

DEPARTMENT OF HEALTH

Division of Emergency Medical Operations

RULE NOS.:	RULE TITLES:
64J-1.001	Definitions
64J-1.004	Medical Direction
64J-1.008	Emergency Medical Technician
64J-1.009	Paramedic
64J-1.020	Training Programs
64J-1.0202	EMS Recertification Training Programs

PURPOSE AND EFFECT: The purpose and effect is to develop rule language to provide clarification on the application processes for EMS training centers, medical director participation, documentation needed for site reviews, training center equipment lists; allowing the Medical Directors to assume the responsibility for the use of a glucometer, administration of aspirin, and use of any medicated auto injector by an EMT, which will have the effect of improving the care given to patients in the prehospital setting; to ensure EMTs and paramedics are trained in pediatric education every two years which will have the effect of improving and expanding pediatric prehospital care; to create rule that defines the portion/percentage of the ALS field internship that may be done on an ALS permitted vehicle other than an ambulance, which will have the effect of expanding the opportunities to certify prehospital care givers in a more efficient manner while maintaining the integrity of education in the prehospital care setting; and to redefine the Certificate of Public Convenience and Necessity definition in Rule 64J-1.001, F.A.C., for the effect of clarifying the term “licensee” and the provision of services.

SUMMARY: The proposed rules will specify EMS training and continuing education training program requirements, expand the scope of practice for EMT’s, update EMT and paramedic pediatric continuing education to align with national trends, expand paramedic field internship scheduling opportunities, and add clarification to the definition of COPCN.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The department has determined the proposed rules do not have an impact on small businesses, therefore no Statement of Estimated Regulatory Cost was prepared.

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

RULEMAKING AUTHORITY: 401.27(2), 401.27(6)a, 401.35 FS.

LAW IMPLEMENTED: 401.23(7), 401.25(2)(d), 401.2701(1)(a)6., 401.2701(1)(b)2., 401.425 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: January 26, 2010, 2:00 p.m. – 3:00 p.m.
 PLACE: Teleconference Call Public Hearing. We request that parties from the same agency utilize one line if possible to allow other participants to dial in Toll free conference number: 1(888)808-6959; Conference code: 1454440

In lieu of a public hearing, written comments may be submitted by January 26, 2009 to Lisa Walker, Government Analyst II, at the address below. REQUEST FOR HEARING MUST BE RECEIVED IN WRITING.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: Lisa Walker, Government Analyst II at the contact information below. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Lisa Walker, Government Analyst II, Bureau of EMS, 4052 Bald Cypress Way, Bin C-18, Tallahassee, FL 32399, email: Lisa_Walker2@doh.state.fl.us; phone: (850)245-4440 ext. *2733; fax: (850)488-9408

THE FULL TEXT OF THE PROPOSED RULES IS:

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 (3) No change.

(4) “Certificate of Public Convenience and Necessity (COPCN)” ~~or COPCN~~ means a written statement or document, issued by the governing board of a county, granting permission for writing-permitting an applicant or licensee to provide services authorized by a license issued under Chapter 401, Part III, F.S., not exceeding the authorization of their expected or actual license, for the benefit of the population of that county or the benefit of the population of some geographic area of that county thereof. No COPCN from one county may interfere with the prerogatives asserted by another county regarding COPCN.

(5) through (16) No change.

(17) “Out-of-state trained emergency medical technician or paramedic” means a person with a current certification or registration as an emergency medical technician or paramedic from any state or territory of the United States, other than Florida, that was conditioned upon that person being a trained emergency medical technician or paramedic.

~~(18)~~(17) 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)~~(18) Pediatric Trauma Patient – as defined in Rule 64J-2.001, F.A.C.

(20) “Skills Practice” means the practice of psychomotor skills and techniques by a student in the skills laboratory and clinical environments until they are proficient in basic or advanced life support techniques, as applicable. The skills laboratory shall precede the clinical environment for each skill and technique.

(21) “Trained emergency medical technician or paramedic” means an emergency medical technician or paramedic who has successfully completed the United States Department of Transportation emergency medical technician or paramedic training curriculum (which training may have occurred in any state or territory of the United States, including Florida).

~~(22)~~(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 or paramedic education programs, as approved by the department.

(23) “Training Program Medical Records” – means the medical records of the student.

(24) “Training Program Records” must include records of student participation and attendance in class, skills laboratory, hospital clinical, and field training; the hospital and field training records must include patient care reports completed by the student and preceptor evaluations of the student. Student records may be kept by hard copy or electronically and must be maintained for a minimum of five years.

~~(25)~~(20) 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.

~~(26)~~(21) Trauma – as defined in Rule 64J-2.001, F.A.C.

~~(27)~~(22) Trauma Alert – as defined in Rule 64J-2.001, F.A.C.

~~(28)~~(23) Trauma Alert Patient – as defined in Rule 64J-2.001, F.A.C.

~~(29)~~(24) Trauma Patient – as defined in Rule 64J-2.001, F.A.C.

~~(30)~~(25) Trauma Registry – as defined in Rule 64J-2.001, F.A.C.

~~(31)~~(26) Trauma Transport Protocols (TTPs) – as defined in Rule 64J-2.001, F.A.C.

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-1.004 Medical Direction.

(1) through (4)(f) No change.

(g) Assume direct responsibility for: the use ~~by an EMT~~ of an automatic or semi-automatic defibrillator; the use of a glucometer; the administration of aspirin; the use of any medicated auto injector; 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) through (k) No change.

(l) Medical Directors ~~If he is a medical director~~ of a training program shall:

1. through 2. No change.

3. Maintain current instructor level training in Advanced Cardiac Life Support (ACLS), or equivalent, or Advanced Trauma Life Support (ATLS), maintain provider or instructor level training in International Trauma Life Support (ITLS), ~~or~~ Prehospital Trauma Life Support (PHTLS), or Advanced Trauma Life Support (ATLS); and Advanced Pediatric Life Support (APLS), Pediatric Advanced Life Support (PALS), ~~or~~ Pediatric Education for Prehospital Professionals (PEPP), or Emergency Pediatric Care (EPC).

4. through 6. No change.

7. The training program shall provide written documentation to the Department that confirms the Medical Director has reviewed and approved all policies, procedures, and methods used for the ~~Participate in the recruitment, selection, and~~ orientation of instructors and preceptors.

8. The training program shall provide written documentation to the Department that confirms the Medical Director has reviewed and approved all student testing procedures, evaluators and assessment tools used for each comprehensive final written (cognitive) and practical examination (psychomotor skills) for EMT and paramedic students. The Medical Director shall review each student’s performance on the comprehensive final written (cognitive) and practical examination (psychomotor skills) before certifying a student has successfully completed all phases of the educational program and are proficient in basic or

~~advanced life support techniques, as applicable. Participate in student selection, mid-term evaluation and final practical examination of students.~~

(5) No change.

Rulemaking 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, Amended _____.

64J-1.008 Emergency Medical Technician.

(1) through (2) No change.

(a) Complete 30 hours of EMT refresher training based on the 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum, to include adult and pediatric education with a minimum of two hours in pediatric emergencies, 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) through (4)(c) No change.

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, _____.

64J-1.009 Paramedic.

(1) through (2) No change.

(2)(a) Complete 30 hours of paramedic refresher training based on the 1998 U.S. D.O.T. EMT-Paramedic NSC, to include adult and pediatric education with a minimum of two hours in pediatric emergencies, 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) through (4) No 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, _____.

64J-1.020 Training Programs.

(1) through (1)(b) No change.

(c) Paramedic training programs may allow up to 20% of the field internship experience to be done aboard an advanced life support permitted vehicle other than an ambulance.

~~(d)(e)~~ 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.

~~(e)(f)~~ 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) through (4) No change.

(5) Approved training programs that wish to offer EMT or Paramedic training programs after their approval expiration date must apply to the department. An entity shall submit a completed DH Form 1698, December 2008, 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(9), F.A.C., or at <http://www.fl-ems.com>. The application must be received by the department not less than 90 days before the training programs approval expiration date and no earlier than 180 days prior to the approval expiration date.

(6) Emergency Medical Technician (EMT) training program course length shall be a minimum of 250 hours. EMT students shall not have less than five (5) patient contacts

resulting in the student accompanying the patient to the hospital. Student to Instructor ratios shall not exceed 6:1 during the skills laboratory phase of the program.

(7) Paramedic training program course length shall be a minimum of 1100 hours that includes the recommended hours listed in the United States Department of Transportation, National Highway Traffic Safety Administration's, 1998 EMT-Paramedic National Standard Curriculum for classroom, skills laboratory, hospital clinical, and field internship.

(8) Training Programs shall adhere to the Department of Education's Emergency Medical Technician and Paramedic July 2009 Curriculum Frameworks.

(9) Florida approved Emergency Medical Technician Training Programs must have at a minimum the equipment and supplies listed in Table (I).

(10) Florida approved paramedic Training Programs must have at a minimum the equipment and supplies listed in Table I and Table II.

(11) All equipment and supplies must be appropriate to the objective being taught, in good working order, and available in sufficient quantity for the students enrolled. There must be sufficient equipment so that not more than six students are required to learn on a single piece of equipment at any one time.

TABLE I
EMERGENCY MEDICAL TECHNICIAN BASIC
TRAINING PROGRAM
REQUIRED EQUIPMENT AND SUPPLIES

AIRWAY

<u>Oral pharyngeal airways</u>	<u>(Adult, Child, & Infant)</u>
<u>Nasal pharyngeal airways</u>	<u>(Adult, Child, & Infant)</u>
<u>Bag valve mask</u>	<u>(Adult, Child, & Infant)</u>
<u>Pocket mask with one way valve</u>	<u>(Adult)</u>

SUCTION

<u>Portable suction unit</u>	<u>(Battery Powered & Manual)</u>
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Connecting tubing

<u>Soft tip suction catheters</u>	<u>(Sizes 6-18 French)</u>
<u>Rigid suction tip</u>	
<u>Meconium Aspirator</u>	
<u>Bulb syringe</u>	

Oxygen (O2) and Supplies

<u>O₂ tank with wrench</u>	
<u>Regulator with high flow port</u>	
<u>Demand valve **</u>	
<u>Bite sticks</u>	
<u>High concentration mask</u>	<u>(Adult, Child, & Infant)</u>
<u>Simple face mask</u>	<u>(Adult, Child, & Infant)</u>

<u>Nasal cannulas</u>	<u>(Adult, Child, & Infant)</u>
<u>Venturi mask</u>	<u>(Adult)</u>
<u>O₂ tubing</u>	
<u>Nebulizer</u>	

DIAGNOSTIC EQUIPMENT

<u>Blood pressure cuffs</u>	<u>(Thigh, Large Adult, Adult, Child, and Infant)</u>
<u>Stethoscopes</u>	<u>(Adult & Pediatric)</u>
<u>Teaching stethoscopes</u>	
<u>Thermometer</u>	
<u>Penlights</u>	

INFECTION CONTROL

<u>Gloves (latex, non-latex, & powder free)</u>	<u>(All Sizes)</u>
<u>Disinfectant</u>	
<u>Biohazard trash bags</u>	
<u>Sharps container**</u>	
<u>Personal protective equipment</u>	<u>(Gown, Eye & Face Shields)</u>

PHARMACEUTICALS

<u>Insta glucose</u>	
<u>Epi Pen trainer</u>	
<u>Activated charcoal</u>	
<u>Placebo inhalers</u>	
<u>Nitroglycerin</u>	<u>(May be simulated)</u>

MEDICAL TRAINING EQUIPMENT

<u>AED trainer with pads**</u>	<u>(Adult & Child)</u>
<u>CPR manikins</u>	<u>(Adult, Child & Infant)</u>
<u>Airway manikins **</u>	<u>(Adult, Child & Infant)</u>
<u>Childbirth manikins**</u>	
<u>Full body basic life support manikins</u>	<u>(Adult & Child)</u>
<u>Moulage kit **</u>	

IMMOBILIZATION AND ETRICATION

<u>Non-wood long spine board with straps</u>	<u>(Adult & Pediatric)</u>
<u>Short board</u>	<u>(Adult & Pediatric)</u>
<u>Vest style immobilization device with straps</u>	<u>(Adults)</u>
<u>C-collars</u>	<u>(Adult Child & Pediatric)</u>
<u>Head immobilizers</u>	<u>(Adult & Pediatric)</u>
<u>Basket stretcher **</u>	
<u>Scoop stretcher**</u>	
<u>Car seat **</u>	<u>(Child & Infant)</u>
<u>Flexible stretcher **</u>	

Patient restraints

SPLINTS

Traction splints (two out of the three)

(Adult & Pediatric)

Vacuum

(Assorted sizes)

Air

(Assorted sizes)

Padded board splints

(Assorted sizes)

PATIENT TRANSPORT EQUIPMENT

Stretcher with straps

(Must be capable of multi level positioning)

Stair chair with straps

BANDAGES AND DRESSINGS

Elastic bandage

Roller gauze

Non-sterile or sterile sponges

Abdominal pads

Multi trauma dressing

Non-adherent dressing

Petroleum gauze

Triangular bandages

Eye pads

Band-aids

Tape

(Assorted sizes)

Cold packs

Burn sheets

(May be simulated)

OB kits

Tongue depressors

MISCELLANEOUS

Trauma shears

Ring cutter with extra blades

Emergency/Survival blanket

Jump bag

Helmets

(Open & Full face)

Football Helmet and Shoulder Pads **

Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.

PARAMEDIC TRAINING PROGRAM EQUIPMENT AND SUPPLIES

In addition to equipment and supplies required for EMT Training Programs

AIRWAY

Esophageal intubation detector

(Two out of three)

Colorimetric CO2 detector

(Adult & Pediatric)

Bulb type intubation detector

(Adult)

Syringe type intubation Detector

(Adult)

Endotracheal tubes

(Sizes 2.5-8)

Naso-gastric tubes

(Assorted sizes)

Commercial manufactured

tube holder

(Adult & Pediatric)

Laryngoscope handles with

batteries

(Adult & Pediatric)

Laryngoscope with Macintosh and

miller blades

(Complete set of each)

Replacement laryngoscope light bulbs

Stylettes

(Assorted sizes)

Lighted stylettes

(Adult)

Cricothyrotomy kit**

Pneumothorax kit**

Supraglottic airways

OXYGEN AND SUPPLIES

Continuous Positive Airway Pressure

(CPAP) with Circuits and Mask ** (Adult)

Automatic Ventilator with Circuits Mask and Peep Valve**

(Adult & Pediatric)

DIAGNOSTIC EQUIPMENT

Glucometer with lancets and test strips

CARDIOLOGY SUPPLIES

Cardiac monitor capable of defibrillation with cables

Cardiac monitor capable of defibrillation, 12 lead EKG, and pacing, with cables, and wave form end title carbon monoxide detector capable of printing.

Battery support system with spare batteries

EKG paper

Rhythm generator capable of generating 3 or 4 lead displays

Rhythm generator capable of generating 12 lead rhythms

IV AND PHARMACEUTICALS SUPPLIES

IV catheters

(Sizes 22 – 14 gauges)

Butterfly needles

(Assorted Sizes)

Blood collection tubes

Vacutainer device with luer adapter

Syringes

(Sizes 3-20cc)

Hypodermic needles

(Sizes 25-18 gauge)

Intraosseous Needles

Practice medication ampoules, vials, and premeasured syringes

Macrodrrips IV sets

Microdrrips IV sets

IV extension sets

- 3 way stop cocks
- Buretrol solution set
- IV fluids
- IV start kits

ADVANCED LIFE SUPPORT PHARMAOLOGICAL
DRUGS

(May be commercially packaged or simulated)

- Atropine
- Dextrose
- Furosemide
- Magnesium
- Nalaxone
- Sodium Bicarbonate
- Epinephrine 1:10000
- Epinephrine 1:1000
- Lidocaine
- Amiodarone
- Dopamine
- Vasopressin
- Procinamide
- Adenosine
- Digoxin
- Verapamil
- Cardizem
- Morphine Sulfate
- Nitroglycerin
- Aspirin
- Lidocaine drip
- Dopamine drip

MEDICAL TRAINING EQUIPMENT

- IV trainer (Adult)
- Cricothyrotomy manikins** (Adult)
- Intraosseous trainer** (Pediatric)
- IM and Sub-Q injection trainer** (Adult & Pediatric)
- Pneumothorax trainer** (Adult)
- Full body advanced life support manikins** (Adult, Child, & Infant)
- Consumable parts for all trainers ** (Adult, Child, & Infant)

MISCELLANEOUS ITEMS

- Triage tags
 - Two-way communication radios or walkie-talkie
 - Length-Base resuscitation device
- Items marked with a double asterisk are not required to be present at all sites during active classes. The program must demonstrate that these items are available from other sites within the program or by written contract with another agency.

(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.

Rulemaking 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, Amended _____.

64J-1.0202 EMS Recertification Training Programs.

(1) 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.

(2) 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.

(3) 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.

(4) 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.

(5) 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.

Rulemaking Authority 401.27, 401.2715 FS. Law Implemented 401.27, 401.2715 FS. History--New

NAME OF PERSON ORIGINATING PROPOSED RULE: John C. Bixler, Chief, Bureau of Emergency Medical Services
 NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Ana Viamonte Ros, State Surgeon General, Florida Department of Health

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 18, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: March 13, 2009 Vol. 35, No. 10; July 24, 2009 Vol. 35, No. 29

Section III
Notices of Changes, Corrections and Withdrawals

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

RULE NO.: 40E-2.091
 RULE TITLE: Publications Incorporated by Reference

NOTICE OF PUBLIC HEARING

The South Florida Water Management District announces a change of hearing regarding the above rule, as noticed in Vol. 35, No. 49, December 11, 2009, Florida Administrative Weekly.

DATE AND TIME: February 11, 2010, 9:00 a.m.

PLACE: South Florida Water Management District, B-1 Auditorium, 3301 Gun Club Road, West Palm Beach, FL 33406.

GENERAL SUBJECT MATTER TO BE CONSIDERED: Public hearing on the adoption of amendments to Rules 40E-10.021, 40E-10.031, 40E-10.041, 40E-2.091 and 40E-20.091, F.A.C., and new Rule 40E-10.051, F.A.C., to identify the quantity, location and timing of waters reserved from allocation for the protection of fish and wildlife in the North Fork of the St. Lucie River in support of the Comprehensive Everglades Restoration Plan for the Indian River Lagoon-South Project.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: South Florida Water Management District Clerk, (800)432-2045, ext. 2087 or (561)682-2087. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

RULE NOS.: 40E-10.021
 40E-10.031
 40E-10.041
 40E-10.051
 RULE TITLES: Definitions
 Water Reservations
 Water Reservation Areas: Lower West Coast Planning Area
 Water Reservation Areas: Upper East Coast Planning Area

NOTICE OF PUBLIC HEARING

The South Florida Water Management District announces a change of hearing regarding the above rule, as noticed in Vol. 35, No. 49, December 11, 2009 Florida Administrative Weekly.

DATE AND TIME: February 11, 2010, 9:00 a.m.

PLACE: South Florida Water Management District, 3301 Gun Club Road, West Palm Beach, FL 33406

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