



Standards Review and Interpretations Committee

September 26, 2011
1:00 PM
Ponte Vedra, Florida

Agenda topics

Introductions	Pat Tighe, Commissioner
Old Business:	
4.24M – Personnel Evaluations	Jeff Jarvis, Darrel Hibbs
19.16 – Testing inmates for infectious diseases	Director Bogart
New Business:	
2.02M – Written Directive System	Mary Shiver
15.09 – Weekly Food Service Area Inspections	Wanda White
19.17 – Inmate Medical Files	Wanda White
Pretrial:	
1.08 – Annual job related training	Peter Cuccoro



Florida Corrections Accreditation Commission, Inc.

STANDARDS REVISION FORM

Standard Number 4.24M

New Standard		Revision	XX	Deletion	
--------------	--	----------	----	----------	--

Proposal (State the standard exactly as you believe it should appear in the manual).

Standard	Assessor Guidelines
<p>4.24-M A written directive requires each full-time employee, with exceptions noted, receive a written annual performance evaluation. The directive shall include the following:</p> <ul style="list-style-type: none"> A. A requirement performance evaluations are based on performance during the rating period unless administrative or other rules, laws, and/or requirements dictate that performance matters occurring in the period be addressed later due to process requirements; B. Criteria used for the performance evaluations are based on a job description for the position occupied by the <i>employee</i>; C. <i>Employees</i> are rated by their immediate supervisor; D. A requirement that the <i>employee</i> being evaluated is provided a copy of the completed evaluation report upon request; and E. Evaluations are signed by the supervisor completing the evaluation and reviewed/signed by the supervisor's commanding officer. 	<p>Exceptions allow the CEO flexibility for Senior Management, Command and Executive Level staff.</p>

Proof(s) of Compliance	Qty Initial	Qty Reaccred	Accreditation Manager Notes
Written directive addressing elements of the standard	1	1	
Performance evaluations	1	1	
			Change Notice 3.0.10 (10/30/07)
			Change Notice 3.0.14 (02/24/2009)
			Change Notice 3.0.20 (02/01/2011)

Rationale for revision.

This standard was originally presented at the June 2011 SRIC meeting, further research was conducted and it is being offered again for a revision to a non-mandatory standard.

1. FSS 110.224 was quoted as requiring performance evaluations on an annual basis. Upon research we have found that this applies to State employees under the FSS 110 Section.

2. We wish to reiterate that Agencies, namely Sheriff's Offices, who are both CFA and FCAC accredited, have the option to employ comparative compliance proof and maintain like personnel issues within both their Corrections and Law Enforcement divisions. Thus we are only asking that the Standard be non-mandatory.

3. We feel that many agencies can exceed the standard of personnel evaluation by adopting a "continuous" evaluation throughout the year so that the employer is able to determine the proficiency of the employee and to not have a "mandatory" standard defining this practice. This allows the Chief Executive Officer of the agency the discretion to decide what type of system would be appropriate for that agency.

Proposed by: Jeff Jarvis – Brevard County Sheriff's Office Date: 09/12/2011

Approved _____ Disapproved _____ Approved with changes _____



Florida Corrections Accreditation Commission, Inc.

STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 19.16 _____

New Standard		Revision		Deletion	
--------------	--	----------	--	----------	--

Proposal (State the standard exactly as you believe it should appear in the manual).

19.16 A *written directive* describes *procedures* for inmates to be tested for infectious diseases, and includes provisions for the following, at a minimum:

- A. Review of test results by a responsible physician [or advanced registered nurse practitioner](#);
- B. Test results are confidential and shared only with those who have a need to know;
- C. Test results are exempt from the Public Records law; and
- D. Test results become part of the inmates' permanent medical file.

Proof of Compliance:

Written directive addressing elements of the standard (1/1)

Documentation demonstrating test completion and review by a responsible physician [or advanced registered nurse practitioner](#) (Sampling/3YD)

Rationale for revision.

At the June 2011 SRIC Meeting, the Highlands County Sheriff's Office submitted a modification to Bullet A adding "...or physician assistant". The rationale for the revision was:

Physician Assistants: State Laws and Regulations 11th Edition, January 2010 Florida (page 3– Chart Co-Signature) and 2010 FSS 458.37 (3) Physician assistants....states a physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

Ms. Wanda White of the Escambia County Sheriff's Office submitted the following research:

The language in Section 458.347 (3), Florida Statutes, was modified by the 2009 Legislative Session and is the same in 2010 as it was in 2009. (See Attachment #1)

The change by the 2010 Legislative Session to Section 458.347, Florida Statutes, was the

deletion of language requiring the physician assistant to file with the department [Dept. of Health] that the PA had 3 months of clinical experience in the specialty area of the supervising physician prior to being allowed to prescribe or dispense medication. (See Attachment #2)

The governing document is Rule 64B8-30.012, Florida Administrative Code: Physician Assistant Performance. It was modified in 2010 and removed language requiring the co-signing of charts by the supervising physician. (See Attachment #3) However, it did not change paragraphs (2) (a) (2) and (2) (b) (5). Paragraph (2) (a) (2) states that supervising physicians cannot delegate to a physician assistant the duty of final diagnosis. Paragraph (2) (b) (5) states the duty of interpreting laboratory tests, X-ray studies and EKG's cannot be performed under indirect supervision or without the supervising physician interpretation and final review. (See Attachment #4) The definition for indirect supervision is provided in Rule 64B8-30.001, Florida Administrative Code: Definitions:

(5) The term "indirect supervision" as used herein refers to the easy availability of the supervising physician to the physician assistant, which includes the ability to communicate by telecommunications. The supervising physician must be within reasonable physical proximity.

So it appears that physician assistants cannot review test results independently. If a physician assistant reviews test results, then the supervising physician must review the results and make the final diagnosis.

However, Florida Administrative Code does allow advanced registered nurse practitioners (ARNP) to perform those duties as long as there is a written agreement between the supervising physician and the ARNP describing the ARNP's duties and specific conditions and treatment plans. (See Attachment #5)

This year, Section 7.05 (g), Florida Model Jail Standards was changed to include ARNP's:

"(g) Review of the results of the medical examination, tests and identification of problems by a physician or an advanced registered nurse practitioner when required by procedures as referenced in (7.02) (j) of this standard; and"

Proposed by:

Name FCAC STAFF

Date August 18, 2011

Approved

Disapproved

Approved with changes

2010

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than four currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

2009

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.--Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than four currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

CHAPTER 2010-55

Committee Substitute for House Bill No. 573

An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; deleting requirements that physician assistants file evidence of certain clinical experience before prescribing or dispensing medication; authorizing the electronic submission of physician assistant license applications and other required documentation; amending ss. 458.348 and 459.025, F.S.; conforming cross-references; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended, and paragraph (h) is added to subsection (7) of that section, to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.

2. The supervisory physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that he or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that he or she has received education comparable to the continuing education course as part of an accredited physician assistant training program.

~~4. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that the physician assistant has a minimum of 3 months of clinical experience in the specialty area of the supervising physician.~~

4.5. The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

5.6. The department shall issue a license and a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. 465.0276.

6.7. The prescription must be written in a form that complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

7.8. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

8.9. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority to order medication for a hospitalized patient of the supervisory physician.

This paragraph does not apply to facilities licensed pursuant to chapter 395.

(7) PHYSICIAN ASSISTANT LICENSURE.—

(h) An application or other documentation required to be submitted to the department under this subsection may be submitted electronically.

Section 2. Paragraph (c) of subsection (4) of section 458.348, Florida Statutes, is amended to read:

458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

(4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising

physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, a physician’s “primary practice location” means the address reflected on the physician’s profile published pursuant to s. 456.041.

(c) A physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician’s primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)7,8., a physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.

1. The physician shall submit to the board the addresses of all offices where he or she is supervising an advanced registered nurse practitioner or a physician’s assistant which are not the physician’s primary practice location.

2. The physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the board pursuant to s. 458.3312.

3. All such offices that are not the physician’s primary place of practice must be within 25 miles of the physician’s primary place of practice or in a county that is contiguous to the county of the physician’s primary place of practice. However, the distance between any of the offices may not exceed 75 miles.

4. The physician may supervise only one office other than the physician’s primary place of practice except that until July 1, 2011, the physician may supervise up to two medical offices other than the physician’s primary place of practice if the addresses of the offices are submitted to the board before July 1, 2006. Effective July 1, 2011, the physician may supervise only one office other than the physician’s primary place of practice, regardless of when the addresses of the offices were submitted to the board.

Section 3. Paragraph (e) of subsection (4) of section 459.022, Florida Statutes, is amended, and paragraph (g) is added to subsection (7) of that section, to read:

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician’s practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that she or he is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.

2. The supervisory physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervisory physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that she or he has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that she or he has received education comparable to the continuing education course as part of an accredited physician assistant training program.

~~4. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that the physician assistant has a minimum of 3 months of clinical experience in the specialty area of the supervising physician.~~

~~4.5.~~ The physician assistant must file with the department a signed affidavit that she or he has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

~~5.6.~~ The department shall issue a license and a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. 465.0276.

~~6.7.~~ The prescription must be written in a form that complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465, and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

~~7.8.~~ The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

~~8.9.~~ This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority to order medication for a hospitalized patient of the supervisory physician.

This paragraph does not apply to facilities licensed pursuant to chapter 395.

(7) PHYSICIAN ASSISTANT LICENSURE.—

(g) An application or other documentation required to be submitted to the department under this subsection may be submitted electronically.

Section 4. Paragraph (c) of subsection (3) of section 459.025, Florida Statutes, is amended to read:

459.025 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

(3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—An osteopathic physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the osteopathic physician’s primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising osteopathic physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, an osteopathic physician’s “primary practice location” means the address reflected on the physician’s profile published pursuant to s. 456.041.

(c) An osteopathic physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the osteopathic physician’s primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising osteopathic physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(e)7,8., an osteopathic physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.

1. The osteopathic physician shall submit to the Board of Osteopathic Medicine the addresses of all offices where he or she is supervising or has a protocol with an advanced registered nurse practitioner or a physician’s assistant which are not the osteopathic physician’s primary practice location.

2. The osteopathic physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the Board of Osteopathic Medicine pursuant to s. 459.0152.

3. All such offices that are not the osteopathic physician’s primary place of practice must be within 25 miles of the osteopathic physician’s primary place of practice or in a county that is contiguous to the county of the

osteopathic physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.

4. The osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice except that until July 1, 2011, the osteopathic physician may supervise up to two medical offices other than the osteopathic physician's primary place of practice if the addresses of the offices are submitted to the Board of Osteopathic Medicine before July 1, 2006. Effective July 1, 2011, the osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice, regardless of when the addresses of the offices were submitted to the Board of Osteopathic Medicine.

Section 5. This act shall take effect July 1, 2010.

Approved by the Governor May 11, 2010.

Filed in Office Secretary of State May 11, 2010.

Notice of Proposed Rule

DEPARTMENT OF HEALTH Board of Medicine

RULE NO: RULE TITLE

64B8-30.012: Physician Assistant Performance

PURPOSE AND EFFECT: The proposed rule amendment is intended to delete the requirement for co-signing medical charts pursuant to recent legislation removing the requirement.

SUMMARY: The proposed rule amendment deletes the requirement for co-signing medical charts.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared. The Board has determined that the proposed rule amendments will not have an impact on small business.

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.

SPECIFIC AUTHORITY: 458.309, 458.347(4)(a), (13) FS.

LAW IMPLEMENTED: 458.347(2), (3), (4), (13) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin # C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-30.012 Physician Assistant Performance.

(1) through (2) No change.

(3) All tasks and procedures performed by the physician assistant must be documented in the appropriate medical record. ~~During the initial six months of supervision of each physician assistant all documentation by the physician assistant in a medical chart must be reviewed, signed and dated by a supervising physician within seven days. Subsequent thereto, a supervising physician must review, sign and date all documentation by a physician assistant in medical charts within 30 days.~~

(4) No change.

Rulemaking Specific Authority 458.309, 458.347(4)(a), (13) FS. Law Implemented 458.347(2), (3), (4), (13) FS. History--New 5-13-87, Amended 7-7-87, 11-15-88, 9-15-92, Formerly 21M-17.012, Amended 11-4-93, Formerly 61F6-17.012, 59R-30.012, Amended 10-13-98, 3-28-99, 11-17-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Council on Physician Assistants

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 2, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 28, 2009

64B8-30.012 Physician Assistant Performance.

(1) A supervising physician shall delegate only tasks and procedures to the physician assistant which are within the supervising physician's scope of practice. The physician assistant may work in any setting that is within the scope of practice of the supervising physician's practice. The supervising physician's scope of practice shall be defined for the purpose of this section as "those tasks and procedures which the supervising physician is qualified by training or experience to perform."

(2) The decision to permit the physician assistant to perform a task or procedure under direct or indirect supervision is made by the supervising physician based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. Furthermore, the supervising physician must be certain that the physician assistant is knowledgeable and skilled in performing the tasks and procedures assigned.

(a) The following duties are not permitted to be delegated at all, except where expressly authorized by statute:

1. Prescribing, dispensing, or compounding medicinal drugs.
2. Final Diagnosis.

(b) The following duties are not permitted to be performed under indirect supervision:

1. Routine insertion of chest tubes and removal of pacer wires or left atrial monitoring lines.
2. Performance of cardiac stress testing.
3. Routine insertion of central venous catheters.
4. Injection of intrathecal medication without prior approval of the supervising physician.
5. Interpretation of laboratory tests, X-ray studies and EKG's without the supervising physician interpretation and final review.
6. Administration of general, spinal, and epidural anesthetics; this may be performed under direct supervision only by physician assistants who graduated from Board-approved programs for the education of anesthesiology assistants.

(3) All tasks and procedures performed by the physician assistant must be documented in the appropriate medical record.

(4) In a medical emergency the physician assistant will act in accordance with his or her training and knowledge to maintain life support until a licensed physician assumes responsibility for the patient.

Rulemaking Authority 458.309, 458.347(4)(a), (13) FS. Law Implemented 458.347(2), (3), (4), (13) FS. History—New 5-13-87, Amended 7-7-87, 11-15-88, 9-15-92, Formerly 21M-17.012, Amended 11-4-93, Formerly 61F6-17.012, 59R-30.012, Amended 10-13-98, 3-28-99, 11-17-03, 2-2-10.

Advanced Registered Nurse Practitioner Florida Administrative Code

64B9-4.009 Functions of the Advanced Registered Nurse.

All categories of Advanced Registered Nurse Practitioner may perform functions listed in Section 464.012(3), F.S. The scope of practice for all categories of ARNP's shall include those functions which the ARNP has been educated to perform including the monitoring and altering of drug therapies, and initiation of appropriate therapies, according to the established protocol and consistent with the practice setting.

Specific Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 12-10-80, 6-18-85, Formerly 210-11.22, 210-11.022, 61F7-4.009, 59S-4.009.

64B9-4.011 Dispensing Practitioners.

- (1) Those ARNP's whose protocols permit them to dispense medications for a fee as contemplated by Section 465.0276, F.S., must register with the Board of Nursing.
- (2) The ARNP dispensing practitioner must comply with all state and federal laws and regulations applicable to all dispensing practitioners under Section 465.0276, F.S.

Specific Authority 464.006 FS. Law Implemented 465.0276, 464.012(3), (4) FS. History—New 9-16-91, Formerly 210-16.003, 61F7-4.011, 59S-4.011, Amended 5-14-07.

64B9-4.010 Standards for Protocols.

- (1) An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the ARNP and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision by the physician or dentist is required unless these rules set a different level of supervision for a particular act. The number of persons to be supervised shall be limited to insure that an acceptable standard of medical care is rendered in consideration of the following factors:
 - (a) Risk to patient;
 - (b) Educational preparation, specialty, and experience of the parties to the protocol;
 - (c) Complexity and risk of the procedures;
 - (d) Practice setting; and

- (e) Availability of the physician or dentist.
- (2) A written protocol signed by all parties, representing the mutual agreement of the physician or dentist and the ARNP, shall include the following, at a minimum:
- (a) General Data.
 - 1. Signatures of individual parties to the protocol;
 - a. Name, address, ARNP certificate number;
 - b. Name, address, license number, and DEA number of the physician or dentist;
 - 2. Nature of practice, practice location, including primary and satellite sites; and
 - 3. Date developed and dates amended with signatures of all parties.
 - (b) Collaborative Practice Agreement.
 - 1. A description of the duties of the ARNP.
 - 2. A description of the duties of the physician or dentist (which shall include consultant and supervisory arrangements in case the physician or dentist is unavailable).
 - 3. The management areas for which the ARNP is responsible, including
 - a. The conditions for which therapies may be initiated,
 - b. The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP,
 - c. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.
 - 4. A provision for annual review by the parties.
 - 5. Specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician or dentist. The parties to the protocol, to insure an acceptable standard of supervision and medical care, will decide the detail and scope needed in the description of conditions and treatments, and in doing so will consider the factors listed in subparagraphs (1)(a) through (e) above.
- (3) The original of the protocol and the original of the notice shall be filed with the Department within 30 days of renewal of the practitioner's license, and a copy of the protocol and a copy of the notice required by Section 458.348(1), F.S., shall be kept at the site of practice of each party to the protocol. Any alterations to the

protocol or amendments should be signed by the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist and filed with the Department within 30 days of the alteration to be kept in the Department for filing purposes only.

After the termination of the relationship between the ARNP and the supervising professional, each party is responsible for insuring that a copy of the protocol is maintained for future reference for a period of four years.

Specific Authority 458.348(2), 464.006 FS. Law Implemented 458.348(2), 464.012 FS. History—New 4-4-82, Amended 3-13-84, Formerly 210-16.02, Amended 5-25-88, Formerly 210-16.002, 61F7-4.010, 59S-4.010, Amended 11-22-07.



Florida Corrections Accreditation Commission, Inc.

STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 2.02M

New Standard		Revision	X	Deletion	
--------------	--	----------	---	----------	--

Proposal (State the standard exactly as you believe it should appear in the manual).			
<p>2.02M A written directive system includes procedures for dissemination and storage of agency directives and addresses at a minimum:</p> <p>A. Dissemination of new or revised directives, prior to implementation, to all affected employees;</p> <p>B. For computerized systems, sufficient electronic and hard copy back-up of the directives in case of data loss;</p> <p>C. Sufficient Placement of hard copies in manuals or electronic media containing the directives, placed at specified locations so all employees have ready access to the directives.</p> <p>D. Storage of written directives, whether by their incorporation into manuals or by their storage in a computerized documentation system;</p> <p>E. Acknowledgement indicating receipt and review of directives by affected employees, whether in written or electronic form.</p>			
Proof(s) of Compliance	Qty Initial	Qty Reaccredited	Accreditation Manager Notes
<i>Written directive</i> addressing elements of the standard	1	1	
New/revised policies indicating dissemination/effective dates	1	3 YD	
Proof of receipt of new and revised <i>written directives</i> by all affected <i>employees</i>	1	3 YD	
Observation of <i>written directive</i> manuals, or electronic access system	Obs.	Obs.	
Observation of hard-copy back-up of <i>written directives</i> , if electronic system is used	Obs.	Obs.	Sample manual should be available on a resource table for assessors.

Rationale for revision.

With agencies facing increasing fiscal constraints and the need to operate more efficiently, many agencies are using electronic media, in lieu of hard paper copy, for distribution, storage, and accessibility of written directives. For many agencies, especially larger agencies, it is more fiscally conservative to provide copies of the written directives to affected entities in a media form such as a CD or disk drive, which can be placed at specified locations for access by employees in case the computerized system is not operating. The savings in reducing paper copies of manuals throughout the agency can be significant.

Proposed by:

Name Mary Shiver Date July 19, 2011

Agency Polk County Sheriff's Office

Address 1891 Jim Keene Boulevard

City, State, ZIP Winter Haven, Florida 33880

Phone 863-298-6368

All proposed revisions will be submitted to the Standards Review and Interpretations Committee via FCAC for consideration.

Forward to: FCAC, 3504 Lake Lynda Drive, Suite 380, Orlando, FL 32817 or Fax to: 407-275-4174

Approved _____ Disapproved _____ Approved with changes _____



Florida Corrections Accreditation Commission, Inc.

STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 15.09

New Standard		Revision		Deletion	
--------------	--	----------	--	----------	--

Proposal (State the standard exactly as you believe it should appear in the manual).

15.09 A written directive requires the jail administrator or a designee make documented weekly food service area inspections, to include deficiencies and corrective actions. Reports are kept a minimum of one year. ~~six months~~.

Rationale for revision.

Florida Model Jail Standards requires inspection reports are maintained for one year. Changing the standard to match FMJS will provide consistency and eliminate the possibility of any confusion.

(6.06) The Officer-in-Charge or designee shall inspect the food service area on a regular basis at least once a week, and shall make corrections on deficiencies found. The inspection of the food service area shall be recorded and maintained for not less than one (1) year.

Proposed by:

Name Wanda H. White Date August 20, 2011

Agency Escambia County Sheriff's Office

Address Post Office Box 18770

City, State, ZIP Pensacola, FL 32523-8770

Phone 850-436-9424/436-9223 or 850-698-2299

All proposed revisions will be submitted to the Standards Review and Interpretations Committee via FCAC for consideration.

Forward to: P.O. Box 1489 Tallahassee, FL 32302

Approved _____ Disapproved _____ Approved with changes _____



Florida Corrections Accreditation Commission, Inc.

STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 19.17

New Standard		Revision		Deletion	
--------------	--	----------	--	----------	--

Proposal (State the standard exactly as you believe it should appear in the manual).

19.17 A written directive requires inmate medical files, or a summary of the medical file, accompany the inmate when transferring to another facility. The records are sealed in an envelope marked "Confidential Medical Information". At least ~~No more than~~ three days dosage of medication shall accompany the medical records for inmates who are taking prescription medication unless otherwise directed by the facility physician ~~or authorized medical designee~~ or when the receiving facility will not accept the medication.

Rationale for revision.

FMJS 7.28.10 was changed from no more than to at least three days of medication. The FMJS standard also states "unless otherwise directed by a physician" and does not specifically allow "or authorized medical designee." The proposed language also provides an exception for the possibility that a receiving facility may not accept medications from another facility.

Note: The 3 day language is correctly reflected in 20.08 (which was changed on 06/29/2010).

(7.28.10) Inmates who are taking prescription medication and are released from custody shall be provided at least 3 days dosage of the remainder of their medication to take with them, unless otherwise directed by the physician, so they may continue the physician's prescribed treatment. If the inmate refuses the medication, the refusal is documented in the health record. The official shall then initial the medication log and the medication shall be treated as unused medication and handled in accordance with subsections (7.28.07) and (7.28.08) above.

Proposed by:

Name Wanda H. White

Date August 15, 2011

Agency Escambia County Sheriff's Office

Address Post Office Box 18770

City, State, ZIP Pensacola, FL 32523-8770

Phone 850-436-9424/436-9223 or 850-698-2299

All proposed revisions will be submitted to the Standards Review and Interpretations Committee via FCAC for consideration.

Forward to: P.O. Box 1489 Tallahassee, FL 32302

Approved _____	Disapproved _____	Approved with changes _____
----------------	-------------------	-----------------------------



Florida Corrections Accreditation Commission, Inc.

STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 1.08M

New Standard		Revision	X	Deletion	
--------------	--	----------	---	----------	--

Proposal (State the standard exactly as you believe it should appear in the manual).

A written directive requires employees with pretrial responsibilities receive a minimum of 20 hours of annual job related training as determined by the agency.

Rationale for revision.

Agencies whose staff are law enforcement certified such as law enforcement officers and Department of Corrections probation officers usually require a higher number of training hours- 40 or more. This is due to certified officers have the right to carry firearms and arrest powers.

Most, if not all, county run pretrial service agency employees are not law enforcement certified. These officers do not carry weapons and do not have arrest powers. It should be noted that the current requirement for Certified Pretrial Professionals under the National Association of Pretrial Services Association (NAPSA) is 25 hours over a three year period. Training for pretrial officers encompasses the law, customer service, professionalism, diversity, sexual harassment, and community resources.

Recently, local training opportunities have decreased due to budgetary restrictions. In addition, when staff are fulfilling training requirements, a burden is placed on the operations due to staff shortages. Although a minimum of 40 hours training is necessary for new employees, it is respectfully requested that the mandatory in-service staff training hours be reduced to 20 hours.

Proposed by:

Name: Shirley Olson and Peter Cuccoro

Date: 8/25/11

Agency: Volusia County Pretrial Services

Address: S. James Foxman Justice Center, 251 North Ridgewood Avenue, Room 131

City, State, ZIP: Daytona Beach, Florida 32114

Phone: 386-248-8102

All proposed revisions will be submitted to the Standards Review and Interpretations Committee via FCAC for consideration.

Forward to: P.O. Box 1489 Tallahassee, FL 32302

Approved

Disapproved

Approved with changes