Florida Emergency Medical Services Advisory Council

Meeting Packet

Friday, January 25, 2019

9:00 AM – 12:00 PM

Ocean Center
101 North Atlantic Avenue
Daytona Beach, FL 32118

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November 1, 2018

Dear EMS partners:

The next face-to-face EMS Advisory Council and constituent group meetings will be held on January 23-25, 2019.

Meeting location:

Ocean Center **(Meetings)**
101 North Atlantic Avenue
Daytona Beach, FL 32118

Hotel Accommodations:

Hilton Daytona Beach Resort **(Hotel Accommodations)**
100 North Atlantic Avenue
Daytona Beach, FL 32118
386-254-2500

Please book your rooms at the Hilton Daytona Beach Resort (100 North Atlantic Avenue, Daytona Beach, FL 32118). Room rates are $147 per night, plus taxes. Reservations can be made by calling 386-254-8200 and using the group code “EMS19.” The deadline to make your reservations is December 26, 2019 or until the group block is sold-out, whichever comes first. Cancellations within 72-hours of arrival will result in a penalty charge equal to one night’s lodging. Check-in time is at 4:00 p.m.

The EMS information table will be opened on Wednesday, January 23 and the EMS Advisory Council meeting will be held on Friday, January 25 at 9:00 a.m. Meeting material will be posted on the EMS website prior to the meeting dates.

If you have any questions, please feel free to contact Bonnie Anderson, (850) 558-9544 or by email at: Bonnie.Anderson@flhealth.gov.

Sincerely,

Bonnie Anderson
Meeting Coordinator

EMS ADVISORY COUNCIL AGENDA
January 25, 2018; 9:00 a.m.

Daytona Beach Ocean Center
Room: Ballroom A

Call to Order	Mac Kemp, Chairperson
Pledge of Allegiance	Isabel Rodriguez
Roll Call	Jane Bedford, Secretary
EMS Section Report	Steve McCoy, EMS Administrator
Medical Director's Report	Kenneth Scheppke, MD

Old Business:
EMS State Plan and EMS Annual Survey

New Business:
TBD

Presentations:
Naloxone Leave Behind Program: Houston Park

Council/Committee Members' Reports

Committee Reports:

Access to Care Committee	Jane Bedford
Air Medical Committee	Bari Conte
Data Committee	Darrel Donatto
Disaster Response Committee	Kingman Schuldt
Drug Shortage Committee	Cory Richter
Education Committee	Ann Brown
EMS Communications Committee	Steve Welsh
EMS for Children	Julie Bacon
EMS Strategic Vision Committee	Cory Richter
Legislative Committee	Mac Kemp
Medical Care Committee	Kenneth Scheppke
Paramedic Shortage Committee	Mark Postma
PIER Committee for EMS	David Summers

Public Comments
"Request to Speak" cards are provided for those interested in addressing the council. Fill them out at the state EMS information table. (3-5 minute limit)

Additional Comments from Constituents

Voting and Committee Assignments

Summary and Adjournment

DRAFT
EMS Constituent Group Meeting Schedule
January 22 – 25, 2019
Daytona Beach Ocean Center, Daytona Beach, FL

Tuesday, January 22, 2019			
1:00 p.m. 5:00 p.m.	Rule Workshop		
Wednesday, January 23, 2019			
	Room: TBD		
8:00 a.m. 9:25 a.m.	Opening EMS Welcome Meeting / EMS Strategic Visions Committee / Drug Shortage Update		
	Room: TBD	Room: TBD	Room: TBD
9:35 a.m. 10:55 a.m.	Medical Care Committee/EMS Quality Managers	Ad Hoc Paramedic Shortage Committee	Florida Association of County EMS (FACEMS) Florida Association of Rural EMS Providers (FAREMS)
11:00 a.m. 12:30 p.m.		Communications	PIER Committee
12:30 p.m. 1:30 p.m.	Lunch		
1:30 p.m. 3:25 p.m.	Florida Association of EMS Educators EMS Advisory Council / Education Committee	EMS Data Committee/EMSTARS Briefing	Florida Association of EMS Providers
3:30 p.m. 5:30 p.m.	Florida Aeromedical Association (FAMA) Florida EMS Pilots Association (FLEMSPA) Florida Neonatal Pediatric Transport Network Association (FNPTNA)	Biospatial/National Collaborative for Biopreparedness Training/Demo	Access to Care Committee

<table>
<tr><th colspan="4">Thursday, January 24, 2019</th></tr>
<tr><th></th><th>Room: TBD</th><th>Room: TBD</th><th>Room: TBD</th></tr>
<tr><td>9:00 a.m.
10:00 a.m.</td><td rowspan="5">Medical Directors
9:00 a.m. – 2:00 p.m.</td><td>Florida Fire Chief's Association (FFCA) – EMS Section</td><td>Florida Council of EMS Chiefs</td></tr>
<tr><td>10:00 a.m.
12:00 a.m.</td><td rowspan="2">Legislative Committee</td><td>Florida EMS Assocation</td></tr>
<tr><td>11:00 a.m.
12:00 p.m.</td><td>International Trauma Life Support (ITLS)</td></tr>
<tr><td>12:00 p.m.
1:00 p.m.</td><td colspan="2">Lunch</td></tr>
<tr><td rowspan="2">1:00 p.m.
2:00 p.m.
3:00 p.m.</td><td rowspan="3">Florida Ambulance Association</td><td rowspan="3">EMS for Children Committee</td></tr>
<tr><td rowspan="3">Disaster Committee</td></tr>
<tr><td>3:30 p.m.
4:25 p.m.</td><td>Ad Hoc EMS Reimbursement Committee</td></tr>
<tr><td>4:30 p.m.
5:30 pm</td><td>Cardiac Arrest Registry to Enhance Survival (CARES) Update and Training</td><td>Pre-Council Meeting</td></tr>
<tr><th colspan="4">Friday, January 25, 2019</th></tr>
<tr><td>9:00 a.m.
12:00 p.m.</td><td colspan="3">EMS Advisory Council Meeting</td></tr>
<tr><td>1:00 p.m.
5:00 p.m.</td><td colspan="3">Trauma Advisory Council Meeting</td></tr>
</table>

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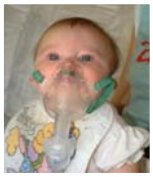
Florida Department of Health

Emergency Medical Services State Plan

2016-2021



Rick Scott

GOVERNOR

Celeste Philip, MD, MPH

STATE SURGEON GENERAL AND SECRETARY

Version 1.2~~1~~0

July 2017

Produced by:

Florida Department of Health and Florida Emergency Medical Services (EMS) Advisory Council

4052 Bald Cypress Way, Bin # A22

Tallahassee, Florida 32399-1722

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Executive Summary

Section 401.24, Florida Statutes (F.S.), requires the Florida Department of Health to develop and revise every five years a comprehensive state plan for basic and advanced life support services. At a minimum, the plan must include emergency medical systems planning, requirements for the operation, coordination and ongoing development of emergency medical services, and the definition of areas of responsibility for regulating and planning the ongoing and developing delivery service requirements.

In May of 2016, the Bureau of Emergency Medical Oversight (BEMO), Emergency Medical Services (EMS) Section conducted a planning summit in coordination with the EMS Advisory Council (EMSAC) and EMS stakeholders to develop the *Emergency Medical Services State Plan, 2016-2021*. This plan is designed to be a framework to strengthen Florida's EMS system to achieve one vision: a unified EMS system that provides evidence-based prehospital care to the people of Florida and serves as the recognized leader in EMS response nationwide. It is a living document that will be evaluated and updated regularly to address new challenges posed by the changing environment of public health in Florida.

In creating the EMS state plan, the bureau reviewed the State Health Improvement Plan, the Department of Health Strategic Plan, and the EMS Advisory Council Strategic Plan in an effort to align strategic priorities, goals and objectives. This alignment will provide Florida EMS with a road map to future statewide collaborative efforts within the continuum of care and become a catalyst for more involvement in Florida's public health initiatives.

Mission, Vision and Values

Mission – Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

I nnovation: We search for creative solutions and manage resources wisely.
C ollaboration: We use teamwork to achieve common goals and solve problems.
A ccountability: We perform with integrity and respect.
R esponsiveness: We achieve our mission by serving our customers and engaging our partners.
E xcellence: We promote quality outcomes through learning and continuous performance improvement.

Strategy Map

STRATEGIC PRIORITY AREAS	STRATEGIES	OBJECTIVES
EMS INDUSTRY SAFETY **GOAL 1.0 -** Ensure a commitment to the health and safety of the EMS industry and the citizens and visitors of Florida	▪ Improve wellness, fitness and safety among EMS providers ▪ Improve safety of pediatric transport in EMS permitted vehicles ▪ Reduce EMS medical errors	• Decrease the number of vehicle collisions involving ambulances by 25% from 107 per three year rolling average to 80 by December 2019 • By December 2018, complete an analysis of patients under the age of four years that are transported in an EMS permitted vehicle in a child restraint device • By December 31, 2018, implement an anonymous statewide EMS medical error data collection tool and process
CLINICAL AND OPERATIONAL PERFORMANCE **GOAL 2.0 -** Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes	▪ Promote quality patient care and outcomes ▪ Promote the accessibility and use of Emergency Medical Services Tracking and Reporting System (EMSTARS) data to drive performance improvement initiatives	• Increase the number of emergency runs submitted to EMSTARS from 75% to 85% by June 2019 • Increase the number of automated data linkages between EMSTARS and other relevant databases from 1 to 4 by December 2019 • Increase the percent of non-traumatic cardiac arrest patients who receive bystander Cardiopulmonary Resuscitation (CPR) from 7% to 20% by December 2018 • Increase the percentage of non-traumatic cardiac arrest patients who develop a Return of Spontaneous Circulation (ROSC) both prehospital and upon arrival to Emergency Department (ED) from 16.32% to 20.34% by December 2018 • Increase the percentage of ST Elevation Myocardial Infarction (STEMI) alert events in which the on-scene time is less than or equal to 20 minutes to 90% by December 2018 • Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 2018 • Increase the percent of stroke alert events in which the on-scene time is less than or equal to 20 minutes from 67% to 90% by December 2018 • Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive state stroke facility from 69% to 90% by December 2018 • Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 40% to 90% by December 2018 • Increase the percentage of trauma alert patients that were initially transported to a trauma center to 90% by December 2018
EMS SYSTEM INFRASTRUCTURE AND FINANCE **GOAL 3.1 -** Attract, recruit and retain a prepared, diverse and sustainable EMS workforce in all geographic areas of Florida **GOAL 3.2 -** Establish a financially sustainable infrastructure, which includes processes and effective use of technology and communication	▪ Improve financial stability and sustainability of Florida EMS systems ▪ Increase the pool of qualified applicants for EMS positions with emphasis on veterans and diversity ▪ Improve the evolution of interoperable communications between counties ▪ Increase funding for Florida's EMS System ▪ Achieve national EMS education program accreditation for initial paramedic training programs and adopt national EMS testing for initial certification only	• Increase the number of qualified applications approved for health care licensure of documented military spouses and honorably discharged veterans by 5% by December 31, 2018 (from 404 EMTs to 424 and from 117 paramedics to 123) • Monitor and maintain the racial diversity of EMTs and paramedics in the workforce reflecting that (from census data) of the state's population • Increase the diversity of Emergency Medical Technicians (EMT) and paramedics in the workforce by 5% over the next two years until we meet or exceed the national average of 20% (race and gender) • By June 1, 2018, complete a second analysis that determines the counties that have 800 MHz or 700 MHz trunked radio systems aligned with Florida's Project 25 ID Numbering Plan • Increase the percentage of EMS providers that subscribe to FirstNet/FloridaNet from 0% to 30% by July 2021 • All initial EMS training programs in the state of Florida will achieve national accreditation by December 31, 2020 • Institute national EMS testing for initial certification by December 31, 2023 • By December 2019, increase the percentage of State level revenue for the improvement and expansion of emergency medical services by 25%
READINESS FOR EMERGING HEALTH THREATS **GOAL 4.0 -** Demonstrate EMS readiness for emerging health threats and natural or manmade disasters	▪ Increase Florida's National Health Security Preparedness Index (NHSPI) ▪ Increase financial support for EMS readiness	• By December 31, 2018, increase the number of EMS agencies participating in annual Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) exercises from 23% to 33% • By December 2018, increase the percentage of EMS agencies participating in health care coalitions from 45% to 55% • By January 2018, distribute best practice guidelines on EMS management of active shooter events to all EMS providers • By December 31, 2018, increase the number of EMS providers that have adopted plans and trained for an active shooter response from 48% to 75% • By December 2018, increase the number of EMS providers that are properly equipped to manage an active shooter event from 34% to 75%

STRATEGIC PRIORITY AREAS	STRATEGIES	OBJECTIVES
COMMUNITY REDEVELOPMENT AND PARTNERSHIPS **GOAL 5.0 -** Integrate EMS with health planning and assessment processes to maximize community partnerships and expertise in accomplishing its goals	▪ Provide injury prevention programs to the public ▪ Promote the increase of EMS agencies developing community paramedic programs (all objectives) ▪ Improve community health (all objectives)	• Increase the percentage of EMS agencies conducting fall prevention programs from 28.5% to 40% by December 2018 • Increase the percentage of EMS agencies conducting opioid use and naloxone awareness programs from 13.5% to 35% by December 2018 • Increase the percentage of EMS agencies conducting safety programs sponsored or recommended by the Florida Department of Transportation (FDOT) from 19.2% to 30% by December 2018 • Increase the percentage of EMS agencies conducting drowning prevention programs from 30% to 50% by December 2018 • Increase the percentage of EMS agencies conducting programs to reduce infant mortality from 18.5% to 30% by December 2018 • Increase the percentage of EMS agencies offering cardiovascular health and wellness programs pursuant to section 401.272, F.S., from 26.4% to 40% by December 2018 • Increase the percentage of EMS agencies providing HIV health and wellness programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018 • Reduce the number of adult low acuity ED visits from 14.15% to 10% by December 2018 • Increase the number of EMS agencies with protocols that actively refer children and adults for early intervention and treatment of mental health disorders from 0 to 25 by December 2018 • Increase the percentage of EMS agencies offering immunization programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018
REGULATORY EFFICIENCY **GOAL 6.0 -** Establish a regulatory structure that supports the EMS system's strategic priorities	▪ Promote the ethical and professional practice of prehospital medicine in Florida ▪ Establish and promote a quality based EMS inspection process	• Increase the number of EMS provider agencies utilizing a performance-based inspection process from 0 to 180 by July 2018

Strategic Priorities

Strategic Priority 1: EMS Industry Health and Safety

Goal 1.0: Ensure a commitment to the health and safety of the EMS industry and the citizens and visitors of Florida

Strategy	Objective	Owner
1.1 Improve wellness, fitness and safety among EMS providers	A Decrease the number of vehicle collisions involving ambulances by 25% from 107 per three year rolling average to 80 by December 2019	PIER
1.2 Improve safety of pediatric transport in EMS permitted vehicles	A By December 2019, complete an analysis of patients under the age of four years that are transported in an EMS permitted vehicle in a child restraint device	EMSC
1.3 Reduce EMS medical errors	A By December 31, 2020, implement an anonymous statewide EMS medical error data collection tool and process	Medical Care
1.4 Improve safety of crew and patients on air medical transports	A By December 2019, will increase the attendance an annual Safety Summit by 50%	Air Medical

Commented [CR1]: PIER recommends deleting 1.1 that discusses ambulance crash reduction due to data inaccuracies at this time.
Our goal is to create a survey question to request data from Ems agencies with questions focusing on positive focus instead of questions that may be a concern to Ems legal departments.

Strategic Priority 2: Clinical and Operational Performance

Goal 2.0: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes

Strategy	Objective	Owner
2.1 Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives	A Increase the number of emergency runs submitted to EMSTARS from 90% to 95% by June 2019	Data
	B Increase the number of automated data linkages between EMSTARS and other relevant databases from 1 to 4 by December 2019	Data
2.2 Improve patient care quality and outcomes ~~Med Care to relook at all of these~~	A Increase the percent of non-traumatic cardiac arrest patients who receive bystander CPR from 7% to 20% by December 2020	Medical Care
	B Increase the percentage of non-traumatic cardiac arrest patients who develop a ROSC, both prehospital	Medical Care

		and upon arrival to ED, from 16.32% to 20.34% by December 2020	
	C	Increase the percentage of STEMI alert events in which the on-scene time is less than or equal to 20 minutes to 90% by December 202018 – increase/delete	Medical Care
	D	Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 202018	Medical Care
	E	Increase the percent of stroke alert events in which the on-scene time is less than or equal to 20 minutes from 67% to 90% by December 202018	Medical Care
	F	Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive state stroke facility from 69% to 90% by December 202018	Medical Care
	G	Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 40% to 90% by December 202018	Medical Care
	H	Increase the percentage of trauma alert patients that were initially transported to a trauma center to 90% by December 202018	Medical Care

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Strategic Priority 3: EMS System Infrastructure and Finance

Goal 3.1: Attract, recruit and retain a prepared, diverse and sustainable EMS workforce in all geographic areas of Florida

Goal 3.2: Establish a financially sustainable infrastructure, which includes processes and effective use of technology and communication supporting all EMS systems functions

Strategy	Objective		Owner
3.1 Increase the pool of qualified applicants for EMS positions with emphasis on veterans and diversity	A	Increase the number of qualified applications approved for health care licensure of documented military spouses and honorably discharged veterans by 5% by December 31, 2018 (from 404 EMTs to 424 and from 117 paramedics to 123) Education to review	Education
	B	Increase the racial diversity from a 28.5% minority workforce in Florida EMS to 38.5% by December 2020	Education
	C	Increase the gender diversity of EMTs and paramedics in the workforce by 1% per year until we meet or exceed the national average of 20%	Education
3.1.2 Improve the evolution of interoperable communications between counties	A	By June 1, 2018, complete a second analysis that determines the counties that have 800 MHz or 700 MHz trunked radio systems aligned with Florida's Project 25 ID Numbering Plan has this been met?	Communications
	B	Increase the percentage of EMS providers that subscribe to FirstNet/FloridaNet from 0% to 30% by July 2021	Communications
3.1.3 Achieve national EMS education program	A	All initial EMS training programs in the state of Florida will achieve national accreditation by December 31, 2020	Education

Commented [CR2]: Delete this altogether until such time as they can get the data to support this objective.

	accreditation for initial paramedic training programs and adopt national EMS testing for initial certification only	B Institute national EMS testing for initial certification by December 31, 2023	Education
3.2	Increase funding for Florida's EMS System	A By December 2019, increase the percentage of state level revenue for the improvement and expansion of emergency medical services by 25%	Access to Care
		B Explore and define 4 alternative revenue sources to support EMS in the State by December 31, 2019	Access to Care

Strategic Priority 4: Readiness for Emerging Health Threats

Goal 4.0: Demonstrate EMS readiness for emerging health threats and natural or manmade disasters

Strategy	Objective	Owner
4.1 Increase Florida's National Health Security Preparedness Index (NHSPI)	A By December 31, 2020, increase the number of EMS agencies participating in annual CBRNE exercises and/or training from 23% to 33%.	Disaster
	B By December 2020, increase the percentage of EMS agencies participating in health care coalitions from 45% to 55%	Disaster
	C By July 2020, at least 50% of licensed EMS Agencies will utilize NFPA 3000 on EMS management of active shooter/hostile events as guidelines toward best practices.	Disaster
	D By December 31, 2020, increase the number of EMS providers that have adopted plans and trained for an active shooter response from 48% to 75%	Disaster
	E By December 2020, increase the number of EMS providers that are properly equipped to manage an active shooter event from 34% to 75%	Disaster

Commented [JB3]: Per K Schuldt

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Strategic Priority 5: Community Redevelopment and Partnerships

Goal 5.0: Integrate EMS with health planning and assessment processes to maximize community partnerships and expertise in accomplishing its goals

Strategy	Objective	Owner
5.1 Reduce Injury	A Increase the percentage of EMS agencies conducting or participating in fall prevention programs from 28.5% to 40% by December 2019	PIER

	B Increase the percentage of EMS agencies conducting or participating in opioid use and naloxone awareness programs from 13.5% to 35% by December 2019	PIER
	C Increase the percentage of EMS agencies conducting or participating in safety programs sponsored or recommended by the FDOT from 19.2% to 30% by December 2019	PIER
	D Increase the percentage of EMS agencies conducting or participating in drowning prevention programs from 30% to 50% by December 2019	PIER
	E Increase the percentage of EMS agencies conducting or participating in programs to reduce infant mortality from 18.5% to 30% by December 2019	EMSC
5.2 Improve cardiovascular health	A Increase the percentage of EMS agencies offering cardiovascular health and wellness programs pursuant to section 401.272, F.S., from 72% to 80% by December 2020	Access to Care
5.3 Reduce HIV prevalence	A Increase the percentage of EMS agencies providing or participating in HIV health and wellness programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2019	PIER
5.4 Promote the increase of EMS agencies developing community paramedic programs	A Reduce the number of adult low acuity ED visits from 14.15% to 10% by December 2019	Access to Care
	B Increase the number of EMS agencies with protocols that actively refer children and adults for early intervention and treatment of mental health disorders by 15% before December 2019	Access to Care
5.5 Increase vaccination rates for children and adults	A Increase the percentage of EMS agencies offering immunization programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2019	Access to Care

Strategic Priority 6: Regulatory Efficiency

Goal 6: Establish a regulatory structure that supports the EMS system's strategic priorities

Strategy	Objective	Owner
6.1 Establish and promote a quality based EMS inspection process	A Increase the number of EMS provider agencies utilizing a performance-based inspection process from 0 to 180 by July 2020	Data

Appendix A

Appendix A: Florida EMS State Planning Summit Participants

Florida EMS Advisory Council

Julie Bacon
EMS Advisory Council
All Children's Hospital

Cory Richter
EMS Advisory Council Strategic Visions Subcommittee
Indian River County Fire Rescue

Malcom Kemp
EMS Advisory Council
Leon County EMS

Tracy Yacobellis
EMS Advisory Council
Florida Department of Education

Ann Brown
EMS Advisory Council
Florida Gateway College

Darrell Donatto
EMS Advisory Council
Florida Fire Chiefs' Association (FFCA)

Isabel Rodriguez
EMS Advisory Council
American Medical Response

Michael Lozano
EMS Advisory Council
Hillsborough County Fire Rescue

Jane Bedford
EMS Advisory Council
Nature Coast EMS

Doris Ballard-Ferguson
EMS Advisory Council

Danny Griffin
EMS Advisory Council
Florida Association of EMS Educators

Carlton Wells
EMS Advisory Council
Department of Management Services

EMS Constituency

Patricia Byers
Florida Committee on Trauma
University of Miami Miller School of Medicine

Debbie Vass
Florida Association of EMS Quality Managers
Sunstar EMS

Angel Nater
Florida Association of EMS Educators
Seminole State College

Hezedean Smith
Orlando Fire Department

Michael Hall
Nature Coast EMS
Florida Ambulance Association

John Peterson
Sunstar EMS

Melissa Keahey
Emergency Medicine Learning & Resource Center
Florida Association of EMS Medical Directors

Patrick Husic
Florida Neonatal and Pediatric Transport Association

Michael Patterson
Florida Association of Rural EMS
Florida Association of County EMS
Putnam County Fire & EMS

Babette Bailey
Florida Aeromedical Association

David Dyal
Florida Association of Emergency Medical Service Providers
Stuart Fire Rescue

Florida Department of Health Staff

Steve McCoy
EMS Administrator
Bureau of Emergency Medical Oversight

Rickey Stone
Program Administrator
Bureau of Emergency Medical Oversight

Bobby Bailey
Lead Exercise Coordinator
Bureau of Preparedness & Response

Melia Jenkins
EMS Planning Manager
Bureau of Emergency Medical Oversight

Kimberly Moore
Health Services Manager
Bureau of Emergency Medical Oversight

Joshua Sturms
Data Section Administrator
Bureau of Emergency Medical Oversight

Bethany Lowe
Administrator
Bureau of Emergency Medical Oversight

Brenda Clotfelter
EMSTARS Project Manager
Bureau of Emergency Medical Oversight

Juan Esparza
Business Analyst
Bureau of Emergency Medical Oversight

Appendix B

Appendix B: Planning Summary

A multidisciplinary group of EMS stakeholders met several times over the past two years to complete this plan. This plan began in October of 2013 as a multifaceted strategic plan with numerous goals and objectives that were difficult to measure and improve upon. No action was taken on the plan until it was revisited in January of 2016. It was agreed upon by the Department and the EMS Advisory Council to revise the current strategic plan using relevant goals and measurable objectives that aligned with other public health initiatives. This resulted in a collaborative product between the Florida EMS Advisory Council, the Florida Department of Health, and EMS stakeholders.

The following is the EMS State Plan Schedule of Meetings and Events:

MEETING DATE	MEETING TOPIC
July 2014	Draft EMS Advisory Council Strategic Plan was finalized by the council
January 2016	Revision concept was presented to the EMS Advisory Council and approved
March 3, 2016	Initial State Plan Coordinator Meeting
April 15, 2016	EMS State Plan Toolkit and Environment Scan completed
April 15, 2016	Review and environmental scan comment period began
May 2, 2016	State Plan Coordinator Meeting
May 4, 2016 - May 5, 2016	EMS State Planning Summit
June 1, 2016	Environmental scan closed and final drafting period began
June 6, 2016	First draft delivered to the EMS Advisory Council for review
June 6, 2016	Comment period began
July 14, 2016	EMS Advisory Council vote for approval
Sept 22, 2016	DOH approval
Sept 22, 2016	Publish final document
Oct 18, 2016	Training session on EMS State Plan Reporting Tools and Action Plans

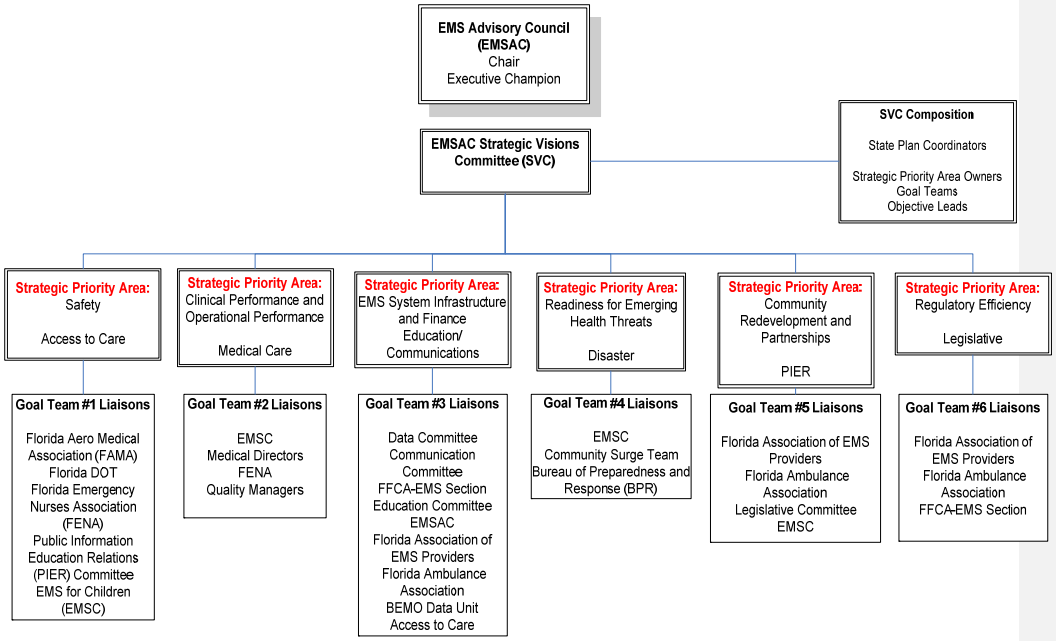
The first step in revising the current strategic plan was to use data from previous strategic planning efforts, as well as environmental scan results and other data sources, to develop measurable goals. Next, the Department created the EMS State Plan Toolkit. The toolkit includes a strategy map, which illustrates the alignment of the revised EMS State Plan goals, strategies, and objectives with other national and state public health initiatives such as, Healthy People 2020, the Florida State Health Improvement Plan, and the Agency's Strategic Plan. Lastly, strategic planning coordinators worked with constituent groups and other EMS stakeholders during the State Planning Summit to write and revise strategies and objectives for each goal. The revised document was sent to the EMS Advisory Council and Department leadership for comment and approval.

Appendix C

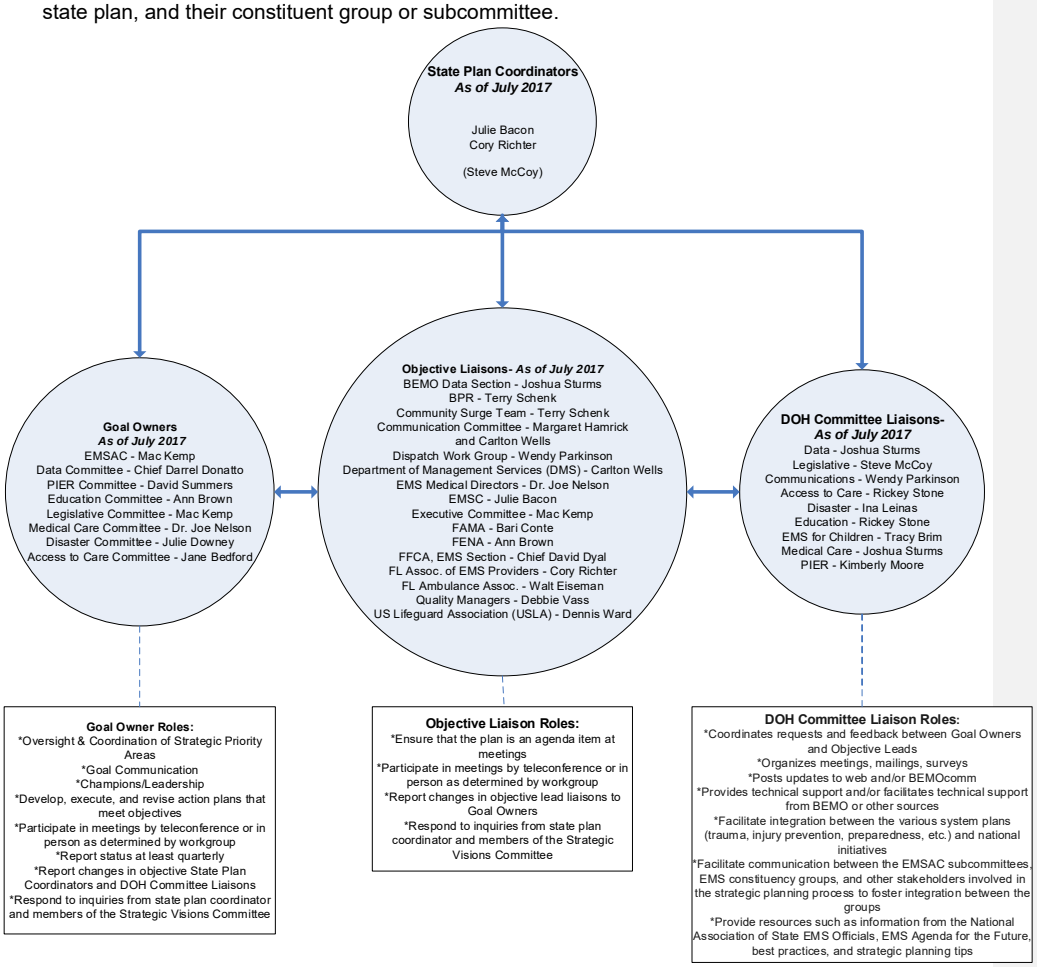
Appendix C: Monitoring Summary

The EMS State Plan is a component of a larger performance management system. A primary focus of this EMS State Plan is to integrate into other state and national strategic planning efforts. Many of the goals, strategies, and objectives within this plan will integrate into the Department's overall performance management system, thereby promoting an EMS industry culture highlighting accountability and performance excellence.

The EMS Strategic Visions Team (EMS Advisory Council's Strategic Visions Subcommittee and the Department) will be responsible for monitoring and reporting progress on the goals and objectives of the EMS State Plan. The Strategic Visions Team meets quarterly during EMS Advisory Council and constituent group meetings to discuss recommendations about tools and methods that integrate performance management into sustainable industry practice. Annually, an EMS state plan progress report, assessing progress toward reaching goals, objectives, and achievements for the year, will be developed and presented to Department executive leadership and the EMS Advisory Council. The EMS State Plan will be reviewed and revised by July each year based on an assessment of availability of resources, data and progress.



The EMS Strategic Visions Team includes goal owners, Objective liaisons, and Department Committee Liaisons. The graph below outlines the roles of the specific individuals, their role in the state plan, and their constituent group or subcommittee.



Appendix D

Appendix D: Alignment

Objective	Healthy 2020	SHIP	Agency Plan	Subcommittee Assigned To	Source
Decrease the number of vehicle collisions involving ambulances by 25% from 107 per three year rolling average to 80 by December 2019	OSH-1 OSH-2	HP4.1	2.1.4	PIER	FDOT Crash Database
By December 2018, complete an analysis of patients under the age of four years that are transported in an EMS permitted vehicle in a child restraint device	IVP-16	HP4.1.3	2.1.4	EMSC	EMSTARS 3.0
By December 31, 2018, implement an anonymous statewide EMS medical error data collection tool and process	MPS-3	HP1.4		Medical Care	N/A
Increase the number of emergency runs submitted to EMSTARS by 10% from 75% to 85% by June 2019	PHI-7 PREP-19	HP1.4 HP4.2	3.1.3	Data	EMSTARS
Increase the number of automated data linkages between EMSTARS and other relevant databases from 1 to 4 by December 2019	PHI-7 PREP-19	HP1.3 HP4.2 HI1.1	3.1.3	Data	EMSTARS
Increase the percent of non-traumatic cardiac arrest patients who receive bystander CPR from 7% to 20% by December 2018	HDS-18 PREP-15		2.1.2	Medical Care	EMSTARS
Increase the percentage of non-traumatic cardiac arrest patients who develop a ROSC, both prehospital and upon arrival to ED, from 16.32% to 20.34% by December 2018	HDS-2 PREP-15		2.1.2	Medical Care	EMSTARS
Increase the percentage of STEMI alert events in which the on-scene time is less than or equal to 20 minutes to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS
Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS
Increase the percent of stroke alert events in which the on-scene time is less than or equal to 20 minutes from 67% to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS
Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive state stroke facility from 69% to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS

Objective	Healthy 2020	SHIP	Agency Plan	Subcommittee Assigned To	Source
Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 40% to 90% by December 2018	IVP-1	HP4.3	2.1.4	Medical Care	EMSTARS
Increase the percentage of trauma alert patients that were initially transported to a trauma center to 90% by December 2018	IVP-1	HP4.3	2.1.4	Medical Care	EMSTARS
Increase the number of qualified applications approved for health care licensure of documented military spouses and honorably discharged veterans by 5% by December 31, 2018 (from 404 EMTs to 424 and from 117 paramedics to 123)		HI3	5.1.2	Education	Licensing and Enforcement Information Database System (LEIDS)
Monitor and maintain the racial diversity of EMTs and paramedics in the workforce reflecting that (from census data) of the state's population		HI3		Education	LEIDS/Census
Increase the gender diversity of EMTs and paramedics in the workforce by 5% over the next two years until we meet or exceed the national average of 20%		HI3		Education	LEIDS/Census
By June 1, 2018, complete a second analysis that determines the counties that have 800 MHz or 700 MHz trunked radio systems aligned with Florida's Project 25 ID Numbering Plan	PREP-2		3.1.3	Communications	DMS
Increase the percentage of EMS providers that subscribe to FirstNet/FloridaNet from 0% to 30% by July 2021.	PREP-2		3.1.3	Communications	DMS
All initial EMS training programs in the state of Florida will achieve national accreditation by December 31, 2020			5.1.2	Education	Department of Health/BEMO
Institute national EMS testing for initial certification by December 31, 2023			5.1.2	Education	LEIDS
By December 2019, increase the percentage of state level revenue for the improvement and expansion of emergency medical services by 25%		HI2	4.1.3	Access to Care	Florida Department of Health/BEMO
By December 31, 2018, increase the number of EMS agencies participating in annual CBRNE exercises from 23% to 33%		HP3.2 HP3.5	3.1.3	Disaster	Agency License Renewal Application
By December 2018, increase the percentage of EMS agencies participating in health care coalitions from 45% to 55%	PREP-18			Disaster	Agency License Renewal Application
By January 2018, distribute best practice guidelines on EMS management of active shooter events to all EMS providers		HP3.2 HP3.6		Disaster	Annual EMS System Survey

Objective	Healthy 2020	SHIP	Agency Plan	Subcommittee Assigned To	Source
By December 31, 2018, increase the number of EMS providers that have adopted plans and trained for an active shooter response from 48% to 75%		HP3.2 HP3.6		Disaster	Annual EMS System Survey
By December 2018, increase the number of EMS providers that are properly equipped to manage an active shooter event from 34% to 75%		HP3.2 HP3.6		Disaster	Annual EMS System Survey
Increase the percentage of EMS agencies conducting fall prevention programs from 28.5% to 40% by December 2018	IVP-23	HP4.1	2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting opioid use and naloxone awareness programs from 13.5% to 35% by December 2018	MPS-5		2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting safety programs sponsored or recommended by the FDOT from 19.2% to 30% by December 2018	IVP-13 IVP-14 IVP-15		2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting drowning prevention programs from 30% to 50% by December 2018	IVP-25	HP4.1.2	2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting programs to reduce infant mortality from 18.5% to 30% by December 2018	IVP-24.2	AC5	1.1.1	EMSC	Agency License Renewal Application
Increase the percentage of EMS agencies offering cardiovascular health and wellness programs pursuant to section 401.272, F.S., from 26.4% to 40% by December 2018	HDS-2		2.1.2	Access to Care	Agency License Renewal Application
Increase the percentage of EMS agencies providing HIV health and wellness programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018	HIV-2 HIV-3	HP1.3	2.1.5	PIER	Agency License Renewal Application
Reduce the number of adult low acuity ED visits from 14.15% to 10% by December 2018	AHS-9			Access to Care	AHCA ED Report
Increase the number of EMS agencies with protocols that actively refer children and adults for early intervention and treatment of mental health disorders from 0 to 25 by December 2018	MHMD-6 MHMD-9			Access to Care	Agency License Renewal Application
Increase the percentage of EMS agencies offering immunization programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018	IID-1	HP1.1	3.1.1	Access to Care	Agency License Renewal Application
Increase the number of EMS provider agencies utilizing a performance-based inspection process from 0 to 180 by July 2018	PHI-16	CR1.3 HI4.3		Data	Department of Health (DOH) LEIDS

Appendix E

Appendix E: Environmental Scan Resources

1. Emergency Medical Services Advisory Council July 2014 – June 2019 DRAFT Strategic Plan
2. Florida Department of Health Agency Strategic Plan 2016 - 2018
3. Florida Injury Surveillance Data System
4. Healthy People 2020 Topics and Objectives
5. CDC Performance Measure Specifications and Implementation Guidance
6. Agency for Health Care Administration (AHCA) Emergency Department Utilization Reports
7. Emergency Medical Services Tracking and Reporting System
8. National EMS Information System (NEMSIS)
9. Florida Community Health Assessment Resource Tool Set (CHARTS)
10. Florida Department of Transportation (FDOT) Crash Database
11. The Florida Emergency Medical Services Communication Plan Volume I (Fourth Edition)
12. Florida Veterans Application Licensure Online Response System (VALOR)
13. United States Census Bureau Florida QuickFacts
14. Licensing and Enforcement Information Database System (LEIDS)
15. Florida Department of Health HIV Data Center
16. United States Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook for EMTS and Paramedics
17. Florida Department of Health Infant Mortality Documents and Data
18. Drugs Identified in Deceased Persons by Florida Medical Examiners
19. National Guidance for Healthcare System Preparedness
20. U.S. Fire Administration, Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents
21. State Working Group, Interoperable Communications Committee, Guide of Interoperability Components
22. FloridaNet.gov Florida's Public Safety Broadband Network
23. EMS Workforce for the 21st Century: A National Assessment
24. National Emergency Medical Services Workforce Data Definitions
25. 2016 Annual EMS Agency Survey

Appendix F

Appendix F: Document Change Log

Change #	Document Version	Change Date	Description	Goal #	Page #	Name of Person or Committee Requesting Change	Approval Date
1	1.0	10/1/16	The monitoring summary table was changed to reflect that the Strategic Priority Area of EMS System Infrastructure and Finance was owned by Education and Communications Committees and not the Data Committee.	3.0	10	Data	10/1/16
2	1.0	2/15/17	The monitoring summary table on page 11 was updated to reflect current work flows and changes in leadership roles.	N/A	11	Steve McCoy	7/12/17
3	1.0	3/29/17	Change the goal as indicated. The previous goal has been met and this allows for continued improvement.	3.1A	5	Education	7/12/17
4	1.0	3/29/17	Changes the goal as indicated. The previous goal has been met and this encourages continued monitoring and maintaining of current standard.	3.1B	5	Education	7/12/17
5	1.0	4/18/17	The face page was changed to reflect the new version and date of the plan.	N/A	N/A	Steve McCoy	7/12/17
6	1.0	4/18/17	Deleted objectives that have been met	4.1A-D	6	Disaster	7/12/17
7	1.0	4/18/17	Changed measurement from # of to a percentage of	4.1F	6	Disaster	7/12/17
8	1.0	4/18/17	Deleted objectives that have been met	4.1G-H	6	Disaster	7/12/17
9	1.0	4/18/17	Changed measurement from # of to percentage of (28.5% to 40%)	5.1A	7	PIER	7/12/17
10	1.0	4/18/17	Changed measurement from # of to percentage of (13.5% to 35%)	5.1B	7	PIER	7/12/17
11	1.0	4/18/17	Changed measurement from # of to percentage of (19.2% to 30%)	5.1C	7	PIER	7/12/17
12	1.0	4/18/17	Changed measurement from # of to percentage of (30% to 50%)	5.1D	7	PIER	7/12/17
13	1.0	4/18/17	Changed measurement from # of to percentage of (18.5% to 30%)	5.1E	7	EMSC	7/12/17
14	1.0	4/18/17	Changed measurement from # of to percentage of (26.4% to 40%)	5.2A	7	Access to Care	7/12/17
15	1.0	2/14/17	Changed measurement from # of to percentage of (6.4% to 25%) and changed objective owner from Access to Care to PIER	5.3A	7	PIER	7/12/17
16	1.0	4/18/17	Changed objective owner from Access to Care to EMSC	5.4A	7	EMSC	7/12/17
17	1.0	4/18/17	The Strategic Priorities Section was updated to include Objective 5.4C which was inadvertently left out of the original document.	5.4C	7	Access to Care	7/12/17
18	1.0	4/18/17	Changed measurement from # of to percentage of (6.4% to 25%)	5.5A	7	Access to Care	7/12/17

Change #	Document Version	Change Date	Description	Goal #	Page #	Name of Person or Committee Requesting Change	Approval Date
19	1.0	6/6/17	Changed objective owner from Access to Care to PIER	1.1B	4	Access to Care	7/12/17
20	1.0	6/8/17	Deleted Objective 1.1A. This issue is addressed at the local level.	1.1A	4	Darrel Donatto	7/12/17
21	1.o	6/8/17	Changed the date in Objective 3.1.2A to June 1, 2018 in order to complete a second analysis	3.1.2A	5	Communications	7/12/17
22	1.0	7/12/17	Changed the percent to read from 7% to 20%	2.2A	4	Medical Care	7/12/17
23	1.0	7/12/17	Changed the time to 20 minutes and the percent to 90%	2.2C	4	Medical Care	7/12/17
24	1.0	7/12/17	Changed the time to 20 minutes	2.2E	5	Medical Care	7/12/17
25	1.0	7/12/17	Changed stroke center to state stroke facility	2.2F	5	Medical Care	7/12/17
26	1.0	7/12/17	Changed the time to 20 minutes	2.2G	5	Medical Care	7/12/17
27	1.0	7/12/17	Changed percentage from 75% to 90%	2.2H	5	Medical Care	7/12/17
28	1.0	7/12/17	Changed the measurement to 5% over the next two years	3.1C	5	Education	7/12/17
29	1.0	7/12/17	Deleted asterisk footnote	3.1.2B	5	Communications	7/12/17
30	1.0	7/12/17	Add Strategy 3.1.3	3.1.3	5	Education	7/12/17
31	1.0	7/12/17	Add objectives 3.1.3A and 3.1.3B	3.1.3A-B	5	Education	7/12/17
32	1.0	7/12/17	Changed date to 2018 and added a mechanism for measuring the objective	4.1A	6	Disaster	7/12/17
33	1.0	7/12/17	Changed date to 2018 and added a mechanism for measuring the objective	4.1B	6	Disaster	7/12/17
34	1.0	7/12/17	Changed the date to 2018	4.1C	6	Disaster	7/12/17
35	1.0	7/12/17	Added a new objective – 4.1D	4.1D	6	Disaster	7/12/17
36	1.0	7/12/17	Added a new objective – 4.1E	4.1E	6	Disaster	7/12/17
37	1.0	7/12/17	Deleted objective. May address at a later time	5.4A	7	EMSC	7/12/17
38	1.0	10/1/17	Updated goal owners and liaisons and changed the date to July 2017 (Appendix C)	N/A	11	Melia Jenkins	10/1/17

2017 Annual EMS Agency Survey

Contact Information Page

* 1. Contact Information

Name	
Title	
Organization	
Email Address	
Phone Number	

* 2. Organizational Type:

- ◯ Fire Department
- ◯ Governmental, Non-Fire
- ◯ Hospital
- ◯ Private, Non-Hospital
- ◯ Tribal

* 3. Primary Type of Service

- ◯ 911 Response (Scene) with Transport Capability
- ◯ 911 Response (Scene) without Transport Capability
- ◯ Interfacility Ground Transport Only
- ◯ Air Interfacility
- ◯ Air Prehospital
- ◯ Air Fixed-Wing

2017 Annual EMS Agency Survey

EMS Health and Safety

* 1. Does your EMS agency have a policy or protocol containing direction regarding (non-spinal motion restriction related) safe EMS transport for children (such as what devices should be used for various size/weight children, prohibition of any measures, training requirements, required documentation, etc.)?

- ◯ Yes
- ◯ No

If no, what are the barriers to having this type of policy?

2. If yes, is there a quality improvement and/or system-wide recurrent training process for this policy/protocol? (Check all applicable.)

- [ ] Routine review of all pediatric calls for transport safety policy/protocol compliance
- [ ] Routine review of calls meeting certain criteria
- [ ] Review of calls with reported noncompliance or concerns
- [ ] Didactic training during new employee orientation/on-boarding process
- [ ] Hands-on training during new employee orientation/on-boarding process
- [ ] System-wide didactic recurrent training at regular intervals
- [ ] Hands-on training with equipment on system-wide recurrent basis
- [ ] Hands-on training with equipment required when new device enters system
- [ ] Remedial training if noncompliance or concern indicates need, no hands-on
- [ ] Remedial training including hands-on with equipment when needed
- [ ] Not applicable

* 3. Has your agency received any pediatric related training from an outside source (such as Florida EMSC) or as part of routine internal CME within the last 2 years?

- ( ) Yes, some individuals
- ( ) Yes, entire agency/system
- ( ) No
- ( ) Unsure

* 4. What restraint devices or practices are approved for use with patients weighing less than 7 pounds/3 kg? (Check all applicable.)

- [ ] Stretcher mounted wrap and/or strap system
- [ ] Infant car seat (system's or patient's if not contraindicated)
- [ ] Incubator
- [ ] Patient held by restrained adult
- [ ] There are no approved devices used with patients weighing between 7 pounds/3kg and 40 pounds/18 kg
- [ ] Other weight-specific device (please list)

* 5. What restraint devices or practices are approved for use with patients weighing between 7 pounds/3kg and 40 pounds/18 kg? (Check all applicable.)

- [ ] Stretcher mounted wrap and/or strap system
- [ ] Car seat (system's or patient's if not contraindicated)
- [ ] Incubator
- [ ] Patient held by a restrained adult
- [ ] There are no approved devices used with patients weighing between 7 pounds/3kg and 40 pounds/18 kg
- [ ] Other weight-specific device (please list)

2017 Annual EMS Agency Survey

Clinical and Operational Performance

* 1. Contact for a Performance Improvement or QA/QI Administrator:

Name	
Title	
Email Address	
Phone Number	

* 2. Do you use any of the reporting features of EMSTARS CDX system to benchmark data against other agency or statewide data or for analysis and research?

- ◯ Yes
- ◯ No
- ◯ Not an EMSTARS Participant

3. If not, why does your agency NOT use any of the reporting features of EMSTARS CDX system to benchmark data against other agency or statewide data or for analysis and research?

- ◯ No Knowledge of Reporting Functionality
- ◯ Lack of Training
- ◯ Existing Reports Not Relevant
- ◯ Does not Meet Needs
- ◯ Not an EMSTARS Participant
- ◯ Other (please specify)

* 4. Would you like for the EMSTARS program office to contact your agency to provide assistance?

- ◯ Yes
- ◯ No

* 5. How do you plan to implement the voluntary overdose reporting requirements in Florida House Bill 249?

- ◯ Continue submitting to EMSTARS
- ◯ Submit to Washington/Baltimore High Intensity Drug Trafficking Area ODMAP Program
- ◯ Undetermined
- ◯ There are no plans to submit the overdose data referenced in HB 249

2017 Annual EMS Agency Survey

Non-EMSTARS Page

* 1. Does your agency utilize an electronic patient care reporting system to document patient care?

- ◯ Yes
- ◯ No

* 2. You indicated that your agency is not an EMSTARS submitting agency. Please provide the reasons why your agency has elected not to participate in EMSTARS? (select all that apply)

- ☐ Insufficient Knowledge of System Functionality
- ☐ I would like to become an EMSTARS submitting agency but my agency is waiting on software upgrades
- ☐ Lack of Personnel to Implement
- ☐ Lack of Personnel to Maintain Compliance
- ☐ Existing Reports and Functionality Does Not Meet Needs
- ☐ Implementation Cost too high
- ☐ I feel the Data Is Not Protected from Public Records
- ☐ I feel the Data Could be Used for Punitive Action Against My Agency
- ☐ Other (please specify)

2017 Annual EMS Agency Survey

Active Shooter (Assailant)/Hostile Event Protocol

* 1. Has your EMS agency adopted plans for and trained on plans to manage an active assailant event and/or violent/hostile incidents?

- ◯ Yes
- ◯ No

If Yes, please send a copy of your active shooter/violent scene protocol to EMS@flhealth.gov.

* 2. Do you feel that your EMS agency is properly equipped and supplied to appropriately manage an active assailant/hostile incident? As an example, trauma related supplies such as tourniquets, hemostatic dressing, chest seal and other supplies as referenced in the Hartford Consensus Compendium.

- ◯ Yes
- ◯ No

For information on the Hartford Consensus refer to: https://www.facs.org/about-acs/hartford-consensus

2017 Annual EMS Agency Survey

Ballistic Protection Question

* 1. Does the EMS agency currently provide ballistic protection for the first responders?

- ◯ Yes
- ◯ No

Ballistic Protection Yes

1. If known, please complete the following questions related to your ballistic protection.

Components	
Type	
Manufacturer	
Model	
Level of Protection	

2. How many sets of ballistic protection does your EMS agency have in operation?

3. Where is the location of the ballistic protection?

- [ ] Fire Engines
- [ ] EMS Transport Units
- [ ] Hazmat Unit
- [ ] Command Unit
- [ ] Not located on a response unit

Other (please specify)

2017 Annual EMS Agency Survey

No Ballistic Protection

* 1. Does your EMS agency have any current plans on purchasing ballistic protection for the first responders?

- ◯ Yes
- ◯ No

2. If your EMS agency has plans on purchasing, please complete the following questions related to your purchase of ballistic protection.

Components	
Type	
Manufacturer	
Model	
Level of Protection	

2017 Annual EMS Agency Survey

Hemorrhage Control

* 1. Does your EMS agency have written protocols for mass hemorrhage control at large incidents?

- Yes
- No

If Yes, please send a copy of the protocol to EMS@flhealth.gov

* 2. Has your EMS agency established specialized kits with supplies for mass hemorrhage control at large incidents?

- Yes
- No

If yes, please send a list of what the kit contains and how they are distributed across the service area to EMS@flhealth.gov.

* 3. Does your EMS agency currently have policies regarding entering “warm zones” during an active assailant/hostile event? As example: As part of a rescue task force.

- Yes
- No

If yes, please send a copy of the policies regarding entering “warm zones” during an active assailant incident to EMS@flhealth.gov.

* 4. Does your EMS agency currently have designated entry/extraction teams that train together with law enforcement?

- Yes
- No

* 5. Does your agency conduct any type of hemorrhage control education to the community (i.e., Stop the Bleed)?

- ◯ Yes
- ◯ No

For information on the Stop the Bleed program refer to: https://www.dhs.gov/stopthebleed

2017 Annual EMS Agency Survey

Readiness for Emerging Health Threats

* 1. Has your EMS agency adopted plans for and trained on plans to care for highly infectious disease patients?

- Yes
- No

* 2. Do you feel that your EMS agency is properly equipped and supplied with materials to appropriately care for highly infectious disease patients? As example: PPE and respiratory protection

- Yes
- No

* 3. Has your EMS agency participated in CBRNE exercises in the past year?

- Yes
- No

* 4. Does your EMS agency participate with a health care coalition?

- Yes
- No

* 5. Does your EMS agency participate with local DOH Health Department meetings/committees?

- Yes
- No

For guidance on recommended PPE refer to: www.cdc.gov
https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html

2017 Annual EMS Agency Survey

Community Redevelopment and Partnerships

* 1. Does your EMS Agency currently conduct any type of community paramedicine program?

- ◯ Yes
- ◯ No

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Community Paramedicine NO

* 1. Is your agency planning to start a community paramedicine program in the next 12 months?

- ◯ Yes
- ◯ No

2. If not, please indicate the primary barriers to your agency having a community paramedicine program (check all that apply):

- ☐ Funding
- ☐ Personnel Resources
- ☐ Leadership Support
- ☐ Medical Direction
- ☐ Uncertainty of how to start and/or operate
- ☐ Other (please specify)

2017 Annual EMS Agency Survey

Community Redevelopment and Partnerships

* 1. Does your EMS agency conduct any type of community focused fall prevention programs?

- ◯ Yes
- ◯ No

* 2. Does your EMS agency conduct any type of community focused opioid use and/or naloxone awareness programs?

- ◯ Yes
- ◯ No

* 3. Does your EMS agency conduct any type safety programs that are sponsored by or recommended by the Department of Transportation?

- ◯ Yes
- ◯ No

4. If yes, what type of safety programs that are sponsored by or recommended by the Department of Transportation does your agency conduct?

- ☐ Car Seat Installation
- ☐ State Traffic Coalitions
- ☐ Community Traffic Safety Teams
- ☐ Alert Today-Alive Tomorrow
- ☐ WalkWise Safety Education
- ☐ CarFit Service
- ☐ Other (please specify)

* 5. Does your EMS agency conduct any type of community focused drowning prevention programs?

- ◯ Yes
- ◯ No

6. If yes, what type of community focused drowning prevention program does your agency conduct?

- ☐ Swim Lessons
- ☐ Water Acclimation
- ☐ Car-in-Canal Training
- ☐ PFD Awareness
- ☐ Other (please specify)

* 7. Does your EMS agency conduct any type of community focused program to reduce infant mortality?

- ◯ Yes
- ◯ No

8. If yes, please select a program (check all that apply):

- ☐ Period of Purple Crying
- ☐ Back to Sleep/Safe Sleep
- ☐ Other (please specify)

9. If no, please outline the primary barriers in presenting these programs (check all that apply):

- ☐ Funding
- ☐ Personnel Resources
- ☐ Not aware of program options
- ☐ Other (please specify)

* 10. Does your EMS agency conduct any community CPR programs?

- ◯ Yes
- ◯ No

* 11. Does your EMS agency conduct any type of community awareness cardiovascular health and wellness programs to the public?

- ◯ Yes
- ◯ No

* 12. Does your EMS agency conduct any type of community awareness program to reduce the prevalence of HIV?

- ◯ Yes
- ◯ No

* 13. Does your EMS agency conduct any type program to reduce the number ofadult low acuity ED visits?

- ◯ Yes
- ◯ No

* 14. Does your EMS agency have protocols that actively refer children and adults for early intervention and treatment of mental health disorders ?

- ◯ Yes
- ◯ No

* 15. Does your EMS agency have an established immunization program for the public?

- ◯ Yes
- ◯ No

* 16. Does your EMS agency have an established memorandum of understanding (MOU) with a county health department to provide health and wellness programs?

- ◯ Yes
- ◯ No

2017 Annual EMS Agency Survey

EMS Agency Communications

* 1. Please provide contact information for the communications manager of the primary system you use

Name

Agency

Email Address

Phone Number

* 2. What **primary** radio communications system does your EMS agency utilize?

- 800 MHz or 700 MHz trunked
- 800 MHz conventional
- UHF MED channels
- VHF-HB

Comment:

2017 Annual EMS Agency Survey

Communications

1. Is your 800 MHz or 700 MHz trunked radio system aligned with Florida'sProject 25 ID numbering plan?

- ◯ Yes
- ◯ No, with no plan to do so
- ◯ No, with plans to do so

If no with plans to do so, please indicate when your agency plans to align with the Florida Project 25 ID numbering plan

2017 Annual EMS Agency Survey

Additional Comments and/or Recommendations

1. Please provide comments or recommendations that you feel the Department of Health should address related to Florida's EMS industry.

* 2. Please Select Your Primary EMS Agency

I am completing the EMS Annual Survey for more than one agency. Please list the additional agencies below:

2017 Annual EMS Agency Survey

EMSC Transition Page

The next part of this annual survey includes questions from the Florida EMS for Children Program. EMSC is conducting a brief assessment to better understand the capabilities of agencies in our state to treat ill and injured children, specifically in regards to the use of pediatric specific equipment and the coordination of pediatric care. Thank you for your time and patience while completing this important survey.

Notice of Proposed Rule

DEPARTMENT OF HEALTH
Division of Emergency Preparedness and Community Support

RULE NO.:	RULE TITLE:
64J-1.002	Basic Life Support Service License - Ground
64J-1.003	Advanced Life Support Service License - Ground
64J-1.005	Air Ambulances
64J-1.006	Neonatal Transports
64J-1.007	Vehicle Permits
64J-1.019	Emergency Treatment of Insect Stings
64J-1.0201	EMS Instructor Qualifications

THE FULL TEXT OF THE PROPOSED RULE IS:

64J-1.002 Basic Life Support Service License - Ground.

(1) To obtain a license or renewal each applicant shall submit an application to the department on DH Form 631, 04/2017 ~~04/09~~, Air/Ground Ambulance Service Provider License Application. This form is incorporated by reference and is available ~~from the department~~ at_____,~~as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com~~.

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

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

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

(3) No change.

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

TABLE I
GROUND VEHICLE
BLS MEDICAL EQUIPMENT AND SUPPLIES

ITEM	QTY.
1. through 17. No change.	
18. Portable suction device ~~, electric or gas powered, with wide bore tubing and tips which meet the minimum standards as published by the GSA in KKK-A-1822E specifications~~.	
19. through 36. No change	

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

Formerly 64E-2.002, Amended 9-2-09, _____.

64J-1.003 Advanced Life Support Service License – Ground.

(1) To obtain a license or renewal each applicant for an ALS license shall submit to the department DH Form 631, 04/2017 ~~04/09~~, Air/Ground Ambulance Service Provider License Application (see rule 64J-1.002(1)).~~, which is incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com.~~

(2) through (3) No change

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

(5)(a) through (c) No change.

(6) ALS Nontransport:

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

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

1. through 2. No change.

(c) through (e) No change.

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

TABLE II
GROUND VEHICLE
ALS EQUIPMENT AND MEDICATIONS

~~MEDICATION~~	~~WT/VOL~~
Medications and fluids: as approved and required by the medical director of the service.	
~~1. Atropine Sulfate.~~	
~~2. Dextrose, 50 percent.~~	
~~3. Epinephrine HCL.~~	~~1:1,000~~
~~4. Epinephrine HCL.~~	~~1:10,000~~
~~5. Ventricular dysrhythmic.~~	
~~6. Benzodiazepine sedative/anticonvulsant.~~	
~~7. Naloxone (Narcan).~~	
~~8. Nitroglycerin.~~	~~0.4 mg.~~
~~9. Inhalant beta adrenergic agent with nebulizer apparatus, as approved by the medical director.~~	
~~I.V. SOLUTIONS~~	
~~1. Lactated Ringers or Normal Saline.~~	

EQUIPMENT

1.~~(a)~~ through 22. ~~(v)~~ No change.

Rulemaking Authority ~~381.0011~~, 395.405, 401.121, 401.265, 401.35 FS. Law Implemented ~~381.0011,~~ 381.025, ~~395.401,~~ ~~395.4015,~~ ~~395.402,~~ ~~395.4025,~~ ~~395.403, 395.404,~~ 395.4045, 395.405, ~~401.23,~~ 401.24, 401.25, 401.26, 401.265, 401.27, 401.281, 401.30, 401.31, 401.321, 401.34, 401.35, ~~401.41,~~ 401.411, ~~401.414,~~ ~~401.421~~ FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.50, Amended 4-12-88, 8-3-88, 8-7-89, 12-10-92, 11-30-93, 1-26-97, Formerly 10D-66.050, Amended 8-4-98, 1-3-99, 7-14-99, 2-20-00, 9-3-00, 4-15-01, 11-19-01, 6-3-02, 12-18-06, Formerly 64E-2.003, Amended 9-2-09, _____.

64J-1.005 Air Ambulances.

(1) Each applicant for an air ambulance license shall pay the required fee as specified in Section 401.34(1)(j), F.S., and submit an application to the department on DH Form 631 ~~1575~~, 04/2017 ~~04/09~~, Air/Ground Ambulance Service Provider License Application (see rule 64J-1.002 (1)). ~~which is incorporated by reference and available from the department, at www.floridahealth.gov, as defined by subsection 64J-1.001(9), F.A.C., or at http://www.fl-ems.com.~~ The air ambulance license shall automatically expire 2 years from the date of issuance.

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

(a) No change.

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

(3) No change.

(4) Each provider shall maintain in each paramedic's employment file, documentation of successful completion of an initial air crew member ~~(ACM)~~ education program consisting of a minimum of 32 hours of classroom instruction ~~that was~~ based on the Guidelines for Air Medical Crew Education, 2004, published by the Association of Air Medical Services, ~~conducted in accordance with the 1988 United States (U.S.) Department of Transportation (DOT) Air Medical Crew-Advanced National Standard Curriculum (NSC)~~ which is incorporated by reference and ~~is~~ available for purchase from AAMS,~~;~~ 909 N. Washington Street ~~526 King Street~~, Suite 410 ~~415~~, Alexandria, VA 22314~~;~~ ~~(703)836-8732~~. This publication may be examined and inspected at the Florida Department of State, Room 701, The Capitol, Tallahassee, Florida 32399-0250 and at the Florida Department of Health, Bureau of Emergency Medical Oversight, 4042 Bald Cypress Way, Tallahassee, Florida 32309. The agency has determined that posting this publication on the internet for purposes of public inspection and examination would constitute a violation of federal copyright law. Paramedics who successfully completed an initial air crew member education program conducted in accordance with the 1988 United States Department of Transportation (DOT) Air Medical Crew-Advanced National Standard Curriculum prior to the effective date of this rule have met the requirement of this rule and do not have to complete additional air medical crew training.

Each provider shall ensure and shall document in its employee records that each EMT and paramedic which it employs holds a current certification from the department.

(5) through (7) No change.

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

TABLE III

AIR AMBULANCE

Structural, Equipment and Supply Requirements

ITEM

Aircraft Requirements

1. through 8. No change.

Medical Equipment Requirements
1. through 7. No change.
8. Portable suction device unit with wide bore tubing and tips, ~~electric or gas powered, which meets the minimum standards as published by the General Services Administration (GSA) in KKK-A-1822C specifications~~.
9. No change.

TABLE IV
Prehospital Rotary Wing Air Ambulances

ITEM
Equipment
1. through 39. No change.

~~MEDICATION~~	~~WT./VOL.~~
Medications and fluids: as required by the medical director of the service.	
~~1. Atropine sulfate.~~	
~~2. Dextrose 50 percent.~~	
~~3. Epinephrine HCL.~~	~~1:1,000~~
~~4. Epinephrine HCL.~~	~~1:10,000~~
~~5. Ventricular dysrhythmic.~~	
~~6. Sodium Bicarbonate.~~	~~50 mEq. or 44.6. mE~~
~~7. Naloxone (Narcan).~~	~~1 mg./m1. 2 mg. amp~~
~~8. Nitroglycerin.~~	~~0.4 mg.~~
~~9. Benzodiazepine sedative/anticonvulsant.~~	
~~10. Inhalant beta adrenergic agent of choice with nebulizer apparatus, as approved by the medical director.~~	
~~I.V. Solutions~~	
~~1. Lactated Ringers or Normal Saline.~~	

Rulemaking Authority ~~381.0011,~~ 401.25, 401.251, 401.265, 401.35 FS. Law Implemented ~~381.0011,~~ ~~395.405,~~ 401.23, ~~401.24,~~ 401.25, 401.251, 401.252, 401.26, 401.27, 401.30, 401.31, 401.321, 401.34, 401.35, 401.41, ~~401.411,~~ ~~401.414,~~ ~~401.421~~ FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.51, Amended 4-12-88, 8-3-88, 8-7-89, 12-10-92, 11-30-93, 10-2-94, 1-26-97, Formerly 10D-66.051, Amended 1-3-99, 9-3-00, 5-15-01, 12-18-06, Formerly 64E-2.005, Amended 9-2-09,_____.

64J-1.006 Neonatal Transports.

(1) A Neonatal Ambulance shall meet the requirements listed in Table V, subsection ~~paragraphs 64J-1.006(1)(c) and (d) and subsections 64J-1.006(2) and~~ (3), of this section ~~F.A.C.,~~ and shall be exempt from meeting the equipment and medical supply requirements listed in Rule 64J-1.002, F.A.C., Table I and in Rule 64J-1.003, F.A.C., Table II.

(2) through (4) No change.

TABLE V
No Change

(5) 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 nursing experience caring for Level II or Level III neonates ~~Neonatal Intensive Care Unit (NICU) nursing experience~~; has an American Heart Association (AHA) Neonatal Resuscitation Program (NRP) Certification 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 experience caring for Level II or Level III neonates ~~NICU experience~~ or is certified as a RT with a minimum of 3,000 hours of experience caring for Level II or Level III neonates ~~NICU experience~~. The Medical Director shall also confirm that the RT has:

1. An AHA NRP Certification; and

2. 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 a Florida-licensed paramedic with a minimum of 5,000 hours experience and has an AHA NRP Certification.

(d) The Medical Director may make medical staff substitutions with individuals of comparable skills when the condition of the neonate warrants such substitution.

(6) No change.

Rulemaking Authority ~~381.0011,~~ 383.19, 395.405, 401.251(6), 401.252, 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 2-16-10,_____.

64J-1.007 Vehicle Permits.

(1) Each application for a ground vehicle permit or air ambulance permit shall be on DH Form 1510, 04/2017, ~~04/09,~~ Application for Vehicle Permit(s) and Air Ambulance Permit(s). ~~Each application for an aircraft permit shall be on DH Form 1576, 04/09, Application for Air Ambulance Permit.~~ This form ~~These forms~~ is ~~are~~ incorporated by reference and available from the department, as defined by subsection 64J-1.001(9), F.A.C., ~~or~~ at www.flhealth.gov. and at_____. ~~http://www.fl-ems.com.~~ All applications shall be accompanied by the required fee as specified in Section 401.34(1)(c), (e) ~~(k)~~, F.S.

(2) No change.

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

(a) Permitted vehicles that have a vehicle design with litter fasteners anchorages not specifically defined by the most current recommendation of the United States General Services Administration shall maintain compliance with the required fastener assembly as prescribed by the manufacturer for the cot/transporter being used.

(4) All licensed providers applying for an initial air ambulance aircraft permit ~~after January 1, 2005,~~ shall submit to the department a valid airworthiness certificate (unrestricted), issued by the Federal Aviation Administration, for

each permitted aircraft, prior to issuance of the initial permit. Aircraft replacements are subject to the initial application process.

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

~~(a) Water vehicles with a total capacity of two persons or less are neither transport vehicles nor advanced life support transport vehicles.~~

~~(b) Water vehicles with a total capacity of three or more persons are neither transport vehicles nor advanced life support transport vehicles, if:~~

~~1. Staffed and equipped per the Licensee Medical Director's protocols consistent with the certification requirements of Chapter 401, F.S.; and~~

~~2. Reported to the department with sufficient information to identify the water vehicle and to document compliance with subparagraph 1., above. Such report shall be updated with each license renewal.~~

~~(c) A transport vehicle or advanced life support transport vehicle that has explicit staffing, equipment and permitting requirements under Chapter 401, F.S., and other rules of the department cannot fall under paragraph (a) or (b), above.~~

Rulemaking Authority ~~381.0011~~, ~~401.23~~, 401.26, 401.35 FS. Law Implemented ~~381.001, 381.0205~~, 401.23, 401.24, 401.25, 401.251, 401.26, 401.27, 401.30, 401.31, 401.34, 401.35, ~~401.41, 401.411, 401.414~~ FS. History–New 11-29-82, Amended 4-26-84, 3-11-85, Formerly 10D-66.53, Amended 4-12-88, 12-10-92, 11-30-93, 1-26-97, Formerly 10D-66.053, Amended 1-3-99, 12-18-06, 10-16-07, Formerly 64E-2.007, Amended 9-2-09, _____.

64J-1.019 Emergency Treatment of Insect Stings.

(1) An individual who desires to be certified to administer epinephrine auto injectors to persons ~~a person~~ who have severe allergic reactions ~~suffers adverse reactions to insect stings~~ must:

(a) Be 18 years of age or older;

(b) Have, or reasonably expect to have as a result of her occupation or volunteer status, responsibility for or contact with at least one other person who may suffer a severe allergic reaction; ~~has severe adverse reactions to insect stings; and~~

(c) Demonstrate having received appropriate epinephrine auto-injector use training in one of the following three ways: ~~Have successfully completed, within the previous 2 years, a training program in the appropriate procedures for administration of epinephrine to persons who suffer adverse reactions to insect stings.~~

1. successful completion of a training program conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment;

2. sucessful completion of a training program conducted by a Department of Health approved provider; or,

3. hold a current certification as an emergency medical technician in any state, with evidence of training in the recognition of severe allergic reaction and the administration of an epinephrine auto-injector.

(2) An entity or individual desiring to be approved as an Emergency Allergy Treatment Training Program shall pay a non-refundable application fee of $50.00 and apply to the Department on DH Form XXX, April 2017, "Application for Approval as an Emergency Allergy Treatment Training Program" which is incorporated by reference and available from the department or at http://www.floridahealth.gov.

(a) The curriculum must include, at a minimum, training in recognition of the symptoms of systemic reaction to food, insect stings and other allergens;

(b) The proper adminstration of an epinephrine auto-injector; and,

(c) Instruction that an epinephrine auto-injector shall only be administered when a physician is unavailable.

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

~~(a) Definition of anaphylaxis;~~

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

~~(c) Recognition of symptoms of anaphylaxis;~~

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

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

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

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

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

(4)~~(3)~~ The individual seeking certification shall apply on DH-MQA Form 1882, December 2016 ~~2008~~, Application for ~~Insect Sting~~ Emergency Allergy Treatment Certification, which is incorporated by reference, ~~and~~ available from the department, and at____. The applicant shall also submit the ~~and submit documentation of successful completion of the training requirements as outlined in subsection 64J-1.019(1), F.A.C., with~~ the required certification fee of $25 to the department.

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

Rulemaking Authority 381.88(3) FS. Law Implemented 381.88, 381.885 FS. History–New 9-3-00,Amended 4-15-01, Formerly 64E-2.035, Amended____.

Substantial re wording of Rule 64J-1.0201 follows. See Florida Administrative Code for present text.

64J-1.0201 EMS Instructor Qualifications

(1) To be eligible for approval as an EMS Training Program, an applicant must ensure, with supporting documentation, that each instructor has met the standards listed below for their instructor position(s) as listed in the school's Emergency Medical Services Training Program's DH Form 1698, 04/17, Application for Approval of an Emergency Medical Services (EMS) Training Program (See section 64J-1.020).

(2) Those persons teaching in a state approved EMS Training Program shall, at a minimum, meet the following criteria:

(a) Except for those persons teaching only in an EMT training program, shall have successfully completed an associate's degree from an institution whose accreditation is recognized by the United States Department of Education.

(b) For Paramedic Training Programs, be certified as a Florida paramedic in good standing with the department, with at least four years of field level provider experience in a pre-hospital setting with an Advanced Life Support EMS provider.

(c) For Emergency Medical Technician Training Programs, be certified as a Florida EMT or paramedic in good standing with the department and have at least three years of field provider experience with an ALS provider.

(d) Have successfully completed, at a minimum, a 40-hour instructional methodology course.

(e) Those persons teaching in a state approved EMS Training Program prior to the effective date of this rule are exempt from these instructor qualifications while employed in the position held as of the rule effective date.

(f) These EMS instructor qualifications do not apply to clinical or field preceptors.

(3) Subject matter experts are exempt from the requirements of this rule. However, they shall provide no more than five percent of the total hours of instruction in the didactic or laboratory portions of the program's contact hours. A subject matter expert is someone with specialized knowledge, education or experience in a particular area or topic, for example, a labor and delivery nurse teaching the childbirth section of a program or an attorney teaching the medical legal portion of a program.

The state approved EMS Training Programs shall maintain a curriculum vitae and a copy of the appropriate professional credentials for each subject matter expert utilized in their program.

(4) Physicians licensed under Chapter 458 or 459, F.S. are exempt from all EMS instructor qualifications.

(5) Those persons who serve as a Program Director of a state approved EMS Training Program shall, at a minimum, meet the following criteria:

(a) Shall have successfully completed a bachelor's degree from an institution whose accreditation is recognized by the United States Department of Education.

(b) Be certified as a Florida paramedic in good standing with the department, with at least four years of field level provider experience in the pre-hospital setting with an Advanced Life Support EMS provider.

(c) Have a minimum of two years teaching experience in EMS education.

(d) Have successfully completed, at a minimum, a 40-hour instructional methodology course.

(e) Those persons serving as a program director in a state approved EMS Training Program prior to the effective date of this rule are exempt from the program director qualifications while employed in the position held as of the effective date of the rule.

(f) Program Directors hired from out of state must be licensed or certified as a paramedic in their previous state; must be in good standing with that state and will have 12 months from their date of hire to obtain their Florida paramedic certification.

(g) Interim program director:

1. Must at a minimum meet the requirements of an instructor as required in rule 64J-1.020 (2), and

2. May serve for a maximum of twelve months in the absence of a permanent program director.

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