Mr. Keith Reed
Interim Commissioner of Health
State of Oklahoma

OKLAHOMA State Department of Health

Emergency Systems – [EMS & Trauma]
Medical Facilities Services
Protective Health

March 30, 2022

To: All Licensed Ambulance Services
All Certified Emergency Medical Response Agencies

Re: Changes to the Protocol Approval Process

Dear Agency Directors and Medical Directors:

Over the last few months, the Department has been working to streamline the protocol approval process.

The protocol submission process has been modified in order empower your agency and medical director in the protocol approval process. The Department will be approving your protocol submissions based on the agencies submitted attestation. Agency protocols will be reviewed and verified during inspections and investigations.

If your protocol is pending approval, the attestation is required. No other documentation is required with the updated application. We will join the submitted protocol(s) with the attestation.

Protocols will be reviewed for six specific items detailed on the application. When the application and protocol are approved, you will receive an approval letter allowing for implementation.

Submit all protocol changes to the Department, including the protocol application and attestation. Please note, the last protocol the Department has on file will be the protocol used during inspections and investigations.

If your agency has an approved protocol in place and you are not requesting a change, no action is needed.

Forms for submittal will be available on the Oklahoma State Department of Health web page for your convenience. Please contact Dale Adkerson if you have any questions. You may contact me at 405.426.8480 or by email at dalea@health.ok.gov or esystems@health.ok.gov.

Professionally,

Dale Adkerson

Dale Adkerson
Administrative Program Manager – EMS Division
OSDH – Emergency Systems

Enclosed:

- Specific statutory and regulatory references;
- Updated Protocol Application

63 O.S. 1-2506 – Performance of Medical Procedures.

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

310:641-3-10. License required (also in 11-2, 13-2, 15-2, and 15-3)

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

(7) a copy of patient care protocols and quality assurance plan or policy as required by the medical director and as prescribed by the Act and this chapter;

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

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

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

(i) policy to review refusals,

(ii) policy to review air ambulance utilization,

(iii) policy to review airway management,

(iv) policy to review cardiac arrest interventions,

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

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

(vii) policy to provide internal and external feedback of findings determined through reviews. Documentation of the feedback will be maintained as part of the quality assurance documentation;

310:641-3-22. General provisions for ground transport vehicles (Also in 11-10)

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

310:641-3-24. Medical control requirement (also in 11-13, 13-11, and 15-13)

(g) The physician director shall:

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

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

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

310:641-3-61. Transfer protocols (also in 11-21 and 13-20)

(a) Department approved medical and trauma triage, transport, and transfer protocols shall adhere to the principle of delivering time-sensitive medical and trauma patients to appropriate facilities as outlined by the regional advisory boards and the Department approved protocols.

(b) Specific triage, transport, and transfer protocols or destination protocols shall be developed by medical control for the region, area, and/or local service and submitted to the Department for approval.

310:641-3-63. Ambulance service files (also in 11-22, 13-21, and 15-22)

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

(10) Copies of the ambulance service:

(B) medical protocols;

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

(f) The specialty care license is limited to hospital to hospital transports of patients requiring care beyond the scope of practice of Paramedics, as identified in the application to include:

(1) medication formulary;

(2) patient care equipment;

(3) treatment protocol(s); and

(4) applicants will provide documentation that the medication, equipment, and treatment protocols are specific to the type or types of patients identified in the application.

310:641-13-10. Air ambulance equipment

(a) Medical control shall determine the patient's needs and level of care required when deciding what equipment shall be aboard each flight and the type of aircraft required for transport. Equipment kits, cases and/or packs which are carried on any given flight shall be available for the following categories: trauma, cardiac, burn, toxicologic, pediatric, neonatal, and obstetrics.

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

(b) Aeromedical crew members are required to participate in continuing education training for, but not limited to, the following: altitude physiology, emergency medical services and aviation communications, use of patient care equipment, protocol and procedure review and legal aspects of air transportation.

310:641-15-21. Triage, transport, and transfer protocols

(a) Certified emergency medical response agencies, as part of their protocols, will include:

(1) specific prioritization definitions for medical and trauma patients as defined in regional plans for statewide systems,

(2) A process for making appropriate transportation choices to include ground and air ambulance requests,

(3) a quality assurance plan or policy.

(b) Emergency medical response agencies will utilize the regional medical and trauma plans for patient prioritization and implementation of transport decisions.

AGENCY PROTOCOL APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

INTRODUCTORY INFORMATION

This protocol application packet applies to the following types of agencies:

- Ground Ambulance Service (310-641 - Subchapter 3)
- Air Ambulance Service (310-641 - Subchapter 13)
- Emergency Medical Response Agency (310-641 - Subchapter 15)

SECTION 1 - TYPE OF APPLICATION

- Initial License Application (An agency not yet licensed)
- Amending or modifying existing protocols (OSDH Certified or Licensed Agency with Department approved protocols.)
- Change in Medical Director (When a new medical director is authorizing care.)

SECTION 2- BUSINESS INFORMATION

- Name of Agency:
- Mailing Address: (Where the agency receives mail)
- Physical Address: (The address of the business office)
- Business Telephone:
- Fax Number:
- Name of Agency Director: (Include phone number and email address.)
- Name of Protocol Contact or Secondary Contact: (The name of the person who is administratively responsible for all communications regarding protocols. Include cell phone number and email address.)

SECTION 3- LEVEL OF CARE

- Emergency Medical Responder (EMR) (310:641-15-2(k)(2)): Allows for the use of Emergency Medical Responders as their level of care.
- Basic Life Support (BLS) (310:642-3-11(b)(1)): Means the ambulance service vehicles are equipped with the minimum basic equipment, and staffed with at least one EMT-Basic Attendant on each request for emergency medical service
- Intermediate Life Support (310:641-3-11(b)(2)): Means the ambulance service vehicles are equipped with the minimum intermediate equipment, and staffed with at least one EMT-Intermediate Attendant on each request for emergency medical service.
- Advanced Life Support (310:641-3-11(b)(3)): Means the ambulance service vehicles are equipped with the minimum advanced EMT equipment and staffed with at least one Advanced EMT Attendant on each request for service, except as permitted in this subchapter.

- Paramedic Life Support (310:641-3-11(b)(4)): Means the ambulance service vehicles are equipped with the minimum paramedic equipment and staffed with at least one EMT-Paramedic Attendant on each request for emergency medical service, or
- Air Ambulance Paramedic Life Support (310:641-13-8(a)(1)-(3)): Paramedic life support means the air ambulance vehicles are equipped with the minimum Paramedic equipment and staffed with at least one Paramedic on each request for service and may respond to both pre-hospital request and interfacility transfers.

SECTION 4 - MEDICAL DIRECTOR

The information regarding the physician licensed in the State of Oklahoma, providing medical direction for the agency. The Department must be notified by the next business day of any change in medical direction has occurred.

SECTION 5 - DESTINATION PROTOCOLS - Complete Enclosed Table (O.A.C.310:641-3-61 or 13-20 Transfer Protocols)

SECTION 6 - QUALITY ASSURANCE PLAN

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

The Agency must submit a clearly defined Quality Assurance Plan/Policy that meets or exceeds the following requirements:

Medical Director's Active Involvement in the review of:

- Patient refusals;
- Air Ambulance Utilization;
- Airway Management;
- Cardiac Arrest interventions;
- Time sensitive medical and trauma cases;
- Review other selected patient care reports not specifically included;
- Provide internal and external feedback of findings determined through reviews;
- Documentation of the feedback will be maintained as part of the quality assurance documentation by the agency for three (3) years.

SECTION 7 - DECLARE PROTOCOL OPTION

- **Option #1:** The Agency is adopting the state protocol updates as written. Units must carry all equipment listed at the level of care selected when in service.

- **Option #2:** The agency is adopting state protocols with modifications. The agency must supply the an electronic copy of the modifications. Additionally, Option 2 is to be used when an agency has Department approved protocols and is requesting a change to the existing protocols.
- **Option #3:** The Agency is **rejecting** the state protocols and will use their own medical treatment protocols. The agency must submit an electronic copy of the agency protocols.

SECTION 8 - LIST OF EACH PROTOCOL ALTERATION/ DELETION (Use form provided)

SECTION 9 - AUTHORIZED PROCEDURE LIST (APL) (Attached)
Complete and accurate with Medical Director and EMS Director signatures.

- Agency authorized procedure list is a summary of all activities, skill, and medications being utilized at the agency. Mark each box with an "X" being authorized and black out any box being denied, deleted, or **unauthorized**.
- A copy of the individual's authorized procedure list, with signatures and dates will need to be filled out for any personnel authorized by the agency medical director operating at the agency and maintained within the individual's credentialing/training/licensure files.

Section 10 – Agency Director and Medical Director Signatures.

SECTION 11 – Attestation
Medical Director and Agency Director (Include dates)
The Signature also includes an attestation that the protocol that is submitted meets one or more the following Criteria:

- 310:641-5-20 Scope of Practice authorized by certification or licensure;
- 310:641 Scope of License for the Agency Certification or Licensure (See Subchapters 3, 9, 13, and 15)
- The 2011 EMR Oklahoma Instructor Guidelines;
- The 2011 EMT Oklahoma Instructor Guidelines;
- The Intermediate (I-85) Transitions Syllabus;
- The 2011 AEMT Oklahoma Instructor Guidelines; and/or
- The 2011 Paramedic Oklahoma Instructor Guidelines.

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AGENCY PROTOCOL APPLICATION

SECTION 1 – Type of Application (Print or Type)

Date of Application: _____ **Agency Number:** _____

Purpose:

Initial Application ☐ **Protocol Amendment** ☐ **Change in Medical Director** ☐

SECTION 2 – BUSINESS INFORMATION

AGENCY NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

BUSINESS TELEPHONE: _____ **FAX NUMBER:** _____

AGENCY DIRECTOR / ADMINISTRATOR NAME: _____

SECONDARY CONTACT: _____ **PHONE NUMBER:** _____

SECTION 3: LEVEL OF CARE (check the certification or license level of agency or agency application)

EMR ☐ **EMT** ☐ **Intermediate** ☐ **AEMT** ☐ **Paramedic** ☐ **Ground** ☐ **or Air** ☐ **Agency**

SECTION 4: MEDICAL DIRECTOR

NAME: _____ **MD** **DO** **SPECIALTY:** _____

Address: _____

Phone Number: _____ **email:** _____

State License No.: _____ **OBNDD No.:** _____

(If your medical director has changed, please submit the required documents from the checklist)
(Each agency or service will have a plan or policy that will address a sudden lapse of medical direction, such as a back-up or reserve medical director, which is used to ensure coverage when a medical director is not available. Include your policy or plan with this application)

SECTION 5 – DESTINATION PROTOCOLS: See Page Three

SECTION 6 – QUALITY ASSURANCE PLAN

(If this is an initial application or if your plan has changed, please Attach a copy of the Quality Assurance Plan)

The Agency must submit a clearly defined Quality Assurance Plan/Policy that meets or exceeds the following requirements:

- **o Review patient refusals;**
- **o Review air ambulance utilization;**
- **o Review airway management;**
- **o Review cardiac arrest interventions;**
- **o Review time sensitive medical and trauma cases;**
- **o Review other selected patient care reports not specifically included; and**
- **o Provide internal and external feedback of findings determined through reviews;**

Documentation of the feedback will be maintained as part of the quality assurance documentation by the agency for three (3) years.

SECTION 7 – PROTOCOL OPTIONS (Select one of the three options)

☐ **Option 1: Agency is adopting the 2018 state protocol as written.**

☐ **Option 2: Agency is modifying the 2018 state protocol (Detail modification or amendments on page 4)**

☐ **Option 3: Agency is not adopting the 2018 state protocols and will submit their own agency specific protocols.**

SECTION 8 – DEFINE EACH PROTOCOL MODIFICATION

(Use additional pages if needed)

(Agency must attach scientific data or evidence for protocol requests that are not within the state protocols or existing scope of practice) (See Page 4)

SECTION 9 – SUMMARY OF AGENCY PROTOCOLS or LIST OF AUTHORIZED PROCEDURES (SEE INSTRUCTIONS)

Section 10 – Agency and Medical Director Signature:

By signing the application, the agency director and the medical director approve the protocols submitted to the Department for review and approval.

Agency Director Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

SECTION 5 – DESTINATION PROTOCOLS
(See OAC 310:641-3-61 (ground agencies) or 13-20 (air agencies)

Regulations	List facilities within a reasonable range
3-61 (c) or 13-20 (f)	

3-61 (d) or 13-20 (g)	(1) medical and trauma non-emergency transports shall be transported to facility of patient's choice, if within reasonable service range (see list above)
3-61 (d) or 13-20 (g) (2)	(2) emergency, non-injury related, non-life threating transports shall be transported to the facility of the patient's choice if within reasonable service range (see list above)
3-61 (d) or 13-20 (g)	(3) emergency, injury related transports shall adhere to the OK Triage, Transport, and Transfer Guidelines… and ensure that patients are delivered to the most appropriate hospital, either within their region or contiguous regions.
List facilities that your agency would transport to:	A.
	B.
	C.
3-61 (d) or 13-20 (g)	(4) severely injured patients as described in the OK Triage, Transport and Transfer Guidelines…shall be transported to a hospital classified at Level I or II…unless a Level III facility identified in a regional plan is capable of providing definitive care. If time and distance are detrimental to the patient, then transport to the closest appropriate hospital identified in the regional plan
List facilities that your agency would transport to:	A.
	B.
	C.
3-61 (d) or 13-20 (g)	(5) Stable patients at risk for severe injury or with minor to moderate injury as described in the OK Triage, Transport, and Transfer Guidelines shall be transported to the closest appropriate facility, or by patient choice consistent with regional guidelines.
List facilities that your agency would transport to:	A.
	B.
	C.

SECTION 8 – PROTOCOL MODIFICATIONS
(e.g., additions, deletions, or alterations)

Protocol Name	Protocol page #	Modified item	Supporting evidence provided

Section 11: Attestation

Agency Name: _____ **Agency No.:**_____

Agency Director: _____

Medical Director: _____

By completing and signing this attestation, the agency director and the medical director attests the contents of this application are in compliance with the following requirements:

Requirement	Agency Director Initials	Date	Medical Director Initials	Date
Certified and Licensed Emergency Medical Personnel Scope of Practice (OAC 310:641-5-20)				
Certified and Licensed Emergency Medical Personnel Educational Guidelines (EMR, EMT, Intermediate, AEMT, and Paramedic)				
Certified and Licensed Agency Scope of Licensure (OAC 310:641 Subchapters 3, 11, 13, and 15)				
Patient Safety (OAC 310:641 Subchapters 3, 11, 13, and 15)				
Destination Protocols (OAC 310:641 – 3 – 61 and 13-20)				
Quality Assurance (OAC 310:641-3-10, 11-2, 13-2, 15-2, and 15-3)				
Medical Director Approval (63 O.S. 1-2506)				

Agency Director Signature: _____ **Date:** _____

Medical Director Signature: _____ **Date:** _____

AUTHORIZED PROCEDURE LIST **AGENCY** ☐ **INDIVIDUAL** ☐

APL Must Match Protocols **Blackout Boxes Completely For Items Not in the Protocols.**

Agency Name:											
Agency Director Signature:						Date:					
Medical Director Signature:						Date:					
Employee Name:						Level:					
Employee Signature:						Date:					

Skill or Intervention	Scope of Practice					Skill or Intervention	Scope of Practice				
Airway	**EMR**	**EMT**	**I/85**	**AEMT**	**Para**	**Medication Administration Routes (continued)**	**EMR**	**EMT**	**I-85**	**AEMT**	**Para**
Oxygen- Nasal Cannula						Intraosseous	[redacted]	[redacted]			
Oxygen- Non Rebreather Mask						Auto-Injector					
Oxygen- Partial Rebreather Mask						IV Push	[redacted]	[redacted]			
Oxygen-Simple Mask						IV Bolus	[redacted]	[redacted]			
Oxygen- Venturi Mask						IV Piggyback	[redacted]	[redacted]	[redacted]	[redacted]	
Oxygen-Humidifier						Indwelling Catheters	[redacted]	[redacted]	[redacted]	[redacted]	
Airway Obstruction Management						Implanted Central IV Ports	[redacted]	[redacted]	[redacted]	[redacted]	
Head-Tilt/Chin Lift						Rectal	[redacted]	[redacted]	[redacted]	[redacted]	
Jaw Thrust						Ophthalmic	[redacted]	[redacted]	[redacted]	[redacted]	
Modified Jaw Thrust						Topical					
BLS Artificial Ventilation						Transdermal	[redacted]	[redacted]	[redacted]	[redacted]	
Pulse Oximetry						Bucal					
Bag-Valve- Mask						Subcutaneous	[redacted]	[redacted]			
Airway-Nasal						Cardiac – Circulation	EMR	EMT	I/85	AEMT	Para
Airway-Oral						CPR					
Airway-Laryngeal Mask						AED					
Intubation-Oral Trachael	[redacted]	[redacted]				Mechanical CPR Device					
Intubation-Nasal Trachael	[redacted]	[redacted]				12- Lead (Multi-lead) Cardiac Monitor Application					
Airway-Dual Lumen	[redacted]					12- Lead (Multi-Lead) Cardiac Monitor Transmit					
Airway-Supraglottic	[redacted]					12- Lead (Multi-Lead) Cardiac Monitor Interpret	[redacted]	[redacted]	[redacted]	[redacted]	
Suctioning-Upper Airway						Single Lead Cardiac Monitor Interpret	[redacted]	[redacted]	[redacted]	[redacted]	
Suctioning- Tracheobronchial	[redacted]	[redacted]				Manual Defibrillation	[redacted]	[redacted]	[redacted]	[redacted]	
Obstruction-Direct Laryngoscopy	[redacted]	[redacted]				Cardioversions – Electrical	[redacted]	[redacted]	[redacted]	[redacted]	
Non-Invasive Positive Pressure Ventilation	[redacted]					Carotid Massage	[redacted]	[redacted]	[redacted]	[redacted]	
End Tidal-Co2 Monitoring	[redacted]					Transcutaneous Pacing – Manual	[redacted]	[redacted]	[redacted]	[redacted]	
Waveform Capnography	[redacted]					Ventricular Assist Device					
Impedance Threshold Device						Induced Hypothermia Therapy					
Automated Transport Ventilator	[redacted]	[redacted]				**Immobilization/Lifting**	**EMR**	**EMT**	**I/85**	**AEMT**	**Para**
Chest Decompression – Needle	[redacted]	[redacted]	[redacted]	[redacted]		C-Collar					
Cricothyrotomy- Percutaneous	[redacted]	[redacted]	[redacted]	[redacted]		Cervical Immobilization Device (CID)					
Gastric Decompression – NG Tube	[redacted]	[redacted]	[redacted]			Pedi-Board					
Gastric Decompression – OG Tube	[redacted]	[redacted]				Long Spine Board					
Stoma/Tracheostomy Management						Scoop					
Medication Administration Routes	**EMR**	**EMT**	**I-85**	**AEMT**	**Para**	Rapid Manual Extrication					
Inhalation						Extremity Stabilization					
Oral						Vest Type Extrication Device					
Sublingual						Traction Splint					
Nasogastric	[redacted]	[redacted]				Mechanical Patient Restraint					
Intranasal	[redacted]					Urgent Maneuvers- Endangered Patient					
Intramuscular	[redacted]	[redacted]				Pelvic Splint					

AUTHORIZED PROCEDURE LIST **AGENCY** ☐ **INDIVIDUAL** ☐

APL Must Match Protocols **Blackout Boxes Completely For Items Not in the Protocols.**

Skill or Intervention	Scope of Practice					Skill or Intervention	Scope of Practice				
Immobilization/Lifting (continued)	EMR	EMT	I/85	AEMT	Para	Formulary (Continued)	EMR	EMT	I/85	AEMT	Para
Portable Pt. Transport Device (megamover)						Fentanyl					
Lifting and moving patients						Glucagon					
Assessment/Breathing/Bleeding Control	EMR	EMT	I/85	AEMT	Para	Glucose					
Hemorrhage control –Direct Pressure						Haloperidol					
Hemorrhage control – Tourniquet						Hydralazine					
Shock Treatment						Hydroxocobalamin					
Helmet removal – sports						Ipatropium Bromide					
Helmet removal - motorcycle						Lactated Ringers					
Child-Birth / Complications						Labetalol					
Blood-Glucose Monitoring						Lidocaine			IO	IO	
Blood Pressure – Automated						Lidocaine 2% Intravascular			IO	IO	
Blood Pressure – Manual						Lidcaine Viscous Gel					
Respiratory Rate						Lorazepam					
Manual Pulse						Magnesium Sulphate (Sulfate)					
Eye Irrigation						Methylprednisolone					
Urinary Catheterization						Midozolam					
Venous Blood Sampling						Morphine Sulphate (Sulfate)					
Central Line Monitoring						Hydrmorphone					
Intraosseous Initiation						Narcan (Naloxone)	Nasal	Nasal			
IV-maintain of non-medicated fluids						Nitroglycerin-Metered Dose/tablet (pt. supplied)					
IV-maintain medicated fluids						Nitroglycerin-Metered Dose/tablet (agency supply)					
IV Initiation- Peripheral						Nitroglycerin – IV Infusion					
Thrombolytic Therapy- Monitoring						Nitroglycerin - Ointment					
Medication Assisted Intubation						Norepinephrine					
Formulary	EMR	EMT	I/85	AEMT	Para	Normal Saline- IV Infusion					
Albuterol-Proventil-Ventolin (pt. prescribed)						Ondansetron					
Albuterol-Proventil-Ventolin (agency supplied)						Oxygen					
Assist with Pt. Prescription – Beta Agent						Phenylephine 2%					
Aspirin						Pralidoxime Chloride					
Activated Charcoal						Sodium Bicarbonate					
Adenosine						Topical Hemostatic Agent					
Amiodarone						Miscellaneous Formulary /Skills	EMR	EMT	I/85	AEMT	Para
Atropine Sulphate (Sulfate)											
Calcium Chloride											
Dextrose 5%											
Dextrose (D50)											
Dextrose (D25)											
Diazepam											
Diltiazem											
Diphenhydramine						Miscellaneous Formulary /Skills	EMR	EMT	I/85	AEMT	Para
Dopamine											
Duodote Auto Injector											
Epinephrine 1:1000											
Epinephrine 1:10,000											
Epinephrine Auto Injector											
Etomidate											