancy is filled in the manner provided by law. Regular meetings of the board shall be set by the board. Special meetings shall be held at the call of the chairman or any two (2) members of the board. A majority of all the members of the board shall constitute a quorum and have the power to transact business. Any official action of the board in adopting or revising the district budget or any portion thereof shall be effective upon the approving vote of a majority of all board members.

#### ***Historical Data***

Added by Laws 1986, c. 145, § 7, eff. June 1, 1986.

### **Section 1708 - Preparation of Each Budget Year a Budget for Each Fund**

The board shall prepare for each budget year a budget for each fund whose activities require funding through appropriation, such as general, capital projects and debt service.

#### ***Historical Data***

Added by Laws 1986, c. 145, § 8, eff. June 1, 1986.

### **Section 1709 - Completion of Budget for Each Fund - Format - Budget Summary - Estimate of Revenues - Need for Sinking Fund Purposes**

A. At least thirty (30) days prior to the beginning of each fiscal year, a budget for each fund of the district for which a budget is required shall be completed by the board. Each budget shall provide a complete financial plan for the budget year. The budget format shall be as prescribed by the State Auditor and

Inspector. The format shall contain at least the following in tabular form for each fund, itemized by department and account within each fund:

1. Actual revenues and expenditures for the immediate prior fiscal year;
2. Estimated actual revenues and expenditures for the current fiscal year; and
3. Estimated revenues and expenditures for the budget year.

B. The budget for each fund shall contain a budget summary. It shall also be accompanied by a budget message from the board which shall explain the budget and describe its important features.

C. The estimate of revenues in each fund for any budget year shall include probable income by source which the district is legally empowered to collect or receive at the time the budgets are adopted. The estimate shall be based upon a review and analysis of past and anticipated revenues of the district. Any portion of the budget of revenues to be derived from ad valorem property taxation shall not exceed the estimated amount of tax which is available for appropriation or which can or must be raised as required by law. The budget of expenditures for each fund shall not exceed the estimated revenues for each fund. No more than ten percent (10%) of the total budget for any fund may be budgeted for miscellaneous purposes.

D. The board shall determine the needs of the district for sinking fund purposes, pursuant to Section 9C of Article X of the Constitution of the State of Oklahoma, and include these requirements in the debt service fund budget for the budget year.

#### ***Historical Data***

Added by Laws 1986, c. 145, § 9, eff. June 1, 1986. Amended by Laws 1989, c. 14, § 2, operative July 1, 1989.

#### **Section 1710 - Annual Levy for Sinking Fund - Formula - Intent of Act**

It shall be the duty of the board to make a levy each year for a sinking fund, which shall, with cash actually on hand and lawful investments in such fund, excluding taxes in process of collection, be sufficient to pay:

1. All the bonded indebtedness of such district coming due in the following years;
2. The interest accrued but unpaid and to accrue on all outstanding bonds of such district to June 30th of such fiscal year, but including any interest falling due on the last and final bond maturity occurring after such June 30th but before the tax levy of the succeeding fiscal year may be made and collected; and
3. A sum, after reserving from said cash and investments on hand for bond and bond-interest accruals as aforesaid.

The foregoing formula shall be applied by said district each year in determining the amount necessary to raise by tax levy for sinking fund purposes, independently of actions taken in previous years, and if by omission to make a levy which could have been validly made for any bonds or interest coupons, or where from any cause the cash and valid investments in the sinking fund does not equal the accrual liabilities, it shall be the duty of said district to readjust the annual bond accrual in accordance with the foregoing formula in order that said bonds shall be paid when due, save and except only that where the cash and valid investments in the sinking fund at the close of any fiscal year, after reserving for interest accrued and accruing under the priority therefor as contained in Section 9C of Article X of the Constitution of the State of Oklahoma, is insufficient to pay and retire any bonds matured or to mature before another tax levy may be made and collected and no action has been instituted to refund such matured bonds, it shall be the duty of said district to include, in addition to interest thereon or aforesaid, an accrual therefor in an amount equal to the bonds so matured or to mature or the annual accrual first lawfully applicable to the issue thereof, whichever is the lesser.

It is the sole intention of this act to require that sinking funds be applied as provided by Section 9C of Article X of the Constitution of the State of Oklahoma.

#### ***Historical Data***

Added by Laws 1986, c. 145, § 10, eff. June 1, 1986.

**Section 1710.1 - Purpose of Expenditure of Funds - Authority to Own, Operate, or Contract for Ambulance Service**

- A. Any proceeds collected pursuant to the provisions of Section 9C of Article X of the Oklahoma Constitution shall only be expended for the purpose of providing funds for the support, organization, operation and maintenance of district ambulance services, known as emergency medical service districts.
- B. Emergency medical service districts formed pursuant to said Section 9C of Article X of the Oklahoma Constitution may own and operate the ambulance service or may provide ambulance service through contracts with one or more ambulance service providers.
- C. Emergency medical service districts that provide ambulance services through contracts with one or more ambulance service providers shall utilize not less than ninety percent (90%) of all revenues collected by the district for payment of such contracts to said providers.

**Historical Data**

Added by Laws 2005, HB 1926, c. 186, § 1, eff. November 1, 2005.

**Section 1711 - Procedure for Computation of Levy for Each Fund**

When the board has ascertained the total assessed valuation of the property taxed ad valorem in the district, and has computed the total of the several items of appropriation for general fund, sinking fund, and other legal purposes for the district, the board shall then proceed to compute the levy for each fund of each district. The levy for the general fund shall be that as last authorized by a vote of the citizens of the district. The procedure for the computation of the sinking fund levy shall be as follows:

1. Determine the total amount of the several items of appropriation for the fund;
2. Deduct from such total appropriation the actual cash surplus of the immediately preceding fiscal year;
3. Deduct from the remainder thus ascertained the estimated probable income from sources other than ad valorem taxation; however, in no event shall the amount of such estimated income exceed ninety percent (90%) of the actual collections from such sources for the previous fiscal year. Also, deduct the estimated probable revenue to be derived from surplus collection from taxes in the process of collection of the immediately preceding taxable year; provided that the surplus so estimated shall be surplus cash as hereinafter defined, and shall include none of that portion of the reserve added at the beginning of such year for delinquent tax, and shall not exceed ninety percent (90%) of the actual collections of surplus back taxes legally accrued to and credited to the same fund account of the immediately preceding fiscal year;
4. Add to the remainder a reserve for delinquent taxes, the amount of which reserve shall be determined by the board, after taking into consideration the amount of uncollected taxes for the previous year or years; provided that the reserve so added shall not exceed twenty percent (20%) or be less than five percent (5%); and provided, further, that the reserve so added shall not be subject to review by the excise board;
5. Compute the levy necessary to raise an amount of money equal to the remainder thus ascertained, based upon the total assessed valuation of the district, taking into consideration any deduction which must be made because of the exemption of homesteads as required by Section 2406 et seq. of Title 68 of the Oklahoma Statutes; and
6. Compute the reduction in levy necessary to be made because of monies being required by law to be used for the purpose of reducing ad valorem tax levies.

The rates of levy for general fund, sinking fund and other purposes authorized by law shall be separately made and stated, and the revenue accruing therefrom respectively, when collected, shall be credited to the proper fund accounts.

**Historical Data**

Added by Laws 1986, c. 145, § 11, eff. June 1, 1986. Amended by Laws 1989, c. 14, § 3, operative July 1, 1989.

## **Section 1712 - Accrual of Actual Cash Surpluses**

If and when an actual cash surplus accrues in any fund for any prior fiscal year, such surplus shall forthwith be transferred to the same fund for the fiscal year next succeeding the year for which the taxes were originally levied, and shall be used to pay any warrants and interest thereon which may be outstanding and unpaid for such year. After all warrants and interest on such warrants for such year have been paid or reserved for, the surplus, if any, shall forthwith be transferred to the next succeeding year for the same purpose. This procedure shall be followed for each succeeding fiscal year until all warrants issued prior to the current fiscal year are paid or reserved for, and then any cash surplus remaining shall accrue and be transferred to the current fiscal year, to be used to pay any legal warrant and interest charges of such year. The term "actual cash surplus", as used herein, is hereby defined to mean an excess of actual cash actually on hand over and above all legal obligations. Taxes in process of collection shall not be considered in determining the actual cash surplus for any fund for any fiscal year or years.

### ***Historical Data***

Added by Laws 1986, c. 145, § 12, eff. June 1, 1986.

## **Section 1713 - Monies Received or Expended by District Must be Accounted for by Fund and Account**

Any monies received or expended by the district must be accounted for by fund and account. Each district shall prepare a budget for the general fund and for other funds as the board may require pursuant to this act. The board shall determine the district's needs for sinking fund purposes, pursuant to this act and Section 9C of Article X of the Constitution of the State of Oklahoma, and include these requirements in the debt service fund budget for the budget year.

### ***Historical Data***

Added by Laws 1986, c. 145, § 13, eff. June 1, 1986.

## **Section 1714 - Public Hearing on Proposed Budget**

The board shall hold a public hearing on the proposed budget no later than fifteen (15) days prior to the beginning of the budget year. Notice of the date, time and place of the hearing, together with the proposed budget summaries, shall be published in a newspaper of general circulation in the district not less than five (5) days before the date of the hearing. Affidavit and proof of publication shall be attached to the budget when filed with the county excise board and State Auditor and Inspector. The district shall make available a sufficient number of copies of the proposed budgets as the board shall determine and have them available for review or for distribution or sale at the office of the district. At the public hearing on the budgets, any person may present to the board comments, recommendations or information on any part of the proposed budget.

### ***Historical Data***

Added by Laws 1986, c. 145, § 14, eff. June 1, 1986. Amended by Laws 1989, c. 14, § 4, operative July 1, 1989.

## **Section 1715 - Budget Adoption - Filing Adopted Budget - Effective Date - Review**

- A. After the hearing and at least seven (7) days prior to the beginning of the budget year, the board shall adopt the budget. The board may add or increase items or delete or decrease items in the budget. In all cases the proposed expenditures shall not exceed the estimated revenues for any fund.
- B. The adopted budget shall be filed with the excise board of each county in which the district is located on or before the first day of the budget year. At the same time that the budget is filed with the excise board, one copy of the budget as adopted shall be transmitted to the State Auditor and Inspector and one copy shall be kept on file in the office of the district.

C. The adopted budget shall be in effect on and after the first day of the fiscal year to which they apply. The budgets as adopted and filed with the excise board shall constitute an appropriation for each fund, subject to final approval of the county excise board as provided by law, and the appropriation thus made shall not be used for any other purpose except as provided by law.

D. At the time required by law, the county excise board shall review the budget for approval.

***Historical Data***

Added by Laws 1986, c. 145, § 15, eff. June 1, 1986. Amended by Laws 1989, c. 14, § 5, operative July 1, 1989.

**Section 1716 - Filing of Protests against Any Illegality of Budget**

Within fifteen (15) days after the filing of any district budget with the State Auditor and Inspector, any taxpayer may file protests against any alleged illegality of the budget in the manner provided by this section and Sections 24103 through 24111 of Title 68 of the Oklahoma Statutes. The fifteen-day protest period begins upon the date the budget is received in the Office of the State Auditor and Inspector. After receipt of a taxpayer protest, the State Auditor and Inspector shall transmit by certified mail one copy of each protest to the district, and one copy of each protest to the county treasurer and the excise board of each county in which the district is located. The taxpayer protest shall specify the alleged illegality in the budget and the grounds upon which the alleged illegality is based. Any protest filed by any taxpayer shall inure to the benefit of all taxpayers. If no protest is filed by any taxpayer within the fifteen-day period, the budget and any appropriations thereof shall be deemed legal and final until amended by the board or the county excise board as authorized by law. Taxpayers shall have the right at all reasonable times to examine the budget on file with the board, the county excise board or the State Auditor and Inspector for the purpose of checking illegalities in the budget or for filing protests in accordance with this section and Sections 24103 through 24111 of Title 68 of the Oklahoma Statutes.

***Historical Data***

Added by Laws 1986, c. 145, § 16, eff. June 1, 1986.

**Section 1717 - Expenditure not Authorized which Exceeds Fund Balance - Unlawful Acts for Employees or Member of Board - Penalties**

A. No expenditure may be authorized or made by any employee or member of the board which exceeds any fund balance for any fund of the budget as adopted or amended or which exceeds the appropriation for any fund of the budget as adopted or amended. Any balance remaining in a fund at the end of the budget year shall be carried forward to the credit of the fund for the next budget year.

B. It shall be unlawful for any employee or member of the board in any budget year:

1. To create or authorize creation of a deficit in any fund; or
2. To authorize, make or incur expenditures or encumbrances in excess of ninety percent (90%) of the appropriation for any fund of the budget as adopted or amended until revenues in an amount equal to at least ninety percent (90%) of the appropriation for the fund have been collected. Any fund balance which is included in the appropriation for the fund is considered revenue in the budget year for which it is appropriated. Expenditures may then be made and authorized so long as any expenditure does not exceed any fund balance.

C. Any obligation that is contracted or authorized by any member or employee of the board in violation of this act shall become the obligation of the member or employee himself and shall not be valid or enforceable against the district. Any member or employee who violates this act shall forfeit his position and shall be subject to such civil and criminal punishments as are provided by law. Any obligation, authorization for expenditure or expenditure made in violation of this act shall be illegal and void.

***Historical Data***

Added by Laws 1986, c. 145, § 17, eff. June 1, 1986.

## **Section 1718 - Maintenance of Funds and Account Groups**

A district shall maintain, according to its own accounting needs some or all of the funds and account groups in its system of accounts that are consistent with legal and operating requirements and as prescribed by the State Auditor and Inspector. The required funds may include, but not be limited to:

1. A general fund, to account for all monies received and disbursed for general district government purposes, including all assets, liabilities, reserves, fund balances, revenues and expenditures which are not accounted for in any other fund or special ledger account;
2. Special revenue funds, as required, to account for the proceeds of specific revenue sources that are restricted by law to expenditures for specified purposes;
3. Debt service fund, which shall include the district sinking fund, established to account for the retirement of general obligation bonds or other long-term debt and payment of interest thereon. Any monies pledged to service general obligation bonds or other long-term debt must be deposited in the debt service fund;
4. Capital improvement fund, to account for financial resources segregated for acquisition, construction or other improvement related to capital facilities other than those financed by general long-term debt;
5. A ledger or group of accounts in which to record the details relating to the general fixed assets of the county;
6. A ledger or group of accounts in which to record the details relating to the general bonds or other long-term debt of the district; and
7. Such other funds or ledgers as may be established by the district.

### ***Historical Data***

Added by Laws 1986, c. 145, § 18, eff. June 1, 1986.

## **Section 1719 - Estimated Revenues and Appropriation Expenditures - Classification of**

Estimated revenues and appropriation expenditures in the budget of each fund shall be classified in conformity with the accounting system prescribed by the State Auditor and Inspector. Revenues shall be classified separately by source. Expenditures shall be departmentalized by appropriate functions and activities within each fund and shall be classified within the following categories:

1. Salaries and wages, which may include expenses for salaries, wages, per diem allowances and other forms of compensation;
2. Employee benefits paid to any member or employee of the board for services rendered or for employment. Employee benefits may include employer contributions to a retirement system, insurance, vacation allowances, sick leave, terminal pay or similar benefits;
3. Operating expenses, which may include materials and supplies, articles and commodities which are consumed or materially altered when used, such as office supplies, operating supplies and repair and maintenance supplies, and all items of expense to any persons, firm or corporation rendering a service in connection with repair, sale or trade of such articles or commodities, such as services or charges for communications, transportation, advertising, printing or binding, insurance, public utility services, repairs and maintenance, rentals, miscellaneous items and all items of operating expense to any person, firm or corporation rendering such services;
4. Other services and charges, which may include all current expenses other than those listed in paragraphs 1, 2, 3, 5 or 6 of this section;
5. Capital outlays, which may include outlays which result in acquisition of or additions to fixed assets purchased by the district, including land, buildings, improvements other than buildings, and all construction, reconstruction, appurtenances or improvements to real property accomplished according to the conditions of a contract, machinery and equipment, furniture and autos and trucks; and
6. Debt service, which may include outlays in the form of debt principal payments, periodic interest payments, paying agent's fees, or related service charges for benefits received in part in prior fiscal periods as well as in current and future fiscal periods.

### ***Historical Data***

Added by Laws 1986, c. 145, § 19, eff. June 1, 1986.

**Section 1720 - Unexpended or Unencumbered Appropriation or Funds in Special Fund - Transfer of**

The board may transfer any unexpended and unencumbered appropriation or any portion thereof from one account to another within the same department or from one department to another within the same fund; except that no appropriation for debt service or other appropriation required by law may be reduced below the minimums required.

Whenever the necessity for maintaining any special fund of a district has ceased to exist and a balance remains in the fund, the board may authorize the transfer of the balance to the general fund. Applicable law shall govern the use or transfer of balance in any debt service or special revenue fund.

**Historical Data**

Added by Laws 1986, c. 145, § 20, eff. June 1, 1986.

**Section 1721 - Board may Amend Budget due to Certain Circumstances**

A. The board may amend the budget to make supplemental appropriations to any fund up to the amount of additional revenues which are available for current expenses as shown by a fund balance for the fund due to:

1. Revenues received from sources not anticipated in the budget for that year;
2. Revenues received from anticipated sources but in excess of the budget estimates therefor; or
3. Unexpended unencumbered cash balances on hand at the end of the preceding fiscal year which had not been anticipated in the budget. Any appropriation authorizing the creating of an indebtedness shall be governed by the applicable provisions of Article X of the Constitution of the State of Oklahoma.

B. If at any time during the budget year it appears probable that revenues available will be insufficient to meet the amount appropriated, or that due to unforeseen emergencies there is temporarily insufficient money in a particular fund to meet the requirements of appropriation for the fund, the board shall take action as it deems necessary. For that purpose, it may amend the budget to reduce one or more appropriations, but no appropriation for debt service may be reduced and no appropriation may be reduced by more than the amount of the unencumbered and unexpended balance thereof. No transfer shall be made from the debt service fund to any other fund except as may be permitted by the terms of the bond issue or applicable law.

C. A budget amendment as provided in this section authorizing supplemental appropriations or a decrease or change in appropriation or funds shall be adopted at a meeting of the board and filed with the district, the county excise board of each county in which the district is located and the State Auditor and Inspector.

**Historical Data**

Added by Laws 1986, c. 145, § 21, eff. June 1, 1986. Amended by Laws 1989, c. 14, § 6, operative July 1, 1989.

**Section 1722 - Rules, Regulations, and Forms**

For the purpose of carrying into effect the provisions of this act, and for its proper administration, the State Auditor and Inspector is hereby empowered to promulgate and enforce such rules and regulations as may be necessary but not inconsistent herewith, and he shall prescribe all the forms of whatsoever nature referred to in this act including but not necessarily limited to budget forms, supporting schedule forms and all other accounting stationery required, desired or needed under the provisions of this act.

**Historical Data**

Added by Laws 1986, c. 145, § 22, eff. June 1, 1986.



## **Section 1723 - Purchases by Competitive Bid**

Purchases by any board which are in excess of Two Thousand Five Hundred Dollars (\$2,500.00), or in the case of written or facsimile quotes, purchases in excess of Seven Thousand Five Hundred Dollars (\$7,500.00), shall be by competitive bid.

### ***Historical Data***

Added by Laws 1986, c. 145, § 23, eff. June 1, 1986. Amended by Laws 1995, c. 7, § 1, eff. November 1, 1995; Amended by Laws 1999, HB 1436, c. 245, § 3, eff. July 1, 1999 (superseded document available).

## **Section 1801 - Authorization for Reverse Auction Bidding - Procedure - Governing Laws - Remedies**

A. A county of the state is authorized to use a reverse auction bidding procedure to obtain bids for the purchase of goods or services of any type or kind. The reverse auction shall be a real-time bidding process taking place at a previously scheduled time and Internet location and for a previously established duration, in which multiple suppliers, anonymous to each other, submit bids to provide the goods or services. The reverse auction procedure may be used as an alternative to any state law applicable to the purchase of the goods or services.

B. The procedure shall provide:

1. A bid opening and bid closure. At the opening date and time, the county shall begin accepting reverse auction electronic bids. Reverse auction bids shall be accepted until the bid closure, except as provided by paragraph 6 of this subsection, unless the county determines it is in the best interest of the county to extend the closing time and notifies the reverse auction bidders of the extended closing time by public announcement at the Internet location at least fifteen (15) minutes prior to the original closing time;
2. The posting of all reverse auction bids electronically and updating of bids on a real-time basis by the county;
3. The authorization for the county to require bidders to register before the opening date and time and, as part of that registration, require bidders to agree to any terms, conditions or other requirements of the solicitation or applicable acts;
4. The authorization for the county to also require potential bidders to prequalify as bidders and to restrict solicitations to prequalified online and reverse auction bidders;
5. The retention of the authority of the county to determine the criteria that will be used as the basis for making awards; and
6. The authorization for the county to determine it is in the best interest of the county to allow it to accept an electronic bid after the specified official closing date and time, in the event the county determines that a significant error or event occurred that affected the electronic receipt of any reverse auction bid by the county.

C. All bids submitted electronically through the reverse auction bidding process pursuant to this section are subject to the same public disclosure laws that govern bids received pursuant to any other law of this state governing procurement procedures for a county.

D. All remedies available to the county and suppliers through a bid process pursuant to any other law of this state are also available to the county reverse auction bidders in a reverse auction bidding process.

### ***Historical Data***

Added by Laws 2010, HB 3312, c. 42, § 1, eff. November 1, 2010.

## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-7 House Bill 1888 (passed in June 2010)**

[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/House\\_Bill\\_1888\\_Resources/index.html](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/House_Bill_1888_Resources/index.html)

House Bill 1888 established a new role for the Board of County Commissioners in the provision of emergency medical services (EMS) for the county, requiring the county commissioners to develop an EMS plan addressing EMS funding issues, countywide EMS coverage, and 9-1-1 EMS response by April 1, 2011.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



**Ambulance Service Districts Act**

**§19-1201 thru §19-1221**

**Effective and Signed into Law  
on June 6, 2010**



§19-1201. Ambulance Service Districts Act.

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

Added by Laws 1974, c. 86, § 1, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 1, emerg. eff. June 6, 2010.

Comment [1]: BDERIV

Comment [2]: EDERIV

§19-1202. Definitions.

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

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

Added by Laws 1974, c. 86, § 2, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 2, emerg. eff. June 6, 2010.

Comment [3]: BDERIV

Comment [4]: EDERIV

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

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

B. Public ambulance service districts may be organized under the Ambulance Service Districts Act for the purpose of developing and providing adequate ambulance services to meet the needs of residents within the territory of the district. The board of county commissioners of each county in this state shall have power and it shall be their duty, upon a proper petition being presented, to incorporate and order the creation of such district in the manner provided for in this act.

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

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

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

Comment [5]: BDERIV

Comment [6]: EDERIV

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

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

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

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

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

Comment [7]: BDERIV

Comment [8]: EDERIV

§19-1205. Notice and hearing.

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

B. Notice shall contain:

1. A brief and concise statement describing the purpose of the hearing;

2. A description of the area to be embraced within the district;

3. A notice to all persons residing, and incorporated municipalities, within the proposed district that they may appear upon the date and at the time and place of the hearing to show cause, if any, why the petition should not be granted; and

4. A notice to all residents of the proposed district that, if the district shall be ordered created, immediately following the entry of the order creating the district an organizational meeting to elect a board of directors and officers and to adopt bylaws will be held.

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

Added by Laws 1974, c. 86, § 5, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 5, emerg. eff. June 6, 2010.

Comment [9]: BDERIV

Comment [10]: EDERIV

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

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

1. Whether proper notice of the hearing has been given as required by Section 1205 of this title;

2. Whether the residents of the area described in the petition are without adequate ambulance service to meet their needs;

3. Whether the installation, maintenance and operation of such ambulance service is necessary to serve residents of the district;

4. Whether such ambulance service will be conducive to and will tend to promote the public health, safety and welfare;

5. The area which should be included in the district; and

6. Whether the new district area shall financially affect any existing service in the county adversely.

B. If, upon such consideration, it shall be found that such petition is in conformity with the requirements of the Ambulance Service Districts Act, and that such a district should be created the board of county commissioners shall thereupon immediately declare the area described in the petition or any part thereof to be incorporated as a district under the name of "Ambulance Service District No. \_\_\_\_\_, \_\_\_\_\_ County, Oklahoma", inserting number in order of incorporation and name of county, and thereupon the district shall be a body politic and corporate and an agency and legally constituted authority of the State of Oklahoma for the public purposes set forth in the Ambulance Service Districts Act.



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

Added by Laws 1974, c. 86, § 6, emerg. eff. April 19, 1974.

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

**Comment [11]:** BDERIV

**Comment [12]:** EDERIV

§19-1207. Board of directors - Bylaws.

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

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

Added by Laws 1974, c. 86, § 7, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 7, emerg. eff. June 6, 2010.

**Comment [13]:** BDERIV

**Comment [14]:** EDERIV

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

The board shall be the governing body of the district and shall meet annually on a date prescribed by the bylaws and at such other times as may be determined by the board or upon call by the chairman or any two members of the board. Vacancies on the board shall be filled for the unexpired term, and until such appointee's successor is elected and has qualified, by appointment by the remaining members of the board. The board shall adopt such rules and regulations in conformity with the provisions of the Ambulance Service Districts Act and the bylaws of the district as are deemed necessary for the conduct of the business of the district. It shall be the duty of the secretary to cause an entry to be made upon its records showing all of its minutes, decisions, and orders made pursuant to the provisions of the Ambulance Service Districts Act.

Added by Laws 1974, c. 86, § 8, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 8, emerg. eff. June 6, 2010.

**Comment [15]:** BDERIV

**Comment [16]:** EDERIV

§19-1209. Powers of district.

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

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

11. To enter into contracts jointly with any other district, municipality, city, or town, the State of Oklahoma, the federal government, or any other governmental agency, or any of them, for the purpose of purchasing, constructing, acquiring, and operating ambulance facilities or services; and

12. To determine and collect charges for services performed by the district.

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

Added by Laws 1974, c. 86, § 9, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 9, emerg. eff. June 6, 2010.

Comment [17]: BDERIV

Comment [18]: EDERIV

§19-1210. Proportionate payment of costs.

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

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

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

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

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

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

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

Comment [19]: BDERIV

Comment [20]: EDERIV

§19-1211. Annexation of additional area.

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

1. The name of the district to which annexation is desired;
2. That such area is without an adequate system; and
3. That annexation to the district will be conducive to and

will promote the public health, safety, and welfare of residents in the area.

Added by Laws 1974, c. 86, § 11, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 10, emerg. eff. June 6, 2010.

Comment [21]: BDERIV

Comment [22]: EDERIV

§19-1212. Notice of annexation petition.

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

Added by Laws 1974, c. 86, § 12, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 11, emerg. eff. June 6, 2010.

Comment [23]: BDERIV

Comment [24]: EDERIV

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

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

Added by Laws 1974, c. 86, § 13, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 12, emerg. eff. June 6, 2010.

Comment [25]: BDERIV

Comment [26]: EDERIV

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

A. The term of office of every member elected to an original board shall be until the date of annual meeting of the residents of the district of either the first, second, or third year following the year of the incorporation of the district and until their successors are elected and have qualified, and as

nearly as possible the terms of an equal number of directors on any such board shall expire on each of the dates.

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

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

Comment [27]: BDERIV

Comment [28]: EDERIV

§19-1215. Officers.

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

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

Comment [29]: BDERIV

Comment [30]: EDERIV

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

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

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

Comment [31]: BDERIV

Comment [32]: EDERIV

§19-1217. Dissolution of districts.

Whenever a petition signed by three-fourths (3/4) of the residents in any district organized under provisions of this act or a petition signed by all of the directors of such district is

presented to the board of county commissioners and it shall appear from the petition that:

1. The district owns no property of any kind exclusive of records and files;

2. All of its debts and obligations have been fully paid; and

3. The district is not functioning, and will probably continue to be inoperative because the board of directors is unable to obtain the necessary financing or for any other reason, the board of county commissioners shall, after such finding, issue a certificate stating the allegations in the petition as true and declaring the district dissolved, and shall make full minutes of such hearing in its journal and deliver the certificate to the secretary of the district. The secretary of the district shall, within thirty (30) days thereafter, deliver all records and files to the county clerk, and thereupon the district shall be dissolved.

Added by Laws 1974, c. 86, § 17, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 16, emerg. eff. June 6, 2010.

Comment [33]: BDERIV

Comment [34]: EDERIV

§19-1218. Sale of facilities and property.

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

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

Added by Laws 1974, c. 86, § 18, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 17, emerg. eff. June 6, 2010.

Comment [35]: BDERIV

Comment [36]: EDERIV

§19-1219. Release of area from district.

A. If it becomes apparent that a certain area included within a district cannot be economically or adequately served by the services and facilities of the district, or no longer needs such services or facilities, the residents of such area may petition the county commissioners to release the area from the district. The petition shall describe by section or fraction thereof and by township and range the area affected and be

signed by all three-fourths (3/4) of the residents of such area and be endorsed by the board of directors of the district.

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

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

Amended by Laws 2010, c. 295, § 18, emerg. eff. June 6, 2010.

Comment [37]: BDERIV

Comment [38]: EDERIV

§19-1220. Tax exemption.

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

Added by Laws 1974, c. 86, § 20, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 19, emerg. eff. June 6, 2010.

Comment [39]: BDERIV

Comment [40]: EDERIV

§19-1221. Consolidation of districts.

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

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

C. If the proposal is approved by such residents of each district, the boards of directors of the districts desiring to

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

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

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

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

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

H. From any order of the board, an appeal may be taken in the manner as provided for appeals from decision of the board of



county commissioners. All legal proceedings already instituted by or against any district involved in a consolidation proceeding may be revived and continued by or against the consolidated district by an order of the court substituting the name of such consolidated district.

Added by Laws 1974, c. 86, § 21, emerg. eff. April 19, 1974.

Amended by Laws 2010, c. 295, § 20, emerg. eff. June 6, 2010.

**Comment [41]:** BDERIV

Section 21. New Law. A new section of law to be codified in the Oklahoma statutes as section 1-2504. Of title 63, unless there is created a duplication in numbering, reads as follows:

- A. There is a required duty to act within the licensed area upon the acceptance of an ambulance service license. All licensed ambulance services shall respond appropriately, consistent with the level of licensure, when called for emergency service regardless of the the patient's ability to pay.
- B. If the ambulance service cannot physically respond within the limits of the ambulance service districts act, then the ambulance service called shall immediately call for mutual aid from a neighboring licensed ambulance service. Nonemergency interfacility transfers are exempt from the requirements of this subsection.

Section 22. It being immediately necessary for the preservation of the public peace, health, and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Signed into law on June 6, 2010 at 4:20 P.M.

## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-8 Federal Specifications for the Star-of-Life Ambulance, KKK-A-1822F**

**WWW.GSA.GOV/AUTOMOTIVE**

**or**

**<http://www.deltaveh.com/f.pdf>**

All ambulance vehicles must meet the Federal Specifications for Star-of-Life ambulance, KKK-A-1822F.



**“Resource Guidebook for Oklahoma 522 Districts”** is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-9 Lien for Ambulance Services, Title 42, Chapter 1, §49**

**<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>**

This law was enacted to require any entity involved in operating an ambulance service to have a lien in the event any person is injured as a result of the negligent or intentional act of another and if that person asserts or maintains a claim against another person for damages on account of the injuries. The details of the lien are specified in this legislation.





## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-10 Oklahoma EMT Protection Law, Title 21, Chapter 20, §§650.3-650.5**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

The Oklahoma EMT Protection Law provides fines and punishment for any type of interference with an emergency medical technician or other emergency medical care provider in the performance of or attempt to perform emergency medical care and treatment or in going to or returning from the scene of a medical emergency.





## Appendix B

### EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions

#### B-11 Good Samaritan Act, Title 76, Torts §5

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

The Good Samaritan Act indicates responsibility for negligence and exceptions to such. This law basically provides that any person who in good faith, voluntarily and without compensation, renders or attempts to render emergency care will not be liable for any civil damages as a result of any acts of omissions by such person in rendering the emergency care. The law basically provides civil protection for persons in specific circumstances that render emergency care.







## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-12 EMS Legal Opinions**

**<http://www.oscn.net/applications/oscn/index.asp?ftdb=STOKAG&level=1>**

The following section on EMS Legal Opinions was updated in April of 2011 with the last available opinion dated 9/28/2010.





## EMS Legal Opinions

### Contents

| <b>Date of Opinion</b> | <b>General Subject Matter of Legal Opinion</b>  |
|------------------------|---|
| 3/15/1978              | 522 district not a county office; therefore, DA not required to represent 522 board.  |
| 12/20/1978             | 522 district annual audits paid out of special tax levy.  |
| 02/07/1980             | Expenditures from municipal tax proceeds approved by governing board and disbursed from municipal treasury.   |
| 04/13/1983             | Volunteer firemen may not display flashing red lights on private autos en route to fire station when responding to a fire alarm.  |
| 08/17/1983             | 522 district has power & authority to operate outside district boundaries provided charges are an amount equal to actual costs for services rendered (as per Article X).  |
| 12/30/1983             | 522 districts not political subdivisions of State; 522 districts are subject to same liabilities and immunities as municipalities and counties; 522 districts not required to purchase through county clerk; 522 districts not required to file or have budget approved by County Excise Board.   |
| 12/30/1983             | 522 districts start fiscal year on July 1 each year; 522 board is subject to state nepotism laws in hiring an EMS manager; EMS manager subject to state nepotism laws if 522 board delegates hiring authority to EMS manager; 522 district employees are not county employees; 522 district is separate and independent body from county.             |
| 02/28/1984             | 522 districts have authority to provide emergency and nonemergency transport services.  |
| 04/25/1984             | 522 districts may not pay per diem expenses and/or mileage expense for travel to and from the board meetings to board members.  |
| 06/12/1984             | Home-rule charter municipalities with EMS may not prohibit any other licensed EMS provider from operating within the municipality; Board of County Commissioners may contract with municipal ambulance service without competitive bidding.   |
| 12/12/1984             | Title 47 O.S. 856.1 authorizes a visual inspection to determine if emission control equipment on certain vehicles is in good working order; a lead sensitive "plumbtesmo" test of the tailpipe is an authorized inspection technique.   |
| 02/04/1985             | 522 districts are not eligible employers for the Oklahoma Public Employees Retirement System.   |
| 05/10/1985             | Any person served outside a 522 district must be charged the actual cost for such service; 522 boards are empowered to set fees for anyone served within district whether resident or not, board is not precluded from setting a lower fee for residents of district.   |
| 07/30/1986             | 522 districts are not prohibited from borrowing money or encumbering funds not projected as available during fiscal year; 522 boards have authority to incur indebtedness of district; Directors not personally liable; 522 boards are subject to Open Meeting Act; 522 boards are responsible for causing an annual financial audit to be performed. |

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|------------|--|
| 08/20/1987 | Board of County Commissioners can only levy, collect, and use county sales tax for a particular purpose as enumerated by the Legislature; County cannot remit any portion of tax proceeds to a municipality as to receive the support of the voters in that municipality in a special election.  |
| 12/14/1987 | Neither a 522 district nor a Fire Protection District may borrow or obligate districts to incur debt without an election; Even with an election, 522 districts may issue bonds only and Fire Protection Districts may issue “notes or other evidence of indebtedness;” Both may accumulate funds from annual budget incomes in a capital improvement fund for capital improvements not financed by long-term debt.   |
| 10/26/1989 | A 522 trustee may continue to perform after expiration of term only until Board of County Commissioners appoint a successor; 522 board does not have power to subdivide or “red-line” district into geographic sub-districts for purpose of localizing the amounts of ad valorem income received.  |
| 01/10/1990 | Volunteer firemen acting in official capacity enjoy absolute statutory sovereign immunity limited to civil actions in tort.  |
| 06/30/1997 | 9-1-1 Emergency Number Act does not allow local governments to impose a fee on cellular customers.   |
| 02/18/1998 | Oklahoma Open Meeting Act requires public notice be posted in prominent public view for at least 24 hours prior to meeting in a location at its principal office, easily accessible and convenient to the public.  |
| 03/13/2000 | 522 districts may establish a different fee structure for services provided within the district and for services provided outside the district.  |
| 02/05/2002 | 522 board may employ counsel to represent the 522 district; 522 district is required to provide an ambulance service, not just a first responder agency; if unable to provide service due to an error in the expected annual income, the district is not required to return money to taxpayers, however, the board should seek judicial guidance as to how to properly dispose of the remaining funds; registered voters from the entire school district must vote on whether the district should be formed. |
| 07/09/2002 | A public body can accept a gift from an anonymous donor and the identity of any donor can be kept confidential.  |
| 07/09/2002 | An agenda item such as “visitors’ comments” or “public comments” is sufficient to meet the notice requirement for the Oklahoma Open Meeting Act.   |
| 10/02/2002 | If created pursuant to Article X, Section 9C of the Oklahoma Constitution, an ambulance service is not obligated to commit its ad valorem tax revenues to a public trust for ambulance service; A 522 district may not levy more than 3 mills for the support, organization, operation, and maintenance of a 522 district.   |
| 04/22/2004 | A privately owned ambulance service may be subsidized by a municipality because they are considered “public purpose”; A municipality or municipal utility may impose a monthly fee on a utility customer’s bill to subsidize a privately owned ambulance service.  |
| 01/14/2005 | Neither municipal courts of record nor municipal courts not of record are required to collect statutory fees for the benefit of the Trauma Care Assistance Revolving Fund.   |

|            |  |
|------------|--|
| 12/15/2005 | The board of trustees of the 522 district has policy-making discretion with respect to the allocation of resources and contracting priorities.   |
| 03/06/2006 | If two bills concerning the same statutes are passed during the same legislative session, the later-enacted statute controls. House Bill 1502 takes precedence over Senate Bill 374 defining the term "testing facility" under the Standards for Workplace Drug and Alcohol Testing Act; "testing facility" does not include on-site drug or alcohol screening tests to screen out negative test results under certain conditions.                         |
| 9/11/2006  | The Advance Directive Act created by Senate Bill 1624 does not render unenforceable any living will, appointment of a health care proxy, or other advance directive executed prior to the May 17, 2006 effective date of the amendment.  |
| 8/22/2007  | A city included in an existing countywide 911 emergency telephone system may not withdraw from the participation in the system by establishing its own city 911 system, without a vote of the same body of county voters who approved the system in the first instance.  |
| 10/11/2007 | Under the Oklahoma Open Meeting Act, a public body may not meet in executive session to discuss the sale of real property.   |
| 9/28/2010  | A 522 district is not limited to the proceeds of the issuance of bonds as the only source of funds for the purchase of emergency vehicles; a 522 district may also use proceeds from the general operating levy, fees for services, gifts, grants, and funds accumulated in a capital improvement fund; a 522 district may purchase ambulances through a lease-purchase agreement, provided the agreement does not constitute borrowing or long-term debt. |



**Question Submitted by: Dean Warren, District Attorney, LeFlore County**

**1977 OK AG 208**

**Decided: 03/15/1978**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an opinion concerning the relationship between the board of trustees of an emergency medical services district and the local district attorney, relating to legal advice and defense services. You ask, in effect, the following question:

If requested, in writing, is the district attorney required to appear and represent the board of trustees of an emergency medical services district as legal advisor in either a collection action or when said board is sued?

It is, therefore, the opinion of the Attorney General that your question be answered in the negative. The district attorney is not required to appear and represent the board of trustees of an emergency medical services district because it does not qualify as a county office under the provisions of 19 O.S. 215.5 or 19 O.S. 215.25 (1977).

LARRY DERRYBERRY  
ATTORNEY GENERAL OF OKLAHOMA  
PAUL C. DUNCAN  
ASSISTANT ATTORNEY GENERAL



**Question Submitted by: John M. Rogers, State Examiner and Inspector**

**1978 OK AG 196**

**Decided: 12/20/1978**

**Oklahoma Attorney General Opinions**

The Attorney General is in receipt of your request for an Opinion wherein you ask, in effect, the following question:

Article X , Section 9C(i) of the Oklahoma Constitution requires the State Examiner and Inspector to conduct an annual audit of the operations of Emergency Medical Service Districts. From what funds may the expenses of these audits be paid?

Therefore, it is the opinion of the Attorney General that the costs of the annual audits of emergency medical service districts required under Article X , Section 9C(i) of the Oklahoma Constitution may be paid out of the special tax levy authorized for the support, organization, operation and maintenance of these emergency medical service districts.

JAN ERIC CARTWRIGHT  
ATTORNEY GENERAL OF OKLAHOMA  
GLENN McLOUGHLIN  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable William M. Schuelein, Oklahoma State  
Senate**

**1980 OK AG 6**

**Decided: 02/07/1980**

**Oklahoma Attorney General Opinions**

The Attorney General is in receipt of your request for an opinion wherein you ask, in effect, the following question:

Where the citizens of a municipality approve an ordinance providing for an additional 1% sales tax for the purpose of providing revenues and equipment for the volunteer ambulance service, and equipment for the city fire department and volunteer fire department, may the city treasurer deposit those proceeds into a bank account entitled "Volunteer Emergency Services" and allow the volunteer fire department (a department of the municipality) to expend these funds without approval and signatures by the governing body of the municipality?

It is, therefore, the official opinion of the Attorney General that all expenditures of tax proceeds, special or general, apportioned and distributed to the municipality or collected by a municipality must be approved by the governing board and disbursed from the municipal treasury according to law upon proper warrants issued by the municipal clerk or other official authorized to issue said warrants.

JAN ERIC CARTWRIGHT  
ATTORNEY GENERAL OF OKLAHOMA  
PATRICIA R. DEMPS  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Gene Combs, Oklahoma House of  
Representatives**

**1983 OK AG 81**

**Decided: 04/13/1983**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking:

"May volunteer firemen, using private automobiles equipped with red lights, activate them en route to the fire station when responding to a fire alarm?"

It is, therefore, the official opinion of the Attorney General that under the provisions of 47 O.S. 1-103, 47 O.S. 12-227 and 47 O.S. 15-101 (1981), volunteer firemen may not display flashing red lights on their private automobiles while en-route to the fire station when responding to a fire alarm.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
PATRICIA REDD DEMPS  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable W. A. Drew Edmondson, District  
Attorney**

**1983 OK AG 88**

**Decided: 08/17/1983**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking:

"Whether or not an ambulance service district created under Article X, Section 9C Oklahoma Constitution has the power or authority to operate outside its district boundaries, and if it has some such power or authority, what is the extent of such power or authority?"

It is, therefore, the official opinion of the Attorney General that an ambulance service district created pursuant to Article X , Section 9C of the Oklahoma Constitution has the power and authority to operate outside its district boundaries provided the district charges an amount equal to the actual costs for the service rendered, not taking into account any income the district receives from millage or sources within the district.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
PATRICIA REDD DEMPS  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Clifton H. Scott, P.A., State Auditor and  
Inspector**

**1983 OK AG 190**

**Decided: 12/30/1983**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

1. Are Emergency Medical Service (EMS) districts established pursuant to Article X, Section 9C of the Oklahoma Constitution, political subdivisions of the State?
2. Are such EMS districts subject to the terms of the Tort law?
3. Are such EMS districts required to make purchases through the county clerk pursuant to 19 O.S. 1500 et seq. (1982)?
4. Is it necessary for the County Excise Board to sign and approve the budgets for the EMS districts?

It is, therefore, the official opinion of the Attorney General that:

1. Emergency Medical Service Districts established pursuant to Article X, Section 9C of the Oklahoma Constitution are not political subdivisions of the State.
2. Pursuant to Article X, Section 9C(n), Emergency Medical Service Districts are subject to the same liabilities and immunities as municipalities and counties as contained in the Political Subdivision Tort Claims Act. 51 O.S. 151 et seq. (1981).
3. Emergency-Medical Service Districts are not required to make purchases through the county clerk pursuant to Title 19 O.S. 1500 et seq. (1982) of the Purchasing Procedures Act. Moreover, the Act does not authorize the county clerk to make purchases for such districts.
4. An Emergency Medical Service District is not required to file and have its budget approved by the County Excise Board pursuant to Title 68 O.S. 2483 et seq. (1981).

**MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
PATRICIA REDD DEMPS  
ASSISTANT ATTORNEY GENERAL**

**Question Submitted by: The Honorable Guy Davis, Oklahoma House of  
Representatives**

**1983 OK AG 154**

**Decided: 12/30/1983**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion, asking, in effect:

1. Is an ambulance service operated by an Emergency Medical Service district organized under Article X , Section 9C, of the Oklahoma Constitution required to establish its budget year to begin July 1 of each year?
2. Is the manager of such ambulance service, who is employed and not elected, subject to the nepotism laws of the State in respect to his position?
3. Is an Emergency Medical Service district subject to the Oklahoma Open Meeting Act, 25 O.S. 301 - 25 O.S. 314 (1981)?
4. Are the employees of an ambulance service of the Emergency Medical Service district county employees?
5. In what category are these employees if the answer to question 4 is no?

It is, therefore, the official opinion of the Attorney General that:

1. An ambulance service operated by an EMS district created under Article X , Section 9C, of the Oklahoma Constitution is required to establish its fiscal year to commence on July 1 of each year.
2. The board of trustees of an EMS district is subject to the state nepotism laws in regard to hiring a manager for an EMS district ambulance service. If the board properly delegates its hiring authority to the manager, he, too, would be subject to the state nepotism laws.
3. An EMS district's board of trustees is considered a public body as that term is defined by the Oklahoma Open Meeting Act; the meetings of the board of trustees must, therefore, comply with the provisions of the Oklahoma Open Meeting Act.
4. The employees of an ambulance service operated by an Article X , Section 9C, entity are not county employees as the EMS district is a separate and independent body from the county. The employees of an EMS district are employees of the EMS district.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
ELIZABETH J. BRADFORD  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Guy Davis, Oklahoma House of  
Representatives**

**1983 OK AG 300**

**Decided: 02/28/1984**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

Whether an ambulance service district established pursuant to Article X, Section 9C of the Oklahoma Constitution has the authority to use levied funds for nonemergency transportation of persons within the district?

It is, therefore, the official opinion of the Attorney General that an ambulance service district established pursuant to Article X; Section 9C of the Oklahoma Constitution has the authority to use levied funds for emergency and nonemergency transportation of wounded, injured or sick persons within the district.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
PATRICIA REDD DEMPS  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable David Young, District Attorney**

**1983 OK AG 280**

**Decided: 04/25/1984**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

May an Emergency Medical Service District formed by vote of taxpayers under the provisions of Article X, Section 9C, of the Oklahoma Constitution lawfully pay per diem expenses and/or mileage expense for travel to and from the board meeting to members of the board of trustees of the EMS district who attend regular and special meetings of the board?

It is, therefore, the official opinion of the Attorney General that an Emergency Medical Service District formed pursuant to Article X, Section 9C, of the Oklahoma Constitution may not lawfully pay per diem expenses and/or mileage expense for travel to and from the board meeting and return to the residence to members of the board of trustees of the EMS district who attend regular and special meetings of the board.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
ELIZABETH J. BRADFORD  
ASSISTANT ATTORNEY GENERAL



**Question Submitted by: The Honorable Kenneth Converse, Oklahoma House of  
Representatives**

**1984 OK AG 84**

**Decided: 06/12/1984**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

1. Can a home-rule charter municipality which owns and operates an ambulance service pursuant to its power of local self-government, enact an ordinance which prohibits any other licensed provider of ambulance services from picking up patients within the boundaries of the municipality and which prevents any other licensed provider of ambulance services from using the streets located within the municipality?

2. Can a Board of County Commissioners enter into a contract with a municipal ambulance service to provide the residents of the county with ambulance services without competitive bidding?

It is, therefore, the official opinion of the Attorney General that:

1. A home-rule charter municipality, which owns and operates an ambulance service, may not enact an ordinance which prohibits any other licensed provider of ambulance services from picking up patients within the boundaries of the municipality and which prevents any other licensed provider of ambulance services from using the streets located within the municipality, since such an ordinance would be impermissibly inconsistent and irreconcilable with the licensing provisions of the Emergency Medical Services Improvement Act. 63 O.S. 330.81, 63 O.S. 330.82 (1981).

2. A Board of County Commissioners may enter into a contract with a municipal ambulance service to provide the residents of the county with ambulance services without competitive bidding.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
JOHN D. ROTHMAN  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: Dr. Joan Leavitt, Commissioner of Health, Department  
of Health**

**1984 OK AG 174**

**Decided: 12/12/1984**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

1. Does 47 O.S. 856.1 (1984) authorize a visual inspection to determine whether or not the federally required emission control equipment on certain vehicles is maintained in good working order?
2. Is a lead sensitive "plumbtesmo" test of the tailpipe an authorized inspection as contemplated by 47 O.S. 856.1 (1984)?

It is, therefore, the official opinion of the Attorney General that:

1. Title 47 O.S. 856.1 (1984) authorizes a visual inspection to determine whether or not the federally required emission control equipment on certain vehicles is maintained in good working order.
2. A lead sensitive "plumbtesmo" test of the tailpipe is an authorized inspection technique as contemplated by 47 O.S. 856.1 (1984).

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
SARA J. DRAKE  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: Rex Privett, Executive Director, Oklahoma Public  
Employees Retirement System**

**1984 OK AG 149**

**Decided: 02/04/1985**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking:

"Is an Emergency Medical Service District an 'Eligible Employer' within the meaning of Title 74 O.S. 902(14) (1981)?"

It is, therefore, the official opinion of the Attorney General that an Emergency Medical Service District is not an "eligible employer" within the meaning of 74 O.S. 902(14) (1984).

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
JOHN GALOWITCH  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Cal Hobson, Oklahoma House of  
Representatives**

**1984 OK AG 192**

**Decided: 05/10/1985**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

1. Does the language of Article X , Section 9C(i) of the Oklahoma Constitution refer to persons residing outside the ambulance service district or does it refer to persons located outside the district at the time service is rendered?
2. If a person residing outside an ambulance service district is physically located within the district at the time ambulance service is rendered to that person, is the district required to assess charges for the actual cost of the service?

It is, therefore, the official opinion of the Attorney General that:

1. Pursuant to the provisions of Article X , Section 9(C)(i), anyone served outside an ambulance service district must be charged the actual cost for such service by the district, regardless of the location of his or her residence.
2. Article X , Section 9(C)(i) empowers the Board of Trustees to set fees for anyone who is served within the district whether that person is a resident or nonresident of the district. The Board is not precluded from setting a lower fee for the assessed residents of the district.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
BETTY ELROD HUNTER  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Roy Boatner, Oklahoma State Senate**

**1986 OK AG 27**

**Decided: 07/30/1986**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

1. May a Rural Ambulance Service District borrow money or encumber funds not on hand and not projected as available during the fiscal year?
2. Who may authorize and who is legally responsible for the indebtedness. Could the board members be personally liable?
3. Is a Rural Ambulance Service District subject to the Open Meeting Act?
4. When must a financial audit of a Rural Ambulance Service District be performed and who is responsible for causing the audit to be performed?

It is, therefore, the official opinion of the Attorney General that:

1. Rural Ambulance Service Districts, created pursuant to 19 O.S. 1201 et seq. (1981), are not political corporations or subdivisions of the state and are not subject to constitutional debt limitations of Article X, Section 26, therefore, they are not prohibited from borrowing money or encumbering funds for purposes set forth in the Act not projected as available during the fiscal year.
2. The board of directors of a Rural Ambulance Service District, which is responsible for governing and administering the affairs of the district, has the authority to authorize the incurring of indebtedness by the district. The directors, acting on behalf of the district, are not personally liable for such indebtedness, absent a showing of actual fraud or bad faith.
3. The board of directors of a Rural Ambulance Service District is entrusted with the expending of public funds and therefore constitutes a public body and is, therefore, subject to the Open Meeting Act.
4. Title 19 O.S. 1216 (1981) requires that a financial audit of the district must be made annually and that the board of directors of a Rural Ambulance Service District is responsible for causing the audit to be performed.

MICHAEL C. TURPEN  
ATTORNEY GENERAL OF OKLAHOMA  
BETTY E. HUNTER  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Frank Rhodes, Oklahoma State Senate**

**1987 OK AG 66**

**Decided: 08/20/1987**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking, in effect:

May a county lawfully remit a portion of the proceeds of a county sales tax levied and collected pursuant to 68 O.S. 1370 (1986), directly to a municipality so as to receive the support of the voters in that municipality at the special election authorizing the tax?

It is, therefore, the official opinion of the Attorney General that 68 O.S. 1370(C) (1986) prohibits the levy, collection, and use of any county sales tax by a Board of County Commissioners except when the tax is for a particular purpose related to the class of valid purposes enumerated by the Legislature in 68 O.S. 1370(C). An attempt by a county to remit directly to a municipality a portion of the proceeds of a county sales tax so as to receive the support of the voters in that municipality in a special election does not indicate that those proceeds are to be levied, collected and used for a valid statutory purpose and would thus be outside the statutory authority of the Board of County Commissioners.

ROBERT H. HENRY  
ATTORNEY GENERAL OF OKLAHOMA  
WILLIAM D. LAFORTUNE  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Clifton H. Scott, State Auditor and  
Inspector**

**1987 OK AG 139**

**Decided: 12/14/1987**

**Oklahoma Attorney General Opinions**

The Attorney General has received your request for an official opinion asking:

- (1) May an Emergency Medical Service District or Fire Protection District borrow money and obligate the district to debt without an election?
- (2) If an Emergency Medical Service District or Fire Protection District may not borrow money, what is the proper method to be used in order to obtain funds for long term debt and capital projects?

It is, therefore, the official opinion of the Attorney General that:

1. Neither an Emergency Medical Service District ( authorized and operating under Article X, Section 9C, Oklahoma Constitution, and 19 O.S. 1701 - 19 O.S. 1723 (1987) ) nor a Fire Protection District (authorized and operating under 19 O.S. 901.1 (1981) et seq., as amended), may borrow money or obligate such districts to incur debt without an election. Even with an election Emergency Medical Service Districts may issue bonds only; with an election Fire Protection Districts may also issue "notes or other evidence of indebtedness."
2. While neither an Emergency Medical Service District nor a Fire Protection District may borrow money for long-term debt without an election, they both may accumulate funds from their annual budget incomes in a capital improvement fund for capital improvements not financed by long-term debt.

ROBERT H. HENRY  
ATTORNEY GENERAL OF OKLAHOMA  
HUGH H. COLLUM  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Bill Mitchell, Oklahoma House of Representatives**

**1989 OK AG 61**

**Decided: 10/26/1989**

**Oklahoma Attorney General Opinions**

The Attorney General has received your letter asking for an official opinion addressing, in effect, the following questions:

1. May a trustee of an emergency medical services district, established pursuant to Article X, Section 9C of the Oklahoma Constitution, continue to exercise the powers of a trustee after his or her term of office has expired?
2. May the board of trustees of such an emergency medical services district subdivide or "red-line" the district into geographic sub-districts for the purpose of identifying sources and localizing the amounts of ad valorem income the district receives, then arbitrarily use those categorical amounts to effect differences in quality, or availability, or cost of emergency medical care and transportation for individuals within the district?

It is, therefore, the official opinion of the Attorney General that:

1. A trustee of an emergency medical services district, established by Oklahoma Constitution Article X, Section 9C, may continue to perform the duties of a trustee after the expiration of his or her term, but only until the board of county commissioners within the district appoints a successor.
2. The board of trustees of an emergency medical services district does not have the power to subdivide or "red-line" the district into geographic sub-districts for the purpose of localizing the amounts of ad valorem income received so as to effect differences in the quality, availability or cost of emergency medical care and transportation within the district, for the reasons that (1) the board of trustees is not granted the power to do so under Oklahoma Constitution Article X, section 9C, (2) the board of trustees has no statutory authority to do so, and (3) such action by the board of trustees would be in direct conflict with the Article X, section 9C procedure for creation, expansion and dissolution of an emergency medical service district.

ROBERT H. HENRY  
ATTORNEY GENERAL OF OKLAHOMA  
W. CRAIG SUTTER  
ASSISTANT ATTORNEY GENERAL



**Question Submitted by: The Honorable Lewis Long, Oklahoma State Senate**

**1989 OK AG 65**

**Decided: 01/10/1990**

**Oklahoma Attorney General Opinions**

The Attorney General has received your letter asking for an official opinion addressing, in effect, the following question:

Do volunteer members of a Volunteer Fire Department in an unincorporated community, created pursuant to the provisions of 18 O.S. 592 (1989), have any statutory exemption from liability in suits for damages for their actions as volunteer firemen? If so, what is the extent of any such exemption from civil liability?

It is, therefore, the official opinion of the Attorney General that, under the Oklahoma Governmental Tort Claims Act, 51 O.S. 151 (1989) et seq., volunteer firemen, as provided for under 18 O.S. 592 (1989), acting in that capacity, enjoy absolute statutory sovereign immunity, while they are acting within the scope of that employment relationship, and such immunity is limited to civil actions in tort brought under the provisions of the Oklahoma Governmental Tort Claims Act. In light of the amendments to 51 O.S. 152 (1989), discussed herein, the conclusion reached in Attorney General Opinion No. 86-095 is no longer valid.

ROBERT H. HENRY  
ATTORNEY GENERAL OF OKLAHOMA  
CATHY CLINTON BARNUM  
ASSISTANT ATTORNEY GENERAL  
DEPUTY CHIEF, FEDERAL DIVISION

**Question Submitted by: The Honorable Lewis Long, State Senator, District 37**

**1997 OK AG 24**

**Decided: 06/30/1997**

**Oklahoma Attorney General Opinions**

This office has received your letter requesting an official Attorney General Opinion addressing the following issue:

The Oklahoma Statutes, at 63 O.S. 1991 and Supp.1996, §§ 2811-2821, allow local governments to impose a 911 fee on customers of local exchange telephone companies to fund 911 service. Can local governments impose a similar 911 fee on cellular telephone customers?

It is, therefore, the official Opinion of the Attorney General that:

The Nine-One-One Emergency Number Act, 63 O.S. 1991 and Supp.1996, §§ 2811-2821, does not allow local governments to impose a 911 fee on cellular telephone customers.

W.A. DREW EDMONDSON  
ATTORNEY GENERAL OF OKLAHOMA  
DARA DERRYBERRY PRENTICE  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Stratton Taylor, President Pro Tempore,  
Oklahoma State Senate**

**1997 OK AG 98**

**Decided: 02/18/1998**

**Oklahoma Attorney General Opinions**

This office has received your request for an Attorney General Opinion in which you ask, in effect, the following question:

Does the Oklahoma Open Meeting Act, 25 O.S. 1991 and Supp.1997, §§ 301-314, require public bodies to post the notice required by the Act in a place which allows the public to view the notice at least twenty-four (24) hours prior to the meeting?

It is, therefore, the official Opinion of the Attorney General that:

In view of the fact that the Oklahoma Open Meeting Act is to be liberally construed in favor of the public because it was enacted to encourage and facilitate an informed citizenry, the public notice required to be posted in prominent public view by 25 O.S. Supp.1997, § 311(A)(9) must be conspicuously posted for at least twenty-four (24) hours prior to the meeting in a location at its principal office (or the location of the meeting if no office exists) which is easily accessible and convenient to the public at any time during that period.

W.A. DREW EDMONDSON  
ATTORNEY GENERAL OF OKLAHOMA  
GRETCHEN ZUMWALT  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Charles Gray, State Representative,  
District 89, President Pro Tempore**

**2000 OK AG 19**

**Decided: 03/13/2000**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion asking, in effect, the following question:

Can an emergency medical service district established under Article X, § 9C of the Oklahoma Constitution establish a fee schedule which requires payment only to the extent covered by insurance?

It is, therefore, the official Opinion of the Attorney General that:

An emergency medical service district formed under Article X, § 9C of the Oklahoma Constitution must charge an amount equal to the actual cost for service to persons served outside the district, but as to fees charged for services provided within the district, the board of trustees may establish a different fee structure.

W. A. DREW EDMONDSON  
ATTORNEY GENERAL OF OKLAHOMA  
DOUGLAS F. PRICE  
ASSISTANT ATTORNEY GENERAL

**Question Submitted by: The Honorable Dale W. Wells, State Representative,  
District 33  
2002 OK AG 4  
Decided: 02/05/2002  
Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following questions:

1. Does an Emergency Medical Service District Board have the power and authority to employ legal counsel to represent the Emergency Medical Services District?
2. May an Emergency Medical Service District provide a First Response Agency in lieu of an ambulance service?
3. If the district is unable to provide an ambulance service due to an error in the expected annual income from the tax levy, is the district required to return money to the taxpayers?
4. If an Emergency Medical Services District is composed of a school district, are voters from the entire school district required to vote in order for the district to be properly created?

It is, therefore, the official Opinion of the Attorney General that:

1. An Emergency Medical Service District Board created by Oklahoma Constitution Article X, § 9C may employ legal counsel to represent the Emergency Medical Services District.
2. An Emergency Medical Service District created under the provisions of Oklahoma Constitution Article X, § 9C is required to provide an ambulance service and may not provide a first response agency in lieu of an ambulance service.
3. If an Emergency Medical Service District is unable to provide an ambulance service due to an error in the expected annual income from the tax levy, there is no constitutional or statutory provision requiring the district to return money to the taxpayers. An Emergency Medical Service District should thus seek judicial guidance as to how to properly dispose of its remaining funds. 12 O.S. 2001, § 1651.
4. If an Emergency Medical Service District area embraces a part or parts of more than one county, it must follow school district boundary lines and registered voters from the entire school district must vote on whether the district should be formed. If a district has not been properly created, a new district may be created through a special election held in accordance with Okla. Const. art X, § 9C.

W.A. DREW EDMONDSON  
Attorney General of Oklahoma  
SANDRA D. HOWARD  
Senior Assistant Attorney General

**Question Submitted by: The Honorable Elmer L. Maddux, State Representative,  
District 58  
2002 OK AG 27  
Decided: 07/09/2002  
Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion asking, in effect, the following questions:

1. May a public body accept a gift from an anonymous donor?
2. May a public body keep confidential the identity of a donor from whom the public body has accepted a gift?

It is, therefore, the official Opinion of the Attorney General that:

1. A public body has discretion to accept gifts from a donor whose identity is unknown.
2. Absent other law specifically requiring or prohibiting confidentiality, a public body has discretion to keep the identity of a donor confidential pursuant to 51 O.S. 2001, § 24A.11. Any decision regarding confidentiality donor identity must be made in compliance with the rules of the Ethics Commission. See 74 O.S. 2001, ch. 62, app., R. 257:20-1-1 – 257:30-1-9.

W. A. DREW EDMONDSON  
Attorney General Of Oklahoma  
GRANT E. MOAK  
Assistant Attorney General

**Question Submitted by: The Honorable Elmer Maddux, State Representative,  
District 58  
2002 OK AG 26  
Decided: 07/09/2002  
Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Does an agenda of a public body which lists as an agenda item "visitors' comments" or "public comments" comply with the Oklahoma Open Meeting Act, 25 O.S. 2001, §§ 301 - 314?

It is, therefore, the official Opinion of the Attorney General that:

1. A public body is not required under either the Oklahoma Open Meeting Act, 25 O.S. 2001, § 311(B)(1), or the First Amendment to the United States Constitution to provide an opportunity for citizens to express their view on issues being considered by a public body, but a public body may voluntarily choose to allow for such comments.
2. A public body which voluntarily chooses to allow for public comment may limit comment to items on the agenda and provide on the agenda that comments are limited. A public body may also allow for open comment.
3. Pursuant to 25 O.S. 2001, § 311(B)(1), an agenda of a public body, which lists as an agenda item general terms such as "visitors' comments" or "public comments," is sufficient to meet the notice requirement of the Oklahoma Open Meeting Act, because it advises that members of the public will be allowed an opportunity to comment.

W.A. DREW EDMONDSON  
Attorney General of Oklahoma  
SANDRA D. HOWARD  
Senior Assistant Attorney General

**Question Submitted by: The Honorable Tom May, District Attorney, 13th  
District**

**2002 OK AG 39**

**Decided: 10/02/2002**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following questions:

1. May ad valorem taxes be levied to provide funds for the support, organization, operation and maintenance of an Emergency Medical Service District ambulance service in excess of the 3 mills authorized by Article X, Section 9C of the Oklahoma Constitution?
2. May an Emergency Medical Service District, created pursuant to Okla. Const. art. X, § 9C, be obligated by the voters at the time of its creation to commit its ad valorem tax revenues to a public trust for ambulance services, within the boundaries of the Emergency Medical Service District?
3. If the answer to question 2 is yes, is it necessary to propose this obligation in the ballot question creating the Emergency Medical Service District?
4. May a county levy a 5 mill ad valorem tax to support the operational expenses of an ambulance service administered by a public trust?

It is, therefore, the official Opinion of the Attorney General that:

1. Ad valorem taxes may not be levied in excess of three (3) mills for the "support, organization, operation and maintenance" of an Emergency Medical Service District created pursuant to Okla. Const. art. X, § 9C (a).
2. After an Emergency Medical Service District has been created, bonds may be issued by the board of trustees if approved by a majority vote of the qualified electors of the district, voting at a special election for the purpose of acquiring, maintaining, and housing emergency vehicles and other equipment. Okla. Const. art. X, § 9C (b). An additional ad valorem tax not to exceed three (3) mills may be levied for the payment of principal and interest on outstanding bonds.
3. A public trust may be created to perform the public function of providing ambulance service in accordance with 60 O.S. 2001, § 176 . However, voters may not obligate an Emergency Medical Service District created pursuant to Okla. Const. art. X, § 9C at the time of its creation to commit its ad valorem tax revenues to a public trust for ambulance services.
4. A portion of ad valorem taxes allocated to a county on a year-to-year basis pursuant to Okla. Const. art. X, 9(a) may be used to support the expenses of an ambulance service administered by a public trust. However, Section 9(a) requires that the total taxes for all purposes on an ad valorem basis shall not exceed fifteen (15) mills, five (5) of which are apportioned for school district purposes, with the remainder to be apportioned between the county, city, town and school district by the County Excise Board. A county may not levy an additional five (5) mills beyond that authorized by Okla. Const. art. X, § 9(a).

W.A. DREW EDMONDSON  
Attorney General of Oklahoma  
SANDRA D. HOWARD  
Senior Assistant Attorney General



**Question Submitted by: The Honorable James E. Covey, State Representative,  
District 57  
2004 OK AG 15  
Decided: 04/22/2004  
Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following questions:

1. May a municipality or a municipal utility authority legally subsidize a privately owned ambulance service?
2. May a municipality or a municipal utility authority impose a monthly fee on a utility customer's bill to subsidize a privately owned ambulance service?

It is, therefore, the official Opinion of the Attorney General that:

1. Municipalities may be either charter or non-charter municipalities. 11 O.S. 2001, § 13-101; 11 O.S. 2001, § 14-101. Charter municipalities may frame a charter for their own government consistent with the Oklahoma Constitution and Oklahoma statutory law. Okla. Const. art. XVIII, § 3(a); 11 O.S. 2001, § 13-101. Non-charter cities may enact ordinances consistent with the Oklahoma Constitution and the provisions of 11 O.S. 2001, § 14-101.
2. Municipalities are prohibited by Okla. Const. art. X, § 17 from investing public funds in private enterprise. *Lawrence v. Schellstede*, 348 P.2d 1078, 1082 (Okla. 1960). Expenditures resulting in a public use or purpose are not gifts and are not prohibited by Okla. Const. art. X, § 17.
3. The Legislature specifically provided that a municipality may contract with a private entity to provide ambulance service. 11 O.S. 2001, § 23-105. Providing ambulance services is generally understood to be a public purpose. The term "public purpose" is to be construed broadly and generally means "a purpose affecting the inhabitants of the state or taxing district as a community, and not merely as individuals." *Way v. Grand Lake Ass'n*, 635 P.2d 1010, 1015 (Okla. 1981). Whether the terms of a contract which includes a subsidy to a privately owned ambulance service are such that the expenditure is for a public purpose, or whether the payment constitutes a gift, is a question of fact which cannot be answered in an Attorney General Opinion. 74 O.S. 2001, § 18b(A)(5).
4. A public trust such as a municipal utility authority may be created to perform the same function as the beneficiary for whom it is created. 60 O.S. Supp. 2003, § 176(A)(1). However, a trust has only those specific powers granted by the instrument creating the trust or those to which the government agency creating the trust has expressly consented. 60 O.S. 2001, § 177.1. Therefore, it is a question of fact whether a municipal utility authority organized as a public trust may subsidize an ambulance service. 74 O.S. 2001, § 18b(A)(5).
5. Assuming that subsidizing an ambulance service is a public purpose and provisions for charging fees on customers' utility bills are contained within the municipality's charter or ordinances, a municipality may charge a fee to its customers to subsidize an ambulance service. *Sharp v. Hall*, 181 P.2d 972, 974 (Okla. 1947).

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

SANDRA D. RINEHART  
Senior Assistant Attorney General

**Question Submitted by: The Honorable Marian Cooksey, State Representative,  
District No. 39; The Honorable Ken Miller, State Representative, District No. 81**

**2005 OK AG 1**

**Decided: 01/14/2005**

**Oklahoma Attorney General Opinions**

This office has received a request from your predecessors, Representatives Wayne Pettigrew and Raymond Vaughn, for an official Attorney General Opinion in which they asked, in effect, the following question:

The 2004 Legislature passed several measures directing the payment of monies to the Trauma Care Assistance Revolving Fund for violation of various Oklahoma Statutes, such as transporting intoxicating beverages, driving without a license, and possession of controlled dangerous substances. Are municipal courts required to collect like funds payable to the Trauma Care Assistance Revolving Fund from persons found guilty of violating similar municipal ordinances?

It is, therefore, the official Opinion of the Attorney General that:

1. Both municipal courts of record and municipal courts not of record have jurisdiction to hear only those cases and controversies that involve municipal ordinances, including in some instances violations of municipal ordinances by a minor. Okla. Const. art VII, § 1; 11 O.S. 2001, §§ 27-103, 28-102(A); 10 O.S. 2001, § 7303-1.2(E), (F). Subject to limitation on fees from certain juvenile proceedings, municipal courts of record and municipal courts not of record may only collect fines established by ordinance. 10 O.S. 2001, § 7303-1.2(F).
2. The 2004 legislation requiring the payment of monies to the Trauma Care Assistance Revolving Fund for violations of Oklahoma Statutes is subject to the general jurisdiction of District Courts. Okla. Const. art VII, § 7(a).
3. Neither municipal courts of record nor municipal courts not of record are required to collect statutory fees for the benefit of the Trauma Care Assistance Revolving Fund. Okla. Const. art VII, § 1; 11 O.S. 2001, §§ 27-103, 28-102(A).

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

DAVID L. KINNEY  
Assistant Attorney General

**Question Submitted by: The Honorable Ron Justice, State Senator, District 23**

**2005 OK AG 48**

**Decided: 12/15/2005**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Does 19 O.S. Supp.2005, § 1710.1 of the Emergency Medical Service District Budget Act, which among other things requires an emergency medical service district which provides ambulance services through contracts with ambulance service providers to use at least 90% of all revenues collected for payment of the contracts, impermissibly interfere with the constitutional authority vested in emergency medical service districts by Article X, Section 9C of the Oklahoma Constitution?

It is, therefore, the Official Opinion of the Attorney General that:

Title 19 O.S. Supp.2005, § 1710.1 of the Emergency Medical Service District Budget Act unconstitutionally interferes with the authority vested in emergency medical service districts by Article X, Section 9C of the Oklahoma Constitution by displacing a board of trustees' policy-making discretion with respect to the allocation of resources and contracting priorities.<sup>1</sup>

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

JOANN T. STEVENSON  
Assistant Attorney General

**Question Submitted by: The Honorable Glen Coffee, State Senator, District 30**  
**2006 OK AG 3**  
**Decided: 03/06/2006**  
**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

When a statute has been amended twice during the same Legislative Session with two different effective dates and the two statutes cannot be harmonized, which statute controls?

It is, therefore, the official Opinion of the Attorney General that:

1. When two bills arising from the same legislative session are passed into law and address the same statute, the later-enacted statute controls if the two cannot be harmonized. *Pickett v. Okla. Dep't of Human Serv.*, 932 P.2d 543, 545 (Okla. 1996).
2. Where there is an irreconcilable conflict between two statutes, the earlier provision will be repealed by the later one. *City of Sand Springs v. Dep't of Pub. Welfare*, 608 P.2d 1139, 1151 (Okla. 1980).
3. A statute with an effective date fixed by the Legislature has no effect until the date designated. *Phillips v. D. & J. Enter., Inc.*, 288 So.2d 137, 138 (Ala. 1973); *Iowa v. Allan*, 166 N.W.2d 752, 760 (Iowa 1969).
4. Senate Bill 374 and House Bill 1502, defining the term "testing facility" under the Standards for Workplace Drug and Alcohol Testing Act, 40 O.S. Supp.2005, §§ 551 through 565, are in conflict and cannot be reconciled with one another. See 2005 Okla. Sess. Laws ch. 134, § 1; 2005 Okla. Sess. Laws ch. 190, § 5. As House Bill 1502 was amended later, it is controlling, and the term "testing facility" does not include on-site drug or alcohol screening tests to screen out negative test results under certain conditions.

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

SANDRA D. RINEHART  
Senior Assistant Attorney General

**Question Submitted by: The Honorable Gilmer N. Capps, State Senator, District  
26**

**2006 OK AG 32**

**Decided: 09/11/2006**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Does the effective date of the Advance Directive Act created by Senate Bill 1624 (see 2006 Okla. Sess. Laws ch. 171, §§ 3 - 15) render unenforceable existing written statements of instructions from individuals concerning their personal medical decisions?

It is, therefore, the official Opinion of the Attorney General that:

Oklahoma's Advance Directive Act, formerly known as Oklahoma's Rights of the Terminally Ill or Persistently Unconscious Act, which was amended by Senate Bill 1624 (2006 Okla. Sess. Laws ch. 171, §§ 3 - 15), does not render unenforceable any living will, appointment of a health care proxy or other advance directive executed prior to the May 17, 2006 effective date of the amendment, and that was in accordance with the law in effect at the time of execution, including advance directives executed pursuant to the now- repealed Oklahoma Natural Death Act and what was formerly known as Oklahoma's Rights of the Terminally Ill or Persistently Unconscious Act, now known as Oklahoma's Advance Directive Act.

W. A. DREW EDMONDSON  
Attorney General of Oklahoma

JANIS W. PRESLAR  
Assistant Attorney General

**Question Submitted by: The Honorable Roger Ballenger, State Senator, District**

**8**

**2007 OK AG 22**

**Decided: 08/22/2007**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

When a county has approved a countywide 911 emergency system for "hard-wired" telephones under the Nine-One-One Emergency Number Act ("911 Act"), 63 O.S. 2001 & Supp.2006, §§ 2811 - 2821, may a city within that county adopt its own emergency 911 system ordinance, assess its own emergency telephone system fee, and in effect, "opt out" of the county system, without another election and approval by the county voters?

It is, therefore, the official Opinion of the Attorney General that:

1. The Nine-One-One Emergency Number Act, 63 O.S. 2001 & Supp.2006, §§ 2811 - 2821 ("911 Act"), and 63 O.S. 2001, §§ 2801 - 2810 ("1979 Act"), do not prohibit a city from establishing an emergency telephone system and providing for imposition of fees to pay the costs of operation of the system, subject to municipal voter approval, notwithstanding prior establishment of a 911 system by the county in which the city is located.
2. Under the 911 Act, a city included in an existing countywide 911 emergency telephone system may not, by unilateral action, withdraw from participation in the system by establishing its own city 911 system, without affirmative approval of the same body of county voters who approved the system in the first instance. 63 O.S. 2001, § 2814(E); Okla. Const. art. X, §§ 5, 19; see *Bullock v. Carter*, 405 U.S. 134, 148 (1972); *Barzellone v. Presley*, 126 P.3d 588, 593 (Okla. 2005); *Dev. Indus., Inc. v. City of Norman*, 412 P.2d 953, 956 (Okla. 1966).
3. If a city located in a county that already has a 911 system undertakes to establish a separate city 911 system, telephone users in the city would be subject to both county and city 911 fees until county voters approve the city's withdrawal from the countywide system. 63 O.S. 2001, § 2814(E).

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

LYNN C. ROGERS  
Assistant Attorney General

**Question Submitted by: The Honorable Brian Renegar, DVM, State  
Representative, District 17**

**2007 OK AG 32**

**Decided: 10/11/2007**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Under the Oklahoma Open Meeting Act, 25 O.S. 2001 & Supp.2006, §§ 301 - 314, may a public body convene in executive session to discuss the sale of real property?

It is, therefore, the official Opinion of the Attorney General that:

Under the Oklahoma Open Meeting Act ("Act"), 25 O.S. Supp.2006, § 307(B)(3), a public body may meet in executive session to discuss the purchase or appraisal of real property, but the Act contains no authority allowing a public body to meet in executive session to discuss the sale of real property.

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

DEBRA SCHWARTZ  
Assistant Attorney General

**Question Submitted by: The Honorable Dennis R. Bailey, State Representative,  
District 1; The Honorable Jerry Ellis, State Senator, District 5**

**2010 OK AG 11**

**Decided: 09/28/2010**

**Oklahoma Attorney General Opinions**

This office has received your request for an official Attorney General Opinion in which you ask, in effect, the following question:

Does Oklahoma Constitution Article X, Section 9C(b), which authorizes an emergency medical service district ("EMS District") to issue bonds to finance the acquisition of emergency vehicles, preclude the district from using operational funds generated through the millage provided in subparagraph (a) of Section 9C to acquire emergency vehicles such as ambulances through a lease-purchase agreement?

It is, therefore, the official Opinion of the Attorney General that:

1. An emergency medical service district is not limited to the proceeds of the issuance of bonds authorized by Article X, Section 9C(b) of the Oklahoma Constitution as the only source of funds for the purchase of emergency vehicles. A district may also use proceeds from its general operations levy, fees for services, gifts, grants and funds accumulated in a capital improvement fund. Okla. Const. art X, § 9C(a); Okla. Const. art X, § 9C(i).
2. An emergency medical service district may acquire ambulances through a lease-purchase agreement, provided that the agreement is structured in such a manner that the agreement does not constitute borrowing or long-term debt. Okla. Const. art X, § 9C(a); A.G. Opin. 87-139, at 255; A.G. Opin. 02-43, at 260-61.
3. Whether a particular lease-purchase agreement contemplated by an EMS District constitutes borrowing money or long-term debt is a question of fact outside the scope of an Attorney General Opinion. 74 O.S.2001, § 18(b)(A)(5).

W.A. DREW EDMONDSON  
Attorney General of Oklahoma

SANDRA BALZER  
Assistant Attorney General





## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-13 Oklahoma Trauma Systems Improvement and Development Act,**

Title 63, Article 25, §§1-2530.1-1-2530.9,  
Chapter 1 – Oklahoma Public Health Code

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

In order to improve the health and well-being of the people of this state, it is necessary to improve and further develop trauma systems by encouraging hospitals and emergency medical service providers to provide an organized system of trauma care. The State Board of Health will develop rules to establish minimum standards and objectives to implement the development, regulation, and improvement of trauma systems on a statewide basis. The Oklahoma Trauma Systems Improvement and Development Advisory Council, Regional Trauma Advisory Boards (R-TABS), Medical Audit Committee, certification of trauma transfer and referral centers in each county and in certain contiguous communities, and the Trauma Care Assistance Revolving Fund were established under this legislation.





**Oklahoma Trauma Systems Improvement and Development Act**  
**Title 63, Article 25, §§1-2530-1-2530.9**

**Title 63. Public Health and Safety**

**Chapter 1 - Oklahoma Public Health Code**

**Oklahoma Trauma Systems Improvement and Development Act**

**Section 1-2530 - Short Title**

This act shall be known and may be cited as the "Oklahoma Trauma Systems Improvement and Development Act".

**Historical Data**

Added by Laws 2004, SB 1554, c. 459, § 1, emerg. eff. June 4, 2004.

**Section 1-2530.1 - Legislative Findings**

A. The Legislature hereby finds and declares that:

1. Traumatic injury is the leading cause of death for persons under forty (40) years of age, and the third leading cause of death overall for persons of all ages. Traumatic injury is the leading cause of lost years of potential life for Oklahomans sixty-five (65) years of age and younger;
2. In addition to the physical and emotional losses that result from traumatic injury, the economic costs of such injuries, which include lost wages, medical expenses and indirect costs, far exceed losses for other diseases such as cancer, heart disease, stroke and diabetes;
3. Trauma systems dramatically reduce morbidity and mortality from major injuries; and
4. Development and improvement of trauma systems is beneficial to all citizens.

B. In order to improve the health and well-being of the people of this state, it is necessary to improve and further develop trauma systems by encouraging hospitals and emergency medical service providers to provide an organized system of trauma care.

**Historical Data**

Added by Laws 2004, SB 1554 c. 459, § 2, emerg. eff. June 4, 2004.

**Section 1-2530.2 - Definitions**

As used in the Oklahoma Trauma Systems Improvement and Development Act:

1. "Ambulance" means any ground, air or water vehicle operated by an ambulance service licensed pursuant to the provisions of Section 1-2513 of Title 63 of the Oklahoma Statutes;
2. "Ambulance service" means any private firm or governmental agency which is licensed by the State Department of Health to provide levels of medical care based on certification standards promulgated by the State Board of Health;
3. "Board" means the State Board of Health;
4. "Classification" means an inclusive standardized identification of stabilizing and definitive emergency services provided by each hospital that treats emergency patients;
5. "Commissioner" means the State Commissioner of Health;
6. "Council" means the Oklahoma Trauma Systems Improvement and Development Advisory Council;
7. "Department" means the State Department of Health;
8. "Emergency medical care" means bona fide emergency services provided after the sudden onset of a medical or traumatic condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:
  - a. a patient's health being placed in serious jeopardy,
  - b. serious impairment to bodily functions, or
  - c. serious dysfunction of any bodily organ or part;

9. "Hospital" means a hospital licensed pursuant to the provisions of Section 1-704 of Title 63 of the Oklahoma Statutes;

10. "Regional trauma care system" means an arrangement of available resources that are coordinated for the effective delivery of emergency trauma services within a geographic region consistent with an established plan;

11. "Trauma and emergency operative services facility" means a hospital that is classified and recognized by the Department as providing emergency trauma and operative surgical services on a twenty-four-hour basis;

12. "Trauma patient" means a severely or seriously injured person who has been:

a. evaluated by a physician, a registered nurse, or emergency medical services personnel, and

b. found to require medical care in a hospital classified as a trauma and emergency operative services facility; and

13. "Trauma services" includes services provided to a severely or seriously injured patient.

#### ***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 3, emerg. eff. June 4, 2004.

#### ***Section 1-2530.3 - Promulgation of Rules***

A. The State Board of Health shall promulgate rules establishing minimum standards and objectives to implement the development, regulation and improvement of trauma systems on a statewide basis. Rules shall provide for the classification of trauma and emergency care provided by all hospitals based on the level of service provided and for triage, transport and transfer guidelines. The Board shall consider guidelines developed by the American College of Surgeons in promulgating rules under this section.

B. The rules shall provide specific requirements for the distribution of trauma patients, ensure that trauma care is fully coordinated with all hospitals and emergency medical services in a regional area, and reflect the geographic areas of the state, considering time and distance.

C. The rules shall include:

1. Pre-hospital care management guidelines for triage and transport of trauma patients;

2. Establishment of referral patterns of trauma patients and geographic boundaries regarding trauma patients;

3. Requirements for licensed hospitals providing trauma and emergency operative services to provide quality care to trauma patients referred to these facilities;

4. Minimum requirements for resources and equipment needed by a trauma and emergency operative services facility to treat trauma patients;

5. Minimum standards for the availability and qualifications of health care personnel, including physicians and surgeons, treating trauma patients within a hospital;

6. Minimum requirements for data collection including, but not limited to, trauma incidence reporting, system operation and patient outcome, and continuous quality improvement activities;

7. Minimum requirements for periodic performance evaluation of the system and its components through continuous quality improvement activities;

8. Minimum requirements for reviews of trauma patient transfers by a medical audit committee appointed by the State Commissioner of Health;

9. Requirements that hospitals with the capacity and capability to provide care not refuse to accept the transfer of a trauma patient from another facility solely because of the person's inability to pay for services or because of the person's age, sex, race, religion or national origin; and

10. Requirements for transferring hospitals to enter into reciprocal agreements with receiving hospitals that specify that the transferring hospital will accept the return transfer of trauma patients at such time as the hospital has the capability and capacity to provide care; provided, however, such reciprocal agreements shall not incorporate financial provisions for transfers.

#### ***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 4, emerg. eff. June 4, 2004.

**Section 1-2530.4 - Creation of Oklahoma Trauma Systems Improvement and Development Advisory Council**

A. On or before July 1, 2004, the President Pro Tempore of the Senate, the Speaker of the House of Representatives and the Governor shall appoint an Oklahoma Trauma Systems Improvement and Development Advisory Council to make recommendations regarding matters related to the responsibilities of the State Department of Health under the Oklahoma Trauma Systems Improvement and Development Act.

B. The Council shall be composed of nineteen (19) members representing the following categories of individuals:

1. The President Pro Tempore of the Senate shall appoint:

- a. a faculty member from a state university college of public health,
- b. a trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services,
- c. a representative of a licensed hospital that is classified as providing trauma and emergency operative services in a rural community,
- d. an emergency medical technician who is employed by a provider of emergency medical services,
- e. an orthopedic surgeon with privileges at a licensed hospital classified as providing trauma and emergency services, and
- f. a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery;

2. The Speaker of the House of Representatives shall appoint:

- a. a board-certified emergency physician,
- b. a licensed physician who is an emergency medical services medical director,
- c. a representative from a rehabilitation facility,
- d. a hospital administrator from a licensed hospital classified as a level I or II trauma and emergency services operative services facility,
- e. a trauma surgeon with privileges at a licensed hospital classified as providing trauma and emergency operative services, and
- f. a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery; and

3. The Governor shall appoint:

- a. a representative from the Department of Public Safety,
- b. a licensed physician who is a pediatrician with privileges at a licensed hospital classified as providing trauma and emergency operative services,
- c. a representative of the general public who is not qualified to serve under another subparagraph of paragraph 1, 2, or 3 of this subsection,
- d. an administrative director of a licensed ambulance service,
- e. a representative of a licensed hospital that is classified as providing trauma and emergency operative services in an urban community,
- f. a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery, and
- g. an oral and maxillofacial surgeon.

C. Members of the Council shall serve staggered terms. The initial appointments of two members appointed by each appointing authority shall be two (2) years, two members initially appointed by each authority shall serve three (3) years, and two members appointed by each authority shall serve four (4) years. Thereafter, all additional appointments created on or after November 1, 2008, and reappointments shall be for four (4) years. A vacancy on the Council shall be filled in the same manner as the original appointment, for the unexpired term. Council members may be reappointed at the discretion of the appointing authority.

D. The Council shall elect from among its members a chair and a vice-chair on an annual basis.

E. Members of the Council shall serve without compensation but may be reimbursed for travel expenses pursuant to the provisions of the State Travel Reimbursement Act.

F. The Council shall meet at least quarterly to review trauma system functions and provide recommendations to improve trauma care provided in the system. The Council may appoint committees it deems necessary to assist in its duties. A simple majority of the Council shall constitute a quorum at any

meeting. Staff support and meeting rooms for the Council shall be provided by the State Department of Health.

G. The Council shall periodically review rules promulgated by the State Board of Health related to the Oklahoma Trauma Systems Improvement and Development Act and may recommend changes in those rules to the Board.

H. The Council shall reassess as necessary the need to modify trauma care systems in all regions of the state and receive recommendations forwarded by regional trauma advisory boards.

I. The Council shall develop and recommend a statewide trauma systems plan to be incorporated into the comprehensive plan for emergency medical services specified in Section 1-2511 of this title. This plan shall recognize geographic regions of the state and identify emergency medical services and licensed hospitals located in each region. The plan shall also establish continuous quality improvement activities to be conducted in each region.

J. Meetings of the Council shall be open and shall be conducted in accordance with the Oklahoma Open Meeting Act. The Council shall not review patient-specific information or medical records at these meetings.

***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 5, emerg. eff. June 4, 2004; Amended by Laws 2008, HB 2758, c. 148, § 1, eff. November 1, 2008 (superseded document available).

**Section 1-2530.5 - Recognition by State Department of Health and Regional Trauma Advisory Boards**

A. Each geographic region identified in the statewide trauma systems plan that has a functioning trauma system, as determined by the Oklahoma Trauma Systems Improvement and Development Advisory Council, shall be recognized by the State Department of Health.

B. Licensed hospitals and ambulance service providers in these regions shall establish a regional trauma advisory board to represent the region and conduct continuous quality improvement activities of the system for the region. Licensed hospitals and ambulance service providers in the region shall designate regional trauma advisory board members pursuant to procedures approved by the Oklahoma Trauma Systems Improvement and Development Advisory Council. Regional trauma advisory board members shall consist of individuals who provide trauma services in the regional system, or individuals employed by licensed hospitals or ambulance service providers in the region. The maximum number of board members for any region shall be twenty.

C. As funds are available, regional trauma advisory boards may receive funding from the Department to support their administrative and continuous quality improvement activities.

***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 6 emerg. eff. June 4, 2004.

**Section 1-2530.6 - Medical Audit Committee**

A. The State Commissioner of Health shall appoint a Medical Audit Committee composed of licensed physicians to conduct periodic reviews of trauma patient care and to review continuous quality improvement activities of the regional trauma advisory boards.

B. The State Department of Health shall provide funding for the activities of this committee and provide administrative support.

C. The committee shall provide reports to the Commissioner for consideration and action. These reports shall not be publicly disclosed and shall not be subject to the provisions of the Oklahoma Open Records Act.

***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 7 emerg. eff. June 4, 2004.

### **Section 1-2530.7 - Records and Meetings**

- A. The proceedings and records of trauma patient care reviews and continuous quality improvement activities conducted by regional trauma advisory boards and the Medical Audit Committee shall be confidential and not subject to disclosure by subpoena or otherwise.
- B. The records and proceedings of these meetings may be used by the Medical Audit Committee, regional trauma advisory boards, and the State Commissioner of Health only in the exercise of proper quality review functions to improve trauma patient care.
- C. Meetings of the Medical Audit Committee and regional advisory boards where trauma patient care reviews are conducted shall not be public meetings and shall not be subject to the provisions of the Oklahoma Open Meeting Act. Reports and materials generated at such meetings shall also be confidential and not subject to the Oklahoma Open Records Act.

#### ***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 8 emerg. eff. June 4, 2004.

### **Section 1-2530.8 - Certification of Trauma Transfer and Referral Centers**

- A. The State Department of Health shall recognize and certify a trauma transfer and referral center in each county and contiguous communities with populations in excess of three hundred thousand (300,000) persons for the purpose of directing ambulance patients to facilities with the clinical capacity and capability to appropriately care for the emergent medical needs of a patient.
- B. The State Board of Health shall promulgate rules establishing minimum certification standards for such centers which shall include, but not be limited to, staff certification, data management and communications equipment, medical control and oversight, record keeping, quality improvement activities, and such other issues as the State Commissioner of Health deems appropriate.
- C. Certified centers shall submit data as required by the Department to the Medical Audit Committee for the purpose of trauma system continuous quality improvement activities. Such reports shall be confidential as provided in Section 8 of this act.
- D. The Board shall promulgate rules requiring emergency medical services providers to contact the appropriate regional trauma transfer and referral center while transporting injured patients into or within that region in order to ensure that patients are directed to the appropriate hospital based on the regional plan and the current capability and capacity of hospitals in the system.
- E. As funding is available, the Department may reimburse operators of certified trauma transfer and referral centers for the operations of the centers on an annual basis.

#### ***Historical Data***

Added by Laws 2004, SB 1554 c. 459, § 9 emerg. eff. June 4, 2004.

### **Section 1-2530.9 - Revolving Fund - Trauma Care Assistance**

- A. There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Trauma Care Assistance Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the State Department of Health from monies apportioned thereto for purposes of this section. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department as follows:
  - 1. Ninety percent (90%) of such monies shall be used to reimburse recognized trauma facilities, licensed ambulance service providers and physicians for uncompensated trauma care expenditures as documented in the statewide emergency medical services and trauma analysis system developed pursuant to the provisions of Section 1-2511 of this title. In lieu of or in combination with reimbursement for uncompensated care, monies from the fund may also be used to support readiness costs incurred by recognized trauma facilities associated with ensuring a stable trauma care system with availability of twenty-four-hour physician services for the provision of trauma care. Any monies used for the treatment of Medicaid-eligible patients that are subsequently used to establish federal matching fund requirements



shall also be reimbursed to eligible trauma facilities, licensed ambulance service providers and physicians; and

2. Ten percent (10%) of such monies shall be used by the Department in the furtherance of its powers and duties set forth in the Oklahoma Emergency Response Systems Development Act.

B. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of State Finance for approval and payment.

C. The State Board of Health shall establish by rule a formula and procedure for the distribution of funds for uncompensated trauma care and/or readiness costs that shall provide for the allocation of funds to hospitals, ambulance service providers and physicians.

D. Annually, monies accumulated in the fund may be transferred to the Oklahoma Health Care Authority, by order of the State Commissioner of Health, to maximize Medicaid reimbursement of trauma care. The Oklahoma Health Care Authority shall use these funds with federal matching funds to reimburse hospitals, ambulance service providers and physicians for trauma care provided to severely injured patients who are participants in Medicaid.

E. An annual report detailing the disbursements from the fund shall be provided on January 1 of each year to the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the Chair of each health-related committee of both the House of Representatives and the Senate.

#### ***Historical Data***

Added by Laws 1999, c. 278, § 1, eff. July 1, 1999; Amended by Laws 2000, HB 2294, c. 223, § 1, eff. May 24, 2000 (superseded document available); Renumbered from 63 O.S. § 330.97 by Laws 2002, HB 2901, c. 374, § 11, emerg. eff. July 1, 2002; Amended by Laws 2003, SB 621, c. 367, § 1, emerg. eff. June 3, 2003 (superseded document available); Amended by Laws 2004, HB 2250, c. 386, § 3, emerg. eff. June 3, 2004 (repealed by Laws 2005, HB 2060, c. 1, § 95, emerg. eff. March 15, 2005); Amended by Laws 2004, HB 2600, c. 396, § 10, eff. November 1, 2004 (effective date changed to September 1, 2004, by Laws 2004, SB 973, c. 530, § 2, eff. September 1, 2004) (repealed by Laws 2005, HB 2060, c. 1, § 96, emerg. eff. March 15, 2005); Amended by Laws 2004, SB 1554, c. 459, § 10, emerg. eff. June 4, 2004 (superseded document available); Renumbered from 63 O.S. § 1-2522 by Laws 2004, SB 1554, c. 459, § 11, emerg. eff. June 4, 2004; Amended by Laws 2005, HB 2060, c. 1, § 94, emerg. eff. March 15, 2005 (superseded document available); Amended by Laws 2005, SB 120, c. 404, § 1, eff. November 1, 2005 (superseded document available).

## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-14 Nine-One-One Emergency Number Act, Title 63, Chapter 58, §§2811-2821**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

This Act establishes the telephone number nine-one-one (911) as the primary emergency telephone number for use in Oklahoma and to encourage units of local governments and combinations of such units to develop and improve emergency communication procedures and facilities to expedite the response of law enforcement, fire, medical, rescue, and other emergency services to any person requiring such assistance.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-15 Nine-One-One Wireless Emergency Number Act, Title 63, Chapter 58, §§2841-2846**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

The purpose of the Nine-One-One Wireless Emergency Number Act is to provide efficient communication between wireless telephone customers and emergency service providers to expedite the response of law enforcement, fire, medical, rescue, and other emergency services to any person requiring such assistance.



**“Resource Guidebook for Oklahoma 522 Districts”** is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-16 Health Insurance Portability and Accountability Act of 1996 (HIPPA), Public Law 104-191, 104th Congress**

<http://aspe.hhs.gov/admnsimp/pl104191.htm>

HIPPA was designed to respect the privacy of individually identifiable health information, to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes. This Act makes health care providers responsible for safeguarding patient information. This requirement extends to EMTs and ambulance services. Fines and other penalties can result from violations of the Act. Additional information on HIPPA can be found at <http://www.hhs.gov/ocr/privacy/>.





## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-17 Oklahoma Do-Not-Resuscitate Act, Title 63, Chapter 61A, §§3131.1-3131.14**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

The intention of this Act is to recognize that the existence of do-not-resuscitate identification or consent correctly expresses the will of any person who bears it and that foreign courts recognize this expression and give full faith and credit to do-not-resuscitate identification or consent.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083





## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-18 Emergency Care or Treatment by Use of Automated External Defibrillator – Immunity from Civil Liability, Title 76, Torts, §5A**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

A person who is qualified pursuant to this subsection and who, in good faith and without expectation of compensation, renders emergency care or treatment outside of a medical facility by the use of an automated external defibrillator shall be immune from civil liability for personal injury which results from the use of the device, except for acts of gross negligence or willful or wanton misconduct.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-19 Bloodborne pathogens, Part 1910 Occupational Safety and Health Standards, Title 29: Labor (available from e-CFR data)**

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=fced012c200b987c437e679c297dfe35&c=ecfr&page=simple>

This legislation applies to all occupational exposures to blood or other potentially infectious materials and includes the procedure for the evaluation of circumstances surrounding exposure incidents.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

**B-20 Airborne/Respiratory Protection,**  
Part 1910 Occupational Safety and Health Standards, Title 29:Labor  
(available from e-CFR data)

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=0d356f19fdaa8aa3b28096140fa3150e&rgn=div8&view=text&node=29:5.1.1.1.8.9.34.3&idno=29>

This legislation applies to all occupational exposure to air contaminants and the procedures to follow in the event of an exposure.





## **Appendix B**

### **EMS Operations and Related Legislation, Rules, Regulations, and Legal Opinions**

#### **B-21 Uniform Controlled Dangerous Substances Act, Destruction of Out of Date, Unwanted, Unused, or Abandoned Controlled Dangerous Substances, Title 63, Public Health and Safety, Chapter 2**

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

This act sets forth the rules and regulations concerning controlled dangerous substances in Oklahoma.







## Appendix C

### Labor/Personnel Information and Legislation

#### Contents

- C-1 **Standards for Workplace Drug and Alcohol Testing Act**, Title 40, Chapter 15, §§551-565
- C-2 **Example Drug Test Policy**
- C-3 **Occupational Safety and Health Administration (OSHA)**, Public Law 91-596
- C-4 **Fair Labor Standards Act (FLSA)**, Title 29 §553 (Available from e-CFR data)
- C-5 **Peer Counseling Legislation**, HB1460-(2007)
- C-6 **Family and Medical Leave Act (FMLA) of 1993**, as amended, Public Law 103-3
- C-7 **Functional Job Analysis – Paramedic**
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  - EMS Director (or Board EMS Administrator)
  - Assistant EMS Director
  - Central Shift Supervisor
  - Business Office Clerk
  - Board Administrator



## Appendix C

### Labor/Personnel Information and Legislation

#### C-1 Standards for Workplace Drug and Alcohol Testing Act, Title 40, Chapter 15, §§551-565

<http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST&level=1>

This Act does not require or encourage employers to conduct drug or alcohol testing. Employers who choose to conduct drug or alcohol testing of job applicants or persons employed in this state shall be governed by the provision of this act and the rules promulgated pursuant thereto.

#### C-2 Example Drug Test Policy

An example drug test policy is included in **Appendix C-2**, if the 522 board should find it necessary to institute a drug and alcohol testing policy.



“Resource Guidebook for Oklahoma 522 Districts” is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



# Example

## DRUG AND ALCOHOL TESTING POLICY

It is the policy of \_\_\_\_\_ EMS District that no employee (paid or volunteer) consumes any alcoholic beverage or be under the influence of alcohol while on District property or while on duty. For purposes of this policy, an employee with blood-alcohol content of .04 or above will be deemed to have violated this policy. Employees of \_\_\_\_\_ EMS District are also forbidden to use or consume any illegal drugs at any time, regardless of whether the employee is on or off District property, on or off duty. "Illegal drugs" means amphetamines, marijuana, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, or any "designer drugs." In order to enforce this policy, all employees and applicants are subject to drug and alcohol testing as set forth herein.

All applicants for work, after being conditionally offered a position, will be tested. If the applicant refuses to submit to a test or the tests administered reveal a violation of \_\_\_\_\_ EMS District's drug and alcohol policy, the conditional offer of employment will be withdrawn. Employees of the District may be tested in the following circumstances:

1. At random.
2. During any medical examination required by \_\_\_\_\_ EMS District, including a return to work physical examination.
3. When there is reasonable suspicion that the employee is under the influence of alcohol or is using drugs.
4. In the course of investigation of an accident or other incident in which the employee is involved.

If the employee refuses to submit to testing or if the test reveals a violation of \_\_\_\_\_ EMS District's drug and alcohol policy, that employee will be immediately terminated from employment.

Samples to be tested will be collected at a clinic designated by \_\_\_\_\_ EMS District. In the case of employees, the sample will be collected during or immediately after the employee's regular work period and will be deemed work time for the purposes of compensation and benefits. Testing of the sample will be performed at District expense at a testing facility approved by the Oklahoma State Board of Health.

The testing methods used may include breathalyzer tests, blood tests, and urinalysis. All positive drug tests will be confirmed by a second test using gas chromatography - mass spectroscopy, or an equivalent scientifically accepted method of equal or greater accuracy as approved by rule of the Oklahoma State Board of Health, at the cut-off levels determined by Board rule. Any person tested for drugs will have the right, in confidence, to explain to the clinic's medical review officer the reason for a positive test result.

All drug and alcohol test results and related information, including, but not limited to, interviews, reports, statements and memoranda, shall be maintained as confidential records, separate from other personnel records. Such records, including the records of the testing facility, will not be used in any criminal proceeding, or any civil or administrative proceeding, except in those actions taken by the person tested or any action involving that person and \_\_\_\_\_ EMS District or unless such records are ordered released by a court of law.

These records shall be the property of \_\_\_\_\_ EMS District and, upon the request of the person tested, will be available for inspection and copying to that person. \_\_\_\_\_ EMS District will not release these records to any person other than the person tested or the medical review officer, unless that person, in writing, following receipt of the test results, has expressly granted permission for \_\_\_\_\_ EMS District to release such records or unless ordered to do so by a court of law.

At the time a sample is collected, it will be split into two separate specimens, one of which will be tested. If that test is positive, the employee/applicant may challenge the result by requesting that the other part of the specimen be tested as well. Such requests must be made in writing to the clinic within five (5) working days of receiving the positive result. The second test will be at the expense of the employee/applicant unless that test reverses the challenged positive test. In such cases, \_\_\_\_\_ EMS District will reimburse the individual for the cost of the retest. Other than this right of retesting, there are no other appeal procedures, remedies or sanctions provided by \_\_\_\_\_ EMS District.

Drug testing in Oklahoma is governed by the Standards for Workplace Drug and Alcohol Testing Act (40 O.S. 555, et seq.). In the event of willful violation of the Act, an aggrieved person may be entitled to civil remedies, including declaratory or injunctive relief and damages which may include, but not be limited to, employment reinstatement, promotion, payment of lost wages and other remuneration, to which the person would have been entitled and payment and reinstatement to full benefits and seniority rights. Reasonable costs and attorney's fees may also be awarded to the prevailing party in any civil action brought under the Act. The statute of limitations for such an action is two years from the date the aggrieved person discovers the alleged willful violation or exhaustion of any internal administrative remedies available to the person.

### **CONDITION OF EMPLOYMENT**

Compliance with \_\_\_\_\_ EMS District's Alcohol and Drug Abuse Policy is a condition of employment. Failure or refusal of an employee to cooperate fully, sign any required document, submit to any reasonable inspection or test, or follow prescribed course of substance abuse treatment, will be grounds for termination.

**Appendix C**

**Labor/Personnel  
Information and Legislation**

**C-3 Occupational Safety and Health Administration (OSHA),  
Public Law 91-596**

<http://www.osha.gov/about.html>

To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes.







**Appendix C**  
**Labor/Personnel**  
**Information and Legislation**

**C-4 Fair Labor Standards Act (FLSA),  
Title 29 §553 (Available from e-CFR data)**

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=2b9aa9bb0df007da757589dfb60986d9&c=ecfr&page=simple>

This federal statute establishes a national minimum wage, guarantees 'time-and-a-half' for overtime in certain jobs, and prohibits most employment of minors in "oppressive child labor."



Oklahoma  
State  
Department  
of Health



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## **Appendix C**

### **Labor/Personnel Information and Legislation**

#### **C-5 Peer Counseling Legislation, HB1460-(2007)**

<http://webserver1.lsb.state.ok.us/WebApplication2/WebForm1.aspx>

An Act providing for privileged communications between specific individuals in peer support counseling sessions and providing for confidentiality in specific communications. Any communication made by a participant or counselor in a peer support counseling session conducted by a law enforcement agency or by an emergency services provider for public safety personnel or emergency services personnel, and any oral or written information conveyed in the peer support counseling session, is confidential and may not be disclosed by any person participating in the peer support counseling session. Exceptions to this rule are listed at the end of the Act.





**Appendix C**

**Labor/Personnel  
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**C-6 Family and Medical Leave Act (FMLA) of 1993,  
as amended, Public Law 103-3**

<http://www.dol.gov/whd/fmla/fmlaAmended.htm>

The FMLA is to grant family and temporary medical leave under certain circumstances.





**Appendix C**

**Labor/Personnel  
Information and Legislation**

**C-7 Functional Job Analysis – Paramedic**

[http://icsw.nhtsa.gov/people/injury/ems/EMT-P/disk\\_1%5B1%5D/](http://icsw.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/)







## **Appendix C**

### **Labor/Personnel Information and Legislation**

#### **C-8 Example Job Descriptions**

- **EMS Director (or Board EMS Administrator)**
- **Assistant EMS Director**
- **Central Shift Supervisor**
- **Business Office Clerk**
- **Board Administrator**





## **Example Job Descriptions for EMS Provider Employees and Board Administrative Employees**

**Appendix C-8** contains several different example job descriptions for:

- EMS Director (or Board EMS Administrator where 522 Board owns and operates the EMS system)
- Assistant EMS Director
- Central Shift Supervisor (or Central Station Supervisor)
- Business Office Clerk
- Board Administrator where 522 Board contracts with available EMS providers

The duties and responsibilities of the following job descriptions are given as examples **ONLY** and **should** be re-written and/or amended to meet the specific needs of the 522 District Board. The 522 Board may utilize these:

- In contracting with EMS providers or
- When the 522 Board chooses to employ a Board EMS Administrator to own and operate the EMS system or
- When the 522 Board chooses to employ a Board Administrator to provide support to the 522 Board including contracting with available EMS providers.



## EMS Director or Board EMS Administrator

### Suggested Components of Job Description

**Job Title:** EMS Director  
**Reports To:** Owner; may be city, county, private, etc. or 522 Board  
**Prepared By:**  
**Prepared Date:**  
**Approved By:**  
**Approved Date:**

#### SUMMARY

The EMS Director may be the individual in charge of the EMS system within the 522 District where the 522 District owns and operates the EMS system (may be called “Board EMS Administrator”) or the individual in charge of a specific EMS provider organization. Whether the Board operates the EMS District itself or makes contractual arrangements with a community, hospital or private provider, there should be an EMS Director appointed who will be responsible to the Board and the electorate. Duties and responsibilities may include the following; however, these should be re-written or amended to meet the specific needs of the overall operation of the EMS District, administration and clinical segments.

#### ESSENTIAL DUTIES AND RESPONSIBILITIES

Include but are not limited to the following. Other duties may be assigned.

- Ensure EMS is in compliance with all EMS laws, rules, and regulations;
- Responsible for contracting for appropriate medical direction by physicians as required by statute and rule;
- Establish and maintain relationships with the medical community including allied health professionals within the 522 District; cooperate, coordinate, and/or collaborate whenever possible to build the EMS system;
- Seek the expertise and involvement of public officials, civic leaders, and the District public at large;
- May be a licensed EMT capable of responding to major incidents and serving as the “Medical Incident Commander”;
- If EMS Director is NOT a licensed EMT, must appoint a senior EMT to respond to major incidents and serve as the “Medical Incident Commander”;
- To coordinate a public relations program to keep the public informed of EMS activities within the district; emphasize the EMS system’s goals and reasons for existence; utilize efficient media relations; i.e., local radio, local TV, etc.;

- Establish and maintain a public education component in the EMS system; provide instruction in basic first aid and cardiopulmonary resuscitation; coordinate and collaborate with other organizations; i.e., American Heart Association, American Red Cross, in jointly providing public education; provide appropriate communications within the District on public education opportunities;
- Provide for and schedule training and continuing education for all EMS personnel;
- May appoint an “In-house Instructor” to provide continuing education to EMTs;
- Seek assistance from EMS Division of Oklahoma State Department of Health in determining appropriate ways to provide continuing education;
- Become knowledgeable and retain current knowledge of educational resources available in or new to the 522 District;
- Select, employ, direct, and discharge all employees as authorized by the 522 Board;
- Responsible for scheduling EMS personnel and handling personnel grievances;
- Has authority to deal with day-to-day personnel matters, which includes hiring and dismissal of employees; have an appeal mechanism in place available to employees who feel unjust treatment to appeal the full 522 Board;
- Coordinates all EMS resources;
- Troubleshoots to develop innovative and workable solutions to problems;
- Must be a capable administrator and business manager;
- Must have and maintain a thorough knowledge of the EMS system and its components;
- Establish and maintain relationship with the EMS Division of the Oklahoma State Department of Health; utilize any technical assistance available;
- Be knowledgeable of all legislation, rules, and regulations that apply to the EMS system, as well as any that apply to personnel or labor issues, and any other related activities;
- Develop and submit to the 522 Board for approval standard operating procedures, guidelines and criteria to be met in the functioning of the 522 District;
- May assist EMS providers with development of standard operating procedures to guide their day-to-day operations;

- Prepare and submit to the 522 Board for approval a plan of organization of the personnel and others connected with the operation of the EMS;
- Will be responsible for the fiscal aspects of the EMS system;
- Will pursue diligently the collection of fees for service and keep up-to-date on all available sources of payment for services rendered, particularly those involving third party reimbursement;
- Investigate and utilize appropriate billing practices (internal or external) to pursue billing and collections in an aggressive manner;
- To prepare an annual budget showing the expected income and expenditures of the EMS system;
- To oversee all physical properties and equipment, ensuring all are kept in a good state of repair and operating condition;
- To establish a system for the acquisition, control, issue, and accounting of supplies and equipment for use within the 522 District;
- To supervise all business affairs such as records of financial transactions, collections, purchase and issue of supplies;
- To ensure that all funds are collected and expended as directed by the 522 Board;
- To submit, at each regular meeting, the financial records which must be approved by the 522 Board;
- To attend all meetings of the 522 Board;
- To perform other duties as may be necessary to maintain quality provision of EMS in the 522 District;
- Ability to efficiently operate a keyboard and computer system.

### **SUPERVISORY RESPONSIBILITIES**

Responsible for the overall operations of the 522 District EMS or contracted EMS provider including supervision of all stations and employees. Carry out supervisory responsibilities in accordance with the organization's policies, procedures, and applicable laws, rules, and regulations.

### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or



ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **EDUCATION and/or EXPERIENCE**

High school diploma or general education degree (GED) required. Successful completion of EMT-Basic, Intermediate, and Paramedic level programs utilizing D.O.T. National Standard Curriculum may or may not be required. May require a Bachelor's degree from four-year college or university or equivalent combination of education and management experience.

### **LANGUAGE SKILLS**

Ability to read, analyze, and interpret complex scientific and technical journals, financial reports, and legal documents. Ability to respond to the most sensitive inquiries or complaints from customers, regulatory agencies, or members of the business community. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present information to employees, public groups, and/or Board of Trustees. Ability to speak clearly and effectively over the telephone, radio, and in person.

Fluency in the English language is required.

### **MATHEMATICAL SKILLS**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs. Ability to calculate figures and amounts such as interest, discounts, percentages and proportions. Ability to apply concepts of basic algebra and geometry.

### **REASONING ABILITY**

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

### **CERTIFICATES, LICENSES, REGISTRATIONS**

May require a current EMT (basic, intermediate, or paramedic) license from the Oklahoma State Department of Health/EMS Division. May be required to keep all knowledge and skills (EMT-related) current through specific continued education as required by 522 District and/or contracted EMS provider and by the Oklahoma State Department of Health/EMS Division for relicensure. Must have current American Heart Association (or equivalent), ACLS, PALS, and Healthcare Provider CPR card.

### **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required

to sit. The employee is occasionally required to stand, walk, climb or balance; and to stoop, kneel, crouch or crawl. The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions, moving mechanical parts, fumes or airborne particles, toxic or caustic chemicals, risk of electric shock and outside weather conditions. The noise level in the work environment is usually moderate. The employee is occasionally exposed to communicable and infectious agents, violent situations, outside weather conditions, and mentally stressful situations. The employee must be able to manage multiple tasks simultaneously.

The work environment may include occasional required overnight travel away from home and frequent, long, unpredictable hours of work.

### **ADDITIONAL REQUIREMENTS**

All employees that drive ambulance vehicles either occasionally or totally shall maintain current EVOC certification.

All employees that drive ambulance or other company vehicles shall also maintain a current state driver's license and an acceptable driving record not to exceed the limits set forth by the 522 District or the contracted EMS providers.



## Assistant EMS Director

### Suggested Components of Job Description

**Job Title:** Assistant EMS Director  
**Reports To:** EMS Director or Board EMS Administrator  
**Prepared By:**  
**Prepared Date:**  
**Approved By:**  
**Approved Date:**

#### SUMMARY

The Assistant EMS Director is the second person in charge of the EMS system and will report to the EMS Director of the contractual EMS provider or to the Board EMS administrator where the 522 District owns and operates the EMS system. The Assistant EMS Director will perform any and all duties of the EMS Director or EMS Board Administrator, as assigned by the EMS Director or EMS Board Administrator. Duties and responsibilities may include the following; however, these should be re-written or amended to meet the specific needs of the overall operation of the EMS District, administration and clinical segments.

#### ESSENTIAL DUTIES AND RESPONSIBILITIES

May include but are not limited to the following duties. Other duties may be assigned.

- Will be licensed EMT capable of responding to any and all EMS calls and will be required to be scheduled a specific number of hours per week;
- Must be a licensed EMT capable of responding to major incidents and serving as the “Medical Incident Commander,” if deemed necessary by the EMS Director or EMS Board Administrator;
- Ensure EMS is in compliance with all EMS laws, rules, and regulations;
- Responsible for contracting for appropriate medical direction by physicians as required by statute and rule;
- Establish and maintain relationships with the medical community including allied health professionals within the 522 District; cooperate, coordinate, and/or collaborate whenever possible to build the EMS system;
- Seek the expertise and involvement of public officials, civic leaders, and the District public at large;
- May assist in coordinating a public relations program to keep the public informed of EMS activities within the district; emphasize the EMS system’s goals and reasons for existence; utilize efficient media relations; i.e., local radio, local TV, etc.;

- Establish and maintain a public education component in the EMS system; provide instruction in basic first aid and cardiopulmonary resuscitation; coordinate and collaborate with other organizations; i.e., American Heart Association, American Red Cross, in jointly providing public education; provide appropriate communications within the District on public education opportunities;
- Provide for and schedule training and continuing education for all EMS personnel;
- May appoint an “In-house Instructor” to provide continuing education to EMTs;
- Seek assistance from EMS Division of Oklahoma State Department of Health in determining appropriate ways to provide continuing education;
- Become knowledgeable and retain current knowledge of educational resources available in or new to the 522 District;
- Select, employ, direct, and discharge all employees as authorized by the 522 Board;
- Responsible for scheduling EMS personnel and handling personnel grievances;
- Has authority to deal with day-to-day personnel matters, which includes hiring and dismissal of employees; have an appeal mechanism in place available to employees who feel unjust treatment to appeal the full 522 Board;
- Coordinates all EMS resources;
- Troubleshoots to develop innovative and workable solutions to problems;
- Must be a capable administrator and business manager;
- Must have and maintain a thorough knowledge of the EMS system and its components;
- Establish and maintain relationship with the EMS Division of the Oklahoma State Department of Health; utilize any technical assistance available;
- Be knowledgeable of all legislation, rules, and regulations that apply to the EMS system, as well as any that apply to personnel or labor issues, and any other related activities;
- Develop and submit to the 522 Board for approval standard operating procedures, guidelines and criteria to be met in the functioning of the 522 District;
- May assist EMS providers with development of standard operating procedures to guide their day-to-day operations;

- Prepare and submit to the 522 Board for approval a plan of organization of the personnel and others connected with the operation of the EMS;
- Will be responsible for the fiscal aspects of the EMS system;
- Will pursue diligently the collection of fees for service and keep up-to-date on all available sources of payment for services rendered, particularly those involving third party reimbursement;
- Investigate and utilize appropriate billing practices (internal or external) to pursue billing and collections in an aggressive manner;
- To prepare an annual budget showing the expected income and expenditures of the EMS system;
- To oversee all physical properties and equipment, ensuring all are kept in a good state of repair and operating condition;
- To establish a system for the acquisition, control, issue, and accounting of supplies and equipment for use within the 522 District;
- To supervise all business affairs such as records of financial transactions, collections, purchase and issue of supplies;
- To ensure that all funds are collected and expended as directed by the 522 Board;
- To submit, at each regular meeting, the financial records which must be approved by the 522 Board;
- To attend all meetings of the 522 Board;
- To perform other duties as may be necessary to maintain quality provision of EMS in the 522 District;
- Ability to efficiently operate a keyboard and computer system.

### **SUPERVISORY RESPONSIBILITIES**

Responsible for providing necessary support and backup to the EMS Director or EMS Board Administrator including supervision of stations, shifts, and employees. Carry out assigned supervisory responsibilities in accordance with the organization's policies, procedures, and applicable laws, rules, and regulations.

### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or

ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **EDUCATION and/or EXPERIENCE**

High school diploma or general education degree (GED) required. Successful completion of EMT-Basic, Intermediate, and Paramedic level programs utilizing D.O.T. National Standard Curriculum may or may not be required. Associate's degree from two-year college or university or equivalent combination of education and management experience.

### **LANGUAGE SKILLS**

Ability to read, analyze, and interpret complex scientific and technical journals, financial reports, and legal documents. Ability to respond to the most sensitive inquiries or complaints from customers, regulatory agencies, or members of the business community. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present information to employees, public groups, and/or Board of Trustees. Ability to speak clearly and effectively over the telephone, radio, and in person.

Fluency in the English language is required.

### **MATHEMATICAL SKILLS**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs. Ability to calculate figures and amounts such as interest, discounts, percentages and proportions. Ability to apply concepts of basic algebra and geometry.

### **REASONING ABILITY**

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

### **CERTIFICATES, LICENSES, REGISTRATIONS**

May require a current EMT (basic, intermediate, or paramedic) license from the Oklahoma State Department of Health/EMS Division. May be required to keep all knowledge and skills (EMT-related) current through specific continued education as required by 522 District and/or contracted EMS provider and by the Oklahoma State Department of Health/EMS Division for relicensure. Must have current American Heart Association (or equivalent) ACLS, PALS, and Healthcare Provider CPR card.

### **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required

to sit. The employee is occasionally required to stand, walk, climb or balance; and to stoop, kneel, crouch or crawl. The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions, moving mechanical parts, fumes or airborne particles, toxic or caustic chemicals, risk of electric shock and outside weather conditions. The noise level in the work environment is usually moderate. The employee is occasionally exposed to communicable and infectious agents, violent situations, outside weather conditions, and mentally stressful situations. The employee must be able to manage multiple tasks simultaneously.

The work environment may include occasional required overnight travel away from home and frequent, long, unpredictable hours of work.

### **ADDITIONAL REQUIREMENTS**

All employees that drive ambulance vehicles either occasionally or totally shall maintain current EVOC certification.

All employees that drive ambulance or other company vehicles shall also maintain a current state driver's license and an acceptable driving record not to exceed the limits set forth by the 522 District or the contracted EMS providers.





## Central Shift Supervisor (or Central Station Supervisor)

### Suggested Components of Job Description

**Job Title:** Central Shift Supervisor (or Central Station Supervisor)  
**Reports To:** EMS Director or Board EMS Administrator and/or Assistant EMS Director  
**Prepared By:**  
**Prepared Date:**  
**Approved By:**  
**Approved Date:**

### SUMMARY

The duties of the Central Shift Supervisor (or Central Station Supervisor) will vary according to the number of vehicles and stations, whether the EMS system is volunteer or paid. Nevertheless, the Central Shift Supervisor should be the person designated as responsible for both the station and personnel on a given shift. This person is directly responsible to the EMS director (or Board EMS Administrator) and Assistant EMS Director, and should have the following supervisory responsibilities. Duties and responsibilities may include the following; however, these should be re-written or amended to meet the specific needs of the overall operation of the EMS District, administration and clinical segments.

### ESSENTIAL DUTIES AND RESPONSIBILITIES

May include but are not limited to the following. Other duties may be assigned.

- Provides \_\_\_\_\_ level emergency medical care to patients at the scene, in transport, and at the hospital;
- Responsible for transport of patients from the scene to the hospital or from one facility to another facility;
- Directs the patient care while on duty;
- Supervises overall operational aspects of on duty shift;
- Assures station routine is completed during the shift according to department policy, such as daily vehicle and equipment checks; vehicle, equipment and station cleaning, etc;
- Schedules and presents informal in-service training of EMTs assigned to shift;
- Maintains supply and accountability of all necessary cleaning supplies, oxygen, medical supplies, etc., for the operation of the station and ambulances;
- Responsible for on-the-job orientation of new shift employees;

- Assists the EMS Director and Assistant EMS Director in presenting public relations programs regarding the EMS system to civic groups and to other interested citizens;
- Reviews ambulance run reports and other data reports for accuracy prior to submission to the EMS Director and Medical Director;
- Attends EMS meetings as deemed necessary by the EMS Director;
- Ensures all policies and procedures of the EMS Director and 522 Board are followed during the shift;
- Attends staff (supervisory) meetings as scheduled by the EMS Director;
- Must not secure additional employment or pursue other activities which would preclude his/her ability to be available at all times without permission of the EMS Director and approval of the 522 Board;
- Will work in close contact with the EMS Director in the overall operation of the service;
- May receive special assignments such as special research projects, revision of policies, meetings, committees and other such activities;
- Any problems regarding job duties should be brought to the EMS Director;
- Observes and performs \_\_\_\_\_ level assessment of patients' trauma or medical related condition; recognizes, identifies, and interprets serious situations and informs medical control. Initiates appropriate measure and treatment according to 522 District or contracted EMS provider protocols and as advised by medical control;
- Operates an ambulance vehicle, responds to emergency and non-emergency calls, transport patients from scene to hospital and from one facility to another;
- Operates and monitors specialized equipment based on level of service and individual protocols and may include but not be limited to mechanical cardiopulmonary resuscitators, EKG monitors, cardiac defibrillator, pneumatic anti-shock garments, laryngoscopes, oropharyngeal suction equipment, oxygen delivery devices, and IV infusion pumps or controllers per Paramedic protocols and medical control;
- Obtain a history on each patient's past and present medical problems, medications, and allergies. Administer emergency medication as per protocols and/or medical control orders in accordance with level of service techniques. Administer therapeutic measures as prescribed per protocol or medical control and may include but not be limited to initiation of IV fluids, nasogastric intubation, cardiac monitoring, defibrillation, tracheal intubation, and chest decompressions;

- Communicate with EMS Communication Center and other agencies while in transport or responding to calls. Utilize proper radio technique according to the EMD system, FCC regulations, and Communication Center and Ambulance Service Standard Operating Procedures;
- Timely completes ambulance run sheets and refusal forms, efficiently documenting all medical care and/or treatment, all patient information, any insurance information and any and all other information requested;
- Completes incident reports as required or as necessary to assure proper documentation to protect the EMT, other 522 District staff, the company, and the patient;
- Timely completion of verification of hours worked in order to receive prompt payroll checks;
- Shares responsibility for inventory and maintaining adequate supplies including controlled substances, and equipment as well as general upkeep and cleaning of the ambulance vehicle;
- Performs daily check of all supplies and equipment in ambulance and daily ambulance maintenance check according to EMS Standard Operating Procedures;
- Keeps ambulance clean, neat, and safe;
- Shares responsibility for daily cleaning in the crew quarters;
- Responsible for the on-duty position and to not leave the position until proper relief is obtained;
- May be EMT-Paramedic and may be responsible for providing direction and instruction to EMT students of all levels of training while students are on ambulance clinical training, up to the employee's own level of licensure;
- May be EMT-Paramedic and may be called upon from time to time to provide public relation type work in the community in which they work (i.e., blood pressure clinics, ambulance tours, etc.);
- Must have general knowledge of the primary coverage area assigned to and the ability to read and comprehend the available maps provided in each ambulance;
- Ability to efficiently operate a keyboard and computer system.

### **SUPERVISORY RESPONSIBILITIES**

Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include planning, assigning, and directing work; restocking of supplies; appraising performance; rewarding and disciplining employees.

## **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

## **EDUCATION and/or EXPERIENCE**

Minimum of a high school diploma or general education degree (GED). Successful completion of EMT-Basic, Intermediate, and Paramedic level programs utilizing D.O.T. National Standard Curriculum. College level course work preferred by not required. Minimum of two years supervisory experience required.

## **LANGUAGE SKILLS**

Ability to read and interpret documents including but not limited to safety rules, operating and maintenance instructions, protocols, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively to patients and relay information to the hospital.

Fluency in the English language is required.

## **MATHEMATICAL SKILLS**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent.

## **REASONING ABILITY**

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

## **CERTIFICATES, LICENSES, REGISTRATIONS**

Must have a current EMT-\_\_\_\_\_ license from the Oklahoma State Department of Health/EMS Division. Must keep all knowledge and skills for level of licensure current through specific continued education as required by 522 District or contracted EMS provider and by the Oklahoma State Department of Health/EMS Division for re-licensure. Must have current American Heart Association (or equivalent) ACLS, PALS, and Healthcare Provider CPR card.

## **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to sit. The employee is occasionally required to stand, walk, climb or balance; and to stoop, kneel, crouch or crawl. The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job

include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly exposed to outside weather conditions. The employee is frequently exposed to wet and/or humid conditions. The employee is occasionally exposed to moving mechanical parts; high, precarious places; fumes or airborne particles; toxic or caustic chemicals; extreme cold; extreme heat; and risk of electrical shock. The noise level in the work environment is usually loud. The employee is occasionally exposed to communicable and infectious agents, violent conditions and mentally stressful situations during certain types of calls.

The employee must be able to manage multiple tasks simultaneously. The work environment includes required overnight travel away from home. The schedule includes mandatory overtime with frequent long, unpredictable hours.

### **ADDITIONAL REQUIREMENTS**

All employees that drive ambulance vehicles either occasionally or totally shall maintain current EVOC certification.

All employees that drive an ambulance or other company vehicle shall also maintain a current state driver's license and an acceptable driving record not to exceed the limits set forth by the 522 District or contracted EMS providers.



## **Business Office Clerk**

### **Suggested Components of Job Description**

**Job Title:** Business Office Clerk  
**Reports To:** EMS Director  
**Prepared By:**  
**Prepared Date:**  
**Approved By:**  
**Approved Date:**

#### **SUMMARY**

Compiles and maintains records of ambulance patients and related business transactions.

#### **ESSENTIAL DUTIES AND RESPONSIBILITIES**

Include but not limited to the following. Other duties may be assigned.

Operates computer terminal to input and retrieve all patient run sheets, no transport forms, dispatch logs, and other records received;

Operates computer terminal to prepare and issue invoices, statements, and insurance claims related to patient accounts and day to day operations;

Provide collection type services for collecting unpaid bills, including letters, phone calls, filing liens, and probate claims;

Accurately performs accounts receivable functions including issuing receipts, posting information to computer, preparing reports, and banking duties;

Accurately maintains all patient run sheets, no transport forms, statements, and other paperwork in the appropriate filing system for easy retrieval;

Maintain patient confidentiality by following the release of medical information policy and obtaining the appropriate signature on the release form;

Efficiently operates office machines such as typewriter, adding, calculating, facsimile, printers, shredders, telephone, and duplicating machines;

Opens and routes incoming mail, efficiently answer correspondence, and prepare outgoing mail;

Pleasantly greets and assists all visitors and directs them to the appropriate office;

Prepare bi-weekly employee payroll checks and reports;

Reconcile monthly bank statements;



Complete incident reports as required or as necessary to assure proper documentation to protect \_\_\_\_\_ County EMS staff, the company, and the patient;

Ability to efficiently operate a keyboard and computer system;

Accurately perform accounts payable functions including processing of purchase orders, issuing payments and preparing reports;

Prepares necessary reports and compiles other information as needed by the Director, the Board of Trustees, accountants, and auditors;

Timely prepares and distributes agendas and meeting notices of Board of Trustee meetings;

Share responsibilities for maintaining adequate office supplies;

Perform daily cleaning duties to maintain a clean, neat and safe business office;

Attend required meetings and training sessions necessary to maintain efficiency and accuracy as a business office employee;

Pleasantly address and attempt to resolve complaints received from patients or the public, related to business office functions.

### **SUPERVISORY RESPONSIBILITIES**

None

### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **EDUCATION and/or EXPERIENCE**

High school diploma or general education degree (GED); one to three months related experience and/or training; or equivalent combination of education and experience.

### **EDUCATION and/or EXPERIENCE**

Ability to read, analyze, and interpret general business periodicals, professional journals, safety rules, procedure manuals, and governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public. Ability to speak clearly and effectively over the telephone and in person.

Fluency in the English language is required.

**MATHEMATICAL SKILLS**

Ability to calculate figures and amounts such as interest and percentages. Ability to add, subtract, multiply, and divide in all units of measure using whole numbers, common fractions, and decimals.

**REASONING ABILITY**

Ability to solve practical problems and deal with a variety of concrete variable in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

**CERTIFICATES, LICENSES, REGISTRATIONS**

None required.

**PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; and talk or hear. The employee frequently is required to reach with hands and arms and to stand and walk. The employee is occasionally required to kneel and stoop. The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision and ability to adjust focus.

**WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to mentally stressful situations, toxic or caustic chemicals, risk of electrical shock, and vibration. The noise level in the work environment is usually moderate. The employee on rare occasions may be exposed to communicable and infectious agents and violent situations. The employee must be able to manage multiple tasks simultaneously.

The work environment may include occasional required overnight travel away from home and unpredictable hours of work.

**ADDITIONAL REQUIREMENTS**

All employees that drive company vehicles shall maintain a current state driver's license and an acceptable driving record not to exceed the limits set forth by the 522 District or contracted EMS providers.



**Board Administrator**  
**(Where 522 Board Contracts with EMS Providers)**

**Suggested Components of Job Description**

**Job Title:** Board Administrator  
**Reports To:**  
**Prepared By:**  
**Prepared Date:**  
**Approved By:**  
**Approved Date:**

**SUMMARY**

The duties of the Board Administrator are to provide support to the 522 Board on any and all matters that the 522 Board assigns, including contracting with available EMS providers. The Board Administrator is employed by the 522 Board as a full-time manager. The Board Administrator employed may be trained as an Emergency Medical Technician (but does not have to be) and may have an office provided and may have clerical services provided. All expenses will be arranged and/or paid by the 522 Board from funds accrued from the three-mill ad valorem tax assessment or invoices for services. Duties and responsibilities may include the following; however, these should be re-written or amended to meet the specific needs of the overall operation of the 522 District.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

May include but are not limited to the following. Other duties may be assigned.

- Supervise business contracts and related matters and affairs, such as records of financial transactions and collection of accounts; insure that all funds are collected and expended to best possible advantage;
- Maintain such financial records as are necessary to substantiate actual costs of service to 522 District;
- Analyze financial reports received from contracted EMS providers to compare actual costs to budgeted or contracted costs; report any differences or discrepancies to 522 Board;
- May be utilized to provide billing services to the EMS providers in the 522 District. These duties would include:
  - Prepare and submit invoices to users of the ambulance service on a monthly basis,
  - Prepare and submit invoices for service to Medicare, Medicaid, and other third-party reimbursement where appropriate, and/or
  - Accomplish actions necessary to assure maximum collection of invoices due for services including personal contact with debtors and where appropriate, file actions in small claims court to collect debts.

- May be needed to assist in the transport of patients when necessary to compliment the availability of existing personnel of the EMS providers;
- Appoint, designate, or lead such committees or subcommittees the 522 Board considers necessary;
- Develop and coordinate an effective, ongoing public information and education program to both general and specific publics (i.e. medical and governmental) on the activities, goals and objectives of the 522 District;
- Maintain other such records on service utilization and effectiveness to provide necessary data for continuing evaluation of the service, thus assuring quality control;
- Submit at each 522 Board regular meeting necessary reports showing professional services, financial activities and other special reports as may be required by the 522 Board;
- Maintain close working relationships with the EMS providers of 522 District to assure that the provisions of the contract between the 522 Board and the EMS providers are met;
- Coordinate with local, regional and State authorities for the provision of training for Emergency Medical Technicians, other ancillary medical personnel, physicians, and the general public from existing training resources;
- Serve as liaison officers and channel of communications between the 522 Board and other medical and EMS providers;
- Attend all meetings of the 522 Board;
- Assist EMS providers with development of standard operating procedures to guide their day-to-day operations;
- Perform such other administrative duties as may be required by the 522 Board to assure the provision of quality emergency medical care and transportation services to the citizens of 522 District.

### **SUPERVISORY RESPONSIBILITIES**

Responsible for working with the contracted EMS providers.

### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

## **EDUCATION and/or EXPERIENCE**

High school diploma or general education degree (GED) required. May require successful completion of EMT-Basic, Intermediate, and Paramedic level programs utilizing D.O.T. National Standard Curriculum may or may not be required. May require a Bachelor's degree from four-year college or university or equivalent combination of education and management experience.

## **LANGUAGE SKILLS**

Ability to read, analyze, and interpret complex scientific and technical journals, financial reports, and legal documents. Ability to respond to the most sensitive inquiries or complaints from customers, regulatory agencies, or members of the business community. Ability to write speeches and articles for publication that conform to prescribed style and format. Ability to effectively present information to employees, public groups, and/or Board of Trustees. Ability to speak clearly and effectively over the telephone, radio, and in person.

Fluency in the English language is required.

## **MATHEMATICAL SKILLS**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs. Ability to calculate figures and amounts such as interest, discounts, percentages and proportions. Ability to apply concepts of basic algebra and geometry.

## **REASONING ABILITY**

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

## **CERTIFICATES, LICENSES, REGISTRATIONS**

May require a current EMT (basic, intermediate, or paramedic) license from the Oklahoma State Department of Health/EMS Division. May be required to keep all knowledge and skills (EMT-related) current through specific continued education as required by 522 District and/or contracted EMS provider and by the Oklahoma State Department of Health/EMS Division for re-licensure. Must have current American Heart Association (or equivalent), ACLS, PALS, and Healthcare Provider CPR card.

## **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to sit. The employee is occasionally required to stand, walk, climb or balance; and to stoop, kneel, crouch or crawl. The employee must regularly lift and/or move up to 10 pounds and

occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions, moving mechanical parts, fumes or airborne particles, toxic or caustic chemicals, risk of electric shock and outside weather conditions. The noise level in the work environment is usually moderate. The employee is occasionally exposed to communicable and infectious agents, violent situations, outside weather conditions, and mentally stressful situations. The employee must be able to manage multiple tasks simultaneously.

The work environment may include occasional required overnight travel away from home and frequent, long, unpredictable hours of work.

### **ADDITIONAL REQUIREMENTS**

All employees that drive ambulance vehicles either occasionally or totally shall maintain current EVOC certification.

All employees that drive ambulance or other company vehicles shall also maintain a current state driver's license and an acceptable driving record not to exceed the limits set forth by the 522 District or the contracted EMS providers.



## Appendix D



### Emergency Medical Services Instructions and Forms

#### Contents

##### Provider Forms and Instructions

1. Instruction Booklet for Completion of Initial and Renewal Ambulance and Stretcher Aid Van Service Survey and Supplemental Forms for Provider Licensure (10 pages)
2. Ambulance Provider Application (12 pages)
3. Survey Guide for Completion of Renewal Ambulance & Stretcher Aid Van Service Survey and Supplemental Forms for Provider Licensure (9 pages)
4. Ambulance Provider Ownership & Control Interest Disclosure and Supplements (9 pages)
5. Instructions for the Completion of Oklahoma's Emergency Medical Response Agency Application Forms – Initial/Renewal (10 pages)
6. Reportable Diseases/Conditions (2 pages)

##### Trauma Forms and Instructions

1. Emergency Systems-Trauma (2 pages)
2. Regional Trauma Advisory Board Fact Sheet (1 page)
3. Trauma Care Assistance Revolving Fund (2 pages)
4. Oklahoma State Trauma Registry (OSTR) (1 page)
5. Quality Improvement in Oklahoma Trauma Care (2 pages)
6. Quality Improvement Intake Form (1 page)
7. EMResource Fact Sheet (2 pages)

##### EMS Data Forms and Instructions – OKEMSIS (Oklahoma EMS Information System)

1. OKEMSIS Prehospital Care Report Form
2. OKEMSIS Patient Care Report Data Dictionary





## **Appendix D**

### **Emergency Medical Services Instructions and Forms**

#### **Provider Forms and Instructions**

**[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/)**



**“Resource Guidebook for Oklahoma 522 Districts”** is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



Oklahoma Emergency Medical Service Division  
Oklahoma State Department of Health  
—1000 N.E. 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: 405-271-4027

Instruction Booklet  
For COMPLETION of  
INITIAL and RENEWAL AMBULANCE &  
STRETCHER AID VAN SERVICE SURVEY  
And SUPPLEMENTAL FORMS  
For PROVIDER LICENSURE

November 2007



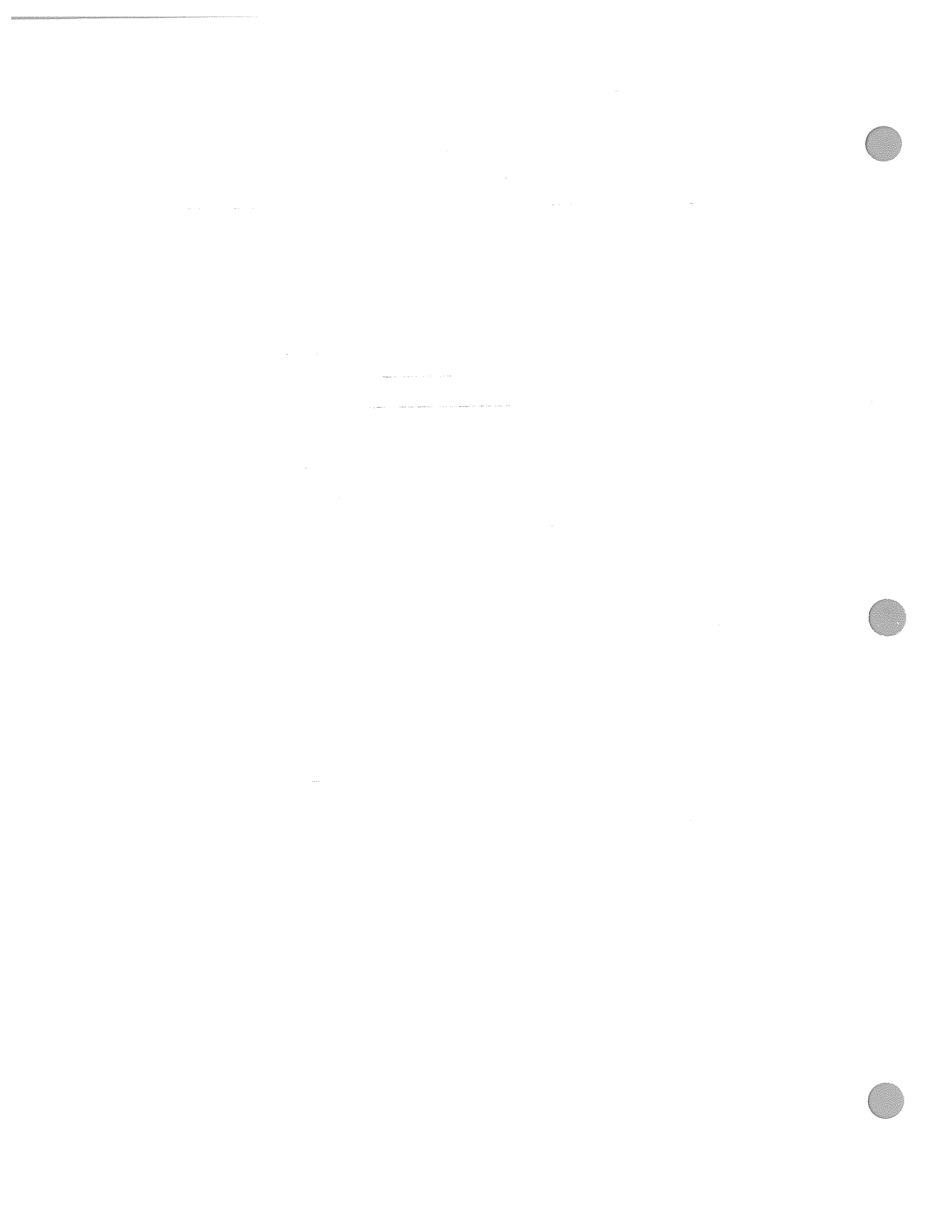
## **Introduction**

The Emergency Medical Services Division of the Oklahoma State Department of Health is responsible for the licensure of ambulance providers in Oklahoma. In accordance with 63 O.S. Supp. 1999 Section 1-2501, all ambulance providers are required to meet certain standards. This booklet is designed to assist in the preparation of the initial and annual survey form for ambulance licensure.

Please use this booklet to complete the application and supplemental forms in their entirety. Refer any questions to OSDH Emergency Systems at 405-271-4027 or via email: [esystems@health.ok.gov](mailto:esystems@health.ok.gov)

### **RETURN COMPLETED PACKET TO:**

Oklahoma State Department of Health  
Emergency Medical Services  
1000 N.E. 10th Street  
Oklahoma City, Oklahoma 73126-8823  
Telephone: 405-271-4027



PLEASE TYPE OR PRINT ALL INFORMATION

INTRODUCTORY INFORMATION

**1. BUSINESS INFORMATION**

NAME is the name you are licensed or desire to be licensed to do business as an ambulance service.

LICENSE NUMBER is the number assigned by OSDH-EMS as your ambulance provider number.

ADDRESS is the mailing address you receive mail at.

ADDRESS #2 is the address where the main business office of your operation is located. (If this is the same as "ADDRESS", leave blank).

CITY, STATE, ZIP is required.

COUNTY OF OPERATIONS is the county in Oklahoma, which your primary service is located in.

BUSINESS TELEPHONE is the phone number where you can be reached for business purposes.

FAX NUMBER is the fax number where you can receive faxes for business purposes.

EMERGENCY TELEPHONE is the phone number where you receive calls for assistance.

DIRECTOR OF AMBULANCE SERVICE is the name of the person administratively responsible for the day to day activities of the ambulance service.

SECONDARY POINT OF CONTACT is the name of the person who is administratively responsible for the day to day activities of the ambulance service in the absence of the Director.

**2. LEVEL OF CARE**

The level of care is one of four levels that you are authorized by state law to operate under.



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

Intermediate Life Support means that the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one EMT-Intermediate on each request for emergency medical service.

Paramedic Life Support means that the ambulance service vehicles are equipped with the minimum paramedic equipment and staffed with at least one EMT-Paramedic on each request for emergency medical service.

Specialized Mobile Intensive Care is a special category of ambulance service licensed only to transport between medical facilities. These licenses are issued on a case to case basis when the Department finds the interest of the public can be best served. Examples of specialized care include, but are not limited to, neonatal care, coronary care, and burn care.

Specialized mobile intensive care does not pertain to vehicles, but rather a special group of patients. Pre-hospital or scene transportation is not permitted of specialized mobile intensive care ambulance services. It shall be the responsibility of the licensee to insure that qualified staff is utilized on each transport.

### 3. **TYPE OF OPERATION/OWNER**

Check **ALL** that apply:

City

Paid Fire Department is an ambulance service operated by a fire department that has at least one (1) full time paid firefighter. Personnel may include some volunteers.

Law Enforcement is an ambulance service operated by a law enforcement department. The service may utilize paid or volunteer law enforcement personnel.

Volunteer Fire Department is an ambulance service operated by a fire department that is considered by state law to be a "Volunteer Fire Department". **ALL** personnel will be volunteer firefighters.

County is a service operated by the county government.

City/County is a service operated jointly by City and County government.

Governmental (Not fire or police, also known as third service) is an ambulance service operated by an entity-receiving public funding (cities, counties, trusts, 522 districts, etc).

The operation of such ambulance services is NOT in conjunction with other public funded departments, such as fire, police, etc. The service may utilize paid or volunteer personnel.

Authority, Trust or Board is an ambulance service owned by an authority, trust, or board, which does NOT meet any other provider category.

522 EMS District is an ambulance service owned by a "522" EMS district.

Hospital is an ambulance service operated by a hospital. The service may utilize paid or volunteer personnel.

Private is an ambulance service operated privately and funded independently of any subsidy from an outside source. The service may utilize paid or volunteer personnel.

Volunteer (not Fire or Police) is an ambulance service solely operated by volunteers not associated with fire and/or police departments. The service may utilize only volunteer personnel.

Funeral Home (not subsidized) is an ambulance service operated by a funeral home and funded independently of any subsidy from an outside source. The service may utilize paid or volunteer personnel.

Other (Specify) is an ambulance service that does not meet the categories and criteria given above. Indicate the specific of this type of operation in the space provided.

#### 4. **FUNDING METHODS**

Check ALL that apply:

There are nine (9) broad categories of funding. These are:

Charges, City subsidy, County subsidy, Hospital Subsidy, Sales Tax, Utility Assessment, Subscription (Membership), Donation, Ad Valorem Tax (522 District), and Other. If "other" then please DESCRIBE this funding in the space provided.

If a subscription program is to be used, attach proof of one of the following as required in O.A.C. 310:641-3-140 (4) & (5):

- a. a surety bond in the amount equal to the (anticipated) collections.
- b. Contractual liability insurance from an eligible vendor.
- c. Self-insurance.
- d. Contract with a government entity insuring the provider.

**5. CHARGES, COLLECTION, AND OPERATING BUDGET**

Operating Budget – Please indicate your operational budget for the current Fiscal Year. Estimate if necessary for a NEW license.

Base Rate – Please indicate your base rate per call for (1) Emergency and (2) Non-emergency (or Transfer) calls. Base rate is your charge without cost for supplies and/or procedures.

Collection Percentage – Please indicate the percent of charges that you collect.

Mileage Charges – Please indicate, if charged, the rate per mile. In addition check if mileage is charged for “loaded, one-way, or round trip.”

Variations – Please describe any variations to the charges shown above. NOTE: EMS Districts must indicate a charge for “out of district” pick-ups.

**6. Annual Runs (Please complete the attached form with the run breakdown for your base station and all substations)**

Transported – Your vehicle transported the patient.

Care Transfer – Care of the patient was transferred to ANOTHER transporting agency.

Cancelled – Your vehicle was cancelled by the communications center prior to your arrival at the scene.

Refused – Patient refused treatment and transport, and signed a refusal statement.

Treat/No Transport – No transport; patient was assessed and treated at the scene but either did not require or refused transport, and was released after signing refusal statement.

False Call – Upon arrival at the scene, no cause for treatment or transport was found.

No Patient Found – Upon arrival at the scene, no patient was found.

DOA – No treatment rendered as patient was dead upon the vehicle’s arrival at the scene.

All runs must be documented on the State standard pre-hospital run report form or an approved substitute. The appropriate run data must be submitted to the EMS Division. DO NOT total or estimate your calls.

**7. RESPONSE TIME & COVERAGE AREA**

Response Time is the time from when the call is FIRST received to the time the ambulance arrives at the scene. Average response time is for requests of pre-hospital emergency medical services, for the year.

Coverage Area of the geographic area that each ambulance service covers. **(Must attach a map, if you have substation attach a map for each service area).**

**8. PUBLIC ACCESS AND DISPATCH**

Type of Dispatch is the method used to dispatch vehicles.

Dispatch Frequencies – the frequency (ies) that your ambulance service utilizes for DISPATCH only.

Medical Frequencies – the frequency (ies) utilized in your ambulance(s) to communicate with the hospital(s). State Law requires one or more of these designated frequencies in your vehicles.

**9. PERSONNEL**

Please complete this section as indicated. A Personnel Roster is required, in addition to this section.

**10. MEDICAL DIRECTOR**

The information regarding the physician licensed in the State of Oklahoma, providing Medical Direction for your service. If your medical director has changed and you have not notified the Department please submit the following items: Copy of the physician State License, OBNDD certificate and a CV or Resume from the physician.

**11. EMS COUNCIL OR BOARD**

If your ambulance service has a Board established by State Law (Article 10. Section 9c or 19 O.S. 1991), complete the appropriate Supplemental Form.

**12. PRIMARY HOSPITALS**

Enter the Hospital “Encoder Number” for the medical facility (ies) which you most often transport patients.

**13. VEHICLES**

Complete one Vehicle Checklist for each vehicle that your service utilizes for patient transport.

**14. GENERAL INFORMATION**

All questions should be self-explanatory. Please complete all YES/NO answers and complete SUPPLEMENTAL forms as required by this section.

**15. ADDITIONAL GENERAL INFORMATION**

Please complete as in question number 14.

**16. SIGNATURE AND VERIFICATION STATEMENT**

Please read over the verification statement. The name of the individual responsible for the operation of this service shall be PRINTED and then signed and dated.

**Special Forms**

**Vehicle Checklist**

Complete one for each vehicle utilized for patient transport.

Local Unit # - is the designation that you have given this vehicle.

Type - is either Type I, Type II, Type III or other.

Year - is the year that the vehicle was manufactured.

Tag - is the tag number of the vehicle.

Condition - is your determination of the shape that the vehicle is in at the present time.

Chassis Manufacture - is the brand and model of the vehicle (Ford, GMC, Dodge, etc)

VIN - is the vehicle identification number given by the manufacturer.

Current Mileage - is the odometer reading of the vehicle.

Conversion Manufacturer - is the name of the company that built the ambulance.

Address, City, State, Zip - of the conversion manufacturer.

Sales Person - the name of the person who sold you the vehicle.

Date of Purchase - the date that you bought or leased this vehicle.

Vehicle Liability - the Policy Number, Agents Name, and Limits of Coverage of insurance for this vehicle.

Other – other YES/NO questions are self-explanatory. (The EXAMPLE of a “Star of Life” certification is just that, an EXAMPLE – do not try to fill in)

## **PERSONNEL ROSTER**

This form is to be utilized to list the names of individuals associated with your ambulance service, who drives, pilot, and or attendees for patients. List ALL personnel.

Fill in the name of you ambulance service and the requested information about each individual: Name (alphabetical order), license or certificate number, etc. Please use the following letter designation for column three (3).

P = EMT Paramedic  
I = EMT Intermediate  
B = EMT Basic  
D = Physician  
R = Registered Nurse  
L = Licensed Practical Nurse  
F = First Responder  
AP = Aircraft Pilot  
N = No license or Certificate

## **OWNERSHIP & CONTROL INTEREST DISCLOSURE**

If not an individual, list the principals of owner organization(s). Fill in the name of the ambulance service and complete one separate block for each principal individual. If the owner is a corporation or partnership, complete the percentage (%) of interest. At the bottom give the scheduled meeting date, time and place. If more space is needed, please utilize the same format and attach a separate sheet of names, etc. This form is in addition to the Survey form.

## **EMS BOARD OR TRUST SUPPLEMENTAL FORM**

List the members of the EMS Board or Trust. Fill in the name of the ambulance service board or trust and complete one separate block for each individual on the board (EMS Boards must have five (5) members to function), or trust. At the bottom give the scheduled meeting date, time, place, district boundaries, and mileage assessed the district (if any). This form is in addition to the survey forms.

## **EMS AIR AMBULANCE SUPPLEMENTAL FORM**

Please complete this form as instructed by each item in addition to the Survey/Renewal/Initial forms.

## **EMS INDIVIDUAL PROTOCOL SUPPLEMENTAL FORM**

Please complete this form as instructed by each item in addition to the Survey/Renewal/ Initial forms.

## **EMS SPECIALITY CARE SUPPLEMENTAL FORM**

Please complete this form as instructed by each item in addition to the Survey/Renewal/Initial forms.

## **FEES**

Fee – Make payable to OSDH – EMS P.O. Box 268823, Oklahoma City, OK 73126-8823

### ***PLEASE NOTE CHANGES IN THE RENEWAL FEE!***

**Initial fee** \$600.00, \$150.00 for each substation, and \$20.00 for each unit over two (2).

**Renewal fee** is \$100.00, \$50.00 for each substation plus \$20.00 for each unit over two (2.)

**NOTE: WE DO NOT ACCEPT PURCHASE ORDERS!**





**SECTION IX – PUBLIC ASSESS AND DISPATCH**

complete roster)  
 Telephone Number where calls are received \_\_\_\_\_

Your call is received by: \_\_\_\_\_

**DISPATCH**

Base Station Freq \_\_\_\_\_ Mhz \_\_\_\_\_

No Radio Dispatch \_\_\_\_\_

Dispatched by: \_\_\_\_\_

**MOBILE OR VEHICLE RADIO SYSTEM**

155.340 \_\_\_\_\_ 155.280 \_\_\_\_\_ 155.490 \_\_\_\_\_

**SECTION X – PERSONNELL (Also**

| Number of:                | Full-time | Part-time |
|---------------------------|-----------|-----------|
| Not Certified or Licensed | _____     | _____     |
| First Responder           | _____     | _____     |
| EMT Basic                 | _____     | _____     |
| EMT Intermediate          | _____     | _____     |
| EMT Paramedic             | _____     | _____     |
| Special Care              | _____     | _____     |
| Aeromedical Crew Member   | _____     | _____     |

**SECTION XI – MEDICAL DIRECTOR**

Name \_\_\_\_\_ MD \_\_\_ DO \_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State License Number: \_\_\_\_\_ OBND No: \_\_\_\_\_ Specialty: \_\_\_\_\_

On Staff Where: \_\_\_\_\_

**SECTION XII – EMS COUNCIL OR BOARD**

Do you have an EMS Council or Board? Yes \_\_\_ No \_\_\_ If yes, complete the Supplement for this purpose.

**SECTION XIII – PRIMARY HOSPITALS (Use encoder numbers)**

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Attach a list of hospitals if more than two.

**SECTION XV – VEHICLES** Use one "Vehicle Check sheet" per vehicle. If more are needed, attach additional sheets utilizing the same format.

**SECTION XVI – GENERAL INFORMATION – Do you maintain a log, keep in file, utilize or provide.**

|  | YES | NO  |   | YES | NO  |
|--|-----|-----|---|-----|-----|
| Calls                                    | ___ | ___ | Quality Assurance Program Outlines            | ___ | ___ |
| Vehicle Maintenance Reports              | ___ | ___ | OSDH/EMS Run Reports                          | ___ | ___ |
| Staffing Patterns and Schedules          | ___ | ___ | Certificate of Insurance                      | ___ | ___ |
| Records of In-Service Training/CE's      | ___ | ___ | Workers' Compensation Program Verification*   | ___ | ___ |
| Written Operational Protocols            | ___ | ___ | Copies of Contracts for Equipment & Services* | ___ | ___ |
| Medical Protocols*                       | ___ | ___ | Subscription Program*                         | ___ | ___ |
| Medical Director's Consent Letter*       | ___ | ___ | Member Agreement*                             | ___ | ___ |
| Incident Reports                         | ___ | ___ | Application Form*                             | ___ | ___ |
| Compliance with OSHA Requirements        | ___ | ___ | Promotional Materials*                        | ___ | ___ |
| EMS Personnel licenses and Certificates* | ___ | ___ | * ATTACH COPIES                               |     |     |

**SECTION XVII – ADDITIONAL GENERAL INFORMATION (In addition to the above, if anyone of the following applies)**

|                                       |     |     |   |     |     |
|---------------------------------------|-----|-----|---|-----|-----|
| Business Plan (Attach)                | ___ | ___ | Surety Bond / Contractual Liability Insurance     | ___ | ___ |
| Extrication Agreement (If applicable) | ___ | ___ | Aircraft (Attach Supplemental Air Form)           | ___ | ___ |
| EMT's on Individual Protocols         | ___ | ___ | Specialty Care License (Attach Supplemental Form) | ___ | ___ |
| Sole Source                           | ___ | ___ | Map of Coverage Area (Please Attach)              | ___ | ___ |

I hereby certify that all information is complete and that all information to this report and the supplemental attachments is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Print Name Title Date Signature

Signed before this \_\_\_\_\_ day of \_\_\_\_\_ My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Notary Public

# EMERGENCY MEDICAL SERVICES

Oklahoma State Department of Health  
Protective Health Services - 0511  
Emergency Medical Services  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-4027  
FAX: (405) 271-4240

## AMBULANCE PROVIDER OWNERSHIP & CONTROL INTEREST DISCLOSURE

Print or type all information

### I. ENTITY

Name of Entity: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code County

### II. TYPE OF ENTITY

- \_\_\_\_ Government Ownership (City, State or Federal) – Give Description: \_\_\_\_\_
- \_\_\_\_ Sole Proprietorship, List name of Owner: \_\_\_\_\_
- \_\_\_\_ Partnership, List of Partners: \_\_\_\_\_
- \_\_\_\_ Corporation, Give name of Corporation: \_\_\_\_\_
- \_\_\_\_ Disclosing entity received money from, or contracts with, a '522' District (Article X); Give '522' District Name: \_\_\_\_\_
- \_\_\_\_ Disclosing entity received money from or contracts with, an "Ambulance Service District – Title 19; Give the Ambulance Service District Name: \_\_\_\_\_
- \_\_\_\_ Other (Specify): \_\_\_\_\_

### III. INDIRECT OWNERSHIP List the names and addresses of individuals, organizations or other entities having a direct or indirect ownership interest(s), separately or in combination, amounting to an ownership interest of 5% or more in the DISCLOSING ENTITY.

Name Address

\_\_\_\_\_  
\_\_\_\_\_

### IV. MORTGAGEE List the names and addresses of individual, organizations or other entities having an interest in the form of a mortgage, or other obligation, secured by the disclosing entity (equal to at least 5% of the assets).

Name Address

\_\_\_\_\_  
\_\_\_\_\_

### V. CORPORATION OFFICERS AND DIRECTORS If the disclosing entity is a CORPORATION, list the names, title and addresses of the officers and directors.

Officers Name Title Address

\_\_\_\_\_  
\_\_\_\_\_

Directors

Title

Address

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**VI. FELONY STATEMENT**— Has any Owner, Principal, Officer, or Director been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate details on a separate sheet.

**VII. "522 EMS DISTRICT BOARD** If the disclosing entity is a '522 EMS District Board, or received money from a '522' EMS District Board, list the names, title, and addresses of the officers and directors. Give meeting dates and times.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

MEETINGS: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

What is the amount of millage for this District? \_\_\_\_\_ Valuation of this District? \_\_\_\_\_

If this DISCLOSING ENTITY is not owned or operated by the District, then attach a contract, or contracts to provide Ambulance Services with this form.

**VIII. OTHER OWNERSHIP OR CONTROLLING INTERESTS** If the disclosing entity is an Ambulance District Board established by Title 19, received money from an Ambulance District Board (Title 19), a city, a county, a council, or any other entity list the names, title, and addresses of the officers, directors, commissioners, council, etc. Give meeting dates, time and other pertinent information.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

MEETINGS: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**If Title 19:**

What is the amount of tax for this District: \_\_\_\_\_ Amount collected by this District: \_\_\_\_\_

If this DISCLOSING ENTITY is not owned or operated by the District, then attach a contract, or contracts, to provide Ambulance Service with this form.

**IX. VERIFICATION STATEMENT**

I understand that false or misleading representation on this statement may be prosecuted under applicable State laws.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**PROTECTIVE HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

Oklahoma State Department of Health  
Protective Health Services - 0511  
Emergency Medical Services  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-4027  
FAX: (405) 271-4240

**AMBULANCE PROVIDER VEHICLE CHECKLIST**

*Instructions: Complete one checklist for each ground vehicle. Type or print all information*

Name of Service: \_\_\_\_\_ License Number: \_\_\_\_\_

Local Unit #: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

Condition: Poor \_\_\_\_\_ Average \_\_\_\_\_ Excellent \_\_\_\_\_

Chassis Manufacture: \_\_\_\_\_ VIN: \_\_\_\_\_

Current Mileage: \_\_\_\_\_ Conversion Manufacture: \_\_\_\_\_

Date of Purchase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salesperson: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Vehicle Liability Policy #: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Limits of Coverage: \_\_\_\_\_

|  | YES | NO  |
|--|-----|-----|
| Is all American College of Surgeons (ACS) BASIC ESSENTIAL EQUIPMENT on this vehicle<br>(If licensed at one of the following levels of care)                      | ___ | ___ |
| Is all ACS INTERMEDIATE ESSENTIAL EQUIPMENT on this vehicle  | ___ | ___ |
| Is all ACS PARAMEDIC ESSENTIAL EQUIPMENT on this vehicle   | ___ | ___ |
| Is all mandatory ACS EXTRICATION EQUIPMENT aboard this vehicle<br>(as required by O.A.C. 310:641-3-23(d)(1) & (2))   | ___ | ___ |
| Is all remaining EXTRICATION EQUIPMENT aboard this vehicle<br>(If NO, then who provides EXTRICATION EQUIPMENT): _____  | ___ | ___ |
| Does this vehicle meet and have a "STAR OF LIFE" certificate affixed to the vehicle<br>(See Example - this will be in the onboard oxygen compartment after 1981) | ___ | ___ |

MFG by \_\_\_\_\_ Date of Manufacture (Mo/Yr) \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This ambulance conforms to Federal Specification KKK-A-1822 in effect on the date of manufacture shown above.

AMBULANCE  
IDENTIFICATION  
NUMBER \_\_\_\_\_

TYPE-CLASS-FLOOR PLAN-SERIAL NO.  
CURB WEIGHT PAYLOAD MAX GROSS WT. MAX

CERTIFIED "STAR OF LIFE" AMBULANCE







## EXTRICATION EQUIPMENT CHECKLIST/AGREEMENT

Name of Service: \_\_\_\_\_ License #: \_\_\_\_\_

(If extrication is done by other than the above:)

Name of Rescue Service: \_\_\_\_\_

Address: \_\_\_\_\_

Rescue Service Chief (or administrator): \_\_\_\_\_

### EXTRICATION CHECK LIST

#### II - ADDITIONAL REQUIRED EQUIPMENT:

- |                                      |  |
|--------------------------------------|--|
| a) Hammer.....[ ]                    | n) 2 Utility Knives.....[ ]                  |
| b) Fire Axe.....[ ]                  | o) Rope, Weighted Poly (00'x1/2").[ ]        |
| c) Crowbar (51" Pinchpoint).....[ ]  | p) Lineman's Gloves.....[ ]                  |
| d) Bolt Cutter (15" minimum).....[ ] | q) 2 Portable lights.....[ ]                 |
| e) Power Jack, Portable.....[ ]      | r) 1 Extrication Blanket.....[ ]             |
| f) Spreader Tool, Hand Powered..[ ]  | s) 2 Bailing Hooks.....[ ]                   |
| g) Air Gun.....[ ]                   | t) Spring Loaded Window Punch.....[ ]        |
| h) Air Cutting Tools.....[ ]         | u) 12 Shoring Blocks.....[ ]                 |
| i) Shovel, Pointed.....[ ]           | v) 4 Cribbing Blocks.....[ ]                 |
| j) Tin Snips.....[ ]                 | w) 1 Come A Long.....[ ]                     |
| k) 2 Ropes (50'x3/4").....[ ]        | x) 2 Chains (10" w/hooks).....[ ]            |
| l) Protective Goggles.....[ ]        | y) Extrication Straps.....[ ]                |
| m) Loop Sling, Extrication.....[ ]   | z) Defibrillator (1st Response Agency)...[ ] |

I (We) certify the above list of equipment will be available to provide extrication service for the named ambulance service.

#### Extrication Service:

\_\_\_\_\_  
(Printed Name) (Title)

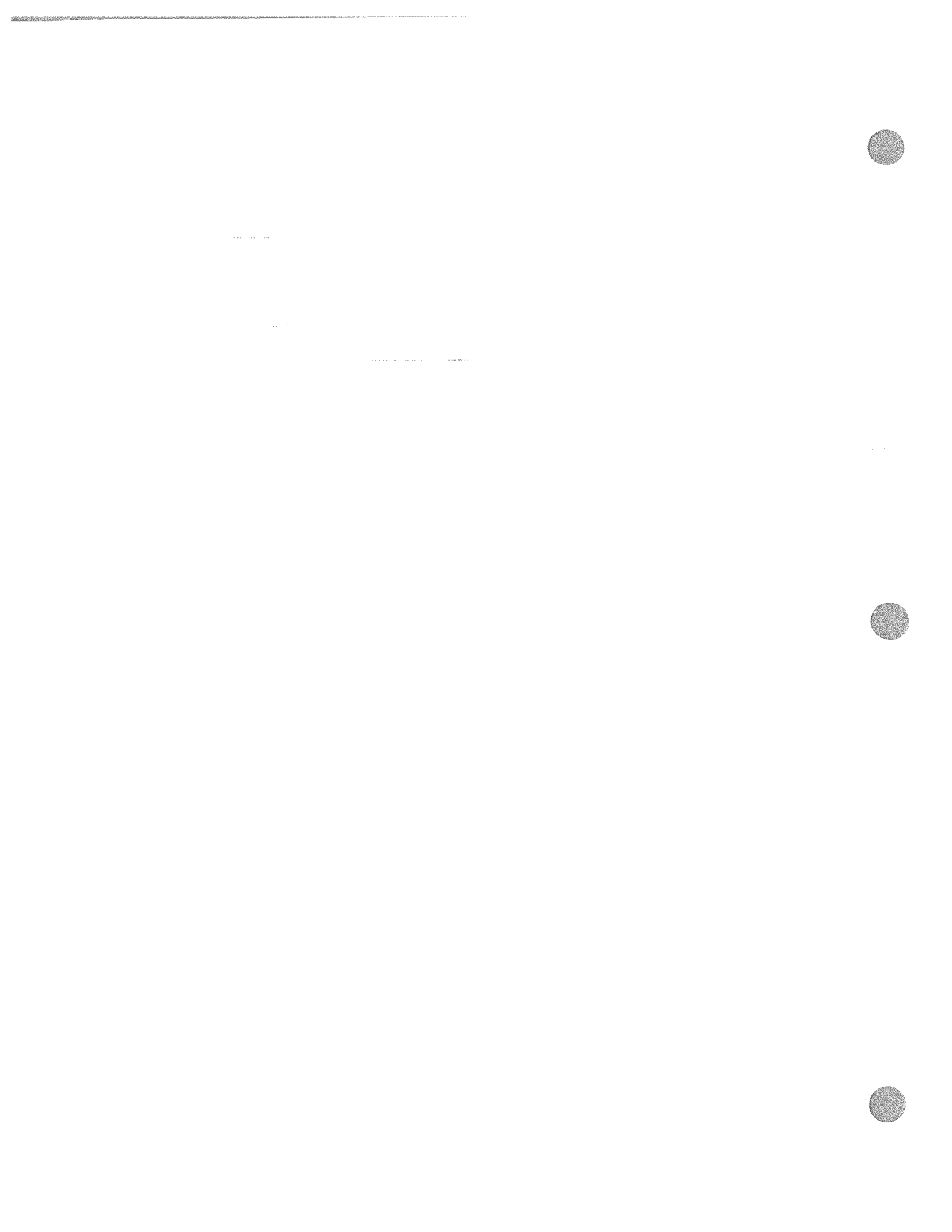
\_\_\_\_\_  
(Signature) (Date)

#### Ambulance Service:

\_\_\_\_\_  
(Printed Name) (Title)

\_\_\_\_\_  
(Signature) (Date)





**MUTUAL AID AGREEMENT**

I (We) doing business as \_\_\_\_\_,  
an Emergency Medical Service in the County of \_\_\_\_\_,  
State of Oklahoma, do hereby agree to provide emergency assistance to any  
Adjacent Emergency Medical Service in times of disaster, or when called upon.

I (We) reserve the right to charge, and collect, our normal or customary fee(s)  
when rendering this assistance.

I (We) also reserve the right to refuse service, if rendering such assistance would  
leave my (our) primary coverage area without Emergency Medical Service.

\_\_\_\_\_  
(Printed Name of Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)







Oklahoma State Department of Health  
Emergency Medical Services Division  
1000 N.E. 10<sup>th</sup> Street, Room 1104  
Oklahoma City, OK 73117-1299

## APPLICATION FOR INDIVIDUAL PROTOCOLS

This application is for: Basic  Intermediate  Paramedic  Individual Protocols (mark one only)

### ADMINISTRATIVE INFORMATION:

Name of Emergency Medical Technician \_\_\_\_\_ Oklahoma License # \_\_\_\_\_

Name of EMS Provider or FRA Affiliation \_\_\_\_\_ Providers Oklahoma License # or First Response Agency # \_\_\_\_\_

### MEDICAL CONTROL INFORMATION:

Name of Physician Medical Director \_\_\_\_\_ MD  DO

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Oklahoma License # \_\_\_\_\_ OBND # \_\_\_\_\_ Telephone Number \_\_\_\_\_

### STATEMENTS OF UNDERSTANDING:

As the above named Emergency Medical Technician, I verify I have read and understand the conditions listed on the reverse or attached to this application. I understand that any violation in the conditions of approval or false statements can render this individual protocol privilege invalid and/or result in revocation of my personnel Emergency Medical Technician license.

SIGNATURE OF EMERGENCY MEDICAL TECHNICIAN \_\_\_\_\_ DATE OF SIGNATURE \_\_\_\_\_

As the designated administrator of the ambulance service or first response agency, I verify that the above named Emergency Medical Technician is a member of this organization and I am in support of allowing this Emergency Medical Technician to practice under individual protocols. I hereby agree to provide administrative support, as needed, to assist the Emergency Medical Technician in complying with the conditions of approval.

SIGNATURE OF ADMINISTRATOR \_\_\_\_\_ DATE OF SIGNATURE \_\_\_\_\_

As a licensed physician in the State of Oklahoma, I hereby agree to act as medical control for the Emergency Medical Technician named above. I understand that approval will enable this Emergency Medical Technician to perform advanced medical procedure, under my medical supervision, via individual protocols. I have also reviewed the written protocols and agree with their content.

SIGNATURE OF PHYSICIAN \_\_\_\_\_ DATE OF SIGNATURE \_\_\_\_\_

### APPROVED PROTOCOL STATEMENT:

It is hereby requested that the named Emergency Medical Technician be added to our protocols approved, or submitted, on

Date \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

Approved  Denied  By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Condition of Approval:** The individual emergency medical technician, medical director, ambulance service administration, and first response agency administration is responsible for adherence to the conditions of approval, as follows:

1. No changes shall be made in the Oklahoma State Department of Health Emergency Medical Service Division (OSDH-EMS) approved protocols, without prior OSDH-EMS written approval;
2. If a call terminates at the hospital, the advanced level emergency medical technician shall leave a copy of the patient run report form at the receiving facility. First Response Agencies shall give a written or verbal report to the transporting service personnel;
3. The IP approved emergency medical technician shall participate in a monthly audit with their approved medical director. This audit shall include a review of all calls for the preceding month. A report signed by the medical director containing the results of this audit shall be maintained at the service or agency, on a monthly basis;
4. In any deviation from approved protocols, a full and complete written report shall be filed with OSDH-EMS. This report will be signed by the medical director and will list all findings, applicable circumstances and any action taken;
5. Changes in medical control shall require prior OSDH-EMS approval;
6. Deletions and additions of emergency medical technicians must be forwarded to OSDH-EMS. Utilization of personnel without approval from OSDH-EMS is prohibited, and;
7. Each individual emergency medical technician approved under Individual Protocol shall be responsible for maintaining current EMT licensure applicable to their respective level of protocol.

Failure to adhere to the above conditions will render an individual approval to practice under individual protocols invalid and/or may result in revocation, suspension, fines or other administrative action available to the State Department of Health.

Oklahoma Emergency Medical Service Division  
Oklahoma State Department of Health  
1000 N.E. 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: 405-271-4027

Survey Guide  
for COMPLETION of  
RENEWAL AMBULANCE &  
STRETCHER AID VAN SERVICE SURVEY  
And SUPPLEMENTAL FORMS  
For PROVIDER LICENSURE

November 2008





## **Introduction**

The Emergency Medical Services Division of the Oklahoma State Department of Health is responsible for the licensure of ambulance providers in Oklahoma. In accordance with 63 O.S. Supp. 1999 Section 1-2501, all ambulance providers are required to meet certain standards. This booklet is designed to assist in the preparation of the initial and annual survey form for ambulance licensure.

Please use this booklet to complete the application and supplemental forms in their entirety. Refer any questions to OSDH-Emergency Systems at 405-271-4027 or via email: [esystems@health.ok.gov](mailto:esystems@health.ok.gov)

### **RETURN COMPLETED PACKET TO:**

Oklahoma State Department of Health  
Emergency Systems  
1000 N.E. 10th Street  
Oklahoma City, Oklahoma 73126-8823  
Telephone: 405-271-4027



PLEASE TYPE OR PRINT ALL INFORMATION

INTRODUCTORY INFORMATION

**1. BUSINESS INFORMATION**

NAME is the name you are licensed or desire to be licensed to do business as an ambulance service.

LICENSE NUMBER is the number assigned by OSDH-EMS as your ambulance provider number.

ADDRESS is the mailing address you receive mail at.

PHYSICAL ADDRESS is the address where the main business office of your operation is located. (If this is the same as "ADDRESS", leave blank).

CITY, STATE, ZIP is required.

COUNTY OF OPERATIONS is the county in Oklahoma, which your primary service is located in.

BUSINESS TELEPHONE is the phone number where you can be reached for business purposes.

FAX NUMBER is the fax number where you can receive faxes for business purposes.

EMERGENCY TELEPHONE is the phone number where you receive calls for assistance.

DIRECTOR OF AMBULANCE SERVICE is the name of the person administratively responsible for the day-to-day activities of the ambulance service.

SECORDARY POINT OF CONTACT is the name of the person who is administratively responsible for the day-to-day activities of the ambulance service in the absence of the Director.

**2. LEVEL OF CARE**

The level of care is one of four levels that you are authorized by state law to operate under.

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

Intermediate Life Support means that the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one EMT Intermediate on each request for emergency medical service.

Paramedic Life Support means that the ambulance service vehicles are equipped with the minimum paramedic equipment and staffed with at least one EMT Paramedic on each request for emergency medical service.

Specialty Care is a special category of ambulance service licensed only to transport between medical facilities. These licenses are issued on a case-to-case basis when the Department finds the interest of the public can be best served. Examples of specialized care include, but are not limited to, neonatal care, coronary care, and burn care.

Specialized mobile intensive care does not pertain to vehicles, but rather a special group of patients. Pre-hospital or scene transportation is not permitted of specialized mobile intensive care ambulance services. It shall be the responsibility of the licensee to insure that qualified staff is utilized on each transport.

Individual Protocols If your service is working under individual protocols please circle the highest level of care provided.

### 3. **TYPE OF OPERATION/OWNER**

Check **ALL** that apply:

City

Paid Fire Department is an ambulance service operated by a fire department that has at least one (1) full time paid firefighter. Personnel may include some volunteers.

Law Enforcement is an ambulance service operated by a law enforcement department. The service may utilize paid or volunteer law enforcement personnel.

Volunteer Fire Department is an ambulance service operated by a fire department that is considered by state law to be a "Volunteer Fire Department". **ALL** personnel will be volunteer firefighters.

County is a service operated by the county government.

City/County is a service operated jointly by City and County government.

Governmental (Not fire or police, also known as third service) is an ambulance service operated by an entity-receiving public funding (cities, counties, trusts, 522 districts, etc). The operation of such ambulance services is NOT in conjunction with other public funded departments, such as fire, police, etc. The service may utilize paid or volunteer personnel.

Authority, Trust or Board is an ambulance service owned by an authority, trust, or board, which does NOT meet any other provider category.

522 EMS District is an ambulance service owned by a “522” EMS district.

Hospital is an ambulance service operated by a hospital. The service may utilize paid or volunteer personnel.

Private is an ambulance service operated privately and funded independently of any subsidy from an outside source. The service may utilize paid or volunteer personnel.

Volunteer (not Fire or Police) is an ambulance service solely operated by volunteers not associated with fire and/or police departments. The service may utilize only volunteer personnel.

Funeral Home (not subsidized) is an ambulance service operated by a funeral home and funded independently of any subsidy from an outside source. The service may utilize paid or volunteer personnel.

Other (Specify) is an ambulance service that does not meet the categories and criteria given above. Indicate the specific of this type of operation in the space provided.

#### 4. **FUNDING METHODS**

Check **ALL** that apply:

There are nine (9) broad categories of funding. These are:

Charges, City subsidy, County subsidy, Hospital Subsidy, Sales Tax, Utility Assessment, Subscription (Membership), Donation, Ad Valorem Tax (522 District), and Other. If “other” then please **DESCRIBE** this funding in the space provided.

If a subscription program is to be used, attach proof of one of the following as required in O.A.C. 310:641-3-140 (4) & (5):

- a. a surety bond in the amount equal to the (anticipated) collections.
- b. Contractual liability insurance from an eligible vendor.
- c. Self-insurance.
- d. Contract with a government entity insuring the provider.

**5. CHARGES, COLLECTION, AND OPERATING BUDGET**

Operating Budget – Please indicate your operational budget for the current Fiscal Year. Estimate if necessary for a NEW license.

Base Rate – Please indicate your base rate per call for (1) Emergency and (2) Nonemergency (or Transfer) calls. Base rate is your charge without cost for supplies and/or procedures.

Mileage Charges – Please indicate, if charged, the rate per mile. In addition check if mileage is charged for “loaded, one-way, or round trip.”

Variations – Please describe any variations to the charges shown above. NOTE: EMS Districts must indicate a charge for “out of district” pick-ups.

Response Time is the time from when the call is FIRST received to the time the ambulance arrives at the scene. Average response time is for requests of prehospital emergency medical services, for the year.

Coverage Area if the geographic area that each ambulance service covers. **(Must attach a map, if you have substation attach a map for each service area).**

**6. Annual Runs (Please complete the attached form with the run breakdown for your base station and all substations)**

Transported – Your vehicle transported the patient.

Care Transfer – Care of the patient was transferred to ANOTHER transporting agency.

Cancelled – Your vehicle was cancelled by the communications center prior to your arrival at the scene.

Refused – Patient refused treatment and transport, and signed a refusal statement.

Treat/No Transport – No transport; patient was assessed and treated at the scene but either did not require or refused transport, and was released after signing refusal statement.

False Call – Upon arrival at the scene, no cause for treatment or transport was found.

No Patient Found – Upon arrival at the scene, no patient was found.

DOA – No treatment rendered as patient was dead upon the vehicle’s arrival at the scene.

All runs must be documented on the State standard pre-hospital run report form or an approved substitute. The appropriate run data must be submitted to the EMS Division. DO NOT total or estimate your calls.

**7. PUBLIC ACCESS AND DISPATCH**

Type of Dispatch is the method used to dispatch vehicles.

Dispatch Frequencies – the frequency (ies) that your ambulance service utilizes for DISPATCH only.

Medical Frequencies – the frequency (ies) utilized in your ambulance(s) to communicate with the hospital(s). State Law requires one or more of these designated frequencies in your vehicles.

**8. PERSONNEL**

Please complete this section as indicated. A Personnel Roster is required, in addition to this section.

**9. MEDICAL DIRECTOR**

The information regarding the physician licensed in the State of Oklahoma, providing Medical Direction for your service. If your medical director has changed and you have not notified the Department please submit the following items: Copy of the physician State License, OBND certificate and a CV or Resume from the physician.

**10. EMS COUNCIL OR BOARD**

If your ambulance service has a Board established by State Law (Article 10. Section 9c or 19 O.S. 1991), complete the appropriate Supplemental Form.

**11. PRIMARY HOSPITALS**

Enter the Hospital “Encoder Number” for the medical facility (ies) which you most often transport patients.

**12. VEHICLES**

Complete one Vehicle Checklist for each vehicle that your service utilizes for patient transport.

**13. GENERAL INFORMATION**

All questions should be self-explanatory. Please complete all YES/NO answers and complete SUPPLEMENTAL forms as required by this section.



#### 14. ADDITIONAL GENERAL INFORMATION

Please complete as in question number 13.

#### 15. SIGNATURE AND VERIFICATION STATEMENT

Please read over the verification statement. The name of the individual responsible for the operation of this service shall be PRINTED and then signed and dated.

### Special Forms

#### Vehicle Checklist

Complete one for each vehicle utilized for patient transport.

Local Unit # - is the designation that you have given this vehicle.

Type - is either Type I, Type II, Type III or other.

Year - is the year that the vehicle was manufactured.

Tag - is the tag number of the vehicle.

Condition - is your determination of the shape that the vehicle is in at the present time.

Chassis Manufacture - is the brand and model of the vehicle (Ford, GMC, Dodge, etc)

VIN - is the vehicle identification number given by the manufacturer.

Current Mileage - is the odometer reading of the vehicle.

Conversion Manufacturer - is the name of the company that built the ambulance.

Address, City, State, Zip - of the conversion manufacturer.

Sales Person - the name of the person who sold you the vehicle.

Date of Purchase - the date that you bought or leased this vehicle.

Vehicle Liability - the Policy Number, Agents Name, and Limits of Coverage of insurance for this vehicle.

Other - other YES/NO questions are self-explanatory. (The EXAMPLE of a "Star of Life" certification is just that, an EXAMPLE - do not try to fill in)

## **PERSONNEL ROSTER**

This form is to be utilized to list the names of individuals associated with your ambulance service, who drives, pilot, and or attendees for patients. List ALL personnel.

Fill in the name of your ambulance service and the requested information about each individual: Name (alphabetical order), license or certificate number, etc. **Please use the following letter designation for column three (3).**

P = EMT Paramedic  
I = EMT Intermediate  
B = EMT Basic  
D = Physician  
RN = Registered Nurse  
LPN = Licensed Practical Nurse  
EMR = Emergency Medical Responder  
AP = Aircraft Pilot  
N = No license or Certificate

## **OWNERSHIP & CONTROL INTEREST DISCLOSURE**

If not an individual, list the principals of owner organization(s). Fill in the name of the ambulance service and complete one separate block for each principal individual. If the owner is a corporation or partnership, complete the percentage (%) of interest. At the bottom give the scheduled meeting date, time and place. If more space is needed, please utilize the same format and attach a separate sheet of names, etc. This form is in addition to the Survey form.

## **EMS BOARD OR TRUST SUPPLEMENTAL FORM**

List the members of the EMS Board or Trust. Fill in the name of the ambulance service board or trust and complete one separate block for each individual on the board (EMS Boards must have five (5) members to function), or trust. At the bottom give the scheduled meeting date, time, place, district boundaries, and mileage assessed the district (if any). This form is in addition to the survey forms.

## **EMS AIR AMBULANCE SUPPLEMENTAL FORM**

Please complete this form as instructed by each item in addition to the Survey/Renewal/Initial forms.

## **EMS SPECIALITY CARE SUPPLEMENTAL FORM**

Please complete this form as instructed by each item in addition to the Survey/Renewal/Initial forms.



# EMERGENCY MEDICAL SERVICES

Oklahoma State Department of Health  
Protective Health Services - 0511  
Emergency Medical Services  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-4027  
FAX: (405) 271-4240

## AMBULANCE PROVIDER OWNERSHIP & CONTROL INTEREST DISCLOSURE

Print or type all information

### I. ENTITY

Name of Entity: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code County

### II. TYPE OF ENTITY

- \_\_\_\_ Government Ownership (City, State or Federal) – Give Description: \_\_\_\_\_  
\_\_\_\_ Sole Proprietorship, List name of Owner: \_\_\_\_\_  
\_\_\_\_ Partnership, List of Partners: \_\_\_\_\_  
\_\_\_\_ Corporation, Give name of Corporation: \_\_\_\_\_  
\_\_\_\_ Disclosing entity received money from, or contracts with, a '522' District (Article X); Give '522' District Name: \_\_\_\_\_  
\_\_\_\_ Disclosing entity received money from or contracts with, an "Ambulance Service District – Title 19; Give the Ambulance Service District Name: \_\_\_\_\_  
\_\_\_\_ Other (Specify): \_\_\_\_\_

### III. INDIRECT OWNERSHIP

List the names and addresses of individuals, organizations or other entities having a direct or indirect ownership interest(s), separately or in combination, amounting to an ownership interest of 5% or more in the DISCLOSING ENTITY.

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |

### IV. MORTGAGEE

List the names and addresses of individual, organizations or other entities having an interest in the form of a mortgage, or other obligation, secured by the disclosing entity (equal to at least 5% of the assets).

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |

### V. CORPORATION OFFICERS AND DIRECTORS

If the disclosing entity is a CORPORATION, list the names, title and addresses of the officers and directors.

| Officers Name | Title | Address |
|---------------|-------|---------|
| _____         | _____ | _____   |
| _____         | _____ | _____   |

Directors

Title

Address

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**VI. FELONY STATEMENT**— Has any Owner, Principal, Officer, or Director been convicted of a felony?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate details on a separate sheet.

**VII. "522 EMS DISTRICT BOARD** If the disclosing entity is a '522 EMS District Board, or received money from a '522' EMS District Board, list the names, title, and addresses of the officers and directors. Give meeting dates and times.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

MEETINGS: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

What is the amount of millage for this District? \_\_\_\_\_ Valuation of this District? \_\_\_\_\_

If this DISCLOSING ENTITY is not owned or operated by the District, then attach a contract, or contracts to provide Ambulance Services with this form.

**VIII. OTHER OWNERSHIP OR CONTROLLING INTERESTS** If the disclosing entity is an Ambulance District Board established by Title 19, received money from an Ambulance District Board (Title 19), a city, a county, a council, or any other entity list the names, title, and addresses of the officers, directors, commissioners, council, etc. Give meeting dates, time and other pertinent information.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ % of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

MEETINGS: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**If Title 19:**

What is the amount of tax for this District: \_\_\_\_\_ Amount collected by this District: \_\_\_\_\_

If this DISCLOSING ENTITY is not owned or operated by the District, then attach a contract, or contracts, to provide Ambulance Service with this form.

**IX. VERIFICATION STATEMENT**

I understand that false or misleading representation on this statement may be prosecuted under applicable State laws.

\_\_\_\_\_  
 Name of Authorized Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

**PROTECTIVE HEALTH**  
**SERVICES**  
**EMERGENCY MEDICAL**  
**SERVICES**

Oklahoma State Department of Health  
 Protective Health Services - 0511  
 Emergency Medical Services  
 1000 NE 10th Street  
 Oklahoma City, OK 73117-1299  
 Telephone: (405) 271-4027  
 FAX: (405) 271-4240

**AMBULANCE PROVIDER VEHICLE CHECKLIST**

*Instructions: Complete one checklist for each ground vehicle. Type or print all information*

Name of Service: \_\_\_\_\_ License Number: \_\_\_\_\_

Local Unit #: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

Condition: Poor \_\_\_\_\_ Average \_\_\_\_\_ Excellent \_\_\_\_\_

Chassis Manufacture: \_\_\_\_\_ VIN: \_\_\_\_\_

Current Mileage: \_\_\_\_\_ Conversion Manufacture: \_\_\_\_\_

Date of Purchase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salesperson: \_\_\_\_\_

Address: \_\_\_\_\_  
 City State Zip Code

Vehicle Liability Policy #: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Limits of Coverage: \_\_\_\_\_

|  | YES | NO  |
|--|-----|-----|
| Is all American College of Surgeons (ACS) BASIC ESSENTIAL EQUIPMENT on this vehicle<br>(If licensed at one of the following levels of care)                      | ___ | ___ |
| Is all ACS INTERMEDIATE ESSENTIAL EQUIPMENT on this vehicle  | ___ | ___ |
| Is all ACS PARAMEDIC ESSENTIAL EQUIPMENT on this vehicle   | ___ | ___ |
| Is all mandatory ACS EXTRICATION EQUIPMENT aboard this vehicle<br>(as required by O.A.C. 310:641-3-23(d)(1) & (2))   | ___ | ___ |
| Is all remaining EXTRICATION EQUIPMENT aboard this vehicle<br>(If NO, then who provides EXTRICATION EQUIPMENT): _____  | ___ | ___ |
| Does this vehicle meet and have a "STAR OF LIFE" certificate affixed to the vehicle<br>(See Example - this will be in the onboard oxygen compartment after 1981) | ___ | ___ |

MFG by \_\_\_\_\_ Date of Manufacture (Mo/Yr) \_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This ambulance conforms to Federal Specification KKK-A-1822 in effect on the date of manufacture shown above.

**AMBULANCE IDENTIFICATION NUMBER** \_\_\_\_\_

TYPE-CLASS-FLOOR PLAN-SERIAL NO.  
 CURB WEIGHT PAYLOAD MAX GROSS WT. MAX

\_\_\_\_\_

**CERTIFIED "STAR OF LIFE" AMBULANCE**









## EXTRICATION EQUIPMENT CHECKLIST/AGREEMENT

Name of Service: \_\_\_\_\_ License #: \_\_\_\_\_

(If extrication is done by other than the above:)

Name of Rescue Service: \_\_\_\_\_

Address: \_\_\_\_\_

Rescue Service Chief (or administrator): \_\_\_\_\_

### EXTRICATION CHECK LIST

#### II - ADDITIONAL REQUIRED EQUIPMENT:

- |                                      |   |
|--------------------------------------|---|
| a) Hammer.....[ ]                    | n) 2 Utility Knives.....[ ]                   |
| b) Fire Axe.....[ ]                  | o) Rope, Weighted Poly (00'x1/2")..[ ]        |
| c) Crowbar (51" Pinchpoint).....[ ]  | p) Lineman's Gloves.....[ ]                   |
| d) Bolt Cutter (15" minimum).....[ ] | q) 2 Portable Lights.....[ ]                  |
| e) Power Jack, Portable.....[ ]      | r) 1 Extrication Blanket.....[ ]              |
| f) Spreader Tool, Hand Powered..[ ]  | s) 2 Bailing Hooks.....[ ]                    |
| g) Air Gun.....[ ]                   | t) Spring Loaded Window Punch.....[ ]         |
| h) Air Cutting Tools.....[ ]         | u) 12 Shoring Blocks.....[ ]                  |
| i) Shovel, Pointed.....[ ]           | v) 4 Cribbing Blocks.....[ ]                  |
| j) Tin Snips.....[ ]                 | w) 1 Come A Long.....[ ]                      |
| k) 2 Ropes (50'x3/4").....[ ]        | x) 2 Chains (10" w/hooks).....[ ]             |
| l) Protective Goggles.....[ ]        | y) Extrication Straps.....[ ]                 |
| m) Loop Sling, Extrication.....[ ]   | z) Defibrillator (1st Response Agency)....[ ] |

I (We) certify the above list of equipment will be available to provide extrication service for the named ambulance service.

#### Extrication Service:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

#### Ambulance Service:

\_\_\_\_\_  
(Printed Name)

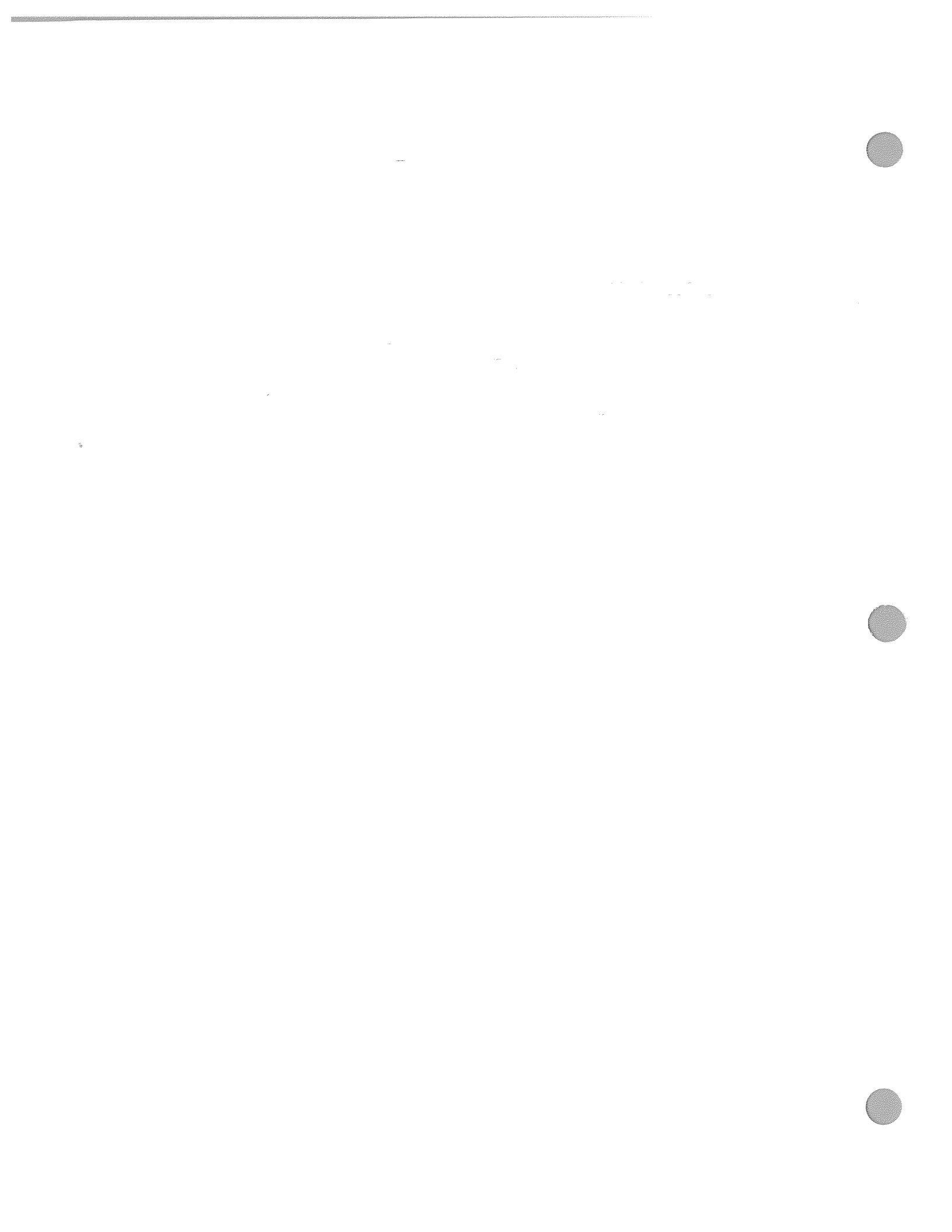
\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)







**AMBULANCE PROVIDER FORM  
SPECIAL FORM – SPECIALTY CARE PROVISION**

**INSTRUCTIONS:** To be completed by Ambulance Provider Administrator ONLY. This form should be completed by Providers licensed at the Specialty Care Level. Type or Print Only.

Name of Service: \_\_\_\_\_

Type of Operation:  Neonatal  Coronary Care  Renal Dialysis  
 Other(describe): \_\_\_\_\_

Type of Transports  Emergency Only  Non-Emergency Only  
 Inter-State Only  Out of State

Hours of Operation: \_\_\_\_\_

**Specify Type of Patients and/or any Limitations:**

Limit of Distance: \_\_\_\_\_ Target Age Group: \_\_\_\_\_

Maximum Number of Patients per Transport: \_\_\_\_\_ Other Limitations: \_\_\_\_\_

**Air Transportation:** If this licensee utilizes air transportation, please list the names of the Air Services: \_\_\_\_\_

**Specialty Care Staffing:**

Physicians  RN's with Specialty Care training in the Specialty  
 EMT's  Other: \_\_\_\_\_

Please indicate the Specialty Care Training required to STAFF this provision: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_ per \_\_\_\_\_

Excluding the DRIVER, what is the minimum number of staff utilized on each call: \_\_\_\_\_

What is the minimum qualifications for the PRIMARY LEAD ATTENDANT: \_\_\_\_\_

If more than one attendant is utilized, what is the minimum qualifications for the SECONDARY ATTENDANT: \_\_\_\_\_

**Driver Qualifications:**

Are DRIVERS required to be medically trained?  YES  NO

If "YES" please indicate the type of training:  First Responder  EMT  First Air only

Other: \_\_\_\_\_

Are DRIVERS required to attend any type of training related to Emergency Vehicle Operation?

YES  NO (If "YES" please describe): \_\_\_\_\_

**Physician Medical Control:**

Is MEDICAL CONTROL available to provide 24 hour radio and/or telephone direction?  YES  NO

Does MEDICAL CONTROL include morbidity and mortality review at least once per month?  YES  NO

(If "YES" how often):  Bi-weekly  Monthly  Other: \_\_\_\_\_

**Special Equipment, Maintenance, and Other:**

YES  NO Attachment of minimum Special Equipment  
 YES  NO Attachment of Protocols or indicate here if  
currently approved by OSDH-EMS  
 YES  NO Copy(ies) of contracts with other EMS providers  
and explanation or each.  
 YES  NO Attachment of insurance verification (with limits)  
of coverage – see Vehicle Checklist Form)

As Administrator for the named Ambulance Services, I hereby verify that all information is true and correct, to the best of my knowledge.

---

Printed Name

---

Title

---

Signature

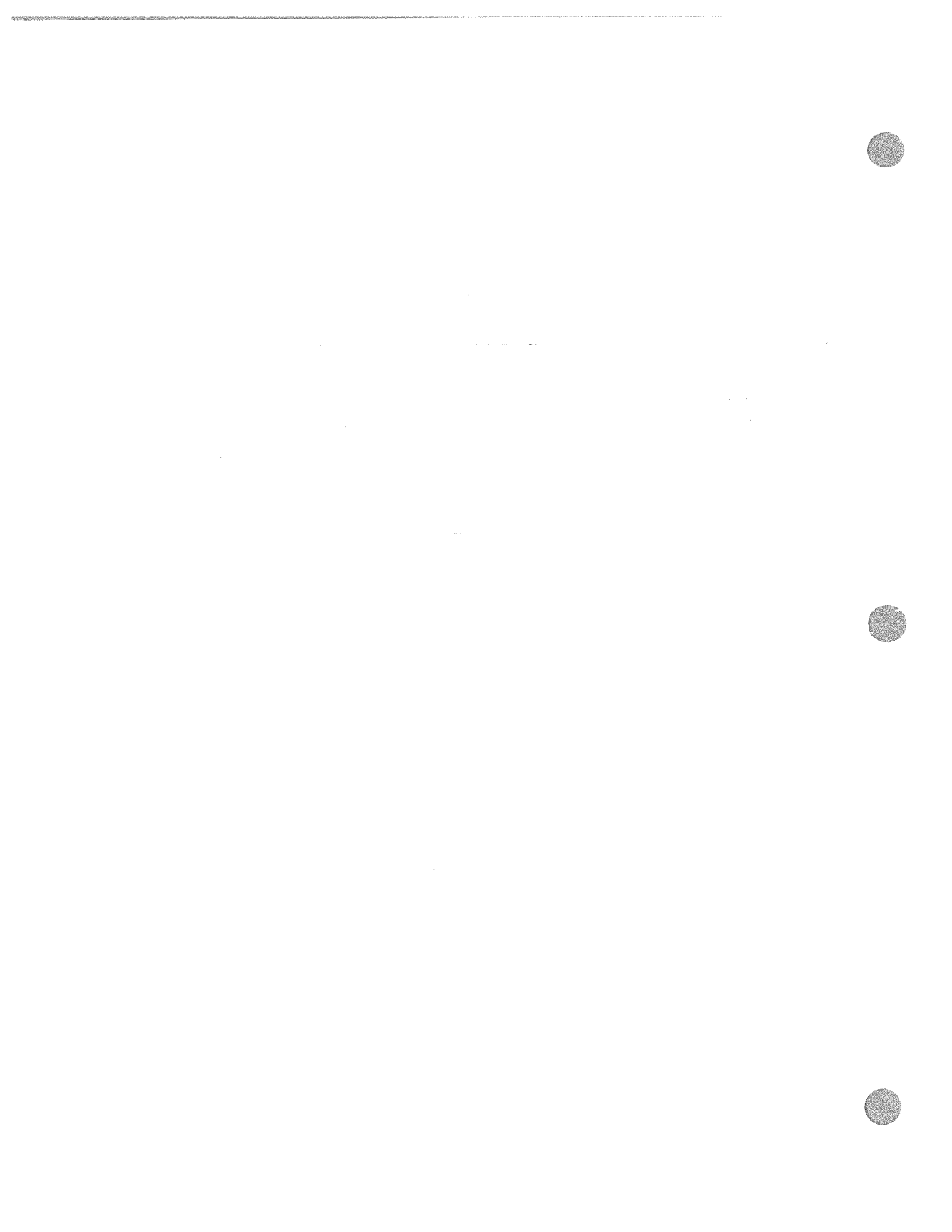
---

Date

---

**INSTRUCTIONS  
FOR THE  
COMPLETION  
OF  
OKLAHOMA'S  
EMERGENCY MEDICAL  
RESPONSE AGENCY  
APPLICATION FORMS  
  
INITIAL / RENEWAL**





## **APPLICATION FORM**

Please type or print all information, except where a signature is needed.

### **Administrative Information:**

- Enter the name of your organization and the date that this application is being completed.
- Enter the mailing address of the agency, including the city, state, and zip code.
- Enter the physical address of the agency if different from the mailing address.
- Enter the name of a person in your agency that will be a point of contact for the application.
- Enter the telephone numbers of your agency. Please list a business and emergency telephone number.

### **Ambulance Services:**

- Enter all of the ambulance services that will provide transportation services – if more than two, please list additional on an additional sheet of paper and attach to application. Application must have one licensed ambulance that cooperates.

### **Support Level:**

- Check all that apply

### **Medical Control:**

**NOTE: All Emergency Medical Response Agencies must have a physician medical director.**

- Enter the name of your medical director – indicate the type of license (MD or DO)
- Enter the physician's Oklahoma State license number and the physician's Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND). Attach copy of the physician's State License, a copy of the OBND Certificate and a resume or CV to the application.
- Enter the address of the physician (address, city, state, and zip code).
- Enter the specialty of the physician and the hospital where the physician is on staff.
- Enter the physician's telephone number and e-mail address.

### **Additional Information:**

- A medical director's letter of consent (Copy of previous letter submitted with initial application can be attached for renewals).
- Endorsement of Governmental Agency. NOTE: If the organization is within the city limits the governmental agency is that city...if the organization is outside the city limits the governmental agency is the county.
- A list of the officers, and/or officials of the organization.

- A list of the equipment and supplies that will be utilized by the First Response Agency.
- If your agency has any kind of insurance, please attach a copy.
- A Quality Assurance policy.
- Patient Protocols – If your organization desires to use the State Protocols, please indicate this in a letter signed by the Medical Director. Otherwise, include a copy of the protocols, signed by the Medical Director, you desire to utilize for approval.
- Personnel Roster – (included in packet) must be completed with certification and/or license numbers. NOTE: Please complete all information on this form. Make sure that the agency's representative signs and dates the form on the second page.
- A map of your service area.
- Fee – Make payable to OSDH – EMS P.O. Box 268823, Oklahoma City, OK 73126-8823 (Initial fee \$50.00 and Renewal fee is \$20.00) **NOTE: WE DO NOT ACCEPT PURCHASE ORDERS!**

### **Verification Statement**

An official of the agency must sign and date the application.

### **Conditions of Agreement**

This two-page form should be used, or modified to complete an agreement between the Emergency Medical Response Agency and the Ambulance Service(s). Complete on "Conditions of Agreement" for each Ambulance Service.

### **Procedure:**

After submitting your Emergency Medical Response Agency package, it will be reviewed by the EMS staff for completeness, accuracy and legibility. You will be contacted if the package is incomplete or additional information is required. A Field Coordinator will then be contacted by the EMS office to conduct an inspection of your files, equipment, and facility. Upon receipt of the Field Coordinators inspection report your Emergency Medical Response Agency Certificate will be mailed to the address of record. Information regarding your Emergency Medical Response Agency package may be obtained by calling (405) 271-4027 and ask for Sharon DellaVecchio or e-mailing her at [sharond@health.ok.gov](mailto:sharond@health.ok.gov).

For a list of records that must be maintained by the Emergency Medical Response Agency refer to Emergency Medical Services Statutes and Regulations O.A.C. 310:641-3-160.

**EMERGENCY MEDICAL RESPONSE AGENCY  
APPLICATION FORM**

**INITIAL / RENEWAL**

PLEASE TYPE OR PRINT (EXCEPT WHERE A SIGNATURE IS NOTED)

**Administrative Information**

Name of Emergency Medical Response Agency \_\_\_\_\_ Date of Application \_\_\_\_\_

Agency Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address of Agency (if different from mailing address) \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact person and title \_\_\_\_\_ Emergency Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Ambulance Services**

Please list the Name(s) of the licensed ambulance services, which will serve as transport units for the Emergency Medical Responder Agencies Service area.

**Support Level**

Level of Care to be Rendered: Emergency Medical Responder ( ) Basic ( ) Intermediate ( ) Paramedic ( )

**Medical Control**

Medical Director: \_\_\_\_\_, MD ( ) DO ( )

State License Number: \_\_\_\_\_ ODBDD #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specialty: \_\_\_\_\_ On Staff Where: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) E-mail: \_\_\_\_\_

**Additional Information**

Checklist of documentation that must be attached:

- ( ) Medical Director's Consent Letter
- ( ) Endorsement of Governmental Authority (if applicable)
- ( ) Emergency Medical Responder Agency Officials
- ( ) List of Equipment
- ( ) Quality Assurance Program Outline
- ( ) Patient Protocols
- ( ) Personnel Roster (Use enclosed form)
- ( ) Map of Service Area

**Verification**

I hereby verify that the following statement are complete and true to the best of my knowledge. I have read and agree to the conditions in O.A.C. 310:641-3-150 etal.

\_\_\_\_\_  
Signature(s) - Emergency Medical Response Agency

\_\_\_\_\_  
Date



## **EMERGENCY MEDICAL RESPONDER SUGGESTED EQUIPMENT LIST**

### **Trauma Kit**

BP Cuffs – Adult and Pediatric  
Stethoscope – Adult and Pediatric  
Scissors (Bandage)  
Sterile Dressings  
Trauma Dressings  
Gauze – Roller-Kling  
Kerlix  
Burn Sheet  
Sterile H<sub>2</sub>O, Saline  
OB Kit  
Poison Kit (Optional)  
Activated Charcoal  
Bite Stick (Optional)  
Dextro-Paste (Optional)  
Ipecac (Optional)  
Blankets

### **Airway Kit**

Oxygen Tanks  
Regulator  
Facemask Selection  
Cannulas  
Conn. Tubing  
Bag-valve & masks  
BVM Concentrator  
Airway Selection  
Suction (Portable)  
Suction tips / catheters  
Suction Tubing  
Yankauer Wand  
Pulse oximeter (Optional)

### **Immobilization**

Long Spine Board (16" x 72" Minimum)  
Straps (assorted)  
Short backboard or KED  
C-Collar selection  
Head Immobilization device  
Splints  
Scoop Stretcher (optional)

### **Immobilization continued**

Litter (optional)  
PSAG (optional)

### **Infection Control**

Surgical Masks  
Gloves (Selection)  
Gowns  
Head Covering  
Foot Covering  
Hand Cleaner  
Bio-Hazard Plan  
Bio-Hazard Precautions (OSDH-DOL)  
Hepatitis B Vaccinations (3)  
Red Bags (marked)  
Soap  
Disinfectant Soap

### **Communications**

Dispatch Agreements  
Cellular  
Two-way  
Pager



## CONDITIONS OF AGREEMENT

The \_\_\_\_\_ does hereby apply for a "Certified Emergency Medical Response Agency" pursuant to O.S. Title 63, Section 1-2501, etal. And O.A.C. 310:641-3-150, etal.;

The above named organization agrees.....

- To comply with all Rules and Regulations of the Oklahoma State Department of Health, Emergency Medical Service Division (OEMS) which pertain to a "Certified First Response Agency";
- To submit and provide such documentation and other requirements to OEMS as may be required or requested;
- That the transportation of "ambulance patients" will only be made by a licensed ambulance service;
- We will not be qualified, nor will we self designate ourselves as a "Certified Emergency Medical Response Agency" without such certification of OEMS;
- That personnel of a "Certified Emergency Medical Response Agency" may utilize procedures authorized to the extent and limitations set forth by required medical control of the "Agency" and within their licensure and/or certification level;
- That they understand the certification will be valid until the expiration date, and at such time of expiration a renewal application provided by OEMS shall be submitted for re-certification. Such renewal will be accompanied by a fee of \$20.00;
- To unannounced inspections by OEMS;
- That they understand OEMS, through the Oklahoma Administrative Procedures may place the "Agency" on probation, suspend, revoke, and/or fine, under the same laws governing ambulance services;
- To maintain files of the operation, maintenance and such other documents, at the office for business. These files shall be available for review by OEMS during normal work hours. Files which will be available include:
  1. copies of all run reports for the past three years, including scannable run sheets and its narrative. Reports shall contain administrative , medical, legal, community health and evaluation information;
  2. records of vehicle maintenance;
  3. copies of licenses, certificates and other qualifications of staff and personnel. These documents shall be kept separate from other personnel employment records to insure confidentiality which does not pertain;



4. staffing patterns, schedules or reports which indicate the organization is maintaining twenty four hour coverage, at the highest level of certification;
5. copies of in-service training and continuing education records;
6. copies of operational and medical protocols;
7. a log of each call received, which includes the number of the run report, date, times, patient, location and type of call;
8. copies of incident reports;
9. copies of other required documents, such as OSHA, insurance, etc. and;
10. such other documents which may be found necessary by OEMS.

For the applicant.....

I, \_\_\_\_\_ do hereby and behalf of the above named "Emergency Medical Response Agency" organization agree to the terms set forth, in full and without exception or omission.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)

For the Ambulance Service.....

I, \_\_\_\_\_ do hereby and on behalf of the \_\_\_\_\_ agree to the terms set forth and agree to cooperate with the above named organization, as a "Emergency Medical Response Agency". I (we) do agree to provide transportation for all ambulance patients.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)





## DEA POLICY REGARDING EMERGENCY VEHICLES AMBULANCE SERVICES

DEA does not registered emergency vehicles. An emergency vehicle is allowed access to small quantities of controlled substances through one of the two following procedures:

1. Hospital/Clinic Registrations: If the emergency vehicle is operated by a registered hospital, small quantities of controlled substances may be supplied to the vehicle as an extension of the hospital. A private ambulance service may enter into a formal written agreement with one specific hospital to supply the ambulance service with a prepared emergency kit containing controlled substances; the registrant will be responsible for the drugs supplied.
2. Practitioner Registration: Small quantities of controlled substances may be supplied to an emergency vehicle under the control of a consulting practitioner. The practitioner is required to be registered at the central office location of the owner or the operator of the emergency vehicle. When a consulting practitioner is used, the name of the ambulance service is to appear on the top line of the application and the physician's name is to appear on the second line followed by the address of the ambulance service. A hospital may register a practitioner in this manner if it is preferred to have a practitioner responsible for the controlled substances stored in own emergency vehicle.

Regardless of which procedure is used, the following record keeping and security are required. Also, the following approval and withdrawal processes are in effect:

1. Recordkeeping and Security: The hospital pharmacy (hospital registration) or physician (practitioner registration) is responsible for the ordering, use, and security of any controlled substances to be used in an emergency vehicle. The registrant is responsible for developing and implementing recordkeeping and security measures which will minimize the potential for diversion. When a hospital pharmacy supplies controlled substances to a private service, no more than one kit per vehicle will be supplied. Subsequent distributions will be made only on a replacement basis.
2. Program Approval: The DEA Special Agent in Charge may supply written approval of an emergency vehicle. A written request outlining the scope of operations, proposed security measures, and proposed recordkeeping controls is required of the registrant to the Special Agent in Charge. If the Special Agent in Charge determines that these controls provide adequate safeguards against diversion, written approval will be granted.
3. State Approval: Specific state authorization to allow hospital pharmacies or practitioners to supply controlled substances to an emergency vehicle is required. A person Making inquiry regarding this procedure will also be referred to the proper state agency. If the state agency disapproves an emergency vehicle request, DEA approval will not be granted.
4. Withdrawal of Authorization: When diversion occurs, appropriate regulatory action will be initiated. The SAC will determine if additional recordkeeping or security measures are required or if DEA approval is to be withdrawn. When the SAC decides to withdraw the authorization, the registrant will be notified in writing.

For further information contact the Diversion Group in the DEA Field Division Office which is responsible for the area in which you are located.





# REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by telephone or PHIDDO immediately upon suspicion, diagnosis, or positive test.

|                                     |  |                         |
|-------------------------------------|--|-------------------------|
| Anthrax                             | Hepatitis B during pregnancy (HBsAg+)    | Rabies                  |
| Bioterrorism-suspected disease      | Measles (Rubeola)                        | Smallpox                |
| Botulism                            | Meningococcal invasive disease           | Tularemia               |
| Diphtheria                          | Outbreaks of apparent infectious disease | Typhoid fever           |
| <i>H. influenzae</i> (sterile site) | Plague                                   | Viral hemorrhagic fever |
| Hepatitis A (Anti-HAV-IgM+)         | Poliomyelitis                            |                         |

The following diseases are to be reported to the OSDH within one business day:

|  |  |
|--|--|
| Acid Fast Bacillus (AFB) positive smear  | Leptospirosis  |
| AIDS (Acquired Immunodeficiency Syndrome)  | Listeriosis  |
| Arboviral infections   | Lyme disease <sup>2</sup>  |
| Brucellosis  | Malaria  |
| Campylobacteriosis   | Mumps  |
| Congenital rubella syndrome  | Pertussis  |
| Cryptosporidiosis  | Psittacosis  |
| Cyclosporiasis   | Rocky Mountain spotted fever                                     |
| Dengue fever   | Rubella  |
| <i>Escherichia coli</i> O157, O157:H7 or a shiga-like toxin producing<br><i>E. coli</i> (EHEC) | Salmonellosis  |
| Ehrlichiosis   | Shigellosis  |
| Gonorrhea  | <i>Staphylococcus aureus</i> (VISA or VRSA)                      |
| Hantavirus pulmonary syndrome  | <i>Streptococcus</i> , group A (sterile site)                    |
| Hemolytic uremic syndrome, postdiarrheal   | <i>Streptococcus pneumoniae</i> (sterile site), children <5 yrs. |
| Hepatitis B (HBsAg+, anti-HBc IgM+, HBeAg+, and/or<br>HBV DNA+) <sup>1</sup>                   | Syphilis   |
| Hepatitis C (confirmed by RIBA, NAT, HCV RNA, or s/co) <sup>1</sup>                            | Tetanus  |
| Hepatitis, acute unspecified   | Trichinosis  |
| Human Immunodeficiency Virus (HIV) infection   | Tuberculosis   |
| Legionellosis  | Unusual syndrome, or uncommon disease                            |
| Leprosy  | <i>Vibrio</i> spp. infections including cholera                  |
|  | Yellow fever   |

<sup>1</sup> with entire Hepatitis panel results

<sup>2</sup> *Erythema migrans* or EIA+ confirmed by western blot

The following diseases are to be reported to the OSDH within one month:

|   |                           |                             |
|---|---------------------------|-----------------------------|
| CD4 cell count <500 with cell count %                 | Creutzfeldt-Jakob disease | HIV viral load              |
| <i>Chlamydia</i> infections ( <i>C. trachomatis</i> ) | Gonorrhea                 | Pelvic inflammatory disease |

Isolates of the following organisms must be sent to the OSDH Public Health Laboratory: P.O. Box 24106 OKC, OK 73214

|   |   |
|---|---|
| <i>Bacillus anthracis</i>   | <i>Mycobacterium tuberculosis</i>                   |
| <i>Brucella</i> spp.  | <i>N. meningitidis</i> (sterile site isolates only) |
| <i>Campylobacter</i> spp.   | <i>Plasmodium</i> spp.                              |
| <i>Escherichia coli</i> O157, O157:H7, or a shiga-like toxin producing<br><i>E. coli</i> (EHEC) | <i>Salmonella</i> spp.                              |
| <i>Francisella tularensis</i>   | <i>Shigella</i> spp.                                |
| <i>H. influenzae</i> (sterile site isolates only)   | <i>Staphylococcus aureus</i> (VISA or VRSA)         |
| HIV   | <i>Vibrio</i> spp.                                  |
| <i>Listeria</i> spp. (sterile site isolates only)   | <i>Yersinia</i> spp.                                |

HIV/STD Service  
(405) 271-4636  
Fax (405) 271-1187

Acute Disease Service  
Phone (405) 271-4060 or (800) 234-5963  
Fax (405) 271-6680 or (800) 898-6734

Fax machines are located in locked offices and are monitored to ensure the confidentiality of disease reports.

# REPORTABLE DISEASE CARD

## PLEASE ANSWER EVERY QUESTION ON THE CARD

|  |  |
|--|--|
| <b>DISEASE</b> _____<br><b>PATIENT'S NAME</b> _____<br><b>ADDRESS</b> _____<br><b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP</b> _____<br><b>PHONE</b> _____ <b>COUNTY</b> _____<br><b>AGE:</b> _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days <b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female<br><b>HISPANIC ETHNICITY:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <b>PREGNANT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>RACE:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian / Pacific Islander<br><input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown | <b>DATE OF SYMPTOM ONSET</b><br>_____ / _____ / _____<br><b>DATE OF SPECIMEN COLLECTION</b><br>_____ / _____ / _____<br><b>DATE OF THIS REPORT</b><br>_____ / _____ / _____<br><b>DATE OF BIRTH</b><br>_____ / _____ / _____ |
|--|--|

|   |   |
|---|---|
| <b>Was patient hospitalized?</b><br><input type="checkbox"/> Yes Name of Hospital: _____<br><input type="checkbox"/> No | <b>Did patient die due to this disease?</b><br><input type="checkbox"/> Survived<br><input type="checkbox"/> Died Date of Death _____ / _____ / _____ |
|---|---|

**How was diagnosis made?**     Clinical                       Laboratory                      Date of Final Result: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_

Test Method and Source: \_\_\_\_\_

Results of Lab Tests: \_\_\_\_\_

| <p style="text-align: center;"><b>Hepatitis Panel Results: Check all applicable boxes.</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Pos</th> <th style="text-align: center;">Neg</th> <th style="text-align: center;">Not Done</th> <th></th> <th style="text-align: center;">Pos</th> <th style="text-align: center;">Neg</th> <th style="text-align: center;">Not Done</th> <th></th> <th style="text-align: center;">Pos</th> <th style="text-align: center;">Neg</th> <th style="text-align: center;">Not Done</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HAVIgM</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HAV Total</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HCV</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBcIgM</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBcAb Total</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HCV S/Co or Index _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBsAg</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBsAb</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HCV RIBA/PCR</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBeAg</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBeAb</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HCV Viral Load _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBV DNA</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HBV Viral Load _____</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>HDV</td> </tr> </tbody> </table> <p>Date of Collection _____ / _____ / _____</p> <p>ALT _____ AST _____ Total Bili _____</p> | Pos                      | Neg                      | Not Done |                          | Pos                      | Neg                      | Not Done             |                          | Pos                      | Neg                      | Not Done                |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HAVIgM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HAV Total | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBcIgM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBcAb Total | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV S/Co or Index _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBsAg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBsAb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV RIBA/PCR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBeAg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBeAb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV Viral Load _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBV DNA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBV Viral Load _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HDV | <b>Comments:</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|--|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|-------------------------|--|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|-----|--|
| Pos  | Neg                      | Not Done                 |          | Pos                      | Neg                      | Not Done                 |                      | Pos                      | Neg                      | Not Done                 |                         |  |                          |                          |                          |        |                          |                          |                          |           |                          |                          |                          |     |                          |                          |                          |        |                          |                          |                          |             |                          |                          |                          |                         |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |              |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |                      |                          |                          |                          |         |                          |                          |                          |                      |                          |                          |                          |     |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | HAVIgM   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HAV Total            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV                     |  |                          |                          |                          |        |                          |                          |                          |           |                          |                          |                          |     |                          |                          |                          |        |                          |                          |                          |             |                          |                          |                          |                         |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |              |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |                      |                          |                          |                          |         |                          |                          |                          |                      |                          |                          |                          |     |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | HBcIgM   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBcAb Total          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV S/Co or Index _____ |  |                          |                          |                          |        |                          |                          |                          |           |                          |                          |                          |     |                          |                          |                          |        |                          |                          |                          |             |                          |                          |                          |                         |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |              |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |                      |                          |                          |                          |         |                          |                          |                          |                      |                          |                          |                          |     |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | HBsAg    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBsAb                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV RIBA/PCR            |  |                          |                          |                          |        |                          |                          |                          |           |                          |                          |                          |     |                          |                          |                          |        |                          |                          |                          |             |                          |                          |                          |                         |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |              |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |                      |                          |                          |                          |         |                          |                          |                          |                      |                          |                          |                          |     |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | HBeAg    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBeAb                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HCV Viral Load _____    |  |                          |                          |                          |        |                          |                          |                          |           |                          |                          |                          |     |                          |                          |                          |        |                          |                          |                          |             |                          |                          |                          |                         |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |              |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |                      |                          |                          |                          |         |                          |                          |                          |                      |                          |                          |                          |     |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | HBV DNA  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HBV Viral Load _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HDV                     |  |                          |                          |                          |        |                          |                          |                          |           |                          |                          |                          |     |                          |                          |                          |        |                          |                          |                          |             |                          |                          |                          |                         |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |              |                          |                          |                          |       |                          |                          |                          |       |                          |                          |                          |                      |                          |                          |                          |         |                          |                          |                          |                      |                          |                          |                          |     |  |

**In the past 6 weeks, has PATIENT / HOUSEHOLD MEMBER (PLEASE CIRCLE ONE) ATTENDED, LIVED IN, or WORKED IN any of the following settings?**

Child Care       Food Handler       Nursing Home       Other Institution       Unknown

Name and Location of Establishment: \_\_\_\_\_

|   |   |
|---|---|
| <b>Reporting Source Information:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Laboratory <input type="checkbox"/> Hospital/ICP <input type="checkbox"/> Other<br><b>Name of Person Reporting:</b> _____<br><b>Facility Name:</b> _____<br><b>Address:</b> _____<br><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> (    ) _____<br><b>Attending Physician:</b> _____<br><b>City:</b> _____ <b>State:</b> _____ <b>Phone:</b> (    ) _____<br><input type="checkbox"/> Contact the physician listed above for more information | <b>Need more cards?</b> <input type="checkbox"/> YES<br>Name and address if different from left:<br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|---|

## **Appendix D**

### **Emergency Medical Services Instructions and Forms**

### **Trauma Forms and Instructions**

**[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/)**









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## **EMERGENCY SYSTEMS- TRAUMA**

Trauma is an injury or injuries, caused by an external force or violence. Trauma injuries may range from minor to severe, from obvious to non-apparent and may include single or multiple injuries.

### **Organized Trauma System**

A trauma system is an organized approach to facilitating and coordinating a multidisciplinary system response to severely injured patients. The trauma system continuum of care includes injury prevention, emergency medical services field intervention, emergency department care, surgical interventions, intensive and general surgical in-hospital care, rehabilitative services, social services, and support groups to enable both the patient and their family to return to society at the most productive level possible. Multiple studies have shown that implementation of an organized trauma system results in 50% to 80% reduction in preventable deaths. This is all vitally important because:

- Traumatic injury is the leading cause of death for persons between the ages of 1-44 years in the United States.
- Traumatic injury results in more years of potential life lost than any other disease process including cancer and heart disease.
- Injury is America's most expensive disease process costing nearly \$180 million per year.
- The overall injury mortality rate in Oklahoma is 29% higher than the national average.

### **Trauma Legislation**

The Oklahoma Trauma System Improvement and Development Act (SB 1554 by Robinson & Hilliard) was passed during the 2004 legislative session. This bill:

- Created the Oklahoma Trauma Systems Improvement and Development Advisory Council.
- Created Regional Trauma Advisory Boards with representation from regional hospitals and ambulance services.
- Called for development of a statewide trauma system plan.
- Called for the development, regulation and improvement of trauma system on a statewide basis.
- Requires the development of regional trauma quality improvement activities and a state Medical Audit Committee to review these activities.



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In 2008, amendments were introduced in House Bill 2758. These changes became effective November 1, 2008 which included:

- The Oklahoma Trauma Systems Improvement and Development Advisory Council will compose of nineteen members instead of eighteen.
- The Governor shall appoint an oral and maxillofacial surgeon as the new council member.

### Trauma Regulations

- The Rules for the distribution of the Trauma Fund are found in OAC 310:669
- Hospital Trauma Classification Standards for Trauma Care are defined in the Hospital Standards OAC 310:667

### Location

Emergency Systems, Protective Health Services, Oklahoma State Department of Health

1000 N.E. Tenth Street, Room 1104, Oklahoma City, Oklahoma 73117-1299

Phone: (405) 271-4027

Fax: (405) 271-4240

E-mail: [ESystems@health.ok.gov](mailto:ESystems@health.ok.gov)

### Link

[http://www.ok.gov/health/Protective\\_Health/Trauma\\_Division/](http://www.ok.gov/health/Protective_Health/Trauma_Division/)

# Regional Trauma Advisory Board Fact Sheet



- |                        |                     |                     |
|------------------------|---------------------|---------------------|
| 1- Northwest Region    | 2- Northeast Region | 3- Southwest Region |
| 4- East Central Region | 5- Southeast Region | 6- Central Region   |
| 7- Tulsa Region        | 8- OKC Region       |                     |

**Purpose-** The purpose of the Regional Trauma Advisory Boards (RTAB) is to assist the Oklahoma Trauma System Improvement and Development Advisory Council (OTSIDAC) and Oklahoma State Department of Health with the development and implementation of a formal trauma care system regionally and statewide.

- June 2003 –two level II Trauma Centers downgrade their designation to level III
- Legislative Task Force formed Summer 2003
- November 2003 – level I Trauma Center announces its intent to downgrade designation to level II

### **Senate Bill 1554 - Enacted Task Force Recommendations**

- Establishes the Regional Trauma Advisory Board (RTAB) in each trauma region
- Requires participation from all hospitals and EMS agencies
- Rulemaking authority for OSDH to regulate the trauma system
- Establishes Oklahoma Trauma Systems Improvement and Development Advisory Council (OTSIDAC)

### **Regional Bylaws**

- \* Defines organizational structure
- \* Attendance expectations
- \* Duties of Officers
- \* Term of Board Rotation
- \* Committee requirements
- \* General rules to maintain Oklahoma Open Meetings Act





**TRAUMA CARE ASSISTANCE REVOLVING FUND**

Senate Bill 290 established the Trauma Care Assistance Revolving Fund (Trauma Fund) in 1999. This bill provided for the reimbursement of uncompensated costs associated with trauma care provided by recognized trauma facilities and emergency medical service providers. In 2004, House Bill 1554 added physicians to the list of providers eligible for reimbursement from the Trauma Fund. Administrative rules to implement this statutory change became effective on July 11, 2005.

The Trauma Fund is a continuing fund that is available from year-to-year to support the public health safety net required to provide appropriate emergency medical care to the severely injured patient. Current sources of revenue for the Trauma Fund include renewal and reinstatement fees for driver licenses; fines for second/subsequent convictions for driving without a license, convictions for driving under the influence, driving without a license, failure to maintain mandatory motor vehicle insurance, violating open container law, speeding, drug-related convictions, and the Tobacco Tax.

Based on budget projections, it is estimated that between \$20 and \$24 million may be collected annually from all sources for disbursement from the Trauma Fund. Ninety percent of the funds collected will be distributed among physicians, hospitals, and ambulance service providers during each future distribution period, with thirty percent of each distribution earmarked specifically for physicians. Since 2001, the Trauma Fund has distributed more than \$145 million to trauma care providers.

Disbursement of the Physician portion of the Trauma Fund will first go to physicians in Tier A on a pro rata basis up to Medicare allowable. Any remaining funds will then be dispensed to Tier B physicians.

| <i>Tier A</i>          | <i>Tier B</i>                      |
|------------------------|------------------------------------|
| Anesthesiology         | Others -<br>Not included in Tier A |
| Emergency Medicine     |                                    |
| General Surgery        |                                    |
| Maxillo-Facial Surgery |                                    |
| Neurosurgery           |                                    |
| Orthopedic Surgery     |                                    |
| Trauma Intensivists    |                                    |

Cases meeting the major trauma case criteria are identified through required reporting to the State Trauma Registry by hospitals. Criteria for a qualifying case includes trauma reported to the Registry with ICD-9 codes of 800.00 to 959.9. Additional qualifying clinical criteria related to severity of the injury and the emergency interventions required to manage the case are also applied.

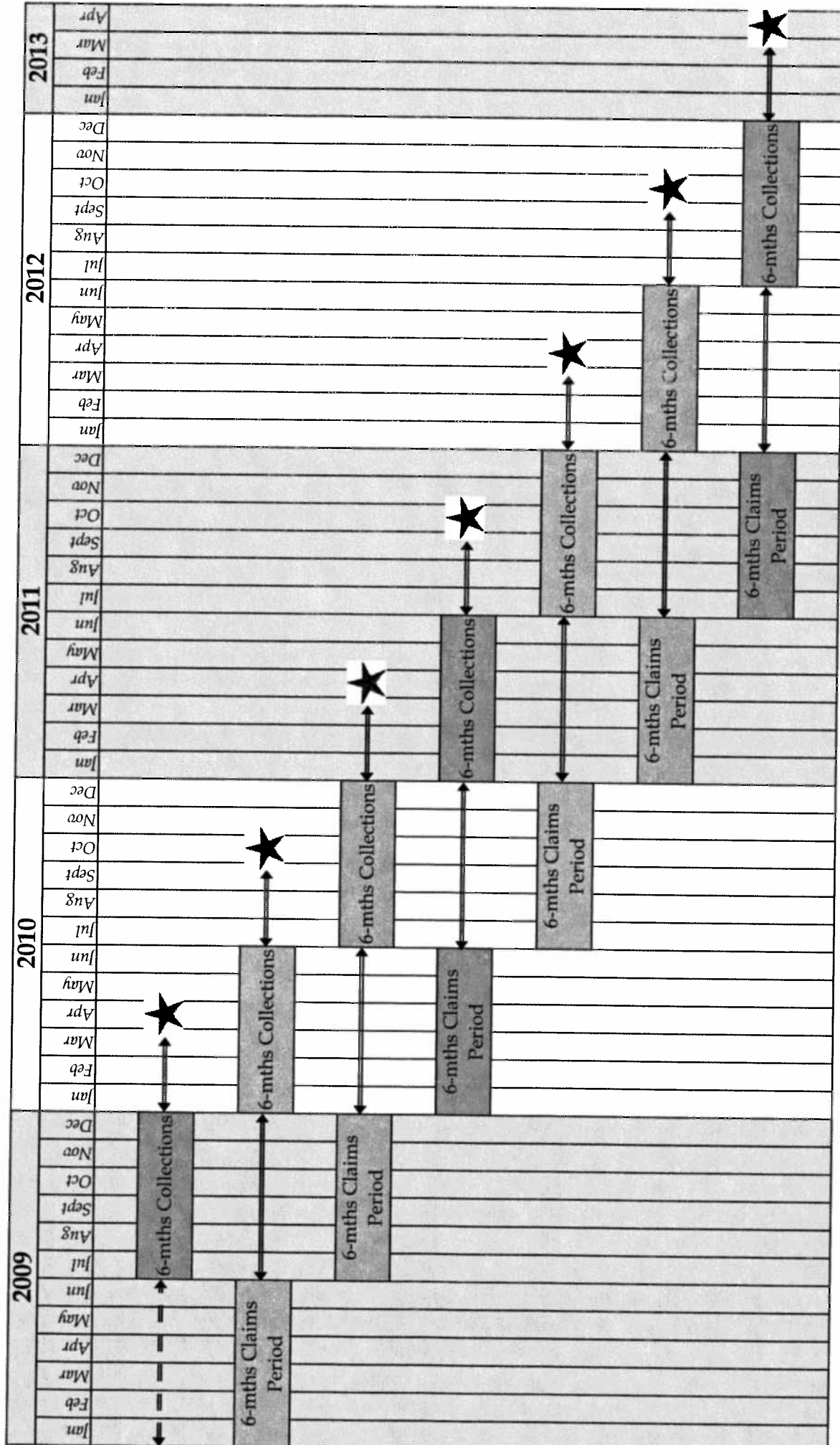
Administrative Rule: *Oklahoma Administrative Code Title 310 Chapter 669 (amended June 25, 2007)*  
The revisions allow for Trauma Fund disbursement for certain hand and oralmaxillofacial, and other trauma injuries.

Web: [Http://www.ok.gov/health/Protective Health/Trauma Division/Trauma Care Assistance Revolving Fund](http://www.ok.gov/health/Protective_Health/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund)

For inquiries, contact Emergency Systems at (405) 271-4027, or by email at [esystems@health.ok.gov](mailto:esystems@health.ok.gov).

**PROPOSED TRAUMA FUND TIMELINES, FROM 2009 ONWARDS**

(Updated 02/16/2011)



*Note: These timelines are subject to change. Please contact Emergency Systems at (405) 271-4027 for the most current information.*



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## Oklahoma State Trauma Registry (OSTR)

The Oklahoma State Trauma Registry collects data from all state-licensed acute care facilities in the state of Oklahoma. Hospitals are required to report cases meeting the major trauma criteria monthly (see Case Definition). Additionally, all trauma transfers regardless of severity are required to be reported unless they meet an exclusion criterion. The data collected are used to generate reports on topics that impact many areas including regional trauma system planning, epidemiology of trauma, injury prevention, acute care, and resource allocation across the state.

### Major Trauma Case Definition

| Inclusion Criteria<br>(Must meet at least one criteria in each category) |   |
|--|---|
| 1.   | International Classification of Disease 9 <sup>th</sup> Revision Clinical Modification code of 800.00 – 959.9   |
| 2.   | <ul style="list-style-type: none"><li>• Abbreviated Injury Scale value of 3 or higher; or</li><li>• Injury Severity Score of 9 or higher; or</li><li>• TRISS Survival Probability less than .90</li></ul>   |
| 3.   | <ul style="list-style-type: none"><li>• Length of hospital stay &gt; 48 hours; or</li><li>• Dead on arrival or died while in hospital; or</li><li>• Transferred from a lower level to a higher level trauma center with major trauma; or</li><li>• Admitted to intensive care unit; or</li><li>• Admitted to OR for major surgery (head, chest, abdomen, vascular);</li></ul> |
| Exclusion Criteria   |   |
| 1.   | Persons who died at the scene, or   |
| 2.   | Excluded injuries <ul style="list-style-type: none"><li>• Isolated orthopedic injury to the extremities;</li><li>• Overexertion injuries;</li><li>• Submersions;</li><li>• Poisonings;</li><li>• Asphyxiation;</li><li>• Injuries caused by a pre-existing condition (e.g., osteoporosis, etc.)</li><li>• Foreign body airway obstruction</li><li>• Electrocution</li></ul>   |

For more information or questions about the Registry (OSTR), please contact Trauma Registry Epidemiologists (Kenneth or Martin) at 405-271-4027 or email [TraumaR@health.ok.gov](mailto:TraumaR@health.ok.gov) or visit the website at: [www.ok.gov/health/Protective Health/Trauma Division/Trauma Registry/index.html](http://www.ok.gov/health/Protective_Health/Trauma_Division/Trauma_Registry/index.html)

Oklahoma State Department of Health, 1000 NE 10<sup>th</sup>, Oklahoma City, Oklahoma 73117-1299  
Trauma Division phone (405)271-4027 fax (405)271-4240







## QUALITY IMPROVEMENT IN OKLAHOMA TRAUMA CARE

The Trauma Division of the Oklahoma State Department of Health continues to steadily move forward with trauma system development and improvement statewide. Oklahoma statutes at Title 63 § 2530.6 specify periodic reviews of trauma care and continuous quality improvement activities related to trauma care by a state Medical Audit Committee. In accordance with the statute, the Commissioner of Health appointed the members of the Medical Audit Committee (MAC) and the group began meeting regularly in November 2004. The Medical Audit Committee (MAC) is composed of nine physicians from both rural and urban areas representing: trauma surgery, emergency medicine, orthopedics, oral-maxillofacial surgery, neurosurgery, pediatric critical care and general surgery. To date, the Medical Audit Committee has received and reviewed a number of cases and provided follow-up, education, and resolution.

Additionally, each of the eight Regional Trauma Advisory Boards in Oklahoma has established a Regional Continuous Quality Improvement Committee (CQI) to review trauma systems issues. The Regional CQI's are multidisciplinary and consist of, at minimum, physicians, nurses and EMT's from the region who are active in the provision of trauma care.

The statute provides that the meetings of the Medical Audit Committee and Regional Continuous Quality Improvement Committees, where patient care reviews are conducted, shall not be public meetings and shall not be subject to the provisions of the Oklahoma Open Meetings Act. Materials generated at such meetings shall also be protected and not subject to the Open Records Act or to disclosure by subpoena or otherwise (O.S. 63 § 1-2530.7).

### **Who may refer a case to the Medical Audit Committee?**

A physician, nurse, EMT, other health care provider or member of the public may make referrals.

### **What may be reported to the Medical Audit Committee?**

Any situation involving care of a trauma patient, including patient transfer and referral issues, patient care issues, or patient transport problems. Often a case sent for review will involve several issues.

### **What happens after I make a referral to the Medical Audit Committee?**

Oklahoma State Department of Health (OSDH) staff will initiate an intake form to capture preliminary information and screen referred cases to determine if the case is to be reviewed by the Medical Audit Committee or by the Regional Quality Improvement Committee. OSDH staff will request appropriate records needed for evaluation. The case will then be referred to the appropriate Committee for review. Cases referred to either committee will be sent to members for preliminary review and report to the full committee. The committee as a whole will reach consensus on the issue(s), then make recommendations and address any identified concerns first through education, provision of information, and system design, as appropriate. If these efforts fail, an enforcement action may be required according to OSDH rules as provided for in the Oklahoma Administrative Code.

### **Will I know the outcome of my report to the Medical Audit Committee?**

You will be notified of receipt of your referral. However, the results of the review are confidential and will not be released to the individual making the referral or to the public.

**How do I make a referral?**

Reports may be referred for review by submitting a completed *Oklahoma Trauma System Performance Improvement QI Referral Intake Form* to the contact listed below. Additionally, referrals may be made by e-mail, fax or phone.

**Will my information be released if I make a referral?**

All information received will be confidential and not released to any entity or the public outside of the committee meeting.

*To refer a report or case, please send information to:*

*Emergency Systems-Trauma*

*Sandra Terry, RN-BC, BSN, CQI Coordinator*

*1000 N.E. 10<sup>th</sup> Room 1104, Oklahoma City, OK 73117-1299*

*Emergency Systems: 405-271-4027 Fax: 405-271-1045*

# Oklahoma Trauma System Performance Improvement Process

## Referral Intake Form

|              |
|--------------|
| TReC # _____ |
|--------------|

Please complete this form and attach related records.

|  |   |
|--|---|
| <b>Individual Reporting: Contact Information</b>   |   |
| <i>Date</i>  |   |
| <i>Full Name/Title</i>                             |   |
| <i>Organizational Affiliation</i>                  |   |
| <i>Telephone #</i>                                 |   |
| <i>Address</i>                                     |   |
| <b>Brief Description of Information for Review</b> |   |
| <i>Date of Incident</i>                            |   |
| <i>Name of Patient</i>                             |   |
| <i>Your Medical Record #</i>                       |   |
| <i>Name of other agency / facility involved</i>    |   |
| <b>Why are you requesting a review?</b>            | <i>Check applicable boxes and include a brief narrative of the event.</i> |
| Pre-Hospital Care                                  |   |
| ED Care  |   |
| Operative Care                                     |   |
| Post-op/Post-ED Care                               |   |
| Delay  |   |
| Communication Problem                              |   |
| Transfer   |   |
| TReC   |   |

**Please complete this form and attach ED and related Medical Records**

**Mail or fax to:**

**Sandra Terry, RN-BC, BSN, CQI Coordinator**

Emergency Systems-Trauma

Oklahoma State Department of Health

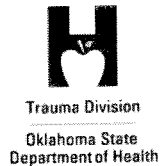
1000 NE 10<sup>th</sup> St., Room 1104

Oklahoma City, OK 73117-1299

Phone (800) 814-8441 or (405) 271-4027 Fax (405) 271-1045

E-mail: sandrat@health.ok.gov





### **What is *EMResource*™ \*?**

*EMResource* is an Internet-based resource management and communication tool developed by Infinity Healthcare. Currently over 850 hospitals and EMS services in 25 metropolitan regions from coast to coast use it to manage ambulance diversion. Users within a region log on to a secure website to view the diversion status of every hospital in their specific region. Each hospital inputs its own status in real-time and can run history reports for their facility. Whenever status information changes, users may also be notified via email and/or text pager. Several regions, and now two entire states, are taking advantage of *EMResource*'s recently developed enhanced features and flexibility to manage additional functions such as biosurveillance, mass casualty resources, and public health alerts and disease tracking.

### ***EMResource* is an ASP model, what is that?**

Application Service Provider (ASP) simply means that all of the *EMResource* programs run on its own remote servers. In order to access the program a user only needs a computer with an Internet connection, a current web browser (Internet Explorer or Netscape Navigator) and a password. There are no programs to install or updates to download, and no special hardware or software requirements. Application updates are accomplished at the *EMResource* program servers and changes are immediately available to everyone using the system. The advantages to this approach are greatly reduced support costs with decreased deployment cycle times.

### **Isn't *EMResource* just an ambulance diversion web site?**

While ambulance diversion remains the core application, recent events have stressed the need for enhanced communication and resource management during natural and man-made disasters and public health related disease outbreaks. *EMResource* has reacted to this changing environment by adding additional capabilities that have effectively expanded *EMResource*'s potential customer base from only larger metropolitan areas with ED crowding and diversion problems, to every hospital in the country, public health offices, EMS services, emergency management agencies, law enforcement agencies and all potential participants in mass casualty incidents.

### **How did *EMResource* get started?**

More than 5 years ago Infinity Healthcare, a Milwaukee area group of emergency department physicians, developed an Internet-based system to replace an older modem-based ED communication system then in use by Milwaukee area hospitals. The system was developed over the following months and went live in Milwaukee April of 1998. *EMResource* was invited to showcase the system at the National Association of EMS Physicians annual meeting January of 1999 and things have taken off from there.

### **Which regions are using *EMSystem*?**

US metropolitan areas include: Milwaukee, Minneapolis/St. Paul, St. Louis, Kansas City, Santa Clara County CA, Monterey County CA, Sacramento, Las Vegas, Phoenix, Tucson, Denver, Dallas/Ft. Worth, Austin, San Antonio, Houston, Jacksonville, Orlando, Raleigh/Durham, Syracuse, Toledo. We have one international customer at present, Melbourne, Australia. More states are using *EMResource*, including Oklahoma, New Mexico and Missouri.

### **How can I learn more about *EMResource* in Oklahoma?**

Contact Trauma Division at 405.271.2657, or by email at [EMResource@health.ok.gov](mailto:EMResource@health.ok.gov).

\* As of March 2007, *EMSystem* is known as *EMResource*.



## **Appendix D**

### **Emergency Medical Services Instructions and Forms**

#### **EMS Data Forms and Instructions**

**[http://www.ok.gov/health/Protective\\_Health/Emergency\\_Medical\\_Services/](http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/)**

OKEMSIS Prehospital Care Report Form

OKEMSIS Patient Care Report Data Dictionary



**“Resource Guidebook for Oklahoma 522 Districts”** is a joint effort of Oklahoma State Department of Health (OSDH), Emergency Systems and Oklahoma Cooperative Extension Service, Oklahoma State University (OSU). If questions, contact OSDH at 405-271-4027 or OSU at 405-744-6083



