Chapter 64J-1

Florida Administrative Code (F.A.C.)

Emergency Medical Services

EMERGENCY MEDICAL SERVICES
64J-1

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Definitions.

In addition to the definitions provided in Sections 395.401, 395.4001, 401.107, and 401.23, F.S., the following definitions apply to these rules:

(1) Abbreviated Injury Score (AIS-90) – means a consensus derived, anatomically based system that classifies individual injuries by body region on a 6-point ordinal severity scale ranging from 1 to 6. The methodology for determining AIS-90 Code is found in the "Abbreviated Injury Scale 1990 – Update 98," which is incorporated by reference and is available from the Association for the Advancement of Automotive Medicine, P.O. Box 4176, Barrington, IL 60011-4176.

(2) Application – means a completed application form, as specified by the department, together with all documentation required by these rules and the required fee.

(3) Burn – means a tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents.

(4) Certification Examination – means an examination developed or adopted by the department to be used for the purpose of testing the ability to practice as a Florida licensed emergency medical technician or paramedic.

(5) Chief – means the chief of the department's Bureau of EMS.

(6) Controlled Substances – means those drugs listed in Chapter 893, F.S., and the "designer drugs" referred to in Section 893.035, F.S.

(7) Conviction – means a determination of guilt of a felony in any court of competent jurisdiction which is the result of trial of the entry of a plea of guilty or a plea of nolo contendere, regardless of whether adjudication is withheld.

(8) Department – means the Florida Department of Health (DH), Bureau of Emergency Medical Services, 4052 Bald Cypress Way, Bin C18, Tallahassee, Florida 32399-1738.

(9) Emergency Medical Services Provider – means any entity licensed in the state of Florida to provide air, or ground ambulance, whether basic life support (BLS) or advanced life support (ALS), and whether a non-transportation or a transportation service.

(10) Glasgow Coma Scale Score – means the neurological assessment developed by G. Teasdale and B. Jennitte in "Assessment of Coma and Impaired Consciousness: A Practical Scale" Lancet, 1974; 2: 81-84, which is incorporated by reference and available from the department.

(11) ICD-9-CM – means the "International Classification of Disease, 9th Revision, Clinical Modification," March, 1989, U.S. Department of Health and Human Services Publication No. (PHS) 89-1260; an internationally applied method by which diseases or groups of medical conditions or injuries are coded for the purpose of statistical analyses. This book is incorporated by reference and available for purchase from the American Hospital Association, Central Office on ICD-9-DM, 1(800)242-2626, AHA, Post Office Box 92683, Chicago, IL 60675-2683.

(12) Injury Severity Score (ISS) – means the sum of the squares of the highest AIS-90 code in each of the three most severely injured body regions. The method for computing ISS is found in the "Abbreviated Injury Scale 1990 – Update 98."

(13) Neonatal Ambulance – means an ALS permitted vehicle which is designated solely to interfacility transports of neonates to a Level II or Level III neonatal intensive care unit.

(14) Neonatal Transport – means the transport of any neonate requiring emergency transfer from a hospital licensed under Chapter 395, F.S., to a Level II or Level III neonatal intensive care unit.

(15) Neonate – means an infant less than 28 days of life and or less than 5 kg.

(16) Operate – For purposes of Section 401.25(2)(d), F.S., means performing services requiring licensure under Section 401.25(1),

(17) F.S., but does not include:

- (a.) Advertising the availability of services requiring licensure under Section 401.25(1), F.S., for a county in which the advertiser is a licensee;

(b.) Proposing to engage in services requiring licensure under Section 401.25(1), F.S.;
(c.) Interfacility transfer between two counties by a licensee possessing a Certificate of Public Convenience and Necessity from only one of the counties if the other county does not prohibit such transfer or transport;
(d.) Transfer or transport by a licensee through, but not to or from, one or more counties;
(e.) Transfer or transport by a licensee as part of a coordinated response to a disaster or a mass casualty incident;
(f.) Transfer or transport by a licensee, after pickup of the patient not otherwise prohibited under Section 401.25(2)(d), F.S. and this rule, to an appropriate facility; or
(g.) Transfer or transport by a licensee under an agreement sanctioned by the governing bodies of the affected counties.

(18) Patient Care Record – means the record used by each EMS provider to document patient care, treatment and transport activities that at a minimum includes the information required under paragraphs 64J-1.003(5)(a), (b), Rule 64J-1.014, subsection 64J-2.002(5), subsections 64J-2.004(5), (6) and (7), 64J-2.005(4), F.A.C.

(19) Pediatric Trauma Patient – means a trauma patient with anatomical and physical characteristics of a person 15 years of age or younger.

(20) Training Program – means an educational institution having one designated program director, one designated medical director, and single budget entity; for the purposes of providing EMT or paramedic education programs, as approved by the department.

(21) Transfer or transport – Air, land or water vehicle transportation, by vehicles not exempted under Section 401.33, F.S., of sick or injured persons requiring or likely to require medical attention during such transportation.

(22) Trauma – means a blunt, penetrating or burn injury caused by external force or violence.

(23) Trauma Alert – means a notification initiated by EMS informing a hospital that they are en route with a patient meeting the trauma alert criteria.

(24) Trauma Alert Patient – means a person whose primary physical injury is a blunt, penetrating or burn injury, and who meets one or more of the adult trauma scorecard criteria in Rule 64J-2.004, F.A.C., or the pediatric trauma scorecard criteria in Rule 64J-2.005, F.A.C.

(25) Trauma Patient – means any person who has incurred a physical injury or wound caused by trauma and who has accessed an emergency medical services system.

(26) Trauma Registry – means a statewide database which integrates medical and system information related to trauma patient diagnosis and the provision of trauma care by prehospital, hospital, and medical examiners.

(27) Trauma Transport Protocols (TTPs) – means a document which describes the policies, processes and procedures governing the dispatch of vehicles, and the triage and transport of trauma patients.

Specific Authority 381.0011(13), 395.401, 395.4025(13), 395.405, 401.121, 401.35 FS. Law Implemented 381.0011, 395.4001, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.4045, 395.405, 401.121, 401.211, 401.23, 401.25, 401.35, 401.435 FS. History–New 4-26-84, Amended 3-11-85, Formerly 10D-66.485, Amended 11-2-86, 4-12-88, 8-3-88, 8-7-89, 6-6-90, 12-10-92, 11-30-93, 10-2-94, 1-26-97, Formerly 10D-66.0485, Amended 8-4-98, 7-14-99, 2-20-00, 11-3-02, 6-9-05, 10-24-05, 4-22-07, Formerly 64E-2.001.

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64J-1.002

Basic Life Support Service License - Ground.

(1) To obtain a license or renewal each applicant shall submit an application to the department on DH Form 631, 04/09, Ground Ambulance Service Provider License Application. This form is incorporated by reference and is available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com.

(2) The department shall issue a license to any applicant who:

(a.) Furnished evidence of insurance coverage for claims arising out of injury or death of persons and damage to the property of others resulting from any cause for which the owner of said business or service would be liable. Each motor vehicle shall be insured for the sum of at least $100,000 for injuries to or death of any one person arising out of any one accident; the sum of at least $300,000 for injuries to or death of more than one person in any one accident; and, for the sum of at least $50,000 for damage to property arising from any one accident. Government operated service vehicles shall be insured for the sum of at least $100,000 for any claim or judgment and the sum of $200,000 total for all claims or judgments arising out of the same occurrence. Every insurance policy or contract for such insurance shall provide for the payment and satisfaction of any financial judgment entered against the operator and present insured, or any person driving the insured vehicle. All such insurance policies shall provide for 30-day cancellation notice to the department.

(b.) Obtained a Certificate of Public Convenience and Necessity (COPCN).

(3) Each BLS provider shall ensure and document in its employee records that each of its EMTs and paramedics hold a current certification from the department.

(4) Every provider, except those exempted in paragraph 64J-1.006(1)(a), F.A.C., shall ensure that each EMS vehicle permitted by the department, when available for call, shall be equipped and maintained as approved by the medical director of the service in the vehicle minimum equipment list. The vehicle minimum equipment list shall include, at a minimum, one each of the items listed in Table I and shall be provided to the department upon request.

TABLE I
GROUND VEHICLE
BLS MEDICAL EQUIPMENT AND SUPPLIES

	ITEM	QTY.
1	Bandaging, dressing, and taping supplies: a. Adhesive, silk, or plastic tape – assorted sizes. b. Sterile 4 × 4 inch gauze pads. c. Triangular bandages. d. Roller gauze. e. e. ABD (minimum 5 × 9 inch) pads.	
2	Bandage shears.	
3	Patient restraints, wrist and ankle.	
4	Blood pressure cuffs: infant, pediatric, and adult.	
5	Stethoscopes: pediatric and adult.	
6	Blankets.	
7	Sheets (not required for non-transport vehicle.)	
8	Pillows with waterproof covers and pillow cases or disposable single use pillows (not required for non-transport vehicle).	
9	Disposable blanket or patient rain cover.	
10	Long spine board and three straps or equivalent.	
11	Short spine board and two straps or equivalent.	
12	Adult and Pediatric cervical immobilization devices (CID), approved by the medical director of the service.	

13	Padding for lateral lower spine immobilization of pediatric patients or equivalent.	
14	Portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi, and liter flow at 15 liters per minute.	
15	Transparent oxygen masks; adult, child and infant sizes, with tubing.	
16	Sets of pediatric and adult nasal cannulae with tubing.	
17	Hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.	
18	Portable suction, electric or gas powered, with wide bore tubing and tips which meet the minimum standards as published by the GSA in KKK-A 1822E specifications.	
19	Extremity immobilization devices. Pediatric and Adult.	
20	Lower extremity traction splint. Pediatric and Adult.	
21	Sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel, and cord clamps or cord-ties.	
22	Burn sheets.	
23	Flashlight with batteries.	
24	Occlusive dressings.	
25	Oropharyngeal airways. Pediatric and Adult.	
26	Installed oxygen with regulator gauge and wrench, minimum "M" size cylinder (minimum 500 PSI) with oxygen flowmeter to include a 151pm setting, (not required for non-transport vehicles.) (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director.)	
27	Gloves – suitable to provide barrier protection for biohazards.	Sufficient quantity, sizes, and material for all crew members.
28	Face Masks – both surgical and respiratory protective.	Sufficient quantity, sizes and material for all crew members.
29	Rigid cervical collars as approved in writing by the medical director and available for review by the department.	
30	Nasopharyngeal airways, pediatic and adult.	
31	Approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.	
32	Safety goggles or equivalent meeting A.N.S.I. Z87.1 standard.	One per crew member.
33	Bulb syringe separate from obstetrical kit.	
34	Thermal absorbent reflective blanket.	
35	Multitrauma dressings.	
36	Pediatric length based measurement device for equipment selection and drug dosage.	

Rulemaking Authority 381.0011, 395.405, 401.121, 401.25, 401.35 FS. Law Implemented 381.0011, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.4045, 401.23, 401.24, 401.25, 401.252, 401.26, 401.27, 401.281, 401.30, 401.31, 401.321, 401.34, 401.35, 401.41, 401.411, 401.414, 401.421 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.49, Amended 4-12-88, 8-3-88, 12-10-92, 10-2-94, 1-26-97, Formerly 10D-66.049, Amended 8-4-98, 1-3-99, 11-19-01, 12-18-06, Formerly 64E-2.002.

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64J-1.003

Advanced Life Support Service License – Ground.

(1) To obtain a license or renewal each applicant for an ALS license shall submit to the department DH Form 631, 04/09, Ground Ambulance Service Provider License Application, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com.

(2) Each ALS provider shall ensure and document in its employee records that each of its EMTs or paramedics hold a current certification from the department.

(3) Each ALS provider shall ensure that a current copy of all standing orders authorized by the medical director shall be available in each of the provider's vehicles; for review by the department; to each of the provider's paramedics; and supplied to each physician designated by the medical director to receive a copy.

(4) Each ALS permitted vehicle when available for call, shall be equipped and maintained as approved by the medical director of the service in the vehicle minimum equipment list. The vehicle minimum equipment list shall include, at a minimum, one each of the items listed in Tables I and II, and shall be provided to the department upon request, except those exempted in paragraph 64J-1.006(1)(a), F.A.C. Substitutions are allowed with signed approval from the medical director and written notification to the department.

(5) The medical director may authorize an EMT instead of the paramedic or licensed physician to attend a BLS patient on an ALS permitted ambulance under the following conditions:

(a.) The medical director determines what type of BLS patient may be attended by an EMT and develops standing orders for use by the EMT when attending the type of BLS patients identified. The onscene paramedic shall conduct the primary patient assessment to determine if the patient's condition meets the criteria in the standing orders for BLS care. This survey shall be documented on the patient care record and shall identify the paramedic who conducted the survey.

(b.) The patient care record for any patient care or transport shall clearly state whenever an EMT attends the patient.

(c.) The provider shall maintain and have accessible for review by the department documentation of compliance with the above requirements.

(6) ALS Nontransport:

(a.) Unless otherwise specifically exempted, each advanced life support nontransport vehicle, when personnel are providing advanced life support treatment or care, must be staffed with a certified paramedic or licensed physician.

(b.) A permitted advanced life support nontransport vehicle may operate as a basic life support emergency vehicle when the vehicle is not staffed by a certified paramedic or licensed physician and only in lieu of placing the unit completely out of service. When such advanced life support nontransport vehicle is operating under this section, the vehicle must be staffed with at least one person who must be an emergency medical technician, and shall carry portable oxygen, airway adjuncts, supplies and equipment as determined by the medical director of the licensed service.

1. Each service provider having permitted vehicles operating pursuant to this section shall log changes in vehicle status.
2. Vehicles operating pursuant to this section shall not display markings indicating advanced life support (other than permit sticker) when responding as basic life support emergency vehicle.

(c.) Unless otherwise specifically exempted, the following advanced life support non-transport vehicles when personnel are providing emergency treatment or care, must be staffed, at a minimum, with a certified paramedic or licensed physician:

1. Advanced life support vehicles that respond to requests to provide emergency treatment or care during special events or activities or in locations where access by permitted transport vehicles is restricted or limited.
2. Advanced life support vehicles that respond to requests to provide emergency treatment or care in vehicles that cannot accommodate two persons, due to design and construction of the vehicle.
3. Advanced life support vehicles under 13,000 pounds gross vehicle weight that respond to requests to provide emergency treatment or care and are met at the scene by other concurrently responding

permitted vehicles. Examples include vehicles that respond to requests to provide emergency treatment or care within a gated or restricted community that is established pursuant to Chapter 190, F.S.; vehicles that respond to requests to provide emergency treatment or care which are owned or operated by counties or municipalities established pursuant to Chapter 125 or 166, F.S.; or vehicles that respond to requests to provide emergency treatment and care which are owned or operated by advanced life support services licensees. Vehicles staffed pursuant to this section shall operate in accordance with a certificate of public convenience and necessity.

4. Advanced life support non-transport vehicle over 13,000 pounds gross vehicle weight that respond to requests to provide emergency treatment or care. Vehicles staffed pursuant to this section shall operate in accordance with a certificate of public convenience and necessity.

(d.) Vehicles staffed pursuant to paragraph 64J-1.003(6)(c), F.A.C., may respond to requests for medical assistance in accordance with Section 252.40, F.S.

(e.) Nothing herein shall prohibit an on duty certified EMT or paramedic who arrives on scene from initiating emergency care and treatment at the level of their certification prior to the arrival of other responding vehicles.

(7) Advanced life support non-transport vehicles, staffed pursuant to paragraph 64J-1.003(6)(c), F.A.C., are not required to carry the equipment and supplies identified in Table I or II. Such vehicles when personnel are providing advanced life support treatment or care, or when responding to calls in an ALS capacity shall at a minimum carry portable oxygen, defibrillation equipment, airway management supplies and equipment, and medications and fluids authorized by the medical director of the licensed service.

TABLE II
GROUND VEHICLE
ALS EQUIPMENT AND MEDICATIONS

	MEDICATION	**WT/VOL**
1	Atropine Sulfate.	
2	Dextrose, 50 percent.	
3	Epinephrine HCL.	1:1,000
4	Epinephrine HCL.	1:10,000
5	Ventricular dysrhythmic.	
6	Benzodiazepine sedative/anticonvulsant.	
7	Naloxone (Narcan).	
8	Nitroglycerin.	0.4 mg.
9	Inhalant beta adrenergic agent with nebulizer apparatus, as approved by the medical director.	
	I.V. SOLUTIONS	
1	Lactated Ringers or Normal Saline.	
	EQUIPMENT	
a	Laryngoscope handle with batteries.	
b	Laryngoscope blades; adult, child and infant sizes.	
c	Pediatric I.V. arm board or splint appropriate for I.V. stabilization.	
d	Disposable endotracheal tubes; adult, child and infant sizes. Those below 5.5 shall be uncuffed. 2.5 mm - 5.0 mm uncuffed; 5.5 mm - 7.0 mm; 7.5 mm - 9.0 mm).	
e	Endotracheal tube stylets pediatric and adult.	
f	Magill forceps, pediatric and adult sizes.	
g	Device for intratracheal meconium suctioning in newborns.	
h	Tourniquets.	
i	I.V. cannulae 14 thru 24 gauge.	
j	Micro drip sets.	
k	Macro drip sets.	
l	I.V. pressure infuser.	
m	Needles 18 thru 25 gauge.	
n	Intraosseous needles and three way stop cocks.	
o	Syringes, from 1 ml. to 20 ml.	

p	D.C. battery powered portable monitor with defibrillation and pacing capabilities, ECG printout and spare battery. The unit shall be capable of delivering pediatric defibrillation (energy below 25 watts/sec and appropriate equipment).	
q	Monitoring electrodes for adults and pediatrics.	
r	Pacing electrodes. Pediatric and Adult.	
s	Glucometer.	
t	Approved sharps container per Chapter 64E-16, F.A.C.	
u	Flexible suction catheters.	
v	Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient (effective 01/01/2008).	

Rulemaking Authority 381.0011, 395.405, 401.121, 401.265, 401.35 FS. Law Implemented 381.0011, 381.025, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, 395.4045, 395.405, 401.23, 401.24, 401.25, 401.26, 401.265, 401.27, 401.281, 401.30, 401.31, 401.321, 401.34, 401.35, 401.41, 401.411, 401.414, 401.421 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.50, Amended 4-12-88, 8-3-88, 8-7-89, 12-10-92, 11-30-93, 1-26-97, Formerly 10D-66.050, Amended 8-4-98, 1-3-99, 7-14-99, 2-20-00, 9-3-00, 4-15-01, 11-19-01, 6-3-02, 12-18-06, Formerly 64E-2.003.

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64J-1.004

Medical Direction.

(1) Each ALS, BLS or air ambulance provider shall maintain on file for inspection and copying by the department its current contract for a medical director by which it employs or independently contracts with a physician qualified pursuant to this section to be its medical director.

(2) There is no standard format for a medical director's contract, however, in drafting such an instrument, the following provisions may be addressed:

(a.) Name and relationship of the contracting parties.
(b.) A list of contracted services inclusive of medical direction, administrative responsibilities, professional membership, basic and advanced life support review responsibilities, and reporting requirements.
(c.) Monetary consideration inclusive of fees, expenses, reimbursement, fringe benefits, clerical assistance and office space.
(d.) Termination clause.
(e.) Renewal clause.
(f.) Provision for liability coverage.
(g.) Effective dates of the contract.

(3) Qualifications:

(a.) A medical director shall be a Florida licensed M.D. or D.O.
(b.) In addition to all other provisions applicable to medical directors in this rule, an air ambulance medical director shall be knowledgeable of the aeromedical requirements of patients and shall evaluate each patient in person or by written protocol prior to each interfacility transfer flight for the purpose of determining that the aircraft, flight and medical crew, and equipment meet the patient's needs.
(c.) A medical director shall be board certified and active in a broad-based clinical medical specialty with demonstrated experience in prehospital care and hold an ACLS certificate or equivalent as determined in Chapter 64J-1.022, F.A.C. Prehospital care experience shall be documented by the provider.
(d.) A medical director shall demonstrate and have available for review by the department documentation of active participation in a regional or statewide physician group involved in prehospital care.

(4) Duties and Responsibilities of the Medical Director.

(a.) Develop medically correct standing orders or protocols which permit specified ALS and BLS procedures when communication cannot be established with a supervising physician or when any delay in patient care would potentially threaten the life or health of the patient. The medical director shall issue standing orders and protocols to the provider to ensure that the provider transports each of its patients to facilities that offer a type and level of care appropriate to the patient's medical condition if available within the service region. The medical director or his appointee shall provide continuous 24-hour-per-day, 7-day-per-week medical direction which shall include in addition to the development of protocols and standing orders, direction to personnel of the provider as to availability of medical direction "off-line" service to resolve problems, system conflicts, and provide services in an emergency as that term is defined by Section 252.34(3), F.S.
(b.) Develop and implement a patient care quality assurance system to assess the medical performance of paramedics and EMTs. The medical director shall audit the performance of system personnel by use of a quality assurance program to include but not be limited to a prompt review of patient care records, direct observation, and comparison of performance standards for drugs, equipment, system protocols and procedures. The medical director shall be responsible for participating in quality assurance programs developed by the department.
(c.) With the exception of BLS medical directors each ALS or air ambulance service medical director shall possess proof of current registration as a medical director, either individually or through a hospital, with the U.S. Department of Justice, DEA, to provide controlled substances to an EMS provider. DEA registration shall include each address at which controlled substances are stored. Proof of such registration shall be maintained on file with each ALS or air ambulance provider and shall be readily available for inspection.
(d.) Ensure and certify that security procedures of the EMS provider for medications, fluids and controlled substances are in compliance with Chapters 499 and 893, F.S., and Chapter 64F-12, F.A.C.
(e.) Create, authorize and ensure adherence to, detailed written operating procedures regarding all aspects of the

handling of medications, fluids and controlled substances by the provider.

(f.) Notify the department in writing of each substitution by the EMS provider of equipment or medication.

(g.) Assume direct responsibility for: the use by an EMT of an automatic or semi-automatic defibrillator; the performance of airway patency techniques including airway adjuncts, not to include endotracheal intubation, by an EMT; and on routine interfacility transports, the monitoring and maintenance of non-medicated I.V.s by an EMT. The medical director shall ensure that the EMT is trained to perform these procedures; shall establish written protocols for the performance of these procedures; and shall provide written evidence to the department documenting compliance with provisions of this paragraph.

(h.) An EMT employed by a licensed ALS provider is authorized to start a non-medicated IV under the following conditions:

1. A non-medicated IV is initiated only in accordance with department approved protocols of the licensed ALS provider's medical director. These protocols must include a requirement that the non-medicated IV be initiated in the presence of a Florida certified paramedic (of the same licensed provider) who directs the EMT to initiate the IV.
2. If the licensed ALS provider elects to utilize EMTs in this capacity, the licensed EMS provider shall ensure that the medical director provides training at least equivalent to that required by the 1999 U.S. D.O.T. EMT-Intermediate National Standard Curriculum relating to IV therapy which is incorporated by reference and available from the Superintendent of Documents, Post Office Box 371954, Pittsburg, PA 15250-7954. The licensed EMS provider shall document successful completion of such training in each EMTs training file and make documentation available to the department upon request.

(i.) Ensure that all EMTs and paramedics are trained in the use of the trauma scorecard methodologies as provided in Rule 64J-2.004, F.A.C., for adult trauma patients and Rule 64J-2.005, F.A.C., for pediatric trauma patients.

(j.) Develop and revise when necessary TTPs for submission to the department for approval.

(k.) Participate in direct contact time with EMS field level providers for a minimum of 10 hours per year. Notwithstanding the number of EMS providers served by the medical director, direct contact time shall be a minimum of 10 hours per year per medical director, not per provider.

(l.) If he is a medical director of a training program:

1. Be responsible for the instruction of the Department of Transportation (DOT) approved training program for EMTs and paramedics.
2. Have substantial knowledge of the qualifications, training, protocols, and quality assurance programs for the training facility.
3. Maintain current instructor level training in Advanced Cardiac Life Support (ACLS), or equivalent, or Advanced Trauma Life Support (ATLS), maintain provider level training in International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS); and Advanced Pediatric Life Support (APLS), Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Professionals (PEPP).
4. Act as a liaison between training centers, local EMS providers and hospitals.
5. Participate in state and local quality assurance and data collections programs.
6. The EMS training center shall by contract, require such medical director to be available 4 hours per month for classroom teaching or review of student performance, and participate in direct contact time with EMS field level providers for a minimum of 10 hours per year. Notwithstanding the number of training centers or EMS providers served by the medical director, direct contact time shall be a minimum of 10 hours per year per medical director, not per training center.
7. Participate in the recruitment, selection, and orientation of instructors and preceptors.
8. Participate in student selection, mid-term evaluation and final practical examination of students.

(5) The medical director of a licensed EMS provider may authorize paramedics under his or her supervision to perform immunizations pursuant to a written agreement with a County Health Department in the county in which the immunizations are to be performed. Should the medical director elect to utilize paramedics in this capacity, he or she shall verify on DH Form 1256, Certification of Training, July 98, which is incorporated by reference and available from the department, that each paramedic authorized to administer immunizations has completed training consistent with that of other staff giving immunizations in the County Health Department as required by the Director of that County Health Department.

Specific Authority 381.0011, 395.405, 401.265, 401.272, 401.35, 499.05 FS. Law Implemented 401.23, 401.24, 401.25, 401.26, 401.265, 401.27, 401.281, 401.2915, 401.30, 401.34, 401.35, 401.41, 401.411, 499.005 FS. History–New 8-7-89, Amended 6-6-90, 12-10-92, 1-26-97, Formerly 10D-66.0505, Amended 8-4-98, 1-3-99, 2-20-00, 4-15-01, 11-19-01, 10-24-05, 12-18-06, Formerly 64E-2.004.

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64J-1.005

Air Ambulances.

(1) Each applicant for an air ambulance license shall pay the required fee as specified in Section 401.34(1)(j), F.S., and submit an application to the department on DH Form 1575, 04/09, Air Ambulance Service License Application which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com. The air ambulance license shall automatically expire 2 years from the date of issuance.

(2) Each air ambulance applicant or provider, pursuant to subsection 64J-1.014(1), F.A.C., shall maintain on site and make available to the department at license application, license application renewal, change of insurance carrier or policy renewal, and documentation of the following minimum insurance coverage:

(a.) Each aircraft shall be insured for the sum of at least $100,000 for injuries to or death of any one person arising out of any one accident and the sum of at least $300,000 for injuries to or death of more than one person in any one accident. Any such policy on a leased aircraft must identify both the owner and the lessee of the aircraft.

(b.) In lieu of the insurance required in paragraph (2)(a), the provider or applicant may furnish a certificate of self-insurance establishing that the provider or applicant has a self-insurance plan to provide coverage identical to what is required in paragraph (2)(a) and that the plan has been approved by the Department of Insurance.

(3) Each licensed air ambulance shall have emergency protocols which address at least, emergency procedures when the aircraft is overdue, when radio communications cannot be established, or when aircraft location cannot be verified. Each licensed rotary wing air ambulance shall document at least every 15 minutes of flight while en route to and from the patient's location.

(4) Each provider shall maintain in each paramedic's employment file documentation of successful completion of an initial air crew member (ACM) education program that was conducted in accordance with the 1988 United States (U.S.) Department of Transportation (DOT) Air Medical Crew-Advanced National Standard Curriculum (NSC), which is incorporated by reference and is available for purchase from AAMS; 526 King Street, Suite 415, Alexandria, VA 22314; (703)836-8732. Each provider shall ensure and shall document in its employee records that each EMT and paramedic which it employs holds a current certification from the department.

(5) Each air ambulance provider shall establish a safety committee. The committee shall:

(a.) Consist of a membership to include: one pilot, one flight medical crew member, the provider's medical director, one hospital administrator if the provider is a hospital based program, and a representative of a quality assurance division if one exists;

(b.) Develop safety procedures for the provider;

(c.) Meet at least quarterly to review safety policies, procedures, unusual occurrences, safety issues, and audit compliance with safety policies and procedures:

(d.) Communicate the results of the safety audit to all program personnel; and

(e.) Record minutes of the meeting and retain them on file for 2 years.

(6) Each prehospital air ambulance provider shall staff the aircraft with a minimum of one person who shall be a paramedic who meets the criteria in subsection 64J-1.005(4), F.A.C.

(7) Every air ambulance maintained by an air ambulance provider shall meet the structural, equipment and supply requirements listed in Table III.

(8) Each prehospital rotary wing air ambulance when available for call shall meet the structural requirements listed in Table III, and shall be equipped as approved by the medical director of the service in the aircraft minimum equipment list. The aircraft minimum equipment list shall include, at a minimum, one each of the items listed in Table IV and shall be provided to the department upon request.

TABLE III AIR AMBULANCE Structural, Equipment and Supply Requirements	
	ITEM
	Aircraft Requirements
1	Entrance large enough to allow loading of a patient.
2	Interior large enough for two medical crew members.
3	Cabin illumination of 40 foot-candles at patient level.
4	FAA approved stretcher system with 2 straps.
5	Isolated aircraft cockpit to protect pilot from in-flight interference.
6	Each aircraft shall be equipped with FAA approved communication equipment that operates on frequencies which allow the flight and medical crew to communicate with ground and landing zone medical support exclusive of the air traffic control system.
7	No smoking sign.
8	External search light with a minimum of 400,000 candle power illumination at 200 feet separate from the aircraft landing lights, movable 90 degrees longitidinally, 180 degrees laterally and capable of being controlled from inside the aircraft (Helicopter only).
	Medical Equipment Requirements
1	Oxygen sufficient for duration of flight.
2	Oxygen administration equipment.
3	Oropharyngeal airways. Pediatric and adult.
4	Hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.
5	Equipment suitable to determine blood pressure of the adult and pediatric patient during flight.
6	Approved sharps container per Chapter 64E-16, F.A.C.
7	Approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.
8	Portable suction unit with wide bore tubing and tips, electric or gas powered, which meets the minimum standards as published by the General Services Administration (GSA) in KKK-A-1822C specifications.
9	Equipment suitable to determine blood pressure of the adult and pediatric patient during the flight.

TABLE IV Prehospital Rotary Wing Air Ambulances	
	ITEM
	Equipment
1	1. Laryngoscope handle with batteries.
2	2. Laryngoscope blades; adult, child and infant size.
3	3. Pediatric I.V. arm board or splint appropriate for I.V. stabilization.
4	4. Disposable endotracheal tubes; adult, child and infant sizes. Those below 5.5 mm shall be uncuffed. 2.5 mm-5.0 mm uncuffed; 5.5 mm-7.0 mm; 7.5 mm-9.0 mm
5	5. Endotracheal tube stylets pediatric and adult.
6	6. Magill forceps, pediatric and adult sizes.
7	7. Device for intratracheal meconium suctioning in newborns.
8	8. Tourniquets.
9	9. I.V. cannulae between 14 and 24 gauge.
10	10. Macro drip sets.
11	11. Micro drip sets.
12	12. I.V. pressure infuser.
13	13. Needles between 18 and 25 gauge.

14	14. Intraosseous needles and three way stop cocks.
15	15. Assorted syringes.
16	16. D.C. battery powered portable monitor with defibrillation and pacing capabilities, ECG printout and spare battery. The unit shall be capable of delivering pediatric defibrillation (energy below 25 watts/sec and appropriate equipment).
17	17. Monitoring electrodes for adults and pediatrics.
18	18. Glucometer.
19	19. Pediatric length based measurement device for equipment selection and drug dosage.
20	20. Flexible suction catheters assorted sizes.
21	21. Multitrauma dressings.
22	22. ABD pads.
23	23. Sterile gauze pads.
24	24. Adhesive tape assorted sizes.
25	25. Patient restraints, wrist and ankle.
26	26. Soft roller bandages.
27	27. Bandage shears.
28	28. Sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel, and cord clamps or cord ties.
29	29. Burn sheets.
30	30. Flashlight with batteries.
31	31. Vaseline gauze.
32	32. Gloves – latex or other suitable material. For all crew members.
33	33. Face masks for all crew members.
34	34. Naso and oropharyngeal airways assorted sizes.
35	35. Safety goggles or equivalent meeting A.N.S.I. Z87.1 standard.
36	36. Bulb syringe separate from obstetrical kit.
37	37. Thermal, absorbent, reflective blanket.
38	38. Standing orders.
39	39. Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient (effective 01/01/2008).

	MEDICATION	WT./VOL.
1	1. Atropine sulfate.	
2	2. Dextrose 50 percent.	
3	3. Epinephrine HCL.	1:1,000
4	4. Epinephrine HCL.	1:10,000
5	5. Ventricular dysrhythmic.	
6	6. Sodium Bicarbonate.	50 mEq. or 44.6. mEg.
7	7. Naloxone (Narcan).	1 mg./m1. 2 mg. amp.
8	8. Nitroglycerin.	0.4 mg.
9	9. Benzodiazepine sedative/anticonvulsant.	
10	10. Inhalant beta adrenergic agent of choice with nebulizer apparatus, as approved by the medical director.	

	I.V. Solutions
1	1. Lactated Ringers or Normal Saline.

Rulemaking Authority 381.0011, 401.25, 401.251, 401.265, 401.35 FS. Law Implemented 381.0011, 395.405, 401.23, 401.24, 401.25, 401.251, 401.252, 401.26, 401.27, 401.30, 401.31, 401.321, 401.34, 401.35, 401.41, 401.411, 401.414, 401.421 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.51, Amended 4-12-88, 8-3-88, 8-7-89, 12-10-92, 11-30-93, 10-2-94, 1-26-97, Formerly 10D-66.051, Amended 1-3-99, 9-3-00, 5-15-01, 12-18-06, Formerly 64E-2.005.

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64J-1.006

Neonatal Interfacility Transfers.

(1) Neonates requiring critical care interfacility transport to a Level II or Level III Neonatal Intensive Care Unit shall be transported in either a neonatal ambulance or a permitted ALS or BLS transport ambulance or aircraft.

(a.) A neonatal ambulance shall meet the requirements listed in Table V, paragraphs 64J-1.006(1)(c) and (d) and subsections 64J-1.006(2) and (3), F.A.C., and shall be exempt from meeting the equipment and medical supplies listed in Rule 64J-1.002, Table I, F.A.C., and in Rule 64J-1.003, Table II, F.A.C.

(b.) When a permitted BLS or ALS ambulance is used to transport a neonate, the sending neonatologist or physician and EMS provider's medical director shall ensure that the level of care, staffing, and equipment is commensurate to the needs of the neonate being transported.

(c.) The neonatal ambulance as defined in subsection 64J-1.001(13), F.A.C., shall have exterior wording or marking which identifies that the ambulance is only for neonatal transport. The wording shall be such that the public cannot mistake a neonatal vehicle as an ambulance for general patient care.

(d.) Any EMS provider operating a permitted neonatal ambulance for transporting neonates to a Level II or Level III Neonatal Intensive Care Unit shall contract with a neonatologist or have the hospital's staff neonatologist assigned as the provider's medical director.

TABLE V
(Reference Section 64J-1.006, F.A.C.)
Neonatal Interfacility Transfers

	ITEM	SIZE	QTY.
1	Direct two-way communications with the designated neonatologist or attending physician and or receiving ICU.		
2	A standby or backup power source other than the one contained in the isolette.		One.
3	A source of electrical power sufficient to operate the isolette and ancillary electrically powered equipment.		One.
4	A transport incubator with portable power supply, portable oxygen tanks or liquid oxygen, and a source of compressed air, including appropriate valves, meters, and fittings.		One.
5	Portable heart rate monitor with visual or audible display and alarm system.		One per patient.
6	Portable blood pressure monitor with assortment of cuff sizes suitable for infants.		One each.
7	Battery powered mechanical I.V. pumps capable of delivering as low as 1 cc. increments for I.V. fluids.		Two.
8	Battery or self-powered oxygen sensor and transcutaneous oxygen monitor or oxygen saturation monitor.		One.
9	Oxygen delivery device and tubing capable of administering high concentrations of oxygen.		One.
10	Temperature monitoring device.		One.
11	Portable ventilator appropriate for neonatal patients.		One.
12	Anesthesia and/or self-inflating bag with oxygen reservoir less than 750 ml and manometer (pressure gauge); premature, newborn and infant size clear masks.		

13	Laryngoscope handle.		One.
14	Blades.	Miller 00, Miller 0.	
15	Bulbs and batteries.		Two each.
16	Endotracheal tubes.	2.0, 2.5, 3.0, 3.5, 4.0.	
17	Stylet.		Two each.
18	Adapters.		Assortment of sizes.
19	Oral Airways.		Assortment of sizes.
20	Suction equipment with low suction capabilities of less than 80 mm of hg.		One.
21	Sterile Gloves assorted sizes for all crew members.		Sufficient quantity
22	Suction catheters.	5.0, 6.0, 8, & 10.	Two each.
23	Syringes sizes 1 cc. through 60 cc.		Assortment of sizes.
24	Medication access device.		Two each.
25	Vascular access devices 23-27 gauge.		Assortment of sizes.
26	I.V. extension tubing.		Sufficient length to administer I.V.
27	Securing device.		Assorted sizes.
28	I.V. filters.		Two.
29	Umbilical catheters.	Size 3.5 & 5	Two.
30	Antiseptic solution.		Ten.
31	Blood sugar device.		One.
32	Lancets.		Five.
33	Neonatal stethoscope.		One.
34	Flashlight.		One.
35	Gauze pads.		Assortment of sizes.
36	No. 5 & No. 8 French feeding tubes.		One each.
37	High intensity light capable of transillumination.		One.
38	Approved biomedical waste plastic bag or impervious container and used sharps container per Chapter 64E-16, F.A.C.		One each.
39	Gloves – latex or other suitable materials.		Sufficient quantity for all crew members.
40	Respiratory face masks.		Sufficient quantity for all crew members.
41	Special procedure tray or instruments with capability for performing umbilical catheterization, venous cutdown and thoracostomy.		One.
42	Bulb syringe. (Additional to OB kit)		One.
43	Cord clamp.		One.
44	Chest tube evacuation device.		One.
45	Needle aspiration device or chest tubes.		Appropriate sizes for neonate.

	MEDICATION	WT/VOL	QTY.
1	Atropine Sulfate.	1 mg./10 ml.	One.
2	Injectable Vitamin K.	1 mg./0.5 ml.	One.
3	Antibiotics, to be determined by medical director.		
4	Calcium Gluconate.	10% - 10- ml.	One.
5	Digoxin ped.	0.1 mg./ml.	One.
6	Anticonvulsant as required by medical director.		
7	Dextrose.	50% 50 cc.	One.

8	Dopamine or dobutamine.	Depends on medication	One.
9	Epinephrine.	1:10,000	One.
10	Eye prophylaxis.		One.
11	Furosemide (Lasix).	20 mg./2 ml.	One.
12	Heparin.		One.
13	Lidocaine.	1%/2 mg.	One.
14	Naloxone (Narcan).	1.0 mg./ml or .4 mg./ml.	One.
15	Paralyzing agent.		One.
16	Phenobarbital.		One.
17	Prostin VR. (available for transport)	500 mcg/ml.	One.
18	Sodium Bicarbonate.	4.2% soln.	One.
19	Sedative as determined by the medical director.		One.
20	Volume expander.		One.
21	I.V. fluid.	D5W and D10W	One each.
22	Injectable non-preservative sterile water.		One.
23	Injectable non-preservative normal saline.		One.

(2) Each permitted ambulance or neonate ambulance when transporting a neonate to a Level II or Level III Neonatal Intensive Care Unit shall be staffed with a minimum of two persons. One person shall be a registered neonatal nurse, the second person shall be either a neonatal registered respiratory therapist (RT), or a paramedic or a registered neonatal nurse. The staffing for each neonate transport shall be determined by the licensee's medical director in conjunction with the attending physician and the neonatologist. A physician can be substituted for any team member.

(a.) The provider shall assure the RN is licensed in accordance with Chapter 464, F.S.; have a minimum of 4,000 hours RN experience, which includes 2,000 hours of Level II or Level III Neonatal Intensive Care Unit (NICU) nursing experience; and have American Heart Association (AHA) Neonatal Resuscitation Program (NRP) Certification or an equivalent certification and successfully complete a neonatal transport stabilization program within 2 years prior to application to neonatal transport, approved in writing by a medical director; and, accompany a minimum of six neonatal transports prior to staffing a neonatal transport as the only RN in attendance.

(b.) The provider shall assure the RT is registered by the National Board of Respiratory Care with a minimum of 2,000 hours of Level II or Level III NICU experience or be certified as a RT with a minimum of 3,000 hours of Level II or Level III NICU experience; and have AHA NRP Certification or an equivalent certification and successfully complete a neonatal transport stabilization program within 2 years prior to application to neonatal transport, approved in writing by a medical director; and, accompany a minimum of six neonatal transports prior to staffing a transport as the only RT in attendance.

(c.) The provider shall assure the paramedic is a Florida licensed paramedic with a minimum of 2,000 hours of Level II or Level III Neonatal Intensive Care unit experience; or be a Florida paramedic with a minimum of 3,000 hours experience; and have AHA NRP Certification or an equivalent certification and successfully complete a neonatal transport stabilization program within 2 years prior to application to neonatal transport, approved in writing by a medical director; and, accompany a minimum of six neonatal transports prior to staffing a neonatal transport.

(d.) A neonatologist or a licensee's medical director may make medical staff substitutions with individuals of comparable skills when the condition of the neonate warrants such substitution.

(3) Treatment protocols for the management of the neonatal patient from the responsible neonatologist shall accompany each neonatal transport.

Specific Authority 381.0011, 383.19, 395.405, 401.251(6), 401.35 FS. Law Implemented 381.001, 383.15, 395.405, 401.24, 401.25, 401.251, 401.252, 401.26, 401.265, 401.27, 401.30, 401.31, 401.35, 401.41, 401.411, 401.414, 401.421 FS. History–New 11-30-93, Amended 1-26-97, Formerly 10D-66.0525, Amended 8-4-98, 9-3-00, 12-18-06, Formerly 64E-2.006.

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64J-1.007

Vehicle Permits.

(1) Each application for a ground vehicle permit shall be on DH Form 1510, December 2008, Application for Vehicle Permit(s). Each application for an aircraft permit shall be on DH Form 1576, 04/09, Application for Air Ambulance Permit. These forms are incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com. All applications shall be accompanied by the required fee as specified in Section 401.34(1)(c), (k), F.S.

(2) When it is necessary for a permitted vehicle to be out of service for routine maintenance or repairs, a substitute vehicle meeting the same transport capabilities and equipment specifications as the out-of-service vehicle may be used for a period of time not to exceed 30 days. If the substitute vehicle needs to be in service for longer than 30 days, the agency must seek written approval from the department. An unpermitted vehicle cannot be placed into service, nor can a BLS vehicle be used at the ALS level, unless it is replacing a vehicle that has been temporarily taken out of service for maintenance. When such a substitution is made, the following information shall be maintained by the provider and shall be accessible to the department:

(a.) Identification of permitted vehicle taken out of service.
(b.) Identification of substitute vehicle.
(c.) The date on which the substitute vehicle was placed into service and the date on which it was removed from service and the date on which the permitted vehicle was returned to service.

(3) All transport vehicles permitted to licensed services must meet the vehicle design specifications, except for color schemes and insignias, as listed in United States General Services Administration (GSA)-KKK-1822, Federal Specifications for Ambulances as mandated by Section 401.35(1)(d), F.S., applicable to the year of the manufacture of the vehicle.

(4) All licensed providers applying for an initial air ambulance aircraft permit after January 1, 2005, shall submit to the department a valid airworthiness certificate (unrestricted), issued by the Federal Aviation Administration, for each permitted aircraft, prior to issuance of the initial permit. Aircraft replacements are subject to the initial application process.

(5) For purposes of Section 401.26(1):

(a.) Water vehicles with a total capacity of two persons or less are neither transport vehicles nor advanced life support transport vehicles.
(b.) Water vehicles with a total capacity of three or more persons are neither transport vehicles nor advanced life support transport vehicles, if:
   1. Staffed and equipped per the Licensee Medical Director's protocols consistent with the certification requirements of Chapter 401, F.S.; and
   2. Reported to the department with sufficient information to identify the water vehicle and to document compliance with subparagraph 1., above. Such report shall be updated with each license renewal.
(c.) A transport vehicle or advanced life support transport vehicle that has explicit staffing, equipment and permitting requirements under Chapter 401, F.S., and other rules of the department cannot fall under paragraph (a) or (b), above.

Rulemaking Authority 381.0011, 401.23, 401.26, 401.35 FS. Law Implemented 381.001, 381.0205, 401.23, 401.24, 401.25, 401.251, 401.26, 401.27, 401.30, 401.31, 401.34, 401.35, 401.41, 401.411, 401.414 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.53, Amended 4-12-88, 12-10-92, 11-30-93, 1-26-97, Formerly 10D-66.053, Amended 1-3-99, 12-18-06, 10-16-07, Formerly 64E-2.007.

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64J-1.008

Emergency Medical Technician.

(1) Qualifications and Procedures for Certification pursuant to Section 401.27, F.S. To be qualified for EMT certification, an individual must:

(a.)

1. Successfully complete an initial EMT training program conducted in accordance with the 1994 U.S. DOT EMT-Basic National Standard Curriculum, which is incorporated by reference and is available for purchase from the Government Printing Office by telephoning (202) 512-1800, or writing to the Government Printing Office, Superintendent of Documents, Post Office Box 371954, Pittsburg, PA 15250-7954, or
2. If out of state or military trained in accordance with the 1994 U.S. DOT EMT-Basic National Standard Curriculum, currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians or another U.S. state or territory which has the certifying authority to submit to the department DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.FLhealthsource.com.

(b.) Apply for and pass Florida EMT certification examination on DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification; and

(c.) Possess a high school diploma or a General Education Development (GED) diploma.

(2) Renewal Certification – To maintain an active certificate the EMT shall pay the recertification fee and affirm continued compliance with all applicable requirements contained in paragraph 64J-1.008(2)(a), (b) or (c), F.A.C., complete the applicable certification renewal notice, Certificate Renewal Notice DH-MQA 1212, 7/09, which is incorporated by reference and mailed by the department, or apply for renewal online at http://www.flhealthsource.com, where the form may also be obtained; and within 2 years prior to the expiration date of his or her EMT certification complete one of the following:

(a.) Complete 30 hours of EMT refresher training based on the 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum, an additional 2 hours of HIV AIDS refresher training, in accordance with Section 381.0034, F.S.; and maintain a current CPR card as provided in Section 401.27(4)(e)2., F.S., and Rule 64J-1.022, F.A.C., CPR shall be included in the 30 hours of refresher training, provided that the CPR training is taken with a continuing education provider recognized by the department pursuant to Section 401.2715, F.S. The 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum shall be the criteria for department approval of refresher training courses. The department shall accept either the affirmation of a licensed EMS provider's medical director; or a certificate of completion of refresher training from a department approved Florida training program or a department approved continuing education provider as proof of compliance with the above requirements. The 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum is incorporated by reference and available for purchase from the Government Printing Office by telephoning (202) 512-1800 or writing to the Government Printing Office, Superintendent of Documents, Post Office Box 371954, Pittsburg, PA 15250-7954.

(b.) Successfully pass the EMT certification examination during the current certification cycle; and complete 2 hours of HIV AIDS refresher training, in accordance with Section 381.0034, F.S.; and maintain a current CPR BLS card for the professional rescuer. Prior to taking the examination, a candidate must request approval to sit for the examination. Such approval is requested by submitting DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification to the department.

(c.) Satisfactorily complete the first semester of the paramedic training course at a department approved Florida training center pursuant to Section 401.2701, F.S., within the current 2-year certification cycle. Complete 2 hours of HIV AIDS refresher training in accordance with Section 381.0034, F.S., and also maintain a current CPR card for the professional rescuer.

(d.) An individual must provide to the department, upon request, proof of compliance with the requirements in this section.

(3) In the event an applicant or certified EMT changes the mailing address he or she has provided the department, the

applicant or certified EMT shall notify the department within 10 days of the address change.

(4) Individuals who document their possession of the following in their application shall be deemed to satisfy subsection 64J-1.012(3), F.A.C., for certification as an EMT only while these criteria are applicable:

(a.) Status as a member of the United States military;
(b.) Valid EMT certification from the National Registry of Emergency Medical Technicians; and
(c.) Assignment to Florida as part of a training program to operate as an EMT.

Rulemaking Authority 381.0011, 381.0034, 381.0035, 401.23, 401.27, 401.35 FS. Law Implemented 381.001, 401.23, 401.27, 401.34, 401.35, 401.41, 401.411, 401.414 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.56, Amended 11-2-86, 4-12-88, 8-3-88, 12-10-92, 11-30-93, 12-10-95, 1-26-97, Formerly 10D-66.056, Amended 8-4-98, 1-3-99, 9-3-00, 4-15-01, 6-3-02, 11-3-02, 10-24-05, 1-11-06, 1-23-07, 10-16-07, Formerly 64E-2.008, Amended 11-22-09.

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64J-1.009

Paramedic.

(1) Qualifications and Procedures for Certification pursuant to Section 401.27, F.S. To be qualified for paramedic certification, an individual must:

(a.)

1. Successfully complete an initial paramedic training program that was conducted in accordance with the 1998 U.S. DOT EMT-Paramedic (EMT-P) National Standard Curriculum, (NSC), which is incorporated by reference and is available for purchase from the Government Printing Office by telephoning (202) 512-1800, or
2. If out of state or military trained in accordance with the 1998 U.S. DOT EMT-Paramedic (EMT-P) NSC, currently hold a valid paramedic certification from the National Registry of Emergency Medical Technicians or be currently certified in another U.S. state or territory which has the certifying authority to submit to the department DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification.

(b.) Apply for and pass Florida paramedic certification examination on DH form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification; and

(c.) (c) Possess a high school diploma or a General Education Development (GED) diploma.

(2) Renewal Certification – To maintain an active certificate the paramedic shall pay the recertification fee and affirm continued compliance with all applicable requirements contained in paragraph 64J-1.009(2)(a) or (b), F.A.C., complete the applicable certification renewal notice, Certificate Renewal Notice DH-MQA 1212, 7/09, which is incorporated by reference and mailed by the department, or apply for renewal online at www.flhealthsource.com, where the form may also be obtained, and within 2 years prior to the expiration date of his or her paramedic certification complete one of the following:

(a.) Complete 30 hours of paramedic refresher training based on the 1998 U.S. D.O.T. EMT-Paramedic NSC, an additional 2 hours of HIV AIDS refresher training in accordance with Section 381.0034, F.S., and also maintain a current Advanced Cardiac Life Support (ACLS) card as provided in Section 401.27(4)(e)2., F.S., and Rule 64J-1.022, F.A.C. ACLS shall be included in the 30 hours of refresher training, provided that the ACLS training includes the continuing education criteria recognized by the department pursuant to Section 401.2715, F.S. The department shall accept either the affirmation of a licensed EMS provider's medical director; or a certificate of completion of refresher training from a department approved Florida training program, or a department approved continuing education provider as proof of compliance with the above requirements.

(b.) Successfully pass the paramedic certification examination during the current certification cycle; complete 2 hours of HIV/AIDS refresher training in accordance with Section 381.0034, F.S.; and also maintain a current ACLS card. Prior to taking the examination, a candidate must request approval to sit for the examination. Such approval is requested by submitting DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification to the department.

(3) An individual must provide to the department, upon request, proof of compliance with the requirements in this section.

(4) In the event an applicant or certified paramedic changes the mailing address he or she has provided the department, the applicant or certified paramedic shall notify the department within 10 days of the address change.

Rulemaking Authority 381.0011, 381.0034, 381.0035, 401.27, 401.35 FS. Law Implemented 381.001, 401.23, 401.27, 401.34, 401.35, 401.41, 401.411, 401.414 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.57, Amended 4-12-88, 8-3-88, 12-10-92, 11-30-93, 12-10-95, 1-26-97, Formerly 10D-66.057, Amended 8-4-98, 1-3-99, 9-3-00, 4-15-01, 6-3-02, 11-3-02, 10-24-05, 1-23-07, 10-16-07, Formerly 64E-2.009, Amended 11-22-09.

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64J-1.010

Voluntary Inactive Certification.

An EMT or paramedic who is currently certified can place their certificate on inactive status by sending a written request to the department and paying a fee of $50. Any EMT or paramedic whose certificate has been placed on inactive status shall not function as an EMT or paramedic until such time as he or she has completed the following requirements for reactivating the certificate:

(1) A certificate holder whose certificate has been on inactive status for 12 months or less can activate his or her certificate by submitting a written request to the department for activation and receiving written approval. Pay a late renewal fee of $50.

(a.) For an EMT, send verification of having a current American Heart Association Basic Life Support Course or an American Red Cross Professional Rescuer CPR course completion certificate and meet the continuing education requirements identified in paragraph 64J-1.008(2)(a), F.A.C.

(b.) For a paramedic, send verification of a current American Heart Association Advanced Cardiac Life Support (ACLS) course completion certificate and meet the continuing education requirements identified in paragraph 64J-1.009(2)(a), F.A.C.

(2) An EMT whose certificate has been on inactive status for more than 1 year can activate his or her certificate by completing the following:

(a.) 30 hours of EMT refresher training which shall be based on the 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV AIDS) training. The 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum is incorporated by reference in Rule 64J-1.008, F.A.C. The training:

1. Shall have been completed after the EMT certificate was placed on inactive status and have been completed no more than 2 years prior to the date of receipt of the request for return to active status; and
2. Shall have been completed at a department approved EMT training program or have been approved by the medical director of a licensed EMS provider.

(b.) Hold a current CPR card pursuant to Section 401.27(4)(e)1., F.S., and Rule 64J-1.022, F.A.C., or equivalent pursuant to Rule 64E-2.038, F.A.C.

(c.) Complete a field internship. The internship shall be completed under the auspices of an EMS training program or a licensed ambulance service's medical director. Upon completion of the field internship, the certificate holder must provide the department with a signed statement from the medical director attesting that the certificate holder completed a field internship program in which he or she demonstrated the ability to assume patient care responsibilities.

(d.) Pass the EMT certification examination. Should the applicant fail the examination, he or she must meet requirements for initial certification.

(e.) After completion of the above requirements, submit to the department:

1. The required fee and affirmation of all applicable requirements contained in subsection 64J-1.010(2), F.A.C.
2. DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification.

(3) A paramedic whose certificate has been on inactive status for more than 1 year can activate his or her certificate by completing the following:

(a.) 30 hours of paramedic refresher training which shall be based on the 1998 U.S. DOT EMT-Paramedic NSC, which is incorporated by reference in Rule 64J-1.009, F.A.C., and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV AIDS) training. The training:

1. Shall have been completed after the paramedic certificate was placed on inactive status and have been completed no more than 2 years prior to the date of receipt of the request for return to active status; and
2. Shall have been completed at a department approved paramedic training program or have been approved by the medical director of a licensed EMS provider.

(b.) Hold a current ACLS card pursuant to Section 401.27(4)(e)2., F.S., and Rule 64J-1.022, F.A.C., or equivalent pursuant to Rule 64J-1.022, F.A.C.

(c.) Complete a field internship. The internship shall be completed under the auspices of an EMS training program or a licensed ambulance service's medical director. Upon completion of the field internship, the certificate holder must provide the department with a signed statement from the medical director attesting that the certificate holder completed a field internship program in which he or she demonstrated the ability to assume patient care responsibilities.

(d.) Pass the paramedic certification examination. Should the applicant fail the examination, he or she must meet the requirements for initial certification.

(e.) After completion of the above requirements, submit to the department:

1. The required fee and affirmation of all applicable requirements contained in subsection 64J-1.010(3), F.A.C.
2. DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification.

Rulemaking Authority 401.27, 401.35 FS. Law Implemented 401.27, 401.34, 401.35 FS. History–New 8-4-98, Amended 1-3-99, 9-3-00, 4-21-02, 6-3-02, 11-3-02, 10-24-05, 1-23-07, 10-16-07, Formerly 64E-2.0094, Amended 11-22-09.

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64J-1.011

Involuntary Inactive Certification.

(1) An EMT or paramedic certificate that is not renewed at the end of the 2-year certification period shall automatically revert to an inactive status for a period of 180 days.

(2) Such certificates may be reactivated if the applicant submits the renewal certification fee required by Section 401.34, F.S., and a late renewal fee of $25 and the following items to the department:

(a.) The required fees and affirmation of all applicable requirements, contained in subsection 64J-1.008(2) or 64J-1.009(2), F.A.C.

(b.) Verification of having met one of the recertification requirements contained in subsection 64J-1.008(2) or 64J-1.009(2), F.A.C. The requirements for recertification shall be completed before the end of the 180-day inactive certification period.

(3) An application for recertification received by the department more than 180 days after the expiration date of the certificate shall be denied. Such certificate holder is ineligible for recertification and must meet the requirements for initial certification.

Rulemaking Authority 401.27, 401.35 FS. Law Implemented 401.27, 401.34, 401.35 FS. History–New 8-4-98, Amended 1-3-99, 9-3-00, 4-15-01, 10-24-05, Formerly 64E-2.0095, Amended 11-22-09.

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64J-1.012

Examinations.

(1) Grade Notification – The department shall notify each candidate of the examination results. The department may post scores electronically on the internet in lieu of mailing the scores to the candidate. The date of receipt is the date the examination scores are posted electronically (official score release date).

(2) Post-Examination Review.

(a.) A candidate who failed the examination shall notify the department or designee, in writing, that he or she desires a post-examination review within 21 days of the official score release date and include the required review fee of $50 payable by cashier's check or money order to the department or designee. Upon receipt of payment, the department or designee shall notify the candidate of a review appointment.

(b.) Each candidate, who has taken and failed the examination, shall have the right to post-examination review of those examination questions answered incorrectly and the correct answers to those examination questions only.

(c.) The candidate's attorney may be present at the review.

(d.) Examination reviews shall be conducted in the presence of a representative of the department or designee and scheduled at a location designated by the department or designee. The review shall be conducted between 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding official state holidays. A candidate shall attend only one review per examination administration. If the candidate is scheduled for an examination review date and fails to appear, the review fee shall be forfeited.

(e.) The candidate shall be allowed one-half the time allowed for the original administration of the examination to review the examination materials provided. Neither the candidate nor the attorney shall be allowed to bring any material for documenting or recording any test material into the review session.

(f.) A representative of the department or designee shall remain with the candidate throughout the review process. The representative shall inform the candidate that the representative cannot defend the examination, attempt to answer or refute any question during the review.

(g.) The candidate shall be instructed that he or she is exercising his or her right of review.

(h.) Any candidate who fails the examination and attends an examination review, pursuant to this section, shall not be eligible for reexamination for at least 30 days after the examination review.

(3) Examination Requirements. The following grades are the minimum scores required to pass the below-listed examinations:

(a.) Paramedic Certification Examination, 80 percent or higher.

(b.) EMT-Basic Examination, 70 percent or higher.

(4) To be scheduled for a reexamination the requestor shall submit DH Form 1583, 12/08, Application for Examination for Emergency Medical Technician (EMT) & Paramedic Certification.

(5) An EMT candidate must document successful completion of 24 hours of department-approved refresher training based on the 1994 U.S. DOT EMT-Basic National Standard Curriculum prior to being scheduled for another attempt at the examination after three failures. An EMT applicant who has failed the examination six times is disqualified from certification and must successfully complete a full EMT training program, pursuant to paragraph 64J-1.008(1)(a), F.A.C., prior to being considered for subsequent examination and certification.

(6) A paramedic candidate must document successful completion of 48 hours of department-approved refresher training based on the 1998 U.S. DOT EMT-Paramedic National Standard Curriculum prior to being scheduled for another attempt at the certification examination after three failures. A paramedic applicant who has failed the examination six times is disqualified from certification and must successfully complete a full paramedic education program, pursuant to paragraph 64J-1.009(1)(a), F.A.C., prior to being considered for subsequent examination and certification.

(7) Persons with documented learning disabilities in the areas of reading decoding or reading comprehension or some form of documented disability or cognitive processing deficit specifically in the reading area which would negatively impact on the candidate's performance on the written or computer based examination may be eligible for special

accommodations with the certification examination. The person requesting the accommodation must provide documentation of the diagnosis before any decision shall be made by the department or designee for accommodation in the administration of the paramedic examination.

(a.) Individuals who qualify for special accommodation on the written or computer based examination due to a documented learning disability as described above shall be required to take the standard format of the examination, but shall receive additional time in which to complete the examination based on the department's or designee's assessment of the severity of the learning disability.

(b.) Other types of accommodations to meet the needs of applicant's disabilities shall be granted with appropriate documentation of disability as determined by the department or designee.

Rulemaking Authority 381.0011, 401.27, 401.35 FS. Law Implemented 381.001, 401.27, 401.35 FS. History–New 4-26-84, Amended 3-11-85, Formerly 10D-66.575, Amended 4-12-88, 12-10-92, 12-10-95, 1-26-97, Formerly 10D-66.0575, Amended 8-4-98, 6-3-02, 11-3-02, 10-25-04, 10-24-05, Formerly 64E-2.010, Amended 11-22-09.

64J-1.013

Drivers.

(1) Each ALS and BLS provider shall ensure that each driver who operates a permitted vehicle meets the qualifications as listed in Section 401.281, F.S. An ALS or BLS provider may consider current Florida EMT or Paramedic certification as the driver having met the oath requirement listed in Section 401.281(b) and (c), F.S.

(2) Each BLS and ALS provider shall document that each driver has completed at least a 16-hour course of instruction on driving an authorized emergency vehicle, as defined by Section 316.003(1), F.S., which includes, at a minimum, classroom and behind-the-wheel training as outlined below:

(a.) Didactic.

1. Legal aspects of authorized emergency vehicle operators.
2. Selecting routes and reporting emergency operation.
3. The practice of defensive driving.
4. Accident avoidance.
5. Principles of vehicle control.
6. Routine safety checks of vehicle.

(b.) Practical.

1. Braking and control braking.
2. Backing; road position, fender judgment and steering technique.
3. Slalom; steering technique and chassis set.
4. Steering technique during a skid; a skid pad is optional.
5. Turn-around-steering technique; fender judgment, road position, controlled braking, controlled acceleration, understeer, oversteer and chassis set.

Specific Authority 401.35 FS. Law Implemented 401.27, 401.281, 401.35, 401.411 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.59, Amended 4-12-88, 12-10-92, Formerly 10D-66.059, Amended 12-18-06, Formerly 64E-2.012.

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64J-1.014

Records and Reports.

(1) Each provider shall be responsible for supervising, preparing, filing and maintaining records and for submitting reports to the department as requested. All records shall be handled in such a manner as to ensure reasonable safety from water and fire damage and to be safeguarded from unauthorized use. Any records maintained by the provider as required by these rules shall be accessible to authorized representatives of the department and shall be retained for a period of at least 5 years except as otherwise specified in this rule. Each provider shall maintain the following administrative records:

(a.) Vehicle registration, copy of past department inspection reports, proof of current vehicle permit, and proof of current insurance coverage.
(b.) Personnel records for each employee, to include date of employment, training records, employee application, documentation of current certification, and confirmation that each driver is in compliance with Section 401.281, F.S.
(c.) Copy of up-to-date department approved TTPs.

(2) Each EMS provider shall ensure that an accurate and complete patient care record was prepared for each instance in which a patient was transported to a hospital. The transporting EMS provider shall have the complete and accurate patient care record as defined in subsection 64J-1.001(17), F.A.C., and required in Rule 64J-1.014, F.A.C., available upon request within 24 hours of the time the vehicle was originally dispatched in response to the request for emergency medical assistance.

(3) The accurate and complete patient care record shall include all known information listed below and the known information defined under subsection 64J-1.001(17), F.A.C.;

(a.) Date of call;
(b.) Time of call;
(c.) The service name;
(d.) Incident ID number;
(e.) Lead crew signature or identification number;
(f.) Service name for any other licensed service providing care;
(g.) Name for first responder agency;
(h.) The patient's full name or unique identification number if the name is unknown;
(i.) The patient's age;
(j.) Patient assessment information (e.g., airway, breathing, circulation, pupils, skin and vitals) taken on scene and en route with times taken for vitals;
(k.) The initial vitals taken by a non-transport service before the arrival of the transport unit;
(l.) The patient's medical history, current medications; allergies, and chief complaint;
(m.) Interventions attempted (e.g., airway, breathing, circulation, and secondary interventions); and
(n.) Medication(s) administered including the time, medication, dose and route.

(4) Non-transporting vehicle personnel shall provide information pertinent to the patient's identification, patient assessment and care provided to the patient to the transporting vehicle personnel at the time the responsibility of the patient is transferred to the transporting service.

(5) Transporting vehicle personnel shall provide recorded information to the receiving hospital personnel at the time the patient is transferred that contains all known pertinent incident, patient identification and patient care information.

(6) Each EMS provider shall maintain a copy of the patient care record as defined in subsection 64J-1.001(17), F.A.C., for a period of at least 5 years. This copy is considered to be the copy of record, shall contain an original signature by the lead crew member or an identification number assigned to the lead crew member and is certifiable as a true copy.

(7) Each licensed EMS provider is responsible for quality review for completeness and accuracy of their own patient care records.

(8) Medication errors and reactions en route shall be reported to the physician who ordered the medication, the receiving physician, and the ALS medical director.

(9) Each provider shall maintain a written plan, available for review by the department, for the proper handling, storage, and disposal of biohazardous wastes in accordance with Chapter 64E-16, F.A.C.

(10) Each provider shall return his license to the department within 15 calendar days after a change of name or ownership

of the service or upon permanently ceasing to provide service.

(11) Each air ambulance provider shall maintain documentation describing the service rendered to the patient and cost as part of the patient's record in accordance with Section 401.251(4)(c), F.S.

(12) A fixed wing air ambulance provider shall have an air medical crew member document the cabin altitude hourly. The cabin pressure shall be documented on the patient care record.

(13) Each provider shall document and submit to the department, the information contained on DH Form 1304, May 02, "EMS Aggregate Prehospital Report and Provider Profile Information Form", which is incorporated by reference and available from the department as defined and required in DHP 150-445, May 02, "Department of Health, Bureau of Emergency Medical Services (EMS) Instruction Manual for the: EMS Aggregate Pre-hospital and Provider Profile Information Form (DH 1304)", which is incorporated by reference and available from the department.

(a.) Reports shall be submitted in accordance with the format and time frame specified in DHP 150-445. Reports received after the due date(s) specified in DHP 150-445 or not in the format specified in DHP 150-445, may not be included in reports published by the department.

(b.) The non-transporting unit is responsible for providing critical treatment and intervention information as defined in DHP 150-445 to the transporting unit at the time that the responsibility for the patient's care is transferred to the transporting unit. The transporting unit is required to include counts of all known critical treatments and interventions that were administered or attempted to be administered to the patient prior to their arrival as defined and required in DHP 150-445 as part of their required quarterly submission of DH Form 1304 to the department.

Specific Authority 381.0011, 395.405, 401.30, 401.35 FS. Law Implemented 381.001, 381.0205, 395.401-.405, 401.23, 401.25, 401.27, 401.30, 401.35, 401.411 FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.60, Amended 11-2-86, 4-12-88, 8-3-88, 12-10-92, 11-30-93, 12-10-95, 1-26-97, Formerly 10D-66.060, Amended 7-14-99, 2-20-00, 4-15-01, 11-3-02, 10-24-05, Formerly 64E-2.013.

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64J-1.015

Emergency Medical Services Grants Procedures.

(1) In order to apply for a matching emergency medical services grant, applicants shall submit DH Form 1767, June 02, EMS Matching Grant Application contained in the EMS Matching Grant Program Application Packet, June 02. This application packet is incorporated by reference and available from the department. The application packet contains the following forms which are also incorporated by reference and available from the department: DH Form 1767, EMS Matching Grant Application, June 02, DH Form 1767P, Request for Grant Fund Distribution, June 02, DH Form 1684A, EMS Grant Program Expenditure Report, June 02, DH Form 1684C, EMS Grant Program Change Request, June 02, DH Form 1767G, Matching Grants Evaluation Worksheet, June 02.

(2) The department shall advertise grant availability, at a minimum, on the Bureau of Emergency Medical Services website at http://www.fl-ems.com/grants/grants.html. Following the review by the grant review team and approval by the State Surgeon General, the department shall publish in the FAW the date, time, and location of the posting of the grant awards.

(3) All grant award decisions shall be posted on a date and time certain at a specific location in Tallahassee, Florida. All grant award notices shall be published on the Bureau of Emergency Medical Services website at www.fl-ems.com/grants/grants.html, at the date and time established in the FAW notice as outlined in subsection (2) above.

(4) All matching grant applications submitted to the department shall have the envelope or other container marked in large bold letters "EMS GRANT APPLICATION". Upon receipt of the completed application the department shall date stamp the application and it shall remain unopened until the official opening date published in the FAW.

(5) The grant review team for matching grant applications eligible for a grant of 75% of approved budgets shall consist of at least five persons appointed by the Chief. The Chief shall appoint a minimum of three department staff to review rural applications eligible for a grant of at least 90% of their approved budgets.

(6) In order to apply for a county award grant, applicants shall submit DH Form 1684, EMS County Grant Application, June 02, contained in the EMS County Grant Program Application Package, June 02. This application packet is incorporated by reference and available from the department. The application packet contains the following forms which are also incorporated by reference and available from the department: DH Form 1684, EMS County Grant Application, June 02, DH Form 1684C, EMS Grant Program Change Request, June 02, DH Form 1684A, EMS Grant Program Expenditure Report, June 02, DH Form 1767P, Request for Grant Fund Distribution, June 02.

Specific Authority 401.121 FS. Law Implemented 401.111, 401.113, 401.121 FS. History–New 6-6-90, Amended 12-10-92, 1-26-97, Formerly 10D-66.205, Amended 8-4-98, 11-3-02, 6-10-03, 10-1-08, Formerly 64E-2.030.

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64J-1.016

Place Holder

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64J-1.017

Convicted Felons Applying for EMT or Paramedic Certification or Recertification.

(1) An applicant for certification or recertification as an EMT or paramedic who has been convicted of or plead no contest, regardless of adjudication, to a felony and has complied with the requirements of Chapter 940, F.S., and provides documentation of restoration of Civil Rights shall become certified provided that the requirements of Section 401.27, F.S., and Rule 64J-1.008, F.A.C., for EMT or Rule 64J-1.009, F.A.C., for paramedic have been met and no other basis for denial exists.

(2) The department shall consider an applicant for certification or recertification as an EMT or paramedic with a felony conviction upon the submission of the following documentation:

(a.) Copy of the judgement of the felony conviction.
(b.) All probation documents, including the name and telephone number of the probation officer.
(c.) Information regarding any additional convictions.
(d.) Any and all information related to the conviction, or plea and any and all information in support of the application, which the department deems necessary to base a decision for approval or denial.

Specific Authority 401.27, 401.35 FS. Law Implemented 401.27, 401.41, 401.411, 401.414, 401.421 FS. History–New 1-3-99, Amended 11-3-02, Formerly 64E-2.033.

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64J-1.018

Inspections.

(1) Inspections of Emergency Services Providers shall be documented by the department. Neonatal vehicle inspections shall be documented on Neonatal Interfacility Vehicle Inspection Form; DH Form 1831, June 99. This form is incorporated by reference and available from the department.

(2) Violation categories – All equipment, medical supplies, records and procedures required by Florida Statutes and rules are placed in one of three violation categories:

Category 1 – life-saving equipment, medical supplies, drugs, records, or procedures;

Category 2 – intermediate support equipment, medical supplies, drugs, records or procedures;

Category 3 – minimal support equipment, medical supplies records or procedures.

These categories shall be used to determine corrective action time frames for deficiencies noted during inspections. The violation categories for each required item are noted on the inspection documentation.

(3) Corrective Action:

(a.) Corrective Action Time Frames – Based on the violation category definitions listed above, the following corrective action time frames and administrative action guidelines shall apply:

Category 1 – any item in this category found deficient shall require action by the service provider within 24 hours of the inspection to replace or correct the deficiency noted to avoid administrative action by the department;

Category 2 – any item in this category found deficient shall require action by the service provider within 5 working days (Monday – Friday) of the inspection to replace or correct the deficiency noted to avoid administrative action by the department;

Category 3 – any item in this category found deficient shall require action by the service provider within 10 working days (Monday – Friday) of the inspection to avoid administrative action by the department.

(b.) Inspection Corrective Action statement – Upon completion of an inspection in which deficiencies were noted, the EMS provider shall be given DH Form 1831, October 05 Inspection Corrective Action Statement, which is incorporated by reference and available from the department. This form documents the corrective action that must be taken by the EMS provider to correct the inspection deficiencies and the time frames within which the corrective action must be taken. The completed DH form 1831, October 05, and documentation of the corrective action taken, must be received by the department within 14 working days of the inspection. Failure of the EMS provider to submit the corrective action statement or correct identified deficiencies within the required time frames is grounds for disciplinary action under Chapter 401, F.S.

(4) A copy of the Inspection Corrective Action Statement shall be maintained by the provider for a period of 3 years.

Specific Authority 401.31, 401.35 FS. Law Implemented 401.31 FS. History–New 2-20-00, Amended 9-3-00, 12-18-06, Formerly 64E-2.034.

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64J-1.019

Emergency Treatment of Insect Stings.

(1) An individual who desires to be certified to administer epinephrine to a person who suffers adverse reactions to insect stings must:

(a.) Be 18 years of age or older;

(b.) Have, or reasonably expect to have as a result of occupation or volunteer status, responsibility for at least one other person who has severe adverse reactions to insect stings; and

(c.) Have successfully completed, within the previous 2 years, a training program in the appropriate procedures for administration of epinephrine to persons who suffer adverse reactions to insect stings.

(2) Epinephrine administration training programs shall be conducted by a Florida licensed physician and shall include, at a minimum, 30 minutes of training on the following subjects:

(a.) Definition of anaphylaxis;

(b.) Agents which might cause anaphylaxis and the distinction between them, including insect stings, drugs, food and inhalants;

(c.) Recognition of symptoms of anaphylaxis;

(d.) Appropriate emergency treatment of anaphylaxis as a result of insect stings;

(e.) Use of a method of administration of epinephrine, i.e., autoinjector, as a result of insect stings including demonstration verifying correct technique;

(f.) Pharmacology of epinephrine including its indications, contraindications, and side effects;

(g.) Instruction that administration of epinephrine shall be utilized only in the absence of the availability of a physician.

(3) The individual shall apply on DH Form 1882, October 2000, Application for Insect Sting Emergency Treatment Certification, which is incorporated by reference and available from the department, and submit documentation of successful completion of the training requirements as outlined in subsection 64J-1.019(1), F.A.C., with the required certification fee of $25 to the department.

(4) Certificates of training expire on March 1 of each odd-numbered year. The requirements for and process for renewal of certification are the same as that for initial certification.

Specific Authority 381.88(3) FS. Law Implemented 381.88 FS. History–New 9-3-00, Amended 4-15-01, Formerly 64E-2.035.

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64J-1.020

Training Programs.

(1) Qualifications and procedures for EMT and paramedic training programs in addition to those contained in Section 401.2701, F.S., are as follows:

(a.) Each applicant shall demonstrate that EMT and paramedic students are not subject to call while participating in class, clinical or field sessions.

(b.) Each applicant shall demonstrate that each EMT and paramedic student function under the direct supervision of an EMS preceptor and shall not be in the patient compartment alone during patient transport and shall not be used to meet staffing requirements.

(c.) Each applicant shall receive a scheduled site visit by the department. Any paramedic training program that is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) has the option to request that the department schedule its site visit to the institution in conjunction with the CoAEMSP site visit to avoid duplication of effort and unnecessary interruption of the student learning environment.

(d.) Course directors shall submit a roster of students eligible to take the state certification examination to the department within 14 days after course completion but not before course completion. This roster shall be signed by the program director.

(2) To be approved as an EMT Training Program, an entity shall submit a completed DH Form 1698, August 07, Application for Approval of an Emergency Medical Services (EMS) Training Program, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(8), F.A.C., or at http://www.fl-ems.com.

(3) To be approved as a Paramedic Training Program, an entity shall submit a completed DH Form 1698, August 07, Application for Approval of an Emergency Medical Services (EMS) Training Program, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(8), F.A.C., or at http://www.fl-ems.com.

(4) Any changes to the training program as approved by the department shall be submitted to the department for review within 30 days of the change.

(5) Commencing with the effective date of this rule and expiring December 1 of even numbered years thereafter, entities not licensed as an emergency medical services provider or a department approved Florida training program shall be approved to conduct EMT or paramedic recertification training providing they meet the requirements contained in Section 401.2715, F.S., and this section. To be approved as an EMS Recertification Training Program, each applicant shall:

(a.) Submit DH Form 1698C, February 2001, Application for Review of Continuing Education Offering which is incorporated by reference and available from the department.

(b.) Submit a non-refundable fee of $300 for approval of continuing education which is valid for a period of 2 years concurrently with the EMT and paramedic recertification cycle.

(c.) Submit the following for each course offering:

1. Behavioral objectives:
   a. Describe expected learner outcomes in terms that can be evaluated, are attainable and are relevant to current US DOT NSC.
   b. Determine teaching methodology and plan for evaluation.
2. Subject matter:
   a. Shall reflect the professional educational needs of the student.
   b. Currency and accuracy will be documented by references/bibliography.
3. Faculty qualifications:
   a. Provide evidence of academic credentials or expertise in the subject matter.
   b. When the subject matter includes advanced life support, a physician, nurse or paramedic with expertise in the content area shall be involved in the planning and instruction.
4. Medical Direction:
   a. Provide evidence of current contract with a physician who has experience in emergency medicine, trauma or appropriate certification in prehospital care.
   b. Responsibilities of physician shall be clearly stated on contract.
5. Teaching strategies:
   a. Learning experiences and teaching methods, relative to emergency medical services, are utilized to achieve the objectives.

b. Adult education principles are employed in teaching strategies.
c. Time is allowed for each activity to ensure opportunity for each student to meet the objectives.

6. Evaluation methods: Evidence shall be submitted that participants are given an opportunity to evaluate learning experiences, instructional methods, facilities and resources used.
7. Contact hour criteria:
   a. All offerings shall be at least 50 minutes in length which is equivalent to 1 contact hour.
   b. Increments of 25 minutes will be accepted if the offering extends beyond 1 contact hour.

(6) All training offered for the purpose of recertification of EMTs and paramedics shall be documented through a system of record keeping which shall include: program title, course outline, course objectives, dates offered, name of instructor, contact hours and roster of attendees. Each entity shall submit a roster of students that have completed training to the department within 14 days after completion but not before course completion. The course director shall sign this roster.

(7) Recertification Training Programs, which maintain current approval from the department, and have an assigned approval code, may submit additional courses for approval during the current recertification cycle without paying an additional fee. The training program shall comply with the other requirements contained in subsection 64J-1.020(5), F.A.C.

(8) The department shall periodically conduct monitoring site visits to entities conducting recertification training to verify that the training is being documented through record keeping that verifies compliance with the recertification requirements of Rules 64J-1.008 and 64J-1.009, F.A.C., for all training conducted. These training records shall be retained for a minimum of 4 years, which shall include the 2 year period within each certification cycle and the immediate 2 year period following that certification cycle.

(9) A medical director's affirmation of completion of recertification training as provided in Section 401.2715(3), F.S., is the physician's confirmation that the certificate holder has completed recertification training consisting of at least 30 hours, and is based on the requirements of paragraph 64J-1.008(2)(a) or 64J-1.009(2)(a), F.A.C.

Specific Authority 401.27, 401.2715 FS. Law Implemented 401.27, 401.2715 FS. History–New 9-3-00, Amended 4-15-01, 4-21-02, 11-3-02, 12-18-06, 10-16-07, Formerly 64E-2.036.

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64J-1.0201

EMS Instructor Qualifications

(1) To be eligible for approval as an EMS Training Program, an applicant must ensure, with supporting documentation, that each instructor has met the standards listed below for their instructor position(s) as listed in the school's Emergency Medical Services Training Program's DH Form 1698, December 2008, Application for Approval of an Emergency Medical Services (EMS) Training Program, which is incorporated by reference in subsection 64J-1.020(2), F.A.C., and is available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at www.fl-ems.com.

(2) Any lead or adjunct instructor teaching in a Florida-approved EMS Training Program who does not qualify for an exemption at the time of implementation of this rule may continue in their role and will have two years to complete the required coursework for the level of instruction they are employed.

(3) Emergency Medical Services (EMS) Instructors.

(a.) Program Directors, Levels A and B:

1. Must have successfully completed Levels A and B coursework listed in Table I and Table II as identified in the National Guidelines for Educating EMS Instructors, August, 2002 edition, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.nhtsa.gov; or has qualified for one of the exemptions in subsection 64J-1.0201(5), F.A.C.
2. Have a minimum of a Bachelor's degree from an institution whose accreditation is recognized by the United States Department of Education.
3. Program Directors who do not possess a Bachelor's degree and are employed by a Florida-approved EMS Training Program at time of implementation of this rule will have until July 1, 2014 to obtain their Bachelor's degree.
4. Be certified as a Florida paramedic, in good standing with the department, with at least four years field level provider experience in the prehospital environment with an Advanced Life Support (ALS) provider.
5. Must have a minimum of two years teaching experience as a Level B instructor.

(b.) Lead Instructors, Program Coordinators, Levels A and B:

1. Has successfully completed the Levels A and B instructor coursework listed in Table I and Table II and as identified in the National Guidelines for Educating EMS Instructors, August, 2002 edition or has qualified for one of the exemptions in subsection 64J-1.0201(5), F.A.C.
2. Be certified as a Florida paramedic in good standing with the department, with at least four years field level provider experience in the pre-hospital environment with an ALS provider.
3. Have a minimum of an Associate's degree from an institution whose accreditation is recognized by the United States Department of Education.
4. Lead instructors who do not possess an Associate's degree and are teaching in a Florida-approved EMS Training Program at time of implementation of this rule will have until July 1, 2013 to obtain their Associate's degree.
5. Must have at least two years teaching experience in EMS education.

(4) Adjunct Faculty.

(a.) Must have successfully completed the Level A coursework listed in Table I as identified in the National Guidelines for Educating EMS Instructors, August, 2002 edition, or has qualified for one of the exemptions in subsection 64J-1.0201(5), F.A.C.

(b.) For First Responder or Emergency Medical Technician Training Programs, must be certified as a Florida Emergency Medical Technician-Basic, a paramedic or licensed Registered Nurse in good standing with the department and have at least three years of field provider experience with an ALS provider.

(c.) For Paramedic Training Programs, must be certified as a Florida paramedic in good standing with the department or be a licensed Registered Nurse in good standing and have at least three years of field provider experience with an ALS provider.

(d.) Adjunct instructors must possess a minimum of an Associate's degree from an institution whose accreditation is recognized by the United States Department of Education.

(e.) Adjunct instructors who do not possess an Associate's degree and are employed by a Florida-approved EMS Training Program at time of implementation of this rule will have until July 1, 2013 to obtain their degree.

TABLE I **EMS Instructor Course Curriculum**	
EMS instructor course objectives will be consistent with the National Guidelines for Educating EMS Instructors, August, 2002 edition.	
Level A: Instructor Qualifications for Adjunct Faculty: Including Didactic, Laboratory, and Clinical Instructors.	
Course	**Hours of Instruction**
Introduction / Course Objectives	30 minutes
Module 2: Roles and Responsibilities	2 hours
Module 5: Ethics	2.5 hours
Module 6: The Learning Environment	2 hours
Module 7: Learning Styles	3 hours
Module 8: Domains of Learning	3 hours
Module 9: Goals and Objectives	3 hours
Module 11: Presentation Skills	2 hours
Module 12: Evaluation Techniques	3 hours
Module 15: Motivation	2 hours
Module 17: Teaching Psychomotor Skills	4 hours
Module 18: Affective / Cognitive Domains	3 hours
Module 20: Remediation (Practical exercises)	3 hours
Module 21: Cultural Awareness	2 hours
Practical Teaching Presentation	5 hours
Total Class Hours	**40 hours**

TABLE II **EMS Instructor Course Curriculum**	
Level B: Instructor Qualifications for Program Coordinators and Lead Instructors	
Prerequisites: Completion of Level A Coursework or qualify for an exemption listed in subsection 64J-1.0201(5), F.A.C.	
Course	**Hours of Instruction**
Creating Learning Objectives & Lesson Plans	3 hours
Module 3: Administrative Issues	1 hour
Module 4: Legal Issues In EMS Education	1 hour
Module 10: Lesson Plans	1 hour
Module 13: Facilitation Techniques	1 hour
Module 14: Communication and Feedback	2 hours
Module 16: Teaching Thinking Skills (Critical)	2 hours
Module 19: Discipline	1 hour
Module 22: Teaching Resources	1 hour
Module 23: Research	1 hour
Module 26: Pediatric Education	1 hour
Total Class Hours	**15 hours**

(5) Exemptions.

(a.) Program Directors, Program Coordinators, Lead Instructors, Course Coordinators, and Adjunct faculty who have attained any of the following criteria prior to the implementation of this rule are exempt from both Levels A and B coursework:

1. Individuals with a Bachelor's degree or higher from an institution whose accreditation is recognized by the United States Department of Education with 4 years teaching experience in EMS education and 2 years experience as a Program Coordinator/Director are exempt from Levels A and B coursework.
2. Individuals with an Associate of Science degree from an institution whose accreditation is recognized by the United States Department of Education with 8 years teaching experience in EMS education and a minimum of 5 years experience as a Program Coordinator are exempt from Levels A and B coursework.
3. Physicians licensed under Chapter 458 or 459, F.S., are exempt from Levels A and B coursework.
4. Completion of Fire Service Instructor Course Delivery and Fire Service Instructor Course Design (80 hours) or Florida certification in Fire Instructor II or III with 2 years teaching experience in EMS education are exempt from Levels A and B coursework.
5. Individuals with current certification as a Florida Department of Law Enforcement (FDLE) Instructor (80 hour course) with 2 years teaching experience in EMS education are exempt from Levels A and B coursework.

(b.) Program Directors, Program Coordinators, Lead Instructors, Course Coordinators, and Adjunct faculty who have attained any of the following prior to the implementation of this rule are exempt from Level A coursework:

1. Individuals with an Associate in Science Degree from an institution whose accreditation is recognized by the United States Department of Education with 6 years teaching experience in EMS education are exempt from Level A coursework.
2. Individuals with a Associate in Science Degree from an institution whose accreditation is recognized by the United States Department of Education with 20 contact hours of educational/instructor courses with 2 years teaching experience in EMS education are exempt from Level A coursework.
3. Individuals who have successfully completed the National Association of EMS Educator's Instructor Course or obtained National Instructor Level I (National EMS Instructor certification) are exempt from Level A coursework. Individuals with National Instructor Level II are exempt from Level A and B coursework.

(c.) Subject matter experts are exempt from all certification Levels provided they do not provide greater than five percent of the total hours of instruction in either the didactic, laboratory, or clinical portions of the programs contact hours.

(d.) These exemptions will only remain in effect until July 1, 2013.

Rulemaking Authority 401.27(2), 401.35(1)(b), 401.35(1)(h) FS. Law Implemented 401.27, 401.27(4)(a)1., 401.27(4)(a)2., 401.2701(1)(a)5.a. FS. History–New 12-31-09.

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64J-1.021

Security of Medications.

(1) Each ALS and air ambulance provider shall develop, implement, maintain, and have available for review by the department written operating procedures approved and signed by the medical director for procuring, storing, handling, dispensing, and disposal of all controlled substances, medications, and fluids.

(a.) These procedures must address the provider's method for meeting applicable state and federal requirements.

(b.) Security procedures which include the provider's method of ensuring against theft, tampering with or contamination of controlled substances, medications, and fluids and the identities and position titles of employees who have access to controlled substances.

(c.) The amount of each controlled substance, authorized by the medical director, to be in on-site storage.

(d.) Documentation procedure for the distribution, disposal, and re-supply of controlled substances, medications, and fluids maintained on site. This procedure shall address on-site and shift change inventory procedures for all controlled substances stocked by the provider and identify a record keeping procedure, which includes inventory schedules for stocking of medical supplies and reporting and resolving any discrepancy found during an inventory.

(2) All operating procedures related to controlled substances, medications, and fluids shall be consistent with and meet the minimum federal requirements specified by the United States Department of Justice, Drug Enforcement Administration in Title 21, Code of Federal Regulations, Food and Drugs, Part 1300 to END, Chapter II, April 1, 2000, and minimum state requirements specified in Chapters 499 and 893, F.S., and rules adopted there under.

Specific Authority 401.26, 401.35 FS. Law Implemented 401.25, 401.26, 401.35(1) FS. History–New 9-3-00, Amended 11-24-02, Formerly 64E-2.037.

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64J-1.022

Cardiopulmonary and Advanced Cardiac Life Support Courses.

(1) Cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS) courses which have been accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) are defined as equivalent to CPR or ACLS courses conducted by the American Heart Association or American Red Cross.

(2) Any public or private entities desiring to conduct CPR or ACLS courses equivalent to those conducted by the American Heart Association or American Red Cross shall have those courses accredited by the CECBEMS and shall maintain CECBEMS accreditation of those courses at all times they are offered and conducted.

(3) Entities shall provide a copy of the letter of approval of accreditation from CECBEMS for each CPR and ACLS course to be recognized and accepted as an equivalent by the Department. A copy of the letter of approval shall be submitted to the Department with a completed DH Form 1938, February 2002, Cardiopulmonary Resuscitation (CPR) or Advanced Cardiac Life Support (ACLS) Course Equivalency Form at least 90 days prior to the offering of the course. This form is incorporated by reference and available from the department. In addition to DH Form 1938 and a copy of the letter of approval each entity shall provide a sample completion card or certificate which shall be issued to students successfully completing the course.

(4) The entity shall provide the student with a course completion card or certificate which is the same as that submitted to the Department which includes: name of entity, course title, date of course, expiration date of the card, name of the instructor and name of the student.

(5) Department approval of the CPR and ACLS courses shall be concurrent with the CECBEMS accreditation of the courses.

Specific Authority 401.35 FS. Law Implemented 401.27 FS. History–New 4-21-02, Formerly 64E-2.038.

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64J-1.023

Guidelines for Automated External Defibrillators (AED) in State Owned or Leased Facilities.

(1) Management of any state owned or leased facilities considering the placement of AEDs should seek cooperation of facility personnel and local training, medical, and emergency response resources.

(2) An AED is obtained by a prescription from a licensed physician. The prescription must accompany the order for the AED.

(3) Several elements should be considered to determine the appropriate number, placement, and access system for AEDs. Facility managers should consider:

(a.) Physician oversight provided by either a facility's medical staff or contracted through a designated physician. A physician should be involved as a consultant in all aspects of the program.

(b.) Response Time: The optimal response time is 3 minutes or less. This interval begins from the moment a person is identified as needing emergency care to when the AED is at the side of the victim. Survival rates decrease by 7 to 10 percent for every minute that defibrillation is delayed.

(c.) Lay Responder or Rescuer Training.

1. Pursuant to Section 401.2915(1), F.S., all persons who use an AED shall have the required training.
2. Overall effectiveness of AEDs shall be improved as the number of trained personnel increases. Where possible, facility managers should establish in-house training programs on a routine basis.
3. Cardiopulmonary resuscitation and AED training can be obtained from a nationally recognized organization.
4. In addition to training on use of the AED, it is important for lay responders or rescuers to be trained on the maintenance and operation of the specific AED model in the facility.
5. Training is not a one-time event and formal refresher training should be conducted at least every 2 years. Computer-based programs and video teaching materials permit more frequent review. Facility management should make periodic contact with a training entity to assure that advances in techniques and care are incorporated into their program. In addition to formal annual recertification, mock drills and practice sessions are important to maintain current knowledge and a reasonable comfort level by lay responders or rescuers. The intervals for conducting these exercises should be established in consultation with the physician providing medical oversight.

(d.) Demographics of the Facility's Workforce: Management should examine the make up of the resident workforce and consider the age profile of workers. Facilities hosting large numbers of visitors are more likely to experience an event, and an appraisal of the demographics of visitors should be included in an assessment. Facilities where strenuous work is conducted are more likely to experience an event. Specialty areas within facilities such as exercise and work out rooms should be considered to have a higher risk of an event than areas where there is minimal physical activity.

(e.) Physical Layout of Facility: Response time should be calculated based upon how long it will take for a lay responder or rescuer with an AED and walking at a rapid pace to reach a victim. Large facilities and buildings with unusual designs, elevators, campuses with several separate buildings, and physical impediments all present unique challenges. In some larger facilities, it may be necessary to incorporate the use of properly equipped "golf cart" style conveyances to accommodate time and distance conditions.

(f.) Suggestions for proper placement of AEDs:

1. A secure location that prevents or minimizes the potential for tampering, theft, and/or misuse, and precludes access by unauthorized users.
2. An easily accessible position (e.g., placed at a height so those shorter individuals can reach and remove, unobstructed access).
3. A location that is well marked, publicized, and known among trained staff. Periodic "tours" of locations are recommended.
4. A nearby telephone that can be used to call backup, security, or 911.
5. Written protocols addressing procedures for activating the local emergency medical services system. These protocols should include notification of EMS personnel of the quantity, brands, and locations of AEDs within the facility.
6. Equipment stored in a manner whereby the removal of the AED automatically notifies security,

EMS, or a central control center. If such automatic notification is not possible, emphasis should be placed on notification procedures and equipment placement in close proximity to a telephone.

(g.) It is recommended that additional items necessary for a successful rescue be placed in a bag and be stored with the AED. Following are items that may be necessary for successful utilization of the AED:

1. Simplified directions for CPR and use of the AED.
2. Non-latex protective gloves.
3. Appropriate sizes of CPR face masks with detachable mouthpieces, plastic or silicone face shields, one-way valves, or other type of barrier device that can be used in mouth to mouth resuscitation.
4. Pair of medium sized bandages.
5. Spare battery and electrode pads.
6. Two biohazard or medical waste plastic bags.
7. Pad of paper and pen for writing.
8. Absorbent towel.

Specific Authority Chapter 2001-76, L.O.F., House Bill 1429. Law Implemented Chapter 2001-76, L.O.F., House Bill 1429. History–New 11-3-02, Formerly 64E-2.039.