INSTRUCTIONS FOR THE COMPLETION OF OKLAHOMA’S EMERGENCY MEDICAL RESPONSE AGENCY INITIAL APPLICATION FORM

August 2014
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 (if different).

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. Applicant 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 (OBNDD). Attach copy of the physician’s State License, a copy of the OBNDD 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 Emergency Medical 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.
• Approved Procedure List – Checklist must be completed and signed by the Agency Director and The Medical Director. The APL can be found on our website. (http://www.ok.gov/health2/documents/2014%20Approved%20Protocol%20List.pdf)
• 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 forma on the second page.
• A map of your service area.
• Fee – Make payable to OSDH--EMS, and mail to OSDH-EMS, 1000 NE Tenth Street, Oklahoma City, OK 73117-1207 (Initial fee $50.00 and Renewal fee is $20.00) NOTE: WE CAN 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 a “Conditions of Agreement” for each Ambulance Service that will be utilized.

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.

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
INITIAL APPLICATION

Administrative Information

Name of Emergency Medical Response Agency ___________________________ Date of Application _________________

Agency Mailing address ___________________________ City ______ State ______ Zip ___________

Physical address of agency ___________________________ City ______ State ______ Zip ___________

Contact person and title __________________________________________________________

Contact person Email Address: _____________________________________________________________________

Business Phone: (_________) __________________ Emergency Phone (_________) _________________

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: ( ) Patient Protocols
( ) Medical Director’s Consent Letter ( ) Personnel Roster (Use enclosed form)
( ) Endorsement of Governmental Authority ( ) Map of Service Area
( ) List of EMRA Officials ( ) Transport agreement(s) You must have at least
( ) List of Equipment (enclosed) one Condition of agreement with an Oklahoma
( ) Quality Assurance Program Outline Licensed EMS agency
( ) Attach copies of Vehicle Liability insurance, General Liability insurance and Worker’s Comp insurance

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
EMS PERSONNEL ROSTER
State of Oklahoma

INSTRUCTIONS: List all personnel associated with the emergency medical response agency who drive, pilot and/or provide patient care, in alphabetical order.

TYPE or PRINT ONLY

Name of Service: __________________________ Date: _______

Person Providing Information: __________________________

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<th>Name (Last, First, Middle Initial)</th>
<th>Oklahoma EMT Or EMR Number</th>
<th>SSN</th>
<th>Full/Part Time</th>
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(Signature)  (Date)
CONDITIONS OF AGREEMENT

The ____________________________ does hereby apply for a “Certified Emergency Medical Response Agency” pursuant to O.S. Title 63, Section 1-2501, et al. And O.A.C. 310:641-3-150, et al.;

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 Emergency Medical 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, and renewal of same;

- That personnel of a “Certified Emergency Medical Response Agency” may utilize procedures authorized to the extent and limitations set forth by required OAC 340-641 and within their respective licensure and/or certification scope of practice;

- 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 recertification. 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 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;
Conditions of Agreement Continued...

4. copies of in-service training and continuing education records;
5. copies of operational and medical protocols;
6. a log of each call received, which includes the number of the run report, date, times, patient, location and type of call;
7. copies of incident reports;
8. copies of other required documents, such as OSHA, insurance, etc. and;
9. such other documents which may be found necessary by OEMS.

For the applicant.........

I, ________________________________ do hereby and on 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)
Emergency Medical Response Agency Application Checklist

Date Package Received: ____________________________

Reason for package: _____ New _____ Renewal _____ Other

Agency Name: ____________________________________________

Please check each item:

Fee Paid: _______ Amount $ _______

Mailing Address:__________

Physical Address: _______

Emergency Phone Number: _____

Business Phone Number: _______

Level of Care: _____ Individual Protocols: Yes ______ No_______

Medical Director: _______ State Lic. #: _______ OBNDD #: _______

List of Officials: ________

Personnel Roster: ________

Protocols: _______ State: _______

Governmental Endorsement: _____

List of Equipment: ________

QA Plan: ___

Map of Service Area: ______

Copy of General Liability Insurance, Vehicle Liability Insurance and Workers Compensation Insurance _____________

Transportation Agreement:_____ with ________________________________

Scheduled for Inspections: _____Date: ___________________ (or attach Aspen Report)
First Responder Basic Equipment & Supply List (Suggested ONLY)

BSI [Body Substance Isolation]
- Gloves
- Mask
- Goggles/glasses

CPR [CardioPulmonary Resuscitation]
- CPR Valve mask, RespAide, or CPR mouth barrier

Wound Management
- Miscellaneous dressings and bandages
- Adhesive tape, strips and patches
- Scissors
- Splints [SAM, Rolled Wire, Ladder]

Airway Management
- Oral airways
- Nasal airways

Vital Signs
- Stethoscope/Blood pressure cuff
- Wrist watch w/second hand
- Penlight flashlight

Breathing aids and oxygen therapy
- BVM [Bag Valve Mask]
- Oxygen system

Bag or Case for the above items

Extrication tools and Devices
- Seat belt cutter
- Window punch
- Cervical collar set

Miscellaneous, special, and optional items
- Oral glucose
- Suction device [like Res-Q-Vac]
- OB kit [for emergency deliveries]
- Bite extractor and sting kit
- Blanket(s): small emergency, or larger
- Notebook and/or patient information form
- Pad and pencil (and/or clipboard)

Department equipment
- AED (Automated External Defibrillator)
- Oxygen system
- Backboard(s)

Items you may want or need, either in your response kit or in a separate emergency kit. Modify as required for your job or department (fire, Police, safety officer, etc.)

- Flashlight (aluminum/heavy duty)
- Rain coat/poncho (for wet weather)
- Safety vest (for visibility)
- ID card/badge (clip on)
- Radio (2 way hand-held [departmental]) and/or cellular telephone
- Flares and/or chemical lightsticks
- Personal first aid supplies (not for patient use): may include Tums, Aspirin, personal meds, etc.
- Emergency food and water
- Pouch with emergency money
- Local maps and or GPS unit
- Notebook/binder with emergency phone numbers, radio frequencies, resources, etc.
- DOT North American Emergency Response Guidebook
- Small binoculars
- Bag or case for the above
OSDH-EMS RULES:

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 1st 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-
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 39. ENFORCEMENT ACTION

310:641-3-190. Suspension, revocation, probation, or non-renewal of a licensee [part]

(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