

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B16-28.904 Nuclear Pharmacist – Continuing Education.

(1) Proof satisfactory that a nuclear pharmacist licensed pursuant to this section has met the requirements necessary for biennial renewal of this license shall be constituted by the following:

(a) The licensee has completed no less than twenty-four (24) additional hours per biennium (~~12 hours per year~~) of coursework each two year period by or through a Committee-approved provider, instructionally designed to provide in-depth treatment of nuclear pharmacy practice with suggested matter set out in (2).

(b) The number of hours if applied to the twenty-four (24) required for nuclear pharmacist renewal may not be used toward the continuing education credits as set forth in Rule 64B16-26.606. However, if any additional nuclear pharmacist program hours earned are not used for nuclear pharmacist renewal, these hours may be applied toward the continuing professional education requirements of 64B16-26.606.

(2) No change.

Specific Authority 465.0126, 465.022, 465.009 FS. Law Implemented 465.0126, 465.009 FS. History—New 10-28-91, Formerly 21S-28.904, 61F10-28.904, 59X-28.904, Amended.

Section II Proposed Rules

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: Clinical Laboratory Personnel
PURPOSE AND EFFECT: The Board proposes to update the existing rule text.

RULE NO.: 64B3-2.002

SUMMARY: The Board is clarifying the definition for director as used in the rules and is correcting out-of-date references to other rules.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 483.805(4), 483.811(4) FS.

LAW IMPLEMENTED: 483.035(1), 483.803, 483.811(3),(4) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-2.002 Clinical Laboratory Personnel.

(1) Director means a Clinical Laboratory Director ~~person~~ qualified ~~to be a director~~ pursuant to the Board's rules who is responsible for and assures the overall operation and administration of the clinical laboratory and fulfills the responsibilities specified in Rule 64B3-13.001, ~~64B3-5.007(5)~~, F.A.C.

(2) Supervisor means a person qualified to be a supervisor pursuant to the Board's rules who is responsible for the day-to-day supervision and oversight of technical and scientific operations in a clinical laboratory and fulfills the responsibilities specified in Rule 64B3-13.002, ~~64B3-5.002(3)~~, F.A.C.

(3) Technologist means a person qualified to be a technologist under the Board's rules who represents the first level of independent practice and under general supervision, fulfills the responsibilities specified in Rule 64B3-13.003, ~~64B3-5.003(5)~~, F.A.C.

(4) Technician means a person qualified as a technician pursuant to the Board's rules who practices the profession and may perform tests classified as highly complex pursuant to 42 CFR 493.17 (September 7, 1999), incorporated by reference herein, only when under direct supervision of a licensed technologist, supervisor, or director unless the technician meets the minimum qualifications contained in 42 CFR 493.1489 (September 7, 1999), incorporated by reference herein, and the requirements contained in Rule 64B3-5.004(5) and fulfills the responsibilities specified in Rule 64B3-13.004, ~~64B3-5.004(7)~~, F.A.C.

(5) through (6) No change.

(7) Direct supervision means supervision by a qualified director, licensed supervisor, or licensed technologist who is on the premises, or is available to the laboratory when test procedures are being performed and is responsible for the oversight of testing and reporting of results.

Specific Authority 483.805(4), 483.811(4) FS. Law Implemented 483.035(1), 483.803, 483.811(3),(4) FS. History—New 11-4-93, Formerly 61F3-2.002, Amended 11-21-94, 7-12-95, 5-15-96, Formerly 59O-2.002, Amended 3-19-98, 12-13-98, 9-27-00, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 19, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: December 21, 2001

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE: Citations RULE NO.: 64B3-12.002

PURPOSE AND EFFECT: The Board proposes to update and add to the existing citation violations.

SUMMARY: This rule increases the penalty for citation violations, adds two minor offenses to citation violations and requires the Department to recover the costs of investigation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 456.077(1),(2), 483.805(4), 483.827 FS.

LAW IMPLEMENTED: 456.077(1),(2), 483.827 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B3-12.002 Citations.

(1) through (3) No change.

(4) The Board designates the following initial offenses as citation violations, which shall result in a penalty of \$250 \$100:

(a) Failure to renew license during which time the person continues to practice up to 60 days.

(b) Issuing a bad check to the Department for payment of licensure or renewal.

(c) Failure to notify the Department of a change of address within 60 days.

(d) Failure to respond to a continuing education audit.

(e) Failure to pay required fees and/or fines in a timely manner.

(f) Failure to comply with continuing education requirements.

(5) In addition to the penalties established in this rule, the Department ~~shall may~~ recover the costs of investigation. ~~The in accordance with its rules. When the Department intends to assess the costs of investigation,~~ the penalty specified in the citation shall be the sum of the penalty established by this rule plus the Department's cost of investigation.

(6) No change.

Specific Authority 456.077(1),(2), 483.805(4), 483.827 FS. Law Implemented 456.077(1),(2), 483.827 FS. History--New 8-3-93, Formerly 61F3-12.002, 59O-12.002, Amended 4-10-01.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Clinical Laboratory Personnel

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Clinical Laboratory Personnel

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 19, 2001

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 4, 2002

DEPARTMENT OF HEALTH

Board of Physical Therapy Practice

RULE TITLE: Requirements for Prevention of Medical Errors Education RULE NO.: 64B17-8.002

PURPOSE AND EFFECT: The Board proposes to create an education rule relating to the prevention of medical errors.

SUMMARY: This rule requires attendance at a two-hour course relating to medical error prevention for all applicants and for license renewal. The course must cover certain topics, may include one-hour offered at certain facilities, and may be part of home study hours.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding the statement of estimated costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 456.013(7) FS.

LAW IMPLEMENTED: 456.013(7) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT A TIME, DATE AND PLACE TO BE PUBLISHED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Board Executive Director, Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

REQUIREMENT FOR INSTRUCTION ON HUMAN
IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE
DEFICIENCY SYNDROME AND PREVENTION OF
MEDICAL ERRORS

64B17-8.002 Requirements for Prevention of Medical
Errors Education.

(1) To receive Board approval for biennial renewal,
courses on medical error prevention shall be two contact hours
and include:

(a) Medical documentation and communication.

(b) Contraindications and indications for physical therapy
management, and

(c) Pharmacological components of physical therapy and
patient management.

(2) Applicants for initial licensure must have completed at
least two contact hours of medical error education. The Board
shall accept coursework from accredited schools of physical
therapy provided such coursework was completed after
January 1, 2002.

(3) If the course is being offered by a facility licensed
pursuant to Chapter 395, F.S., the Board may apply up to one
hour of the two-hour course if specifically related to error
reduction and prevention methods used in that facility.

(4) The course may be used as part of the home study
continuing education hours.

Specific Authority 456.013(7) FS. Law Implemented 456.013(7) FS. History—
New

NAME OF PERSON ORIGINATING PROPOSED RULE:
Board of Physical Therapy Practice

NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Board of Physical Therapy Practice
DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: June 12, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: May 24, 2002

DEPARTMENT OF HEALTH

Division of Environmental Health

RULE TITLES:

Definitions	RULE NOS.: 64E-2.001
Emergency Medical Technician	64E-2.008
Paramedic	64E-2.009
Voluntary Inactive Certification	64E-2.0094
Examinations	64E-2.010
Records and Reports	64E-2.013
Prehospital Requirements for Trauma Care	64E-2.015
Emergency Medical Services Grants Procedures	64E-2.030
Do Not Resuscitate Order (DNRO) Form and Patient Identification Device	64E-2.031

Convicted Felons Applying for EMT or
Paramedic Certification or Recertification 64E-2.033
Training Programs 64E-2.036

Guidelines for Automatic External
Defibrillators (AED) in State Owned
or Leased Facilities 64E-2.039

PURPOSE AND EFFECT: Emergency Medical Technician/
Paramedic Certification and Recertification Applications: The
rule is being amended to determine availability to staff special
need shelters and to conform application requirements for
refresher and continuing education courses and to conform the
application requirements regarding American Red Cross and
American Heart Association Cardiopulmonary Resuscitation
and American Heart Association Advanced Cardiac Life
Support equivalents.

Felons Applying for Certification or Recertification – The rule
conforms language to the statutory requirement for an
applicant to report felony convictions.

Examination Review – The rule establishes procedures for an
applicant or applicant's attorney to review examination
questions and answers.

Aggregate Data – Rule amends DH Form 1304 to clarify data
collection requirements, adds a report year to the form and
organizes the quarterly time periods to reflect a calendar year
for data reporting.

Training Programs – The rule revises and clarifies standards
which must be met to be approved to conduct emergency
medical technician or paramedic training for the purpose of
initial certification or recertification.

Automatic External Defibrillators – Rule establishes guidelines
on the placement of automated external defibrillator devices in
buildings or portions of buildings owned or leased by the state
and to provide recommendations on the deployment of these
devices in such buildings.

Do Not Resuscitate Orders – Amendment deletes language
from DH Form 1896, Florida Do Not Resuscitate Order which
indicates authority for use of the form by facilities not licensed
or regulated by the Department of Health.

Grants – Rule combines the rural and general matching grant
booklets and also provides more effective and efficient
allocation and use of state EMS grant funds with improved
clarify for grant applicants.

Repeal Rules – Amends the current rule to delete language
which lacked statutory authority or was unnecessary.

SUMMARY: (see above)

SUMMARY OF STATEMENT OF ESTIMATED
REGULATORY COSTS: None.

Any person who wishes to provide information regarding the
statement of estimated regulatory costs, or to provide a
proposal for a lower cost regulatory alternative must do so in
writing within 21 days of this notice.

SPECIFIC AUTHORITY: 119.07, 381.0011, 395.1041, 395.4045, 401.27, 401.2701, 401.30, 401.35, 401.113, 401.121, 401.45, 401.411, 408.061 FS.

LAW IMPLEMENTED: 119.07, 381.0011, 395.1041, 395.4045, 401.27, 401.2701, 401.2715, 401.273, 401.30, 401.34, 401.35, 401.45, 408.061 FS.

A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE LISTED BELOW.

TIME AND DATE: 10:00 a.m., August 6, 2002

PLACE: Division of Emergency Medical Services and Community Health Resources, 4025 Esplanade Way, Room 301 A & B, Tallahassee, Florida 32311-7829

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Pam Lesley, Government Analyst, Division of Emergency Medical Services and Community Health Resources, 4052 Bald Cypress Way, Bin C-18, Tallahassee, Florida 32399-1735, (850)245-4440, Ext. 2733, or FAX (850)921-8162

(INCORPORATIONS ARE AVAILABLE UPON REQUEST)

THE FULL TEXT OF THE PROPOSED RULES IS:

64E-2.001 Definitions.

(1) through (18) No change.

(19) 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-Basic (EMT-B) EMT or EMT-Paramedic (EMT-P) paramedic education programs, as approved by the department.

(20) through (25) No change.

Specific Authority 381.0011(13), 395.401, 395.4025(13), 395.405, 401.121, 401.35 FS. Law Implemented 381.0011, 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 11-29-82, Amended 4-26-84, 3-11-85, 11-2-86, 4-12-88, 8-3-88, 8-7-89, 6-6-90, Formerly 10D-66.485, Amended 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.

64E-2.008 Emergency Medical Technician.

(1) Qualifications and Procedures for Certification in addition to those contained in Section 401.27, F.S. – To be qualified for EMT-B EMT certification, an individual must:

(a) Successfully complete an initial EMT-B EMT training program that was conducted in accordance with the 1994 U.S. DOT EMT-Basic (EMT-B) NSC, which is incorporated by reference and is available for purchase from the Government Printing Office by telephoning (202)512-1800, or

(b) Currently hold a valid EMT-B EMT certification from the National Registry of Emergency Medical Technicians or be currently certified in another state or U.S. territory and have the certifying authority submit to the department DH Form

1164, January 00, Statement of Good Standing which is incorporated by reference and available from the department; and,

(c) Apply for Florida EMT-B EMT certification on DH Form 1583, April 02, February 02, Emergency Medical Technicians and Paramedics Certification Application/Examination Scheduling Application which is incorporated by reference and available from the department.

(2) Recertification – To be eligible for recertification as an EMT-B EMT an individual shall submit DH Form 622, April 02, January 00, EMT/Paramedic Recertification Application, which is incorporated by reference and available from the department; 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-B EMT refresher training based on the 1994 U.S. DOT EMT-Basic EMT-B NSC, an additional includes the performance parameters for adult and pediatric emergency medical clinical care, 2 hours of HIV AIDS refresher training, in accordance with Section 381.0034, F.S.; and, also maintain a current CPR card as provided in Section 401.27(4)(e)2., F.S., and Rule 64E-2.038, F.A.C. for the professional rescuer CPR shall which may 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 1994 U.S. DOT EMT-B NSC 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. Effective December 2, 2002, the 30 hours of EMT-B refresher training shall be conducted in accordance with the 1996 U.S. DOT EMT-Basic Refresher NSC which is incorporated by reference and available for purchase from the Government Printing Office by telephoning (202)512-1800.

(b) Successfully pass the EMT-B EMT certification examination during the 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 shall submit DH Form 1583, April 02, Feb. 02, Emergency Medical Technicians and Paramedics Certification Application/Examination Scheduling Application to the department so as to be received by the department no later than 30 calendar days prior to the date of the certification examination for which the applicant desires to be scheduled, and pay the required fees.

(c) through (4)(b) No change.

Specific 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.

64E-2.009 Paramedic.

(1) Qualifications and Procedures for Certification in addition to those contained in Section 401.27, F.S. To be qualified for EMT-Paramedic ~~paramedic~~ certification, an individual must:

(a) Successfully complete an initial paramedic training program that was conducted in accordance with the 1998 U.S. DOT EMT-Paramedic (EMT-P) ~~Paramedic~~ NSC, which is incorporated by reference and is available for purchase from the Government Printing Office by telephoning (202)512-1800, or

(b) Currently hold a valid EMT-P ~~paramedic~~ certification from the National Registry of Emergency Medical Technicians or be currently certified in another state or U.S. territory and have the certifying authority submit to the department DH Form 1164, January 00, Statement of Good Standing, which is incorporated by reference in Rule 64E-2.008, F.A.C., and

(c) Apply for Florida EMT-P ~~paramedic~~ certification on DH Form 1583, April 02 ~~Feb. 02~~, Emergency Medical Technicians and Paramedics Certification Application/Examination Scheduling Application which is incorporated by reference in Rule 64E-2.008, F.A.C.

(2) Recertification – To be eligible for recertification as a EMT-P ~~paramedic~~ an individual shall submit DH Form 622, April 02 ~~January 00~~, EMT/Paramedic Recertification Application which is incorporated by reference in subsection 64E-2.008(2), F.A.C., and within 2 years prior to the expiration date of his or her EMT-Paramedic ~~paramedic~~ certification complete one of the following:

(a) Complete 30 hours of EMT-P ~~paramedic~~ refresher training based on the 1998 U.S. D.O.T. EMT-Paramedic ~~Paramedic~~ NSC, ~~an additional and includes the performance parameters for adult and pediatric emergency medical clinical care,~~ 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 64E-2.038, F.A.C. ACLS shall which may be included in the 30 hours of refresher training, provided that the ACLS training is taken with a continuing education provider 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. Effective December

2, 2002, the 30 hours of paramedic refresher training shall be conducted in accordance with the 2001 U.S. DOT EMT-Paramedic Refresher NSC which is incorporated by reference and available for purchase from the Government Printing Office by telephoning (202)512-1800.

(b) Successfully pass the EMT-P ~~paramedic~~ certification examination during the 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 shall submit DH Form 1583, April 02 ~~Feb. 02~~, Emergency Medical Technicians and Paramedics Certification Application/Examination Scheduling Application, to the department so as to be received by the department no later than 30 calendar days prior to the date of the certification examination for which the applicant desires to be scheduled, and pay the required fees.

(3) through (4) No change.

Specific 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.

64E-2.0094 Voluntary Inactive Certification.

An EMT-B ~~EMT~~ or EMT-P ~~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-B ~~EMT~~ or EMT-P ~~paramedic~~ whose certificate has been placed on inactive status shall not function as an EMT-B ~~EMT~~ or EMT-P ~~paramedic~~ until such time as he or she has completed the following requirements for reactivating the certificate:

(1) No change.

(a) For an EMT-B ~~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 64E-2.008(2)(a), F.A.C.

(b) For an EMT-P ~~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 64E-2.009(2)(a), F.A.C.

(2) An EMT-B ~~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-B ~~EMT~~ refresher training which shall be based on the 1994 U.S. DOT EMT-B ~~EMT~~ NSC and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV AIDS) training. Effective December 2, 2002, the 30 hours of EMT-B refresher training shall be conducted in accordance with the 1996 U.S. DOT EMT-Basic Refresher NSC. The training:

1. Shall have been completed after the EMT-B ~~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-B ~~EMT~~ training program or have been approved by the medical director of a licensed EMS provider.

(b) Hold ~~either a current CPR American Heart Association Basic Life Support Cardiopulmonary Resuscitation course card or an American Red Cross Cardiopulmonary Resuscitation course card pursuant to Section 401.27(4)(e)1., F.S., and Rule 64E-2.038, F.A.C., or equivalent pursuant to Rule 64E-2.038, F.A.C.~~

(c) through (e) No change.

1. DH Form 622, April 02, January 00, EMT/Paramedic Recertification Application which is incorporated in subsection 64E-2.008(2), F.A.C.

2. DH Form 1583, April 02, Feb. 02, Emergency Medical Technicians and Paramedics Certification Application/ Examination Scheduling Application, which is incorporated by reference in Rule 64E-2.008, F.A.C.

3. No change.

(3) A EMT-P 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 1985 U.S. DOT EMT-Paramedic DOT-Paramedic NSC and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV AIDS) training. Effective December 2, 2002, the 30 hours of EMT-Paramedic refresher training shall be conducted in accordance with the 2001 U.S. DOT EMT-Paramedic refresher NSC. The training:

1. Shall have been completed after the EMT-P 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 EMT-P 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 64E-2.038, F.A.C. American Heart Association Advanced Cardiac Life Support course card; or equivalent.

(c) through (e) No change.

1. DH Form 622, April 02 January 00, EMT/Paramedic Recertification Application which is incorporated by reference in subsection 64E-2.008(2), F.A.C.

2. DH Form 1583, April 02 Feb. 02, Emergency Medical Technicians and Paramedics Certification Application/ Examination Scheduling Application which is incorporated by reference in Rule 64E-2.008, F.A.C.

3. No change.

(3) No change.

(a) 30 hours of EMT-P paramedic refresher training which shall be based on the 1998 1985 U.S. DOT EMT-P DOT-Paramedic NSC and 2 hours of human immunodeficiency virus and acquired immune deficiency syndrome (HIV AIDS) training. Effective December 2, 2002, the 30 hours of EMT-Paramedic refresher training shall be conducted in accordance with the 2001 U.S. DOT EMT-P refresher NSC. The training:

1. No change.

2. Shall have been completed at a department approved EMT-Paramedic 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 64E-2.038, F.A.C. American Heart Association Advanced Cardiac Life Support course card; or equivalent.

(c) (e) No change.

1. DH Form 622, April 02, January 00, EMT/Paramedic Recertification Application which is incorporated by reference in subsection 64E-2.008(2), F.A.C.

2. DH Form 1583, April 02, Feb. 02, Emergency Medical Technicians and Paramedics Certification Application/ Examination Scheduling Application which is incorporated by reference in Rule 64E-2.008, F.A.C.

3. No change.

Specific 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, _____.

64E-2.010 Examinations.

(1) through (2) No change.

(3) Examination Review.

(a) The candidate shall notify the department, in writing, that he or she desires an examination review within 30 days of the date indicated on the failure notice and include the required review fee of \$30 payable by cashier's check or money order to the department. Upon payment of the fee, an examination review by candidate can be scheduled department's Office of EMS.

(b) Each candidate, who has taken the examination, shall have the right to review the examination booklet and a copy of his or her answer sheet.

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

(d) Examination reviews shall be conducted in the presence of a representative of the department and scheduled at a location designated by the department. 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 the time, not to extend beyond the time allowed for the original administration of the examination, to review the examination. 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 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) The department representative shall provide the candidate with a writing utensil and paper to document his or her review questions. The candidate shall not copy questions from the examination booklet. The candidate shall write any objection or question concerning the examination.

(i) The candidate shall leave the written objections and questions with a representative of the department when he or she leaves the review.

(j) The candidate's objections shall then be analyzed by a representative of the department. If the representative finds that he original grade awarded was consistent with the grading criteria, then the candidate shall be notified in writing.

(k) If the department representative finds that the candidate's objection requires further review, the representative, in conjunction with the Chief, shall review each objection and grade the items in accordance with the standards established to govern the examination.

(l) If the department finds that the original grade was not rendered in accordance with the grading criteria, the representative shall re-grade the examination. At the conclusion if the re-evaluation of the examination, the candidate shall be notified in writing of the decision and the candidate's review fee shall be refunded.

(4) No change.

(5) To be rescheduled for the state certification examination, ~~the requestor an applicant~~ shall submit DH Form 1583, April 02, Feb. 02, Emergency Medical Technicians and Paramedics Certification Application/Examination Scheduling Application which is incorporated by reference in Rule 64E-2.008, F.A.C. The request application shall be submitted so as to be received by the department no later than 30 calendar days prior to the date of the scheduled examination.

(6) No change.

Specific 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, _____.

64E-2.013 Records and Reports.

(1) No change.

~~(a) Current service license issued by the department which shall be publicly displayed in the provider's main office.~~

~~(a)(b)~~ Vehicle registration, copy of past department inspection reports, proof of current vehicle permit, and proof of current insurance coverage.

~~(b)(c)~~ Personnel records for each employee, to include date of employment, training records, employee application, copy of current certification card, and confirmation that each driver is in compliance with Section 401.281, F.S.

~~(c)(d)~~ Copy of up-to-date department approved TTPs.

(2) through (11) No change.

~~(12) Each EMS provider shall have a disaster plan which integrates into both the local and regional disaster plans.~~

~~(12)(13)~~ 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)(14)~~ Each provider shall document and submit to the department, the information contained on DH Form 1304, May 02, September 99, "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, September 99, "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) through (b) No change.

(c) Paragraph ~~64E-2.013(13)(a)~~ ~~64E-2.013(14)(a)~~ through (c), F.A.C., shall become effective 24 months from the effective date of this rule.

Specific Authority 381.0011, 395.405, 401.30, 401.35 FS. Law Implemented 381.001, 381.0205, 395.401-395.405, 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, _____.

64E-2.015 Prehospital Requirements for Trauma Care.

(1) through (5) No change.

~~(6) As rapidly as possible after receipt of a request for emergency inter-hospital transfer of a trauma patient, each EMS provider shall dispatch, or cause to be dispatched, an EMS vehicle or air ambulance.~~

~~(6)(7)~~ Each EMS provider shall have department-approved TTPs which include at a minimum:

~~(7)(8)~~ Any EMS provider located in a trauma service area with a department-approved local or regional trauma agency shall submit a copy of proposed or revised TTPs to the agency any time the EMS provider submits an initial or renewal license application, or revised TTPs, to the department. The EMS provider shall ensure that the agency's copy of the proposed or revised TTPs is received on or before the date that the initial or renewal license, or revised TTPs, are due to the department.

~~(8)(9)~~ A hospital licensed in another state which meets the criteria provided in paragraph 64E-2.015(3)(c), F.A.C., may be identified in the TTPs as a hospital to which the EMS provider may transport a trauma alert patient, in accordance with the requirements in Rule 64E-2.015, F.A.C.

~~(9)(10)~~ A hospital in another state which has received approval from the appropriate governmental agency in that state to operate as a trauma center may be identified in TTPs as an approved trauma center.

Specific Authority 395.4045, 395.405, 401.35 FS. Law Implemented 395.401-395.403, 395.404-395.405, 395.4045, 401.30, 401.35 FS. History—New 8-3-88, Amended 12-10-92, 11-30-93, Formerly 10D-66.100, Amended 8-4-98, 7-14-99, 2-20-00, _____.

64E-2.030 Emergency Medical Services Grants ~~Application~~ Procedures.

(1) In order to apply for a matching emergency medical services grant, applicants ~~shall must~~ submit DH Form 1767, June 02, Feb. 99, EMS Matching Grant Application contained in the EMS Matching Grant Program, Application Packet, June 02, Manual, January 1998. This application packet is form and manual are incorporated by reference and available from the department. The application packet manual contains the following forms which are also incorporated by reference and available from the department: DH Form 1767, EMS Matching Grant Application, June 02, Feb. 99; DH Form 1767P, Request for Grant Fund Distribution, June 02, Request for Advance Payment, Feb. 99; DH Form 1767A, Assurances, Feb. 99; DH Form 1767W, Radio Equipment Worksheet, Jan. 98; DH Form 1684A, EMS Grant Program 1767E, Expenditure Report, June 02, Feb. 99; DH Form 1767R, Request for Reimbursement, Feb. 99; DH Form 1684C, 1767C, EMS Grant Program Change Request, June 02, Request for Change, Jan. 98; DH Form 1767M, Mandatory Criteria, Feb. 99; DH Form 1767G, Matching Grants Evaluation Worksheet, June 02 Feb. 99.

(2) The department shall advertise grant availability in the Florida Administrative Weekly (FAW). The FAW notice shall establish the deadline for submission of applications. Following the review by the grant review team and approval by the Secretary of the Department of Health, 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.doh.state.fl.us/ems, at the date and time established in the FAW notice as outlined in subsection (2) above. The 21 days for denied applicants to file a petition for an administrative hearing as provided in Section 120.569 and 120.57, F.S., shall commence at the date and time of the award posting. If any award denial results in a timely and legally sufficient petition for administrative hearing as provided by Rules 28-106.201 and

28-106.301, F.A.C., no award shall be made until final order and, if applicable, appellate proceedings have concluded, on the action of the denied applicant. The department shall proportionately adjust awards should the results of an administrative proceeding dictate.

(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.

~~(2) In order to apply for a rural emergency medical services grant, applicants must submit DH Form 1925, Jan. 98, EMS Rural Matching Grant Application contained in the EMS Rural Matching Grant Program, Application Manual, January 1998. This form and manual are incorporated by reference and available from the department. The Manual contains the following forms which are also incorporated by reference and available from the Department: DH Form 1925, Application, Jan. 98, DH Form 1925P, Request for Advance Payment, Jan. 98, DH Form 1925A, Assurances, Jan. 98, DH Form 1767W, Radio Equipment Worksheet, Jan. 98, DH Form 1925E, Expenditure Report, Jan. 98, DH Form 1925R, Request for Reimbursement, Jan. 98, DH Form 1925C, Request for Change, Jan. 98.~~

~~(6)(3) In order to apply for a county award grant, applicants shall must submit DH Form 1684, EMS County Grant Application, June 02, January 1998, Emergency Medical Services County Grant Application contained in the Florida EMS County Grant Program Application Package, June 02, Manual, January 1998. This application packet is form and manual are incorporated by reference and available from the department. The application packet manual contains the following forms which are also incorporated by reference and available from the department: DH Form 1684, EMS County Grant Application, June 02, Application, Jan. 98, DH Form 1767W, Radio Equipment Worksheet, Jan., 98, DH Form 1684C, EMS Grant Program Change Request, June 02, EMS County Grant Program Request for Change, Jan. 98, DH Form 1684A, EMS Grant Program Expenditure Report, June 02, EMS County Grant Program Activity Report, Jan. 98, 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, _____.

64E-2.031 Do Not Resuscitate Order (DNRO) Form and Patient Identification Device.

(1) No change.

(a) Upon the presentation of an original or a completed copy of DH Form 1896, Florida Do Not Resuscitate Order Form, May 2002 ~~February 2000~~, which is incorporated by reference and available from the department at no cost, or, any previous edition of DH Form 1896; or

(b) through (6) No change.

Specific Authority 381.0011, 401.45(3) FS. Law Implemented 381.0205, 401.45, 765.401 FS. History—New 11-30-93, Amended 3-19-95, 1-26-97, Formerly 10D-66.325, Amended 2-20-00, _____.

64E-2.033 Convicted Felons Applying for EMT or Paramedic Certification or Recertification.

(1) An applicant for certification or recertification as an EMT-B EMT or EMT-P paramedic who has been convicted of or plead no contest, regardless of adjudication, to a felony shall submit 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 64E-2.009, F.A.C., for EMT or Section 64E-2.009, 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 whose civil rights have not been restored, upon the submission of the following documentation:~~

~~(a) No change.~~

~~(b) All probation documents, including plus the name and telephone number of the probation officer.~~

~~(c) No change.~~

(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 _____.

64E-2.036 Training Programs.

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

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

(b) Each applicant shall must demonstrate that each EMT-B EMT and EMT-P 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) No change.

(d) Each applicant shall require that the instructor(s) who have the primary responsibility of conducting the training course shall:

1. Be certified as a paramedic in Florida at all times he or she is instructing a course.

2. Have 3 years experience as a paramedic.

3. Have an associates degree in education or accrue 6 college semester hours, or 9 college quarter hours or 90 contact hours from a post secondary institution in techniques and methods of adult education. These hours can be accrued through a combination of quarter, semester and contact hours, provided the total combined hours are the equivalent of having accrued all semester or quarter or contact hours.

4. Receive the approval of the training program's medical director. The medical director's approval shall remain on file at the training center during the period the instructor remains on staff at the institution.

(e) 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-B EMT Training Program, an entity shall must submit a completed DH Form 1698E, April 02, September, 99, Application for Approval of an Emergency Medical Technician – Basic (EMT-B) EMT Training Program, which is incorporated by reference and available from the department.

(3) To be approved as a EMT-P Paramedic Training Program, an entity shall must submit a completed DH Form 1698P, April 02, September, 99, Application for Approval of an Emergency Medical Technician-Paramedic (EMT-P) a Paramedic Training Program, which is incorporated by reference and available from the department.

(4) If any changes of the training program are made to the application on file as approved by the department, then these changes shall be submitted to the department for review of compliance within 30 days of the change.

~~(5)(4)~~ 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-B EMT or EMT-P 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 must

(a) No change.

(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-B EMT and EMT-P paramedic recertification cycle.

(c) Submit the following for each course offering:

1.a. through b. No change.

2. Subject matter:

a. ~~Shall~~ Must reflect the professional educational needs of the student.

b. through 3.a. No change.

b. When the subject matter includes advanced life support, a physician, nurse or paramedic with expertise in the content area ~~shall~~ must be involved in the planning and instruction.

4. through 4.a. No change.

b. Responsibilities of physician ~~shall~~ must be clearly stated on contract.

5. through 7. No change.

~~(6)(5)~~ All training offered for the purpose of recertification of ~~EMT-Basics~~ EMTs and ~~EMT-Paramedics~~ paramedics ~~shall~~ must 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)(6)~~ 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 64E-2.036(4), F.A.C.

~~(8)(7)~~ 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 64E-2.008 and 64E-2.009, 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)(8)~~ 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, ~~including the performance parameters for adult and pediatric emergency medical clinical care,~~ and is based on the requirements of paragraph 64E-2.008(2)(a) or 64E-2.009(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, _____.

64E-2.039 Guidelines for Automatic External Defibrillators (AED) in State Owned or Leased Facilities.

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

(2) An Automated External Defibrillator (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. Nationally recognized organizations such as the American Heart Association, American Red Cross and National Safety Council, provide cardiopulmonary resuscitation and AED training.

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 2001-76 (House Bill 1429), Laws of Florida. Law Implemented 2001-76 (House Bill 1429), Laws of Florida. History-New

NAME OF PERSON ORIGINATING PROPOSED RULE:
Pam Lesley, Government Analyst

NAME OF SUPERVISOR OR PERSON WHO APPROVED
THE PROPOSED RULE: Roger Twitchell, Acting Division
Director

DATE PROPOSED RULE APPROVED BY AGENCY
HEAD: June 20, 2002

NOTICE OF PROPOSED RULE DEVELOPMENT
PUBLISHED IN FAW: March 15, 2002, April 5, 2002

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE TITLE:

Fee for Inactive Status

RULE NO.:

64B3-9.006

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 28, No. 5, February 1, 2002 has been withdrawn.

THE PERSON TO BE CONTACTED REGARDING THE
RULE WITHDRAWAL IS: Joe Baker, Jr., Board Executive
Director, Board of Clinical Laboratory Personnel, 4052 Bald
Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

Section IV Emergency Rules

DEPARTMENT OF INSURANCE

Division of State Fire Marshal

RULE TITLE:

Firesafety Standards for Educational and
Auxiliary Facilities

RULE NO.:

4AER02-1

SPECIFIC REASONS FOR FINDING AN IMMEDIATE
DANGER TO THE PUBLIC HEALTH, SAFETY OR
WELFARE: The State Fire Marshal hereby states that the
following circumstances constitute an immediate danger to the
public health, safety, and welfare.

1. This emergency rule is necessary because of passage of
House Bill 443 in the 2002 legislative session, which
transferred the responsibility for adopting rules for firesafety
standards for educational facilities from the Department of
Education to the State Fire Marshal. The bill did not contain