

Notice of Change/Withdrawal

DEPARTMENT OF HEALTH
Division of Emergency Medical Operations

RULE NO: RULE TITLE

64J-1.001: Definitions

64J-1.006: Neonatal Interfacility Transfers

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 35 No. 26, July 2, 2009 issue of the Florida Administrative Weekly.

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:

(14) Neonatal Ambulance – means an ALS ~~permitted~~ vehicle permitted solely for Neonatal Transport.

(15) Neonatal Transport – means critical care interfacility transport of any neonate from a hospital licensed under Chapter 395, F.S., to a hospital facility licensed under Chapter 395 408, F.S., to deliver Level II or Level III neonatal intensive care services as defined in Rule 59C-1.042, F.A.C.

(16) No Change.

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,_____.

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

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

(3) No Change.

(4) Any EMS provider operating a Neonatal Ambulance shall have a Medical Director for all Neonatal Transports who meets the requirements of 64J-1.004(1)-(4)(a)-(f), ~~F.A.C.~~, except as follows:

(a) through (e) No Change.

TABLE V
(Reference Section 64J-1.006, F.A.C.)
Neonatal Transports ~~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 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.	Size 5.0, 6.0, 6.5 , 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

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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.	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 shall be staffed with a minimum of two persons, excluding the driver or pilot. One person shall be a Registered Nurse (RN), the second person shall be either an RN, a respiratory therapist (RT), or a paramedic. Physicians may be substituted by the Medical Director for either of the two persons. The staffing for each Neonatal Transport shall be determined by the Medical Director. 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 shall confirm the RN is licensed in accordance with Chapter 464, F.S.; has 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 American Heart Association (AHA) Neonatal Resuscitation Program (NRP) Certification ~~or equivalent certification; has successfully completed a neonatal transport stabilization program within 2 years prior to application to Neonatal Transport, approved in writing by a Medical Director;~~ and has accompanied a minimum of six Neonatal Transports prior to staffing a Neonatal Transport as the only RN in attendance.

(b) The Medical Director shall confirm 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 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 AHA NRP Certification or an equivalent certification; and~~
- ~~2. Successfully completed a neonatal transport stabilization program within 2 years prior to application to Neonatal Transport, approved in writing by a Medical Director; and~~
- 2 3. Accompanied a minimum of six Neonatal Transports prior to staffing a transport as the only RT in attendance.

(c) The Medical Director shall confirm the paramedic is ~~either~~ a Florida-licensed paramedic with a minimum of ~~2,000~~ 5,000 hours of Level II or Level III NICU experience or a Florida-licensed paramedic with a minimum of ~~3,000~~ 3,000 hours experience and has an . ~~The Medical Director shall also confirm that the paramedic has:~~

- ~~1. An AHA NRP Certification or equivalent certification;~~
- ~~2. Successfully completed a neonatal transport stabilization program within 2 years prior to application to Neonatal Transport, approved in writing by a Medical Director; and~~
- ~~3. Accompanied a minimum of six Neonatal Transports prior to staffing a Neonatal Transport.~~

(d) No Change.

(6) No Change.

Rulemaking 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 _____.

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