

64J-1.001 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) through (13) No Change.

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

(15) Neonatal Transport – means critical care interfacility ~~the~~ transport of any neonate ~~requiring emergency transfer~~ from a hospital licensed under Chapter 395, F.S., to a hospital licensed under Chapter 395, F.S., to deliver Level II or Level III neonatal intensive care services as defined in Rule 59C-1.042, F.A.C unit.

(16) Neonate – means an infant less than 28 days of life ~~and~~ or ~~less than~~ 5 kg in weight.

Rulemaking 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, Amended 1-12-09, 11-5-09,_____.

64J-1.006 Neonatal Transports ~~Interfacility Transfers.~~

(1) A Neonatal Ambulance ~~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 supply requirements ~~supplies~~ listed in Rule 64J-1.002, Table I, ~~F.A.C.~~, and in Rule 64J-1.003, Table II, ~~F.A.C.~~

(2)(b) For any Neonatal Transport, the Medical Director and the receiving ~~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~~ confirm ~~ensure~~ that the level of care, staffing, and equipment is commensurate to the needs of the Neonate being transported.

~~(3)(e)~~ The Neonatal Ambulance as defined in subsection 64J-1.001(14), 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.

~~(4)(d)~~ Any EMS provider operating a permitted Neonatal Ambulance for transporting neonates to a Level II or Level III Neonatal Intensive Care Unit shall have a Medical Director for all Neonatal Transports who meets the requirements of 64J-1.004(1)-(4)(a)-(f) except as follows: contract with a neonatologist or have the hospital's staff neonatologist assigned as the provider's medical director.

(a) The Medical Director shall be board certified and active in Neonatal-Perinatal Medicine, and shall demonstrate and have available for review by the department documentation of active participation on a national, regional or statewide physician group involved in Neonatal Transport;

(b) The Medical Director is not required to have prehospital care experience;

(c) All references to "patients" and "BLS and ALS procedures" shall be understood as referring to "neonates" and "neonatal advanced life support procedures" respectively;

(d) All references to "paramedics" and "EMTs" shall be understood as referring to persons staffing the Neonatal Transport as referenced in subsection (5), below; and

(e) The Medical Director shall participate in direct contact time with the transport staff while transporting a neonate for a minimum of 10 hours per year.

TABLE V

(Reference Section 64J-1.006, F.A.C.)

Neonatal Transports ~~Interfacility Transfers~~

ITEM

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

One.

the isolette.

3. A source of electrical power One.

sufficient to operate the isolette
and ancillary electrically powered
equipment.

4. A transport incubator with portable One.

power supply, portable oxygen tanks
or liquid oxygen, and a source of
compressed air, including appropriate
valves, meters, and fittings.

5. Portable heart rate monitor with One per patient.

visual or audible display and alarm
system.

6. Portable blood pressure monitor One each.

with assortment of cuff sizes suitable
for infants.

7. Battery powered mechanical I.V. pumps Two.

capable of delivering as low as 1 cc.
increments for I.V. fluids.

8. Battery or self-powered oxygen sensor One.

and transcutaneous oxygen monitor or
oxygen saturation monitor.

9. Oxygen delivery device and tubing One.

capable of administering high
concentrations of oxygen.

10. Temperature monitoring device. One.

11. Portable ventilator appropriate One.

for neonatal patients.

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| 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. | Size 5.0, 6.0, <u>8, & 10</u> | Two each. 8, & 10. |
| 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. |

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| 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.

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| 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. |

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| 19. Sedative as determined by the medical director. | | One. |
| 20. Volume expander. | | One. |
| 21. I.V. fluid. | Bags of D5W and D10W | One each. |
| 22. Injectable non-preservative sterile water. | | One. |
| 23. Injectable non-preservative normal saline. | | One. |

~~(5)(2) Each Neonatal Transport 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, excluding the driver or pilot. One person shall be a Registered neonatal Nurse (RN), the second person shall be either an RN, a neonatal registered respiratory therapist (RT), or a paramedic or a registered neonatal nurse. Physicians may be substituted by the Medical Director for either of the two persons. The staffing for each Neonatal neonate Transport shall be determined by the licensee's Mmedical Ddirector in conjunction with the attending physician and the neonatologist. A physician can be substituted for any team member. The Medical Director shall confirm that the staffing for each Neonatal Transport is capable of performing neonatal advanced life support procedures, as referenced by the American Academy of Pediatrics in *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, 3rd ed, 2007*, which is incorporated by reference and available at <http://www.aap.org>.~~

(a) The ~~Medical Director provider~~ shall ~~confirm~~ assure the RN is licensed in accordance with Chapter 464, F.S.; ~~has 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; ~~has an 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 ~~has accompanied, accompany~~ a minimum of six ~~Neonatal T~~ransports prior to staffing a ~~Neonatal T~~ransport as the only RN in attendance.

(b) The Medical Director ~~provider~~ shall confirm ~~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 is ~~be~~ certified as a RT with a minimum of 3,000 hours of Level II or Level III NICU experience; The Medical Director shall also confirm that the RT has:

1. An ~~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;

2. Accompanied ~~accompany~~ a minimum of six Neonatal Transports prior to staffing a transport as the only RT in attendance.

(c) The Medical Director ~~provider~~ shall confirm ~~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 5,000 3,000 hours experience;~~ and has an ~~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) ~~The 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.

~~(6)(3)~~ Treatment protocols for the management of the neonate ~~neonatal patient~~ from the receiving ~~responsible~~ neonatologist shall accompany each Neonatal Transport.

Rulemaking 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, Amended _____.