OKLAHOMA State Department of Health

OSDH Emergency Systems
p. (405) 426-8480 esystems@health.ok.gov

Agency Protocol Guidance

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.

PROTOCOL AMENDEMENT 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)
- Specialty Care Ambulance Service (310-641 - Subchapter 11)
- Air Ambulance Service (310-641 - Subchapter 13)
- Emergency Medical Response Agency (310-641 - Subchapter 15)

SECTION 1 - TYPE OF APPLICATION

- Protocol Application

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) Allows for the use of Emergency Medical Responders as their level of care.
- Basic Life Support (BLS) means the 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 means the 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 means the 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 means the 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.
    - Air Ambulance 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 - 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 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 submi**t an electronic copy of the agency protocols.

SECTION 5 - LIST OF EACH PROTOCOL ALTERATION/ DELETION (Use form provided)

SECTION 6 - 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. We **do not need** with the application.

SECTION 7 – AGENCY DIRECTOR and MEDICAL DIRECTOR SIGNATURE

SECTION 8 – ACKNOWLEDGMENT

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

- 63 O.S. 1-2506 Performance of Medical Procedures.
- 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, 11, 13, and 15)

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AGENCY PROTOCOL APPLICATION

SECTION 1 – Type of Application (Print or Type)

☐ EMRA Agency ☐ Ground Agency ☐ Air Agency ☐ Specialty Care Agency

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

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

SECTION 4 – 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 Section 5)**

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

SECTION 5 – 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 6 – SUMMARY OF AGENCY PROTOCOLS or LIST OF AUTHORIZED PROCEDURES (SEE INSTRUCTIONS)

SECTION 7 – 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:** _____

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SECTION 5 – PROTOCOL MODIFICATIONS
(e.g., additions, deletions, or alterations)

Protocol Name	Protocol page #	Modified item	Supporting evidence provided

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SECTION 8: ACKNOWLEDGMENT

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

Agency Director: _____

Medical Director: _____

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

Requirement	Agency Director Initials	Date	Medical Director Initials	Date
Medical Director Approval (63 O.S. 1-2506)				
Certified and Licensed Emergency Medical Personnel Scope of Practice (OAC 310:641-5-20)				
Certified and Licensed Agency Scope of Licensure (OAC 310:641)				
Patient Safety (OAC 310:641 Subchapters 3, 11, 13, and 15)				

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

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