

Emergency Management

252.34 Definitions.--As used in ss. [252.31](#)-[252.60](#), the term:

(1) "Disaster" means any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a declaration of a state of emergency by a county, the Governor, or the President of the United States. Disasters shall be identified by the severity of resulting damage, as follows:

(a) "Catastrophic disaster" means a disaster that will require massive state and federal assistance, including immediate military involvement.

(b) "Major disaster" means a disaster that will likely exceed local capabilities and require a broad range of state and federal assistance.

(c) "Minor disaster" means a disaster that is likely to be within the response capabilities of local government and to result in only a minimal need for state or federal assistance.

(2) "Division" means the Division of Emergency Management of the Department of Community Affairs, or the successor to that division.

(3) "Emergency" means any occurrence, or threat thereof, whether natural, technological, or manmade, in war or in peace, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property.

(4) "Emergency management" means the preparation for, the mitigation of, the response to, and the recovery from emergencies and disasters. Specific emergency management responsibilities include, but are not limited to:

(a) Reduction of vulnerability of people and communities of this state to damage, injury, and loss of life and property resulting from natural, technological, or manmade emergencies or hostile military or paramilitary action.

(b) Preparation for prompt and efficient response and recovery to protect lives and property affected by emergencies.

(c) Response to emergencies using all systems, plans, and resources necessary to preserve adequately the health, safety, and welfare of persons or property affected by the emergency.

(d) Recovery from emergencies by providing for the rapid and orderly start of restoration and rehabilitation of persons and property affected by emergencies.

(e) Provision of an emergency management system embodying all aspects of preemergency preparedness and postemergency response, recovery, and mitigation.

(f) Assistance in anticipation, recognition, appraisal, prevention, and mitigation of emergencies which may be caused or aggravated by inadequate planning for, and regulation of, public and private facilities and land use.

(5) "Local emergency management agency" means an organization created in accordance with the provisions of ss. [252.31](#)-[252.90](#) to discharge the emergency management responsibilities and functions of a political subdivision.

(6) "Manmade emergency" means an emergency caused by an action against persons or society, including, but not limited to, enemy attack, sabotage, terrorism, civil unrest, or other action impairing the orderly administration of government.

(7) "Natural emergency" means an emergency caused by a natural event, including, but not limited to, a hurricane, a storm, a flood, severe wave action, a drought, or an earthquake.

(8) "Political subdivision" means any county or municipality created pursuant to law.

(9) "Technological emergency" means an emergency caused by a technological failure or accident, including, but not limited to, an explosion, transportation accident, radiological accident, or chemical or other hazardous material incident.

History.--s. 1, ch. 74-285; s. 19, ch. 81-169; s. 22, ch. 83-55; s. 16, ch. 83-334; s. 7, ch. 84-241; s. 10, ch. 93-211; s. 31, ch. 2001-61.

252.35 Emergency management powers; Division of Emergency Management.--

(1) The division is responsible for maintaining a comprehensive statewide program of emergency management. The division is responsible for coordination with efforts of the Federal Government with other departments and agencies of state government, with county and municipal governments and school boards, and with private agencies that have a role in emergency management.

(2) The division is responsible for carrying out the provisions of ss. [252.31](#)-252.90. In performing its duties under ss. [252.31](#)-252.90, the division shall:

(a) Prepare a state comprehensive emergency management plan, which shall be integrated into and coordinated with the emergency management plans and programs of the Federal Government. The division must adopt the plan as a rule in accordance with chapter 120. The plan shall be implemented by a continuous, integrated comprehensive emergency management program. The plan must contain provisions to ensure that the state is prepared for emergencies and minor, major, and catastrophic disasters, and the division shall work closely with local governments and agencies and organizations with emergency management responsibilities in preparing and maintaining the plan. The state comprehensive emergency management plan shall be operations oriented and:

1. Include an evacuation component that includes specific regional and interregional planning provisions and promotes intergovernmental coordination of evacuation activities. This component must, at a minimum: contain guidelines for lifting tolls on state highways; ensure coordination pertaining to evacuees crossing county lines; set forth procedures for directing people caught on evacuation routes to safe shelter; establish strategies for ensuring sufficient, reasonably priced fueling locations along evacuation routes; and establish policies and strategies for emergency medical evacuations.

2. Include a shelter component that includes specific regional and interregional planning provisions and promotes coordination of shelter activities between the public, private, and nonprofit sectors. This component must, at a minimum: contain strategies to ensure the availability of adequate public shelter space in each region of the state; establish strategies for refuge-of-last-resort programs; provide strategies to assist local emergency management efforts to ensure that adequate staffing plans exist for all shelters, including medical and security personnel; provide for a postdisaster communications system for public shelters; establish model shelter guidelines for operations, registration, inventory, power generation

capability, information management, and staffing; and set forth policy guidance for sheltering people with special needs.

3. Include a postdisaster response and recovery component that includes specific regional and interregional planning provisions and promotes intergovernmental coordination of postdisaster response and recovery activities. This component must provide for postdisaster response and recovery strategies according to whether a disaster is minor, major, or catastrophic. The postdisaster response and recovery component must, at a minimum: establish the structure of the state's postdisaster response and recovery organization; establish procedures for activating the state's plan; set forth policies used to guide postdisaster response and recovery activities; describe the chain of command during the postdisaster response and recovery period; describe initial and continuous postdisaster response and recovery actions; identify the roles and responsibilities of each involved agency and organization; provide for a comprehensive communications plan; establish procedures for monitoring mutual aid agreements; provide for rapid impact assessment teams; ensure the availability of an effective statewide urban search and rescue program coordinated with the fire services; ensure the existence of a comprehensive statewide medical care and relief plan administered by the Department of Health; and establish systems for coordinating volunteers and accepting and distributing donated funds and goods.

4. Include additional provisions addressing aspects of preparedness, response, recovery, and mitigation as determined necessary by the division.

5. Address the need for coordinated and expeditious deployment of state resources, including the Florida National Guard. In the case of an imminent major disaster, procedures should address predeployment of the Florida National Guard, and, in the case of an imminent catastrophic disaster, procedures should address predeployment of the Florida National Guard and the United States Armed Forces.

6. Establish a system of communications and warning to ensure that the state's population and emergency management agencies are warned of developing emergency situations and can communicate emergency response decisions.

7. Establish guidelines and schedules for annual exercises that evaluate the ability of the state and its political subdivisions to respond to minor, major, and catastrophic disasters and support local emergency management agencies. Such exercises shall be coordinated with local governments and, to the extent possible, the Federal Government.

8. Assign lead and support responsibilities to state agencies and personnel for emergency support functions and other support activities.

The complete state comprehensive emergency management plan shall be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Governor on February 1 of every even-numbered year.

(b) Adopt standards and requirements for county emergency management plans. The standards and requirements must ensure that county plans are coordinated and consistent with the state comprehensive emergency management plan. If a municipality elects to establish an emergency management program, it must adopt a city emergency management plan that complies with all standards and requirements applicable to county emergency management plans.

(c) Assist political subdivisions in preparing and maintaining emergency management plans.

(d) Review periodically political subdivision emergency management plans for consistency with the state comprehensive emergency management plan and standards and requirements adopted under this section.

(e) Cooperate with the President, the heads of the Armed Forces, the various federal emergency management agencies, and the officers and agencies of other states in matters pertaining to emergency management in the state and the nation and incidents thereof and, in connection therewith, take any measures that it deems proper to carry into effect any request of the President and the appropriate federal officers and agencies for any emergency management action, including the direction or control of:

1. Emergency management drills, tests, or exercises of whatever nature.
2. Warnings and signals for tests and drills, attacks, or other imminent emergencies or threats thereof and the mechanical devices to be used in connection with such warnings and signals.

(f) Make recommendations to the Legislature, building code organizations, and political subdivisions for zoning, building, and other land use controls; safety measures for securing mobile homes or other nonpermanent or semipermanent structures; and other preparedness, prevention, and mitigation measures designed to eliminate emergencies or reduce their impact.

(g) In accordance with the state comprehensive emergency management plan and program for emergency management, ascertain the requirements of the state and its political subdivisions for equipment and supplies of all kinds in the event of an emergency; plan for and either procure supplies, medicines, materials, and equipment or enter into memoranda of agreement or open purchase orders that will ensure their availability; and use and employ from time to time any of the property, services, and resources within the state in accordance with ss. [252.31](#)-[252.90](#).

(h) Anticipate trends and promote innovations that will enhance the emergency management system.

(i) Institute statewide public awareness programs. This shall include an intensive public educational campaign on emergency preparedness issues, including, but not limited to, the personal responsibility of individual citizens to be self-sufficient for up to 72 hours following a natural or manmade disaster. The public educational campaign shall include relevant information on statewide disaster plans, evacuation routes, fuel suppliers, and shelters. All educational materials must be available in alternative formats and mediums to ensure that they are available to persons with disabilities.

(j) The Division of Emergency Management and the Department of Education shall coordinate with the Agency for Persons with Disabilities to provide an educational outreach program on disaster preparedness and readiness to individuals who have limited English skills and identify persons who are in need of assistance but are not defined under special-needs criteria.

(k) Prepare and distribute to appropriate state and local officials catalogs of federal, state, and private assistance programs.

(l) Coordinate federal, state, and local emergency management activities and take all other steps, including the partial or full mobilization of emergency management forces and organizations in advance of an actual emergency, to ensure the availability of adequately

trained and equipped forces of emergency management personnel before, during, and after emergencies and disasters.

(m) Establish a schedule of fees that may be charged by local emergency management agencies for review of emergency management plans on behalf of external agencies and institutions. In establishing such schedule, the division shall consider facility size, review complexity, and other factors.

(n) Implement training programs to improve the ability of state and local emergency management personnel to prepare and implement emergency management plans and programs. This shall include a continuous training program for agencies and individuals that will be called on to perform key roles in state and local postdisaster response and recovery efforts and for local government personnel on federal and state postdisaster response and recovery strategies and procedures.

(o) Review periodically emergency operating procedures of state agencies and recommend revisions as needed to ensure consistency with the state comprehensive emergency management plan and program.

(p) Make such surveys of industries, resources, and facilities within the state, both public and private, as are necessary to carry out the purposes of ss. [252.31-252.90](#).

(q) Prepare, in advance whenever possible, such executive orders, proclamations, and rules for issuance by the Governor as are necessary or appropriate for coping with emergencies and disasters.

(r) Cooperate with the Federal Government and any public or private agency or entity in achieving any purpose of ss. [252.31-252.90](#) and in implementing programs for mitigation, preparation, response, and recovery.

(s) By January 1, 2007, the Division of Emergency Management shall complete an inventory of portable generators owned by the state and local governments which are capable of operating during a major disaster. The inventory must identify, at a minimum, the location of each generator, the number of generators stored at each specific location, the agency to which each generator belongs, the primary use of the generator by the owner agency, and the names, addresses, and telephone numbers of persons having the authority to loan the stored generators as authorized by the Division of Emergency Management during a declared emergency.

(t) The division shall maintain an inventory list of generators owned by the state and local governments. In addition, the division may keep a list of private entities, along with appropriate contact information, which offer generators for sale or lease. The list of private entities shall be available to the public for inspection in written and electronic formats.

(u) Assist political subdivisions with the creation and training of urban search and rescue teams and promote the development and maintenance of a state urban search and rescue program.

(v) Delegate, as necessary and appropriate, authority vested in it under ss. [252.31-252.90](#) and provide for the subdelegation of such authority.

(w) Report biennially to the President of the Senate, the Speaker of the House of Representatives, and the Governor, no later than February 1 of every odd-numbered year, the status of the emergency management capabilities of the state and its political subdivisions.

(x) In accordance with chapter 120, create, implement, administer, adopt, amend, and rescind rules, programs, and plans needed to carry out the provisions of ss. [252.31](#)-252.90 with due consideration for, and in cooperating with, the plans and programs of the Federal Government. In addition, the division may adopt rules in accordance with chapter 120 to administer and distribute federal financial predisaster and postdisaster assistance for prevention, mitigation, preparedness, response, and recovery.

(y) Do other things necessary, incidental, or appropriate for the implementation of ss. [252.31](#)-252.90.

252.358 Emergency-preparedness prescription medication refills.—

All health insurers, managed care organizations, and other entities that are licensed by the Office of Insurance Regulation and provide prescription medication coverage as part of a policy or contract shall waive time restrictions on prescription medication refills, which include suspension of electronic "refill too soon" edits to pharmacies, to enable insureds or subscribers to refill prescriptions in advance, if there are authorized refills remaining, and shall authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription had most recently been filled by a pharmacist, when the following conditions occur:

- (1) The person seeking the prescription medication refill resides in a county that:
 - (a) Is under a hurricane warning issued by the National Weather Service;
 - (b) Is declared to be under a state of emergency in an executive order issued by the Governor; or
 - (c) Has activated its emergency operations center and its emergency management plan.
- (2) The prescription medication refill is requested within 30 days after the origination date of the conditions stated in this section or until such conditions are terminated by the issuing authority or no longer exist. The time period for the waiver of prescription medication refills may be extended in 15- or 30-day increments by emergency orders issued by the Office of Insurance Regulation.

This section does not excuse or exempt an insured or subscriber from compliance with all other terms of the policy or contract providing prescription medication coverage. This section takes effect July 1, 2006.

252.36 Emergency management powers of the Governor.--

- (1)(a) The Governor is responsible for meeting the dangers presented to this state and its people by emergencies. In the event of an emergency beyond local control, the Governor, or, in the Governor's absence, her or his successor as provided by law, may assume direct operational control over all or any part of the emergency management functions within this state, and she or he shall have the power through proper process of law to carry out the provisions of this section. The Governor is authorized to delegate such powers as she or he may deem prudent.
- (b) Pursuant to the authority vested in her or him under paragraph (a), the Governor may issue executive orders, proclamations, and rules and may amend or rescind them. Such executive orders, proclamations, and rules shall have the force and effect of law.

(2) A state of emergency shall be declared by executive order or proclamation of the Governor if she or he finds an emergency has occurred or that the occurrence or the threat thereof is imminent. The state of emergency shall continue until the Governor finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and she or he terminates the state of emergency by executive order or proclamation, but no state of emergency may continue for longer than 60 days unless renewed by the Governor. The Legislature by concurrent resolution may terminate a state of emergency at any time. Thereupon, the Governor shall issue an executive order or proclamation ending the state of emergency. All executive orders or proclamations issued under this section shall indicate the nature of the emergency, the area or areas threatened, and the conditions which have brought the emergency about or which make possible its termination. An executive order or proclamation shall be promptly disseminated by means calculated to bring its contents to the attention of the general public; and, unless the circumstances attendant upon the emergency prevent or impede such filing, the order or proclamation shall be filed promptly with the Department of State and in the offices of the county commissioners in the counties to which the order or proclamation applies.

(3) An executive order or proclamation of a state of emergency shall:

(a) Activate the emergency mitigation, response, and recovery aspects of the state, local, and interjurisdictional emergency management plans applicable to the political subdivision or area in question; and

(b) Be authority for the deployment and use of any forces to which the plan or plans apply and for the use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or arranged to be made available pursuant to ss. [252.31](#)-252.90 or any other provision of law relating to emergencies.

(c) Identify whether the state of emergency is due to a minor, major, or catastrophic disaster.

1. For a major or catastrophic disaster, the proclamation is authority for a health care practitioner licensed in another state to assist in providing health care in the disaster area according to the provisions specified in the proclamation.

2. For a catastrophic disaster, the proclamation constitutes a formal request for mobilization of the military, which shall be communicated to the President of the United States.

(4) During the continuance of a state of emergency, the Governor is commander in chief of the Florida National Guard and of all other forces available for emergency duty. To the greatest extent practicable, the Governor shall delegate or assign command authority by prior arrangement embodied in appropriate executive orders or rules, but nothing herein restricts the Governor's authority to do so by orders issued at the time of the emergency.

(5) In addition to any other powers conferred upon the Governor by law, she or he may:

(a) Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of any state agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency.

(b) Utilize all available resources of the state government and of each political subdivision of the state, as reasonably necessary to cope with the emergency.

- (c) Transfer the direction, personnel, or functions of state departments and agencies or units thereof for the purpose of performing or facilitating emergency services.
- (d) Subject to any applicable requirements for compensation under s. [252.43](#), commandeer or utilize any private property if she or he finds this necessary to cope with the emergency.
- (e) Direct and compel the evacuation of all or part of the population from any stricken or threatened area within the state if she or he deems this action necessary for the preservation of life or other emergency mitigation, response, or recovery.
- (f) Prescribe routes, modes of transportation, and destinations in connection with evacuation.
- (g) Control ingress and egress to and from an emergency area, the movement of persons within the area, and the occupancy of premises therein.
- (h) Suspend or limit the sale, dispensing, or transportation of alcoholic beverages, firearms, explosives, and combustibles. However, nothing contained in ss. [252.31](#)-252.90 shall be construed to authorize the seizure, taking, or confiscation of firearms that are lawfully possessed, unless a person is engaged in the commission of a criminal act.
- (i) Make provision for the availability and use of temporary emergency housing.
- (j) Take effective measures for limiting or suspending lighting devices and appliances, gas and water mains, electric power distribution, and all other utility services in the general public interest.
- (k) Take measures concerning the conduct of civilians, the movement and cessation of movement of pedestrian and vehicular traffic prior to, during, and subsequent to drills and actual or threatened emergencies, the calling of public meetings and gatherings, and the evacuation and reception of civilian population, as provided in the emergency management plan of the state and political subdivisions thereof.
- (l) Authorize the use of forces already mobilized as the result of an executive order, rule, or proclamation to assist the private citizens of the state in cleanup and recovery operations during emergencies when proper permission to enter onto or into private property has been obtained from the property owner. The provisions of s. [768.28](#)(9) apply to this paragraph.
- (m) Authorize businesses and their employees who sell commodities as defined in s. [501.160](#)(1)(a) to exceed the times of curfews for the purpose of ensuring that the supplies of commodities are made available to the public and direct local law enforcement to assist and accommodate those businesses and their employees in ensuring that commodities are available in coping with the emergency.
- (n) By executive order, authorize the operator of solid waste disposal facilities to extend operating hours to ensure the health, safety, and welfare of the general public.
- (6) The Governor shall take such action and give such direction to state and local law enforcement officers and agencies as may be reasonable and necessary for the purpose of securing compliance with the provisions of ss. [252.31](#)-252.90 and with the orders and rules made pursuant thereto.
- (7) The Governor shall employ such measures and give such directions to the Department of Health and the Agency for Health Care Administration as may be reasonably necessary for the

purpose of securing compliance with the provisions of ss. [252.31](#)-252.90 or with the findings or recommendations of such agency of health by reason of conditions arising from emergencies or threats of emergency.

(8) The Governor shall delegate emergency responsibilities to the officers and agencies of the state and of the political subdivisions thereof prior to an emergency or threat of an emergency and shall utilize the services and facilities of existing officers and agencies of the state and of the political subdivisions thereof, including their personnel and other resources, as the primary emergency management forces of the state, and all such officers and agencies shall cooperate with and extend their services and facilities to the division, as it may require.

(9) The Governor and the division shall establish agencies and offices and appoint executive, professional, technical, clerical, and other personnel as may be necessary to carry out the provisions of ss. [252.31](#)-252.90.

(10) The Governor shall formulate and execute plans and rules for the control of traffic in order to provide for the rapid and safe movement or evacuation over public highways and streets of people, troops, or vehicles and materials for national defense or for use in any defense industry and may coordinate the activities of the departments or agencies of the state and the political subdivisions thereof concerned directly or indirectly with public highways and streets in a manner which will best effectuate such plans.

EMAC

252.922 Purpose and authorities.—

(1) This compact is made and entered into by and between the participating member states which enact this compact, hereinafter called party states. For purposes of this compact, the term “states” means the several states, the Commonwealth of Puerto Rico, the District of Columbia, and all United States territorial possessions.

(2) The purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, manmade disaster, civil emergency aspects of resource shortages, community disorders, insurgency, or enemy attack. This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies, such actions occurring outside actual emergency periods. Mutual assistance in this compact may include the use of the states’ National Guard forces, either in accordance with the National Guard Mutual Assistance Compact or by mutual agreement between states.

History.—s. 1, ch. 96-244.

252.923 General implementation.—

(1) Each party state entering into this compact recognizes many emergencies transcend political jurisdictional boundaries and that intergovernmental coordination is essential in managing these and other emergencies under this compact. Each state further recognizes that there will be emergencies which require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency. This is because few, if any, individual states have all the resources they may need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.

(2) The prompt, full, and effective utilization of resources of the participating states, including any resources on hand or available from the Federal Government or any other source, that are essential to the safety, care, and welfare of the people in the event of an emergency or disaster declared by a party state, shall be the underlying principle on which all articles of this compact shall be understood.

(3) On behalf of the governor of each state participating in the compact, the legally designated official who is assigned responsibility for emergency management will be responsible for formulation of the appropriate interstate mutual aid plans and procedures necessary to implement this compact.

History.—s. 1, ch. 96-244.

252.924 Party state responsibilities.--

(1) It shall be the responsibility of each party state to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this article. In formulating such plans, and in carrying them out, the party states, insofar as practical, shall:

(a) Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party states might jointly suffer, whether due to natural disaster, technological hazard, manmade disaster, emergency aspects of resource shortages, civil disorders, insurgency, or enemy attack.

(b) Review party states' individual emergency plans and develop a plan which will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.

(c) Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.

(d) Assist in warning communities adjacent to or crossing the state boundaries.

(e) Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services, and resources, both human and material.

(f) Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.

(g) Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that restrict the implementation of the above responsibilities.

(2) The authorized representative of a party state may request assistance of another party state by contacting the authorizing representative of that state. The provisions of this agreement shall only apply to requests for assistance made by and to authorized representatives. **Requests may be verbal or in writing.** If verbal, the request shall be confirmed in writing within 90 days of the verbal request. Requests shall provide the following information:

(a) A description of the emergency service function for which assistance is needed, such as, but not limited to, fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building code inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.

(b) The amount and type of personnel, equipment, materials, and supplies needed, and a reasonable estimate of the length of time they will be needed.

(c) The specific place and time for staging of the assisting party's response and a point of contact at that location.

(3) There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party states with affected jurisdictions and the United States Government, with free exchange of information, plans, and resource records relating to emergency capabilities.

252.925 Limitation.—

Any party state requested to render mutual aid or exercises and training for mutual aid shall take such action as is necessary to provide and make available the resources covered by this compact in accordance with the terms hereof; provided that **it is understood that the state rendering aid may withhold resources to the extent necessary to provide reasonable protection for such state. Each party state shall afford to the emergency forces of any other party state, while operating within its state limits under the terms and conditions of this compact, the same powers (except those powers of arrest unless specifically authorized by the receiving state), duties, rights, and privileges as are afforded forces of the state in which they are performing emergency services. Emergency forces will continue under the command and control of their regular leaders, but the organizational units will come under the operational control of the emergency services authorities of the state receiving assistance.** These conditions may be activated, as needed, only subsequent to a declaration of a state of emergency or disaster by the governor of the party state that is to receive assistance or commencement of exercises and/or training for mutual aid and shall continue so long as the exercises and/or training for mutual aid are in progress, the state of emergency or disaster remains in effect, or loaned resources remain in the receiving states, whichever is longer.

History.—s. 1, ch. 96-244.

252.926 License and permits.—

Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster situation, subject to such limitations and conditions as the governor of the requesting state may prescribe by executive order or otherwise.

History.—s. 1, ch. 96-244.

252.927 Liability.—

Officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the requesting state for tort liability and immunity purposes; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

History.—s. 1, ch. 96-244.

252.928 Compensation.—

Each party state shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that state and the representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within their own state.

History.—s. 1, ch. 96-244.

252.929 Reimbursement.—

Any party state rendering aid in another state pursuant to this compact shall be reimbursed by the party state receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the cost incurred in connection with such requests. However, any aiding party state may assume in whole or in part such loss, damage, expense, or other cost, or may loan such equipment or donate such services to the receiving party state without charge or costs; and any two or more party states may enter into supplementary agreements establishing a different allocation of costs among those states. **Costs incurred in payment of compensation and death benefits under s. 252.928 shall not be reimbursable under this provision.**

History.—s. 1, ch. 96-244.

252.931 Evacuation.—

Plans for the orderly evacuation and interstate reception of portions of the civilian population as the result of any emergency or disaster of sufficient proportions to so warrant, shall be worked out and maintained between the party states and the emergency management services directors of the various jurisdictions where any type of incident requiring evacuations might occur. Such plans shall be put into effect by request of the state from which evacuees come and shall include the manner of transporting such evacuees, the number of evacuees to be received in different areas, the manner in which food, clothing, housing, and medical care will be provided, the registration of the evacuees, the providing of facilities for the notification of relatives or friends, and the forwarding of such evacuees to other areas or the bringing in of additional materials, supplies, and all other relevant factors. Such plans shall provide that the party state receiving evacuees and the party state from which the evacuees come shall mutually agree as to reimbursement for out-of-pocket expenses incurred in receiving and caring for such evacuees, for expenditures for transportation, food, clothing, medicines and medical care, and like items. Such expenditures shall be reimbursed as agreed by the party state from which the evacuees come. After the termination of the emergency or disaster, the party state from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees.

History.—s. 1, ch. 96-244.

252.932 Implementation.—

(1) This compact shall become operative immediately upon its enactment into law by any two states; thereafter, this compact shall become effective as to any other state upon its enactment by such state.

(2) Any party state may withdraw from this compact by enacting a statute repealing same, but no such withdrawal shall take effect until 30 days after the governor of the withdrawing state has given notice in writing of such withdrawal to the governors of all other party states. Such action shall not relieve the withdrawing state from obligations assumed hereunder prior to the effective date of the withdrawal.

(3) Duly authenticated copies of this compact and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party states and with the Federal Emergency Management Agency and other appropriate agencies of the United States Government.

History.—s. 1, ch. 96-244.

252.933 Validity.—

This compact shall be construed to effectuate the purposes stated in s. 252.922. If any provision of this compact is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of this compact and the applicability thereof to other persons and circumstances shall not be affected thereby.

History.—s. 1, ch. 96-244.

DOH Duties and Powers

381.0011 Duties and powers of the Department of Health.—It is the duty of the Department of Health to:

~~(1) Assess the public health status and needs of the state through statewide data collection and other appropriate means, with special attention to future needs that may result from population growth, technological advancements, new societal priorities, or other changes.~~

~~(2) Formulate general policies affecting the public health of the state.~~

~~(23) Administer and enforce laws and rules relating to sanitation, control of communicable diseases, illnesses and hazards to health among humans and from animals to humans, and the general health of the people of the state.~~

~~(34) Coordinate with Cooperate with and accept assistance from federal, state, and local officials for the prevention and suppression of communicable and other diseases, illnesses, injuries, and hazards to human health.~~

~~(5) Declare, enforce, modify, and abolish quarantine of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health, except as provided in ss. [384.28](#) and [392.545-392.60](#).~~

~~—(a) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a quarantine. The rules must include provisions related to:~~

~~—1. The closure of premises.~~

~~—2. The movement of persons or animals exposed to or infected with a communicable disease.~~

~~—3. The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.~~

~~—4. Testing or destruction of animals with or suspected of having a disease transmissible to humans.~~

~~—5. Access by the department to quarantined premises.~~

~~—6. The disinfection of quarantined animals, persons, or premises.~~

~~—7. Methods of quarantine.~~

~~—(b) Any health regulation that restricts travel or trade within the state may not be adopted or enforced in this state except by authority of the department.~~

~~(46) Provide for a thorough investigation and study of the incidence, causes, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.~~

~~(57) Provide for the dissemination of information to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health. The department shall conduct a workshop before issuing any health alert or advisory relating to food-borne illness or communicable disease in public lodging or food service establishments in order to inform persons, trade associations, and businesses of the risk to public health and to seek the input of affected persons, trade associations, and businesses on the best methods of informing and protecting the public, except in an emergency, in which case the workshop must be held within 14 days after the issuance of the emergency alert or advisory.~~

~~(68) Act as registrar of vital statistics.~~

~~(9) Cooperate with and assist federal health officials in enforcing public health laws and regulations.~~

~~(10) Cooperate with other departments, local officials, and private boards and organizations for the improvement and preservation of the public health.~~

~~(11) Maintain a statewide injury prevention program.~~

~~(12) Adopt rules pursuant to ss. [120.536\(1\)](#) and [120.54](#) to implement the provisions of law conferring duties upon it. This subsection does not authorize the department to require a permit or license unless such requirement is specifically provided by law.~~

~~(713) Manage and coordinate emergency preparedness and disaster response functions to: investigate and control the spread of disease; coordinate the availability and staffing of special needs shelters; support patient evacuation; ensure the safety of food and drugs; provide critical incident stress debriefing; and provide surveillance and control of radiological, chemical, biological, and other environmental hazards.~~

~~(14) Perform any other duties prescribed by law.~~

Quarantine

381.0011(5), transferred to 381.00315.

History.--s. 3, ch. 91-297; s. 13, ch. 93-53; s. 29, ch. 97-101; s. 2, ch. 98-151; s. 94, ch. 98-200; s. 6, ch. 2000-367; s. 1, ch. 2002-269; s. 5, ch. 2004-350.

381.0012 Enforcement authority.--

(1) The department may commence and maintain all proper and necessary actions and proceedings to enforce the rules adopted pursuant to this chapter and may defend all actions and proceedings involving the department's powers and duties.

(2) The department may apply for an injunction to the proper circuit court, and the judge of that court upon hearing and for cause shown may grant a temporary or permanent injunction, or both, restraining any person from violating or continuing to violate any of the provisions of this chapter or from failing or refusing to comply with the requirements of this chapter. A permanent injunction may be issued without bond. However, a temporary injunction may not be issued without bond except after a hearing of which the respondent has been given not less than 7 days' prior notice. A temporary injunction may not be issued without bond which limits or prevents operations of an industrial, manufacturing, or processing plant, unless at the hearing, it is shown by clear, certain, and convincing evidence that irreparable injury will result to the public from the failure to issue the temporary injunction. If a temporary injunction or restraining order is improperly or erroneously granted, the state is liable in damages and to the extent provided for in chapter 768.

(3) The department may commence and maintain all proper and necessary actions and proceedings to compel the performance of any act specifically required of any person, officer, or board by any law of this state relating to public health.

(4) The department may appear before any trial court judge empowered to issue warrants in criminal cases and request the issuance of a warrant. The trial court judge shall issue a warrant directed to any sheriff, deputy, or police officer to assist in any way to carry out the purpose and intent of this chapter.

(5) It shall be the duty of every state and county attorney, sheriff, police officer, and other appropriate city and county officials upon request to assist the department or any of its agents in enforcing the state health laws and the rules adopted under this chapter.

History.--s. 4, ch. 91-297; s. 9, ch. 2004-11.

381.0013 Eminent domain.—

~~Whenever the department shall find it necessary to acquire private property for the use of the department and to be occupied by the department, the department may exercise the power of eminent domain and to proceed to condemn the property in the manner provided by chapter 73.~~

381.0014

~~Regulations and ordinances superseded.—~~

~~**History.** s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 1, ch. 76-235; s. 56, ch. 77-147; s. 6, ch. 91-297; s. 189, ch. 99-13.~~

~~**Note.** Former s. 381.071.~~

381.0015 Presumptions.—

~~The authority, action, and proceedings of the department in enforcing the rules adopted by it under the provisions of this chapter shall be regarded as judicial in nature and treated as prima facie just and legal.~~

~~**History.** s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 57, ch. 77-147; s. 7, ch. 91-297.~~

~~**Note.** Former s. 381.081.~~

Sec. 381.0015 says:

F.S. 381.0015 Presumptions.--The authority, action, and proceedings of the department in enforcing the rules adopted by it under the provisions of this chapter shall be regarded as judicial in nature and treated as prima facie just and legal.

During a 1996 meeting, a representative of the Florida Supreme Court expressed the view that this language possibly could offend the principle of Separation of Powers. We respectfully disagree. At the time, we did not know how to explain its meaning. Having researched it further, here's what we now think it means:

"[A statute providing] that the finding of the health officers shall be final is a sufficient evidence of legislative intent to leave the whole matter to the health officers without

restraint on part of the courts." State ex rel. McBride v. Superior Court for King County, 103 Wash. 409, 174 P. 973 (Wa. 1918), citing with approval State ex rel. Aberdeen v. Superior Court, 44 Wash. 526, 87 P. 818. The statute under the Court's view was sec. 5546, Rem.Code. (1903), stating, "In the case of the question arising as to whether or not any person is affected or is sick with a dangerous, contagious or infectious disease . . . the opinion of the executive officer of the state board of health, or any member or physician he may appoint to examine such case, shall be final."

This seems to indicate that the 1955 Florida Legislature intended to leave matters of medical judgment to the health department doctors, without restraint on the part of the courts.

There is a companion statute dating from the same legislature, same bill, apparently with the same rationale:

F.S. 381.0014 Regulations and ordinances superseded.--The rules adopted by the department under the provisions of this chapter shall, as to matters of public health, supersede all rules enacted by other state departments, boards or commissions, or ordinances and regulations enacted by municipalities, except that this chapter does not alter or supersede any of the provisions set forth in chapters 502 and 503 or any rule adopted under the authority of those chapters.

Both these statutes pre-date Florida's general quarantine authority statute by many years (1955 to 1991).

County and Municipal Regulations

381.0016 County and Municipal regulations and ordinances.—

Any county and municipality may enact, in a manner prescribed by law, health regulations and ordinances not inconsistent with state public health laws and rules adopted by the department. History.—s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 59, ch. 77-147; s. 8, ch. 91-297. Note.—Former s. 381.101.

381.0025 Penalties.--

~~(1) (2) Any person who interferes with, hinders, or opposes any employee of the department in the discharge of his or her duties pursuant to the provisions of this chapter, chapter 386, chapter 513, or chapter 514, or who impersonates an employee of the department, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.~~

~~(3) Any person who maliciously disseminates any false rumor or report concerning the existence of any infectious or contagious disease is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.~~

~~History.—s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 330, ch. 71-136; s. 5, ch. 79-12; s. 98, ch. 86-220; s. 1, ch. 88-177; s. 13, ch. 91-297; s. 648, ch. 95-148; s. 7, ch. 96-293.~~

~~Note.—Former s. 381.411~~

381.0031 Report of diseases of public health significance to department.--

(1) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.

(2) Periodically the department shall issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (1).

(3) Reports required by this section must be in accordance with methods specified by rule of the department.

(4) Information submitted in reports required by this section is confidential, exempt from the provisions of s. [119.07\(1\)](#), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.

(5) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.

(6) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required followup activities by the department which are necessary to protect public health.

This section does not affect s. [384.25](#).

History.--s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 67, ch. 77-147; s. 4, ch. 89-311; s. 2, ch. 90-347; s. 15, ch. 91-297; s. 2, ch. 95-188; s. 184, ch. 96-406; s. 175, ch. 97-101; s. 4, ch. 98-151; s. 252, ch. 98-166; s. 8, ch. 2000-367

381.00315 Public health advisories; public health emergencies.—

The State Health Officer is responsible for declaring public health emergencies and issuing public health advisories.

(1) As used in this section, the term:

(a) "Public health advisory" means any warning or report giving information to the public about a potential public health threat. Prior to issuing any public health advisory, the State Health Officer must consult with any state or local agency regarding areas of responsibility which may be affected by such advisory. Upon determining that issuing a public health advisory is necessary to protect the public health and safety, and prior to issuing the advisory, the State Health Officer must notify each county health department within the area which is affected by the advisory of the State Health Officer's intent to issue the advisory. The State Health Officer is authorized to take any action appropriate to enforce any public health advisory.

(b) "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Prior to declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, **upon declaration** of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:

1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

3. Notwithstanding s. [456.036](#), temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced registered nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. [456.036](#) or chapter 401, as applicable.

4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested,

vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.

a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.

b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to quarantine. If there is no practical method to quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. [381.0012](#).

(2) Individuals who assist the State Health Officer at his or her request on a volunteer basis during a public health emergency are entitled to the benefits specified in s. [110.504](#)(2), (3), (4), and (5).

(3) To facilitate effective emergency management, when the United States Department of Health and Human Services contracts for the manufacture and delivery of licensable products in response to a public health emergency and the terms of those contracts are made available to the states, the department shall accept funds provided by counties, municipalities, and other entities designated in the state emergency management plan required under s. [252.35](#)(2)(a) for the purpose of participation in those contracts. The department shall deposit those funds in the Grants and Donations Trust Fund and expend those funds on behalf of the donor county, municipality, or other entity for the purchase of the licensable products made available under the contract.

(4) Declare, enforce, modify, and abolish quarantines of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health, except as provided in ss. [384.28](#) and [392.545](#)-392.60.

(5) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a quarantine. The rules must include provisions related to:

a. The closure of premises.

b. The movement of persons or animals exposed to or infected with a communicable disease.

c. The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.

d. Testing or destruction of animals with or suspected of having a disease transmissible to humans.

e. Access by the department to quarantined premises.

f. The disinfection of quarantined animals, persons, or premises.

g. Methods of quarantine.

(6) The rules adopted under this section and actions taken by the department pursuant to a declared public health emergency or quarantine shall supersede all rules enacted by other state departments, boards or commissions, or ordinances and regulations enacted by political subdivisions of the state. Any person who violates any rule adopted under this section, any quarantine, or any requirement adopted by the department pursuant to a public health emergency, commits a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

History.--s. 16, ch. 96-403; s. 63, ch. 97-100; s. 2, ch. 2002-269; s. 6, ch. 2005-165

Tuberculosis Control

392.51 Findings and intent.—

The Legislature finds and declares that active tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to the public health. The Legislature finds that there is a significant reservoir of tuberculosis infection in this state and that there is a need to develop community programs to identify tuberculosis and to respond quickly with appropriate measures. The Legislature finds that some patients who have active tuberculosis have complex medical, social, and economic problems that make outpatient control of the disease difficult, if not impossible, without posing a threat to the public health. The Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a system of mandatory contact identification, treatment to cure, hospitalization, and isolation for contagious cases and to provide a system of voluntary, community-oriented care and surveillance in all other cases. The Legislature finds that the delivery of tuberculosis control services is best accomplished by the coordinated efforts of the respective county health departments, the A.G. Holley State Hospital, and the private health care delivery system.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 2, ch. 94-320; s. 94, ch. 97-101.

392.52 Definitions.—

As used in this chapter, the term:

- (1) "Active tuberculosis" means tuberculosis disease that is demonstrated to be contagious by clinical or bacteriological evidence, or by other means as determined by rule of the department. Tuberculosis disease is considered active until cured.
- (2) "County health department" means an agency or entity designated as such in chapter 154.
- (3) "Cure" or "treatment to cure" means the completion of a course of antituberculosis treatment.
- (4) "Department" means the Department of Health.
- (5) "Directly observed therapy" means treatment in which a patient ingests medications under the observation of a health care provider or other responsible party.
- (6) "Threat to the public health" means a rebuttable presumption that a person has active tuberculosis and:

- (a) Is not taking medications as prescribed;
- (b) Is not following the recommendations of the treating physician;
- (c) Is not seeking treatment for signs and symptoms compatible with tuberculosis; or
- (d) Evidences a disregard for the health of the public.

(7) "Tuberculosis" means a disease caused by *Mycobacterium tuberculosis*, *Mycobacterium bovis*, or *Mycobacterium africanum*.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 3, ch. 94-320; s. 95, ch. 97-101; s. 34, ch. 97-237.

392.53 Reporting required.--

(1) Each person who makes a diagnosis of tuberculosis or who treats a person with tuberculosis and each laboratory that performs a test on a specimen that reveals the presence of the tubercule bacilli shall report or cause to be reported such facts to the department in addition to other facts that the department requires by rule to be reported, within a time specified by rule of the department, which period must not exceed 72 hours after the presence of tuberculosis is discovered.

(2) The department shall adopt rules specifying the information that must be included in a report of tuberculosis, the time within which the report must be filed, and where the report must be filed. The department shall consider the need for information, protection of the privacy and confidentiality of the patient, and the practical ability of persons and laboratories to report in a reasonable fashion. Rules adopted by the department may provide for telephonic, electronic, and written reporting and may establish different time periods and content for each method of reporting.

(3) A person who reports to the department the name of a person who has tuberculosis is not liable for damages caused by such report, unless the report is made with knowledge that it is false or with reckless disregard of the truthfulness of the report.

(4) A person who violates this section or the rules adopted under this section may be fined by the department, in the manner prescribed in s. [392.67](#). The department shall report each violation of this section to the regulatory agency that is responsible for licensing the person or laboratory that commits the violation.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 2, ch. 93-264; s. 4, ch. 94-320.

392.54 Contact investigation.--

(1) The department and its authorized agents may counsel and interview, or cause to be counseled and interviewed, any person who has active tuberculosis, who is reasonably suspected of having active tuberculosis, or who is reasonably suspected of having been exposed to active tuberculosis, in order to investigate the source and spread of the disease and in order to require such person to submit to examination and treatment to cure as necessary.

(2) All information gathered in the course of contact investigation is confidential, subject to the provisions of s. [392.65](#). Such information is exempt from s. [119.07](#)(1).

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 11, ch. 90-344; s. 5, ch. 94-320; s. 203, ch. 96-406.

392.55 Physical examination and treatment.--

(1) Subject to the provisions of subsections (3) and (4), the department and its authorized representatives may petition the circuit court to examine or cause to be examined, or treat to cure or cause to be treated to cure, any person who has, or is reasonably suspected of having or having been exposed to, active tuberculosis.

(2) Subject to the provisions of subsections (3) and (4), a person who has active tuberculosis or is reasonably suspected of having or having been exposed to active tuberculosis shall report for complete examination or treatment to cure, as appropriate, on an outpatient basis to a physician licensed under chapter 458 or chapter 459, or shall submit to examination or treatment to cure, as appropriate, at a county health department or other public facility. When a person has been diagnosed as having active tuberculosis, he or she shall continue with the prescribed treatment on an outpatient basis, which includes the use of directly observed therapy, until such time as the disease is determined to be cured.

(3) A person may not be apprehended or examined on an outpatient basis for active tuberculosis without consent, except upon the presentation of a warrant duly authorized by a circuit court. In requesting the issuance of such a warrant, the department must show by a preponderance of evidence that a threat to the public health would exist unless such a warrant is issued and must show that all other reasonable means of obtaining compliance have been exhausted and that no other less restrictive alternative is available.

(4) A warrant requiring a person to be apprehended or examined on an outpatient basis may not be issued unless:

(a) A hearing has been held with respect to which the person has received at least 72 hours' prior written notification and has received a list of the proposed actions to be taken and the reasons for each such action. However, with the consent of the person or the person's counsel, a hearing may be held within less than 72 hours.

(b) The person has the right to attend the hearing, to cross-examine witnesses, and to present evidence. After review and consultation by the court, counsel for the person may waive the client's presence or allow the client to appear by television monitor where available.

(c) The court advises the person of the right to have legal counsel present. If the person is insolvent and unable to employ counsel, the court shall appoint legal counsel for the person pursuant to the indigence criteria in s. [27.52](#).

(5) The circuit court, legal counsel, and local law enforcement officials, as appropriate, shall consult with the department concerning any necessary infection control procedures to be taken during any court hearing or detention.

History.--s. 1, ch. 88-389, s. 1, ch. 88-398; s. 6, ch. 94-320; s. 1041, ch. 95-148; s. 96, ch. 97-101; s. 105, ch. 2003-402.

392.56 Hospitalization, placement, and residential isolation.--

(1) Subject to the provisions of subsections (2) and (3), the department may petition the circuit court to order a person who has active tuberculosis to be hospitalized, placed in another

health care facility or residential facility, or isolated from the general public in the home as a result of the probable spread of tuberculosis, until such time as the risk of infection to the general public can be eliminated or reduced in such a manner that a threat to the public health no longer exists.

(2) A person may not be ordered to be hospitalized, placed in another health care facility or residential facility, or isolated from the general public in the home, except upon the order of a circuit court and upon proof:

(a) By the department, by clear and convincing evidence, that a threat to the public health is posed by the person who has active tuberculosis;

(b) That the person who has active tuberculosis has been counseled about the disease, the threat to the public health posed by tuberculosis, and methods to minimize the risk to the public, and, despite such counseling, indicates an intent by words or action to expose the public to active tuberculosis; and

(c) That all other reasonable means of achieving compliance with treatment have been exhausted and no less restrictive alternative exists.

(3) A person may not be ordered by a circuit court to be hospitalized, placed in another health care facility or residential facility, or isolated from the general public in the home, unless:

(a) A hearing has been held, with respect to which the person has received at least 72 hours' prior written notification and has received a list of the proposed actions to be taken and the reasons for each such action. However, with the consent of the person or the person's counsel, a hearing may be held within less than 72 hours;

(b) The person has the right to attend the hearing, to cross-examine witnesses, and present evidence. After review and consultation by the court, counsel for the person may waive the client's presence or allow the client to appear by television monitor where available; and

(c) The court advises the person of the right to have counsel present. If the person is insolvent and unable to employ counsel, the court shall appoint legal counsel for the person pursuant to the indigence criteria in s. [27.52](#).

(4) An order requiring the hospitalization, placement in a health care facility or residential facility, or isolation from public in the home must expire no later than 180 days after the date of the order or when the physician charged with the care of the person determines that the person no longer poses a threat to the public health, if the determination is made before the end of the 180-day period. Orders for hospitalization of a person or placement in a facility or isolation in the home may not be renewed unless the person is afforded all rights conferred in subsections (2) and (3). A hearing must be held within 14 days before the expiration of the 180-day period to determine the necessity for the person's continued hospitalization or necessary care and treatment to cure after release. The person's records from the inception of the disease are admissible evidence in the hearing.

(5) If the department petitions the circuit court to order that a person who has active tuberculosis be hospitalized in a facility operated under s. [392.62\(2\)](#), the department shall notify the facility of the potential court order.

(6) The circuit court, legal counsel, and local law enforcement officials, as appropriate, shall consult with the department concerning any necessary infection control procedures to be taken during any court hearing or detention.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 7, ch. 94-320; s. 106, ch. 2003-402.

392.565 Execution of certificate for involuntary hold.—

When a person who has active tuberculosis or who is reasonably suspected of having active tuberculosis presents to a physician licensed under chapter 458 or chapter 459 for examination or treatment and the physician has reason to believe that if the person leaves the treatment location the person will pose a threat to the public health based on test results or the patient's medical history and the physician has reason to believe that the person is not likely to appear at a hearing scheduled under s. [392.55](#) or s. [392.56](#), the treating physician shall request the State Health Officer or his or her designee to order that the person be involuntarily held by executing a certificate stating that the person appears to meet the criteria for involuntary examination or treatment and stating the observation upon which that conclusion is based. The sheriff of the county in which the certificate was issued shall take such person into custody and shall deliver the person to the nearest available licensed hospital, or to another location where isolation is available, as appropriate, for observation, examination, and treatment for a period not to exceed 72 hours, pending a hearing scheduled under s. [392.55](#) or s. [392.56](#). The certificate must be filed with the circuit court in which the person is involuntarily held and constitutes a petition for a hearing under s. [392.55](#) or s. [392.56](#).

History.--s. 8, ch. 94-320; s. 1042, ch. 95-148; s. 35, ch. 97-237.

392.57 Emergency hold.--

(1) The department may file a petition before a circuit court requesting that an emergency hold order be issued for a person if the department has evidence that:

- (a) The person has or is reasonably suspected of having active tuberculosis;
- (b) The person poses a threat to the public health;
- (c) The person who has active tuberculosis is not likely to appear at a hearing scheduled under s. [392.55](#) or s. [392.56](#);
- (d) The person provides evidence by words or action of being likely to leave the jurisdiction of the court prior to the hearing date; or
- (e) The person is likely to continue to expose the public to the risk of active tuberculosis until the hearing date.

(2) An emergency hold order may not be issued unless the court finds that:

- (a) The department has requested a hearing under s. [392.55](#) or s. [392.56](#) to consider the examination, treatment to cure, or placement of the person who has or who is reasonably suspected of having active tuberculosis;
- (b) The department presents competent evidence that a threat to the public health exists unless the emergency hold order is issued;

(c) The department has no other reasonable alternative means of reducing the threat to the public health; and

(d) The department is likely to prevail on the merits in a hearing under s. [392.55](#) or s. [392.56](#).

(3) When issuing an order for an emergency hold, the court shall direct the sheriff to immediately confine the person who has active tuberculosis. The sheriff shall confine and isolate the person in such a manner as required by the court. The sheriff and the circuit court shall consult with the department concerning any necessary infection control procedures to be taken.

(4) In order to reduce the time before a full hearing may be held, the person confined under an emergency hold order, or the person's counsel, may waive the notice periods for hearings required under s. [392.55](#) or s. [392.56](#). An emergency hold order may not continue for more than 5 days or the time period necessary for conducting hearings under s. [392.55](#) or s. [392.56](#), whichever time period is shorter.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 9, ch. 94-320.

392.58 Service of notice and processes; duties of sheriff.--

(1) All notices required to be given, warrants, petitions, processes issued, and orders entered pursuant to s. [392.55](#), s. [392.56](#), or s. [392.57](#) shall be served by the sheriff of the county in which the person alleged to be infected with tuberculosis resides or is found.

(2) The judge, in his or her order for hospitalization or placement in another health care or residential facility under s. [392.56](#), shall direct the sheriff of the county in which such person resides or is found to take the person into his or her custody and immediately deliver him or her to the director of the facility named in the order.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 698, ch. 95-148.

392.60 Right of appeal; immediate release.--

(1) Any person who is aggrieved by the entry of an order under s. [392.55](#), s. [392.56](#), or s. [392.57](#) shall have the period of time provided by the Florida Rules of Appellate Procedure within which to appeal an order from the circuit court. Every order entered under the terms of s. [392.55](#), s. [392.56](#), or s. [392.57](#) shall be executed immediately unless the court entering such order or the appellate court, in its discretion, enters a supersedeas order and fixes the terms and conditions thereof.

(2) Any person who is examined, treated, hospitalized, placed in another health care facility or residential facility, isolated in the home, or confined under an emergency hold order, as a result of an order entered under s. [392.55](#), s. [392.56](#), or s. [392.57](#), may at any time petition the circuit court for immediate release and termination of the order.

(3) The petition to the court for immediate release and termination of the order entered under authority of s. [392.55](#), s. [392.56](#), or s. [392.57](#) shall show that the person is entitled to relief from the original order pursuant to the Florida Rules of Civil Procedure, or that:

(a) There has been a substantial change in the original facts and circumstances upon which the order was issued;

(b) The person is cured and no longer poses a threat to the public health; or

(c) The person will continue with prescribed medications and treatment to cure, which includes the use of directly observed therapy, if medically necessary, to reduce the risk of infection to the public and the person has not exhibited past behavior that indicates a tendency toward noncompliance with treatment.

(4) When considering a petition for immediate release and before making any release, the court shall consult the department and the person's physician, if any, concerning the person's medical condition and any other related factors that may affect the present and future threat to the public health that may be caused by the release of the person.

(5) Upon granting a petition for immediate release, the court may impose those conditions it believes reasonably necessary to protect the public from active tuberculosis.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 11, ch. 94-320.

392.61 Community tuberculosis control programs.--

(1) The department shall operate, directly or by contract, community tuberculosis control programs in each county in the state.

(2) Community tuberculosis control programs shall have the following functions:

(a) Promotion of community and professional education about the causes and dangers of tuberculosis and methods of its control and treatment to cure;

(b) Community and individual screening for the presence of tuberculosis;

(c) Surveillance of all suspected and reported cases of active tuberculosis, including contact investigation as necessary and as directed by the department;

(d) Reporting of all known cases of tuberculosis to the department;

(e) Development of an individualized treatment plan for each person who has active tuberculosis and who is under the care of the department, including provision of treatment to cure and followup, and the distribution of medication by means of directly observed therapy, if appropriate, to eligible persons under rules and guidelines developed by the department; and

(f) Provision of counseling, periodic retesting, and referral to appropriate social service, employment, medical, and housing agencies, as necessary for persons released from hospitalization or residential placement.

(3) This section does not prevent the department from operating regionally based tuberculosis control programs, if services are offered in each county.

(4) The department shall develop, by rule, a methodology for distributing funds appropriated for tuberculosis control programs. Criteria to be considered in this methodology include, but are not limited to, the basic infrastructure available for tuberculosis control, caseload requirements, laboratory support services needed, and epidemiologic factors.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 12, ch. 94-320.

392.62 Hospitalization and placement programs.--

(1) The department shall operate a program for the hospitalization of persons who have active tuberculosis in hospitals licensed under chapter 395 and may provide for appropriate placement of persons who have active tuberculosis in other health care facilities or residential facilities.

(2) The department may operate a licensed hospital for the care and treatment to cure of persons who have active tuberculosis. The hospital may have a forensic unit where, under medical protocol, a patient can be held in a secure or protective setting. The department shall also seek to maximize use of existing licensed community hospitals for the care and treatment to cure of persons who have active tuberculosis.

(3) Any licensed hospital operated by the department, any licensed hospital under contract with the department, and any other health care facility or residential facility operated by or under contract with the department for the care and treatment of patients who have active tuberculosis shall:

(a) Admit patients voluntarily and under court order as appropriate for each particular facility;

(b) Require that each patient pay the actual cost of care provided whether the patient is admitted voluntarily or by court order;

(c) Provide for a method of paying for the care of patients who cannot afford to do so;

(d) Require a primary clinical diagnosis of active tuberculosis by a physician licensed under chapter 458 or chapter 459 before admitting the patient; provided that there may be more than one primary diagnosis;

(e) Provide a method of notification to the county health department and to the patient's family, if any, before discharging the patient from the hospital or other facility;

(f) Provide for the necessary exchange of medical information to assure adequate community treatment to cure and followup of discharged patients, as appropriate; and

(g) Provide for a method of medical care and counseling and for housing, social service, and employment referrals, if appropriate, for all patients discharged from the hospital.

(4) A hospital may, pursuant to court order, place a patient in temporary isolation for a period of no more than 72 continuous hours. The department shall obtain a court order in the same manner as prescribed in s. [392.57](#). Nothing in this subsection precludes a hospital from isolating an infectious patient for medical reasons.

(5) Any person committed under s. [392.57](#) who leaves the tuberculosis hospital or residential facility without having been discharged by the designated medical authority, except as provided in s. [392.63](#), shall be apprehended by the sheriff of the county in which the person is found and immediately delivered to the facility from which he or she left.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 13, ch. 94-320; s. 1043, ch. 95-148; s. 97, ch. 97-101; s. 36, ch. 97-237.

392.63 Temporary leave.—

1Any person who has been hospitalized, placed in another health care facility or residential facility, or isolated in the home may be granted a short-term temporary leave at the discretion of the department or its authorized representatives, if the department determines the temporary leave will be closely monitored and will not pose a threat to the public health. Temporary leave may be granted for therapeutic purposes, in the event of death or critical illness in the person's family, or for other emergencies.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 14, ch. 94-320

392.64 Adherence to treatment; treatment plan; penalties.--

(1) The department, its authorized representatives, or a physician licensed under chapter 458 or chapter 459 shall prescribe an individualized treatment plan for each person who has active tuberculosis. The goal of the treatment plan is to achieve treatment to cure by the least restrictive means. The department shall develop, by rule, a standard treatment plan form that must include, but is not limited to, a statement of available services for treatment, which includes the use of directly observed therapy; all findings in the evaluation and diagnostic process; measurable objectives for treatment progress; and time periods for achieving each objective. Each treatment plan must be implemented through a case management approach designed to advance the individual needs of the person who has active tuberculosis. The person's progress in achieving the objectives of the treatment plan must be periodically reviewed and revised as necessary, in consultation with the person.

(2) The department may petition a circuit court under s. [392.55](#), s. [392.56](#), or s. [392.57](#), as it deems appropriate, to require adherence to treatment plans prescribed under subsection (1).

(3) Any person who has active tuberculosis and who fails to comply with a treatment plan or any other requirement that is imposed by the court under s. [392.55](#), s. [392.56](#), or s. [392.57](#), or any minor's parent, guardian, or custodian who fails to comply with a treatment plan or any other requirement of the court, or any person who aids or abets in the failure to comply with treatment plans and other requirements of the court may be punished by contempt proceedings in addition to other penalties that may be imposed under s. [392.67](#).

(4) Contempt proceedings may be initiated by the department or its authorized representatives.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 15, ch. 94-320.

392.65 Confidentiality.--

(1) All information and records held by the department or its authorized representatives relating to known or suspected cases of tuberculosis or exposure to tuberculosis shall be strictly confidential and exempt from s. [119.07](#)(1). Such information shall not be released or made public by the department or its authorized representatives or by a court or parties to a lawsuit, except that release may be made under the following circumstances:

(a) When made with the consent of all persons to which the information applies;

(b) When made for statistical purposes, and medical or epidemiologic information is summarized so that no person can be identified and no names are revealed;

(c) When made to medical personnel, appropriate state agencies, or courts of appropriate jurisdiction to enforce the provisions of this chapter and related rules;

(d) When made in a medical emergency but only to the extent necessary to protect the health or life of a named person or group of persons; or

(e) When made to the proper authorities as required by chapter 39 or chapter 415.

(2) When disclosure is made pursuant to a subpoena, such information shall be sealed by the court from further disclosure, except as deemed necessary by the court to reach a decision in the proceeding, unless otherwise agreed to by all parties. Such information is exempt from s. [119.07\(1\)](#).

(3) No employee of the department or its authorized representatives shall be examined in a civil, criminal, special, or other proceeding as to the existence or contents of pertinent records of a person examined or treated for tuberculosis by the department or its authorized representatives, or of the existence or contents of such reports received from a private physician or private health facility or laboratory, without the consent of the person examined or treated for tuberculosis, except in proceedings under s. [392.55](#), s. [392.56](#), or s. [392.57](#).

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 13, ch. 90-344; s. 205, ch. 96-406; s. 139, ch. 98-403.

392.67 Unlawful acts; penalties for violation.--

(1) It is unlawful for any person who has active tuberculosis and who knows or has been informed of that fact to willfully expose other persons to the disease.

(2) Any person who violates subsection (1) commits a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(3) Any person who maliciously disseminates any false information or report concerning the existence of tuberculosis commits a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(4)(a) In addition to any administrative action authorized by chapter 120 or by other law, a person who violates any provision of the department's rules pertaining to tuberculosis or the requirements for reporting tuberculosis under s. [392.53](#) may be punished by a fine not to exceed \$500 for each violation. Any penalties enforced under this subsection shall be in addition to other penalties provided by this chapter.

(b) In determining the amount of fine to be imposed, if any, for a violation, the department shall consider:

1. The gravity of the violation, including the probability that death or serious physical or emotional harm to any person will result or has resulted, the severity of the actual or potential harm, and the extent to which the applicable law or rule was violated.

2. Actions taken to correct the violation.

3. Any previous violation.

(c) All amounts collected under this subsection shall be deposited into an appropriate trust fund of the department.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 67, ch. 91-224; s. 17, ch. 94-320.

392.68 Fees and other compensation.--

(1) For the services required to be performed under ss. [392.55](#), [392.56](#), [392.57](#), and [392.62](#), compensation shall be paid as follows:

(a) The sheriff shall receive the same fees and mileage as are prescribed for like services in criminal cases.

(b) The counsel appointed by the court to represent an indigent person shall receive compensation as provided in s. [27.5304](#).

(2) All fees, mileage, and charges provided to the sheriff pursuant to paragraph (1)(a) shall be taxed by the court as costs in each proceeding and shall be paid by the board of county commissioners. All compensation provided to court-appointed counsel pursuant to paragraph (1)(b) shall be taxed by the court as costs and paid by the state.

History.--s. 1, ch. 88-389; s. 1, ch. 88-398; s. 699, ch. 95-148; s. 69, ch. 2004-265.

Emergency Radiation Control

404.051 Powers and duties of the Department of Health.—

For protection of the public health and safety, the department is authorized to:

(1) Develop comprehensive policies and programs for the evaluation, determination, and amelioration of hazards associated with the use, possession, or disposal of sources of ionizing radiation. Such policies and programs shall be developed with due regard for compatibility or consistency with federal programs for regulation of radiation machines and byproduct, source, and special nuclear materials.

(2) Advise, consult, and cooperate with other agencies of the state, the Federal Government, other states, interstate agencies, political subdivisions, and other organizations concerned with the safe use of sources of radiation.

(3) Encourage, participate in, or conduct studies, investigations, public hearings, training, research, and demonstrations relating to the control of sources of ionizing radiation, the measurement of ionizing radiation, the effect upon public health and safety of exposure to ionizing radiation, and related problems.

(4) Adopt, promulgate, amend, and repeal rules and standards which may provide for licensure, registration, or regulation relating to the manufacture, production, transportation, use, possession, handling, treatment, storage, disposal, sale, lease, or other disposition of radioactive material, including naturally occurring radioactive material and low-level radioactive waste, and radiation machines as may be necessary to carry out the provisions of this chapter. The recommendations of nationally recognized bodies in the field of radiation protection shall be taken into consideration in the adoption, promulgation, amendment, and repeal of such rules and standards.

(5) Require the submission of plans, specifications, and reports for new construction and material alterations on the design and protective shielding of installations for radioactive material and radiation machines, excluding X-ray machines of less than 200,000 volts potential, and on systems for the disposal of radioactive wastes, for the determination of any ionizing

radiation hazard; and it may render opinions and approve or disapprove such plans and specifications.

(6) Require all sources of ionizing radiation to be shielded, transported, handled, used, possessed, treated, stored, or disposed of in a manner to provide compliance with the provisions of this chapter and rules and standards adopted hereunder.

(7) Conduct evaluations of the levels of radioactive materials in the environment for the purpose of determining whether there is compliance with, or violation of, the provisions or standards contained in this chapter or the rules issued pursuant hereto or to otherwise protect the public health and safety.

(8) Collect and disseminate information relating to the control of sources of ionizing radiation, including, but not limited to:

(a) Maintenance of files of all radioactive material license applications, issuances, denials, amendments, transfers, renewals, modifications, suspensions, and revocations.

(b) Maintenance of files of all radiation machine registrants requiring registration under the provisions of this chapter.

(c) Maintenance of files of department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission that generate low-level radioactive waste, recording the quarterly amount of low-level radioactive waste shipped by each licensee to commercial low-level radioactive waste management facilities.

(9) Require, on forms prescribed and furnished by the department, registration and periodic reregistration of radiation machines, and licensing and periodic renewal of licenses for radioactive materials.

(10) Exempt certain sources of ionizing radiation, or kinds of uses or users, from the licensing or registration requirements set forth in this chapter when the department determines that the exemption of such sources of ionizing radiation, or kinds of users or uses, will not constitute a significant risk to the health and safety of the public.

(11) Adopt rules pursuant to this chapter which may provide for the recognition of other state and federal licenses as the department deems desirable, subject to such registration requirements as it may prescribe.

(12) Respond to any emergency which involves possible or actual release of radioactive materials, carry out or supervise any required decontamination, and otherwise protect the public health and safety.

(13) Act as the designated state agency in this state responsible for ensuring compliance with the provisions of the Southeast Interstate Low-Level Radioactive Waste Compact and for assessing penalties for noncompliance with such provisions as prescribed in ss. [404.161](#) and [404.162](#).

(14) Require department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission to take appropriate measures to reduce the volume of low-level radioactive waste they generate, and to monitor the progress of department licensees and nuclear power plant licensees of the commission in reducing such volume.

(15) Develop and implement a responsible data-management program for the purpose of collecting and analyzing statistical information necessary to protect the public health and safety and to reply to requests from the Southeast Interstate Low-Level Radioactive Waste Commission for data and information.

(16) Accept and administer loans, grants, or other funds or gifts, conditional or otherwise, in furtherance of its functions from the Federal Government and from other sources, public or private.

History.—s. 1, ch. 78-373; s. 2, ch. 81-318; ss. 5, 22, ch. 82-186; ss. 2, 17, 18, ch. 84-190; s. 4, ch. 91-429; s. 56, ch. 97-237.

Note.—Former s. 290.052.

404.091 Emergency orders.—

Whenever the department finds that an emergency exists which requires immediate action to protect the public health and safety or the environment, the department may, without

notice or hearing, issue an order stating the existence of such emergency and requiring that such action be taken as is necessary to meet the emergency. Notwithstanding any provision of this chapter, such order shall be effective immediately. Any person to whom such order is directed shall comply therewith immediately and, on application to the department, shall be afforded a hearing within 10 days. On the basis of such hearing, the emergency order may be continued, modified, or revoked within 30 days after such hearing, as the department deems appropriate under the evidence.

History.—s. 1, ch. 78-373; s. 2, ch. 81-318; ss. 9, 22, ch. 82-186; ss. 6, 17, 18, ch. 84-190; s. 4, ch. 91-429.

Note.—Former s. 290.091.

404.101 Impounding of sources of radiation.—

(1) The department shall have the authority, in the event of an emergency, to impound or order the impounding of sources of ionizing radiation and the associated shielding in the possession of any person who is not equipped to observe, or who fails to observe, the provisions of this chapter, the rules promulgated hereunder, or any term or condition of a license or registration.

(2) The department may release such sources of ionizing radiation and the associated shielding to the owner thereof upon terms and conditions in accordance with the provisions of this chapter or may bring an action in the appropriate circuit court for an order directing the disposal of such sources of ionizing radiation and the associated shielding or other disposition so as to protect the public health and safety and the environment. The costs of decontamination, transportation, burial, disposal, or other disposition shall be borne by the owner, licensee, or other responsible party as determined by the department.

History.—s. 1, ch. 78-373; s. 2, ch. 81-318; ss. 10, 22, ch. 82-186; ss. 7, 17, 18, ch. 84-190; s. 4, ch. 91-429.

Note.—Former s. 290.101.

404.141 Prohibited uses.—

It is unlawful for any person to use, manufacture, produce, transport, transfer, receive, acquire, own, or possess any source of radiation unless licensed, registered, or exempted by the department in accordance with the provisions of this chapter and the rules adopted and promulgated hereunder.

History.—s. 1, ch. 78-373; s. 2, ch. 81-318; ss. 14, 22, ch. 82-186; ss. 17, 18, ch. 84-190; s. 4, ch. 91-429.

Note.—Former s. 290.141.

404.161 Penalties.—

(1) Any person who violates any of the provisions of this chapter or any rule promulgated hereunder is guilty of a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#).

(2) Any person who interferes with, hinders, or opposes any agent, officer, or member of the department in the discharge of his or her duties under this chapter is guilty of a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#).

(3) Any person who fails to comply with a lawful order issued pursuant to this chapter within the time fixed by the department or the time allowed for review under s. [404.163](#), whichever is longer, is guilty of a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#).

(4) Any person who is not an official of another state and who violates any of the provisions of the Southeast Interstate Low-Level Radioactive Waste Compact is guilty of a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

History.—s. 1, ch. 78-373; s. 2, ch. 81-318; ss. 16, 22, ch. 82-186; s. 66, ch. 83-218; ss. 12, 17, 18, ch. 84-190; s. 4, ch. 91-429; s. 22, ch. 97-103.

Note.—Former s. 290.161.

404.162 Administrative penalties; emergency orders.—

(1)(a) The department may modify, deny, suspend, or revoke a license or a registration, or impose an administrative fine not to exceed \$1,000 per violation per day, for the violation of any provision of this chapter, rule promulgated hereunder, or term or condition of any license or registration issued by the department.

(b) In determining the amount of fine to be levied for a violation, as provided in paragraph (a), the following factors shall be considered:

1. The severity of the violation and the extent to which the provisions of this chapter, the rules promulgated hereunder, or any terms or conditions of any license or registration were violated.

2. Actions taken by the licensee or registrant to correct the violation.

3. Any previous violations by the licensee or registrant.

(c) All amounts collected pursuant to this section shall be deposited in the Radiation Protection Trust Fund.

(2) The department may issue an emergency order immediately suspending or revoking a license or a registration when it determines that any condition related to the license or registration presents a clear and present danger to public health or safety or the environment.

History.—ss. 17, 22, ch. 82-186; ss. 13, 17, 18, ch. 84-190; s. 4, ch. 91-429.

404.163 Injunctive relief.—

Notwithstanding the existence or pursuit of any other remedy, the department may maintain an action in the name of the state for injunction or other process to enforce any provision of this chapter, rule promulgated hereunder, or term or condition of a license or registration issued by the department.

History.—ss. 13, 18, ch. 84-190; s. 4, ch. 91-429.

404.166 County or municipal regulation prohibited.—

Notwithstanding any special law or general law of local application to the contrary, a municipality or county may not elect to regulate the possession, use, or transportation of sources of radiation.

History.—ss. 14, 18, ch. 84-190; s. 4, ch. 91-429.

404.171 Construction.—

This chapter is cumulative and is intended to supplement existing laws, and no part shall be construed to repeal any existing law, specifically enacted for the protection of public health and safety, with the exception of those sections included in this chapter.

History.—s. 1, ch. 78-373; s. 2, ch. 81-318; ss. 18, 22, ch. 82-186; ss. 17, 18, ch. 84-190; s. 4, ch. 91-429.

Note.—Former s. 290.171.

404.20 Transportation of radioactive materials.—

(1) The department shall adopt reasonable rules governing the transportation of radioactive materials which, in the judgment of the department, will promote the public health, safety, or welfare and protect the environment.

(a) Such rules shall be limited to provisions for the packing, marking, loading, and handling of radioactive materials, and the precautions necessary to determine whether the material when offered is in proper condition for transport, and shall include criteria for departmental approval of routes in this state which are to be used for the transportation of radioactive materials as defined in 49 C.F.R. s. [173.403](#)(l)(1), (2), and (3) and (n)(4)(i), (ii), and (iii), and all radioactive materials shipments destined for treatment, storage, or disposal facilities as defined in the Southeast Interstate Low-Level Radioactive Waste Compact. The department may designate routes in the state to be used for the transportation of all other shipments of radioactive materials.

(b) Such rules shall be compatible with, but no less restrictive than, those established by the United States Nuclear Regulatory Commission, the United States Federal Aviation Administration, the United States Department of Transportation, the United States Coast Guard, or the United States Postal Service.

(2)(a) Rules adopted by the department pursuant to subsection (1) may be enforced, within their respective jurisdictions, by any authorized representative of the department, the Department of Highway Safety and Motor Vehicles, and the Department of Transportation.

(b) The department, through any authorized representative, is authorized to inspect any records of persons engaged in the transportation of radioactive materials when such records reasonably relate to the method or contents of packing, marking, loading, handling, or shipping of radioactive materials.

(c) The department, through any authorized representative, is authorized to enter upon and inspect the premises or vehicles of any person engaged in the transportation of radioactive materials, with or without a warrant, for the purpose of determining compliance with the provisions of this section and the rules promulgated hereunder.

(3)(a) All persons licensed by the department to use, manufacture, produce, transfer, transport, receive, acquire, own, process, or possess radioactive materials, as well as nuclear power plants licensed by the United States Nuclear Regulatory Commission, which desire to ship radioactive materials to a treatment, storage, or disposal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact shall notify the department no less than 48 hours before the time of shipment.

(b) Upon notification from a department licensee or nuclear power plant licensee of the United States Nuclear Regulatory Commission, the department shall send an authorized representative to inspect each cargo of radioactive materials ready for shipment to a treatment, storage, or disposal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact. Such inspection shall include, but not be limited to, the survey of the external radiation levels from the vehicle, inspection of package bracing, verification of required marking and placarding of the vehicle, and examination of shipping papers for completeness as required by the United States Department of Transportation in 49 C.F.R. part 172 and as required by the department.

(c) Such shipping papers shall contain information as required by 49 C.F.R. part 172 in addition to the expected time of shipment, the proposed route on which the shipment will proceed, and the time the shipment is scheduled to arrive at its final destination. The shipping papers shall be signed and approved by the department representative.

(4) A person who collects radioactive materials for transport from more than one department licensee or nuclear power plant licensee of the United States Nuclear Regulatory Commission shall prepare a special shipping paper reflecting consolidated shipments. A special shipping paper shall be a listing or index of all department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission which are to be served. A special shipping paper shall include the time at which a transporter expects to arrive at each pickup point, a proposed route, and an expected time of arrival at a treatment, storage, or disposal facility. A special shipping paper shall be approved by a department representative at the initial pickup

by the transporter of radioactive materials and checked by a department representative at succeeding pickup points.

(5) A department licensee or nuclear power plant licensee of the United States Nuclear Regulatory Commission shall, within 72 hours of receiving notice of the arrival of its shipment at a destination for unloading, notify the department of such arrival. Such licensee shall also forward to the department, within 2 weeks of receiving notice of the arrival of its shipment at a destination for unloading, records of receipt and any other records indicating that a shipment is in violation of applicable rules at a treatment, storage, or disposal facility.

(6) Any person desiring to transport radioactive materials into or through the borders of this state, destined to a treatment, storage, or disposal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact, shall obtain a permit from the department to bring such materials into the state. A permit application shall contain the time at which such radioactive materials will enter the state; a description of the radioactive materials to be shipped; the proposed route over which such radioactive materials will be transported into the state; and, in the event that such radioactive materials will leave the state, the time at which that will occur.

(7) Upon a finding by the department that any provision of this section, or of the rules adopted hereunder, is being violated, it may issue an order requiring correction.

(8) The violation of any of the provisions of this section or the rules promulgated hereunder constitutes a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

History.—ss. 1, 2, 3, 4, ch. 71-271; s. 97, ch. 77-147; s. 25, ch. 82-186; ss. 15, 18, ch. 84-190; s. 71, ch. 91-221; s. 76, ch. 91-224; s. 4, ch. 91-429; s. 60, ch. 97-237; s. 49, ch. 99-397; s. 47, ch. 2004-5.

Note.—Former s. 381.512.

Curfew

870.04 Specified officers to disperse riotous assembly.—

If any number of persons, whether armed or not, are unlawfully, riotously or tumultuously assembled in any county, city or municipality, the sheriff or the sheriff's deputies, or the mayor, or any commissioner, council member, alderman or police officer of the said city or municipality, or any officer or member of the Florida Highway Patrol, or any officer or agent of the Fish and Wildlife Conservation Commission, Department of Environmental Protection, or beverage enforcement agent, any personnel or representatives of the Department of Law Enforcement or its successor, or any other peace officer, shall go among the persons so assembled, or as near to them as may be with safety, and shall in the name of the state command all the persons so assembled immediately and peaceably to disperse; and if such persons do not thereupon immediately and peaceably disperse, said officers shall command the assistance of all such persons in seizing, arresting and securing such persons in custody; and if any person present being so commanded to aid and assist in seizing and securing such rioter or persons so unlawfully assembled, or in suppressing such riot or unlawful assembly, refuses or neglects to obey such command, or, when required by such officers to depart from the place, refuses and neglects to do so, the person shall be deemed one of the rioters or persons unlawfully assembled, and may be prosecuted and punished accordingly.

History.—ss. 1, 2, ch. 1637, 1868; RS 2409; GS 3242; RGS 5075; CGL 7177; s. 1, ch. 61-223; s. 1, ch. 61-237; s. 1, ch. 67-2203; s. 3, ch. 67-2207; ss. 20, 25, 35, ch. 69-106; s. 34, ch. 73-334; s. 1, ch. 77-174; s. 29, ch. 79-8; s. 477, ch. 94-356; s. 1399, ch. 97-102; s. 233, ch. 99-245.

870.043 Declaration of emergency.—

Whenever the sheriff or designated city official determines that there has been an act of violence or a flagrant and substantial defiance of, or resistance to, a lawful exercise of public authority and that, on account thereof, there is reason to believe that there exists a clear and present danger of a riot or other general public disorder, widespread disobedience of the law, and substantial injury to persons or to property, all of which constitute an imminent threat to public peace or order and to the general welfare of the jurisdiction affected or a part or parts thereof, he or she may declare that a state of emergency exists within that jurisdiction or any part or parts thereof.

History.--s. 3, ch. 70-990; s. 1400, ch. 97-102.

870.045 Discretionary emergency measures.—

Whenever the public official declares that a state of emergency exists, pursuant to s. [870.043](#), he or she may order and promulgate all or any of the following emergency measures, in whole or in part, with such limitations and conditions as he or she may deem appropriate:

- (1) The establishment of curfews, including, but not limited to, the prohibition of or restrictions on pedestrian and vehicular movement, standing, and parking, except for the provision of designated essential services such as fire, police, and hospital services, including the transportation of patients thereto, utility emergency repairs, and emergency calls by physicians.
- (2) The prohibition of the sale or distribution of any alcoholic beverage, with or without the payment or a consideration therefor.
- (3) The prohibition of the possession on any person in a public place of any portable container containing any alcoholic beverage.
- (4) The closing of places of public assemblage with designated exceptions.
- (5) The prohibition of the sale or other transfer of possession, with or without consideration, of gasoline or any other flammable or combustible liquid altogether or except by delivery into a tank properly affixed to an operable motor-driven vehicle, bike, scooter, boat, or airplane and necessary for the propulsion thereof.
- (6) The prohibition of the possession in a public place of any portable container containing gasoline or any other flammable or combustible liquid.

Any such emergency measure so ordered and promulgated shall be in effect during the period of said emergency in the area or areas for which the emergency has been declared.

History.--ss. 4, 6, ch. 70-990; s. 1402, ch. 97-102.

870.046 Filing and publication.—

Any state of emergency or emergency measure declared or ordered and promulgated by virtue of the terms of ss. [870.041](#)-870.045 shall, as promptly as practicable, be filed in the office of the municipal clerk or clerk of the circuit court and delivered to appropriate news media for publication and radio and television broadcast thereof. If practicable, such state of emergency

declaration or emergency measure shall be published by other means such as by posting and loudspeakers.

870.048 Violations.—

Any violation of a provision of ss. [870.041](#)-870.047 or of any emergency measure established pursuant thereto shall be a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

876.11 Public place defined.—

For the purpose of ss. [876.11](#)-876.21 the term "public place" includes all walks, alleys, streets, boulevards, avenues, lanes, roads, highways, or other ways or thoroughfares dedicated to public use or owned or maintained by public authority; and all grounds and buildings owned, leased by, operated, or maintained by public authority.

876.12 Wearing mask, hood, or other device on public way.—

No person or persons over 16 years of age shall, while wearing any mask, hood, or device whereby any portion of the face is so hidden, concealed, or covered as to conceal the identity of the wearer, enter upon, or be or appear upon any lane, walk, alley, street, road, highway, or other public way in this state.

876.13 Wearing mask, hood, or other device on public property.—

No person or persons shall in this state, while wearing any mask, hood, or device whereby any portion of the face is so hidden, concealed, or covered as to conceal the identity of the wearer, enter upon, or be, or appear upon or within the public property of any municipality or county of the state.

876.14 Wearing mask, hood, or other device on property of another.—

No person or persons over 16 years of age shall, while wearing a mask, hood, or device whereby any portion of the face is so hidden, concealed, or covered as to conceal the identity of the wearer, demand entrance or admission or enter or come upon or into the premises, enclosure, or house of any other person in any municipality or county of this state.

876.15 Wearing mask, hood, or other device at demonstration or meeting.—

No person or persons over 16 years of age, shall, while wearing a mask, hood, or device whereby any portion of the face is so hidden, concealed, or covered as to conceal the identity of the wearer, hold any manner of meeting, make any demonstration upon the private property of another unless such person or persons shall have first obtained from the owner or occupier of the property his or her written permission to so do.

876.155 Applicability; ss. 876.12-876.15.—

The provisions of ss. [876.12](#)-876.15 apply only if the person was wearing the mask, hood, or other device:

(1) With the intent to deprive any person or class of persons of the equal protection of the laws or of equal privileges and immunities under the laws or for the purpose of preventing the

constituted authorities of this state or any subdivision thereof from, or hindering them in, giving or securing to all persons within this state the equal protection of the laws;

(2) With the intent, by force or threat of force, to injure, intimidate, or interfere with any person because of the person's exercise of any right secured by federal, state, or local law or to intimidate such person or any other person or any class of persons from exercising any right secured by federal, state, or local law;

(3) With the intent to intimidate, threaten, abuse, or harass any other person; or

(4) While she or he was engaged in conduct that could reasonably lead to the institution of a civil or criminal proceeding against her or him, with the intent of avoiding identification in such a proceeding.

876.16 Sections 876.11-876.15; exemptions.—

The following persons are exempted from the provisions of ss. [876.11](#)-876.15:

(1) Any person or persons wearing traditional holiday costumes;

(2) Any person or persons engaged in trades and employment where a mask is worn for the purpose of ensuring the physical safety of the wearer, or because of the nature of the occupation, trade, or profession;

(3) Any person or persons using masks in theatrical productions, including use in Gasparilla celebrations and masquerade balls;

(4) Persons wearing gas masks prescribed in emergency management drills and exercises.

877.20 Local juvenile curfew ordinances; legislative intent.—

It is the intent of the Legislature to protect minors in this state from harm and victimization, to promote the safety and well-being of minors in this state, to reduce the crime and violence committed by minors in this state, and to provide counties and municipalities with the option of adopting a local juvenile curfew ordinance by incorporating by reference the provisions of ss. [877.20](#)-877.25.

318.143 Sanctions for infractions by minors.--

(1) If the court finds that a minor has committed a violation of any of the provisions of chapter 316, the court may also impose one or more of the following sanctions:

(a) The court may reprimand or counsel the minor and his or her parents or guardian.

(b) The court may require the minor to attend, for a reasonable period, a traffic school conducted by a public authority.

(c) The court may order the minor to remit to the general fund of the local governmental body a sum not exceeding the maximum fine applicable to an adult for a like offense.

(d) The court may order the minor to participate in public service or a community work project for a minimum number of hours. A minor who participates in such a work program is considered an employee of the state for the purposes of chapter 440.

(e) The court may impose a curfew or other restriction on the liberty of the minor for a period not to exceed 6 months.

(f) The court may require the minor and his or her parents or guardians to participate in a registered youthful driver monitoring service as described in s. [318.1435](#).

(2) Failure to comply with one or more of the sanctions imposed by the court constitutes contempt of court. Upon a finding by the court, after notice and a hearing, that a minor is in contempt of court for failure to comply with court-ordered sanctions, the court may:

(a) For a first offense, order the minor to serve up to 5 days in a staff-secure shelter as defined in chapter 984 or chapter 985 or, if space in a staff-secure shelter is unavailable, in a secure juvenile detention center.

(b) For a second or subsequent offense, the court may order a minor to serve up to 15 days in a staff-secure shelter or, if space in a staff-secure shelter is unavailable, in a secure juvenile detention center.

(3) Except for a conviction of a violation of s. [316.027](#), a minor may not be imprisoned in an adult detention facility. If a minor is imprisoned for a violation of s. [316.027](#), the minor may not be placed in the same cell as an adult. The receiving facility must have adequate staff to supervise and monitor the minor's activities at all times. This subsection does not prohibit placing two or more minors in the same cell.

(4) For the first conviction for a violation of s. [316.193](#), the court may order the Department of Highway Safety and Motor Vehicles to revoke the minor's driver's license until the minor is 18 years of age. For a second or subsequent conviction for such a violation, the court may order the Department of Highway Safety and Motor Vehicles to revoke the minor's driver's license until the minor is 21 years of age.

(5) A minor who is arrested for a violation of s. [316.193](#) may be released from custody as soon as:

(a) The minor is no longer under the influence of alcoholic beverages, of any chemical substance set forth in s. [877.111](#), or of any substance controlled under chapter 893, and is not affected to the extent that his or her normal faculties are impaired;

(b) The minor's blood-alcohol level is less than 0.05 percent; or

(c) Six hours have elapsed after the minor's arrest.

948.031 Condition of probation or community control; public service.--

(1) Any person who is convicted of a felony or misdemeanor and who is placed on probation or into community control may be required as a condition of supervision to perform some type of public service for a tax-supported or tax-exempt entity, with the consent of such entity. Such

public service shall be performed at a time other than during such person's regular hours of employment.

(2) Upon the request of the chief judge of the circuit, the Department of Corrections shall establish a public service program for a county, which program may include, but shall not be limited to, any of the following types of public service:

(a) Maintenance work on any property or building owned or leased by any state, county, or municipality or any nonprofit organization or agency.

(b) Maintenance work on any state-owned, county-owned, or municipally owned road or highway.

(c) Landscaping or maintenance work in any state, county, or municipal park or recreation area.

(d) Work in any state, county, or municipal hospital or any developmental services institution or other nonprofit organization or agency.

Rabies: see Rule 68A-24.005, F.A.C. (Rabies Prevention & Control In Florida, 2006).

CHAPTER 64D-3 CONTROL OF COMMUNICABLE DISEASES AND CONDITIONS WHICH MAY SIGNIFICANTLY AFFECT PUBLIC HEALTH

64D-3.028 Definitions.

When used in Chapter 64D-3, F.A.C., the following terms shall mean:

(1) “15 Digit Spoligotype (Octal Code)” – Spoligotyping (spacer oligonucleotide typing) is an amplification-based genotyping method that determines the presence or absence of 43 spacer sequences in the direct repeat region in the *M. tuberculosis chromosome*. The complement of spacers is initially recorded in binary code and then converted to the reportable 15 digit octal code commonly referred to as the ‘spoligotype’.

(2) “Authorized Representative” – An employee of the Department or personnel assigned to the Department by another state or federal agency supervised and approved by the Department.

(3) “BED” – The BED HIV-1 Capture EIA is the assay currently used in STARHS for performing HIV incidence surveillance. The FDA has labeled the assay for surveillance use not for diagnostic or clinical use.

(4) “Carrier” –

(a) A person who harbors pathogenic organisms of a communicable disease but who does not show clinical evidence of the disease; or

(b) A person to whom evidence points as the source of one (1) or more cases of any communicable disease but who refuses to submit clinical specimens to the Department or county health department for examination; or

(c) A person who, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to be a carrier and who refuses to submit to examination when ordered to do so for good cause shown by the State Health Officer or county health department director or administrator or their designee; or

(d) A person reported to the Department or the county health department to be a carrier by the health authorities of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member; or

(e) An animal which, in the judgment of the State Health Officer or county health department director or administrator or their designee, is suspected to harbor pathogenic organisms of a communicable disease without presentation of clinical evidence of disease.

(5) “Case” – An instance of a suspected or diagnosed disease or condition in a person or animal.

(6) “Communicable Disease” – An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment.

(7) “Contact” – A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had opportunity to acquire the infection. This will include household members or persons who frequent the dwelling of the case or carrier. For sexually transmitted diseases contact means a sex/needle sharing partner.

(8) “County Health Department” – A public health department created under Part I, Chapter 154, F.S.

(9) “Department” – The State of Florida, Department of Health.

(10) “Electronic Data Transfer” – The sending and receiving of messages via standard electronic formats and established file transfer protocols, which contain data elements that would normally be contained on a typical business document or form.

(11) “Enteric Disease” – An infection or condition transmitted by ingestion of such agents as *Campylobacter jejuni*, *Cyclospora cayetanensis*, *Cryptosporidium parvum*, *Escherichia coli* O157:H7 and other pathogenic *E. coli*, hepatitis A, *Giardia lamblia*, *Salmonella species*, *Shigella species* and *Vibrio cholerae*.

(12) “Epidemic” or “Outbreak” – The occurrence in persons in a community, institution, region or other defined area of one or more cases of an illness of similar nature clearly in excess of normal expectancy.

(13) *“Epidemiological Investigations”* – An inquiry into the incidence, distribution and source of diseases or conditions to determine its cause, means of prevention or control, and efficacy of control measures.

(14) *“Epizootic”* – The occurrence in animals in a community, institution, region or other defined area of a group of cases of an illness of similar nature in excess of normal expectancy.

(15) *“Exposure to Rabies”* – Any bite, scratch or other situation in which saliva or nervous tissue of a potentially rabid animal enters an open or fresh wound, or comes in contact with mucous membranes by entering the eye, mouth or nose of another animal or person.

(16) *“Health Authorities”* – The State Health Officer or any local county health department director or administrator or their designee; any chief health official of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member.

(17) *“Health Level 7 (HL7)”* – An industry standard for electronic data exchange between healthcare entities.

(18) *“Human Immunodeficiency Virus (HIV) Exposed Newborn”* – An infant 18 months of age or younger born to an HIV infected woman.

(19) *“Practical Method of Quarantine”* – A location where a person infected with or exposed to an infectious agent that threatens public health will have food, clothing and shelter as necessary while separated and restricted from contact with people who have not been infected with that disease or immunized against that infection.

(20) *“Probable”* – A case that meets the clinical criteria for a communicable disease and the epidemiologic criteria for likely exposure to the infectious agent but is unable to be confirmed.

(21) *“Sensitive Situation”* – A setting in which the presence of a case would increase significantly the probability of spread of the diagnosed or suspected disease or condition and would, therefore, constitute a public health hazard. Examples of such settings are: schools, child-care facilities, hospitals and other patient-care facilities, food storage, food processing establishments or food outlets.

(22) *“Sexually Transmissible Disease”* – Acquired Immune Deficiency Syndrome (AIDS), Chancroid, Chlamydia trachomatis, Gonorrhea, Granuloma Inguinale, Hepatitis A through D, Herpes simplex virus (HSV), Human immunodeficiency virus Infection (HIV), Human papillomavirus (HPV), Lymphogranuloma Venereum (LGV), and Syphilis.

(23) *“Source of Infection”* – The person, animal, object or substance from which an infectious agent passes directly or indirectly to the host.

(24) *“STARHS”* – Serologic Testing Algorithm for Recent HIV Seroconversion – A surveillance test performed on confirmed HIV positive specimens using the BED assay, approved by the Food and Drug Administration for surveillance purposes.

(25) *“Suspect” or “Suspect Case”* – A person or animal whose medical history and symptoms suggest the imminent development of a notifiable or other communicable disease or condition, or a person or animal with a disease not yet diagnosed.

(26) *“Terminal Disinfection”* – Cleaning procedures designed to eradicate infectious agents or unsafe conditions from the physical environment.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031, 384.23, 392.52 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.61, 10D-3.061, 64D-3.001, 64D-3.014, 64D-3.015 and 64D-3.021.

64D-3.029 Diseases or Conditions to be Reported.

(1) Diseases or conditions listed in subsection (3) below are of public health significance identified by the Department as of the date of these rules which must be reported by the practitioner, hospital, laboratory, or other individuals via telephone (with subsequent written report within 72 hours, see Rules 64D-3.030-.033, F.A.C.), facsimile, electronic data transfer, or other confidential means of communication to the County Health Department having jurisdiction for the area in which the office of the reporting practitioner, hospital, laboratory or patient’s residence is

located consistent with the specific section and time frames in subsection (3) below relevant to the practitioners, hospitals and laboratories, respectively. Reporters are not prohibited from reporting diseases and/or conditions not listed by rule.

(2) Definitions to be used with subsection (3) below:

(a) *“Notifiable Diseases or Conditions”* – The definitions of “case” and “suspected case” for reportable diseases or conditions are set forth in “Surveillance Case Definitions for Select Reportable Diseases in Florida,” incorporated by reference, available online at: www.doh.state.fl.us/disease_ctrl/epi/topics/surv.htm. For any disease or condition for which Florida surveillance case definitions do not exist, the CDC case definitions set forth in Nationally Notifiable Infectious Diseases, Definition of Terms Used in Case Classification, incorporated by reference, available online at: www.cdc.gov/eppo/dphsi/case_def/definition_of_terms.htm should be used. Also see the footnotes to subsection (3).

(b) *“Suspect Immediately”* – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: Initial suspicion, receipt of a specimen with an accompanying request for an indicative or confirmatory test, findings indicative thereof, or suspected diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after-hours duty official at (850) 245-4401.

(c) *“Immediately”* – A notifiable condition of urgent public health importance. Report without delay upon the occurrence of any of the following: An indicative or confirmatory test, findings indicative thereof, or diagnosis. Reports that cannot timely be made during the County Health Department business day shall be made to the County Health Department after-hours duty official. If unable to do so, the reporter shall contact the Florida Department of Health after-hours duty official at (850) 245-4401.

(d) *“Next Business Day”* – Report before the closure of the County Health Department’s next business day following suspicion or diagnosis.

(e) *“Other”* – Report consistent with the instruction in and footnotes to subsection (3) below.

(3) *“Table of Notifiable Diseases or Conditions to Be Reported”*.

Practitioner Reporting				Laboratory Reporting				
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes		
	Immediately	Immediately	Day			Other	Other	
Any disease outbreak in a community, hospital or other institution or a foodborne or waterborne outbreak	X	X		Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak		X	X	
Any grouping or clustering of patients having similar disease, symptoms or syndromes that may indicate the presence of a disease outbreak including those of	X	X		Any grouping or clustering of patients having similar etiological agents that may indicate the presence of a disease outbreak including those of biological agents associated with terrorism.		X	X	

Practitioner Reporting				Laboratory Reporting					
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes			
	Immediately	Immediately	Day			Other	Immediately	Immediately	Day
biological agents associated with terrorism									
Acquired Immune Deficiency Syndrome (AIDS)			2 Weeks	Not Applicable					
Anthrax	X	X		<i>Bacillus anthracis</i>	X	X	X		
Botulism, foodborne	X	X		<i>Clostridium botulinum</i> or botulinum toxin	X	X	X		
Botulism, infant			X	<i>Clostridium botulinum</i> or botulinum toxin	X			X	
Botulism, other (includes wound and unspecified)	X	X		<i>Clostridium botulinum</i> or botulinum toxin	X	X	X		
Brucellosis	X	X		<i>Brucella abortus, B. melitensis, B. suis, B. canis</i>	X	X	X		
California serogroup virus neuroinvasive and non-neuroinvasive disease			X	California encephalitis virus, Jamestown Canyon, Keystone, Lacrosse, snowshoe hare, trivittatus				X	
Campylobacteriosis			X	<i>Campylobacter</i> species				X	
Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)*2				Pathological or tissue diagnosis of cancer (except non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors)					6 Months
CD-4	Not Applicable			CD-4 absolute count and percentage of total lymphocytes*3					3 days
Chancroid			X	<i>Haemophilus ducreyi</i>				X	
Chlamydia			X	<i>Chlamydia trachomatis</i>				X	
Chlamydia in pregnant women and neonates			X	<i>Chlamydia trachomatis</i>				X	
Chlamydia in children ≤ 12 years of age*4			X	<i>Chlamydia trachomatis</i>				X	
Cholera	X	X		<i>Vibrio cholerae</i>	X	X	X		
Ciguatera fish poisoning			X	Not Applicable					

Practitioner Reporting				Laboratory Reporting				
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes		
	Immediately	Immediately Day	Other			Immediately	Immediately Day	Other
(Ciguatera)								
<i>Clostridium perfringens</i> , epsilon toxin (disease due to)			X	<i>Clostridium perfringens</i> , epsilon toxin				X
Congenital anomalies*5			6 Months	Not Applicable				
Conjunctivitis in neonates ≤ 14 days old			X	Not Applicable				
Creutzfeld-Jakob disease (CJD)*6			X	14-3-3 protein from CSF or any brain pathology suggestive of CJD*6				X
Cryptosporidiosis			X	<i>Cryptosporidium parvum</i>				X
Cyclosporiasis			X	<i>Cyclospora cayetanensis</i>	X			X
Dengue			X	<i>Dengue virus</i>				X
Diphtheria	X	X		<i>Corynebacterium diphtheriae</i>	X	X	X	
Eastern equine encephalitis virus neuroinvasive and non-neuroinvasive disease			X	Eastern equine encephalitis virus	X			X
Ehrlichiosis, human granulocytic (HGE)			X	<i>Ehrlichia phagocytophilia</i> .				X
Ehrlichiosis, human monocytic (HME)			X	<i>Ehrlichia chaffeensis</i>				X
Ehrlichiosis, human other or unspecified agent			X	<i>Ehrlichia species other</i>				X
Encephalitis, other (non-arboviral)			X	Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic virus				X
Enteric disease due to <i>Escherichia coli</i> O157:H7		X		<i>Escherichia coli</i> O157:H7	X			X
Enteric disease due to other pathogenic <i>Escherichia coli</i> *7		X		<i>Escherichia coli</i> *7				X

Practitioner Reporting				Laboratory Reporting				
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes		
	Immediately	Immediately Day	Other			Immediately	Immediately Day	Other
Giardiasis (acute)		X		<i>Giardia species</i>			X	
Glanders	X	X		<i>Burkholderia mallei</i> ,	X	X	X	
Gonorrhea		X		<i>Neisseria gonorrhoeae</i>			X	
Gonorrhea in children < 12 years of age*4		X		<i>Neisseria gonorrhoeae</i>			X	
Gonorrhea in pregnant women and neonates		X		<i>Neisseria gonorrhoeae</i>			X	
Gonorrhea (Antibiotic Resistant)		X		<i>Neisseria gonorrhoeae</i> *8			X	
Granuloma Inguinale		X		<i>Calymmatobacterium granulomatis</i>			X	
<i>Haemophilus influenzae</i> , meningitis and invasive disease	X	X		<i>Haemophilus influenzae</i>	X	X	X	
Hansen disease (Leprosy)		X		<i>Mycobacterium leprae</i>			X	
Hantavirus infection		X		<i>Hantavirus</i>	X		X	
Hemolytic uremic syndrome		X		Not Applicable				
Hepatitis A*9		X		Hepatitis A*9			X	
Hepatitis B, C, D, E and G Virus*9		X		Hepatitis B, C, D, E and G Virus*9			X	
Hepatitis B surface antigen (HBsAg)-positive in a pregnant woman or a child up to 24 months old		X		Hepatitis B surface antigen (HBsAg)			X	
Herpes simplex virus (HSV) in infants up to six (6) months of age with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth*10		X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*10			X	
HSV – anogenital in children ≤ 12 years of age*4*10		X		HSV 1 or HSV 2 by direct FA, PCR, DNA or Culture*10			X	

Practitioner Reporting				Laboratory Reporting				
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes		
	Immediately	Immediately Day	Other			Immediately	Immediately Day	Other
Human immunodeficiency virus (HIV)			2 weeks	Repeatedly reactive enzyme immunoassay, followed by a positive confirmatory tests, (e.g. Western Blot, IFA): Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT) or viral culture). All viral load (detectable and undetectable) test results.*11				3 days
Human immunodeficiency virus (HIV) Exposed Newborn – infant ≤ 18 months of age born to a HIV infected woman		X		Not Applicable				
Human papilloma virus (HPV) associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years of age*4		X		HPV DNA			X	
HPV – anogenital in children ≤ 12 years of age*4		X		HPV DNA			X	
HPV cancer associated strains*12		X		DNA typing of HPV strains 16, 18, 31, 33, 35, 36, 45 Abnormal histologies consistent with Bethesda 2001 Terminology*13			X	
Influenza due to novel or pandemic strains	X	X		Isolation of influenza virus from humans of a novel or pandemic strain	X	X	X	
Influenza-associated pediatric mortality in persons aged < 18 years		X		Influenza virus – associated pediatric mortality in persons aged < 18 years (if known)	X		X	
Lead poisoning * 14		X		All blood lead tests with detectable blood lead values*14			X	
Legionellosis		X		<i>Legionella</i> species			X	
Leptospirosis		X		<i>Leptospira interrogans</i>			X	
Listeriosis	X			<i>Listeria monocytogenes</i>		X		

Practitioner Reporting				Laboratory Reporting					
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes			
	Immediately	Immediately	Day			Other	Immediately	Immediately	Day
Lyme disease			X	<i>Borrelia burgdorferi</i>				X	
Lymphogranuloma Venereum (LGV)			X	<i>Chlamydia trachomatis</i>				X	
Malaria			X	<i>Plasmodium falciparum, P. vivax, P. ovale, P. malariae</i>	X			X	
Measles (Rubeola)	X	X		Measles virus*15	X	X	X		
Melioidosis	X	X		<i>Burkholderia pseudomallei</i>	X	X	X		
Meningitis, bacterial, cryptococcal and mycotic (other than meningococcal or <i>H. influenzae</i> or pneumococcal)			X	Isolation or demonstration of any bacterial or fungal species in cerebrospinal fluid				X	
Meningococcal Disease, includes meningitis and meningococemia	X	X		<i>Neisseria meningitidis</i> (serogroup needed)	X	X	X		
Mercury poisoning			X	Laboratory results as specified in the surveillance case definition for mercury poisoning				X	
Mumps			X	Mumps virus				X	
Neurotoxic shellfish poisoning		X		Laboratory results as specified in the surveillance case definition for Neurotoxic shellfish poisoning				X	
Pertussis		X		<i>Bordetella pertussis</i>			X		
Pesticide-related illness and injury			X	Laboratory results as specified in the surveillance case definition for pesticide related illness and injury				X	
Plague	X	X		<i>Yersinia pestis</i>	X	X	X		
Poliomyelitis	X	X		Poliovirus	X	X	X		
Psittacosis (Ornithosis)			X	<i>Chlamydophila psittaci</i> (formerly known as <i>Chlamydia psittaci</i>)	X			X	
Q Fever			X	<i>Coxiella burnetii</i>	X			X	
Rabies, animal		X		Rabiesvirus		X	X		
Rabies, human		X		Rabiesvirus		X	X		
Rabies, possible exposure*16	X	X		Not Applicable					
Ricin toxicity	X	X		Ricin toxin (from <i>Ricinus communis</i> castor beans)	X	X	X		
Rocky Mountain spotted fever			X	<i>Rickettsia rickettsii</i>				X	
Rubella, including congenital	X	X		Rubella virus*15	X	X	X		

Practitioner Reporting				Laboratory Reporting				
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation *1	Timeframes		
	Immediately	Immediately Day	Other			Immediately	Immediately Day	Other
St. Louis encephalitis (SLE) virus neuroinvasive and non-neuroinvasive disease		X		St. Louis encephalitis virus	X		X	
Salmonellosis		X		Salmonella species by species serogroup and serotype			X	
Saxitoxin poisoning including Paralytic shellfish poisoning (PSP)		X		Saxitoxin			X	
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease	X	X		SARS-associated Coronavirus (SARS-CoV)	X	X	X	
Shigellosis		X		Shigella species by species serogroup			X	
Smallpox	X	X		Variola virus (orthopox virus)	X	X	X	
Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA)		X		Staphylococcus aureus with intermediate or full resistance to vancomycin (VISA, VRSA); Laboratory results as specified in the surveillance case definition.	X		X	
Staphylococcus enterotoxin B		X		Staphylococcus enterotoxin B	X		X	
Streptococcal disease, invasive, Group A		X		Streptococcus pyogenes, Group A, isolated from a normally sterile site (does not include throat specimens)			X	
Streptococcus pneumoniae, invasive disease	Not Applicable			Streptococcus pneumoniae isolated from a normally sterile site			X	
Streptococcus pneumoniae, invasive disease in children < 5 years, drug sensitive and resistant		X		Streptococcus pneumoniae isolated from a normally sterile site			X	
Syphilis		X		Treponema pallidum			X	
Syphilis in pregnant women and neonates		X		Treponema pallidum		X		

Practitioner Reporting				Laboratory Reporting				
Notifiable Diseases or Conditions	Timeframes			Evidence of current or recent infection with etiological agents	Submit isolates or specimens for confirmation*1	Timeframes		
	Immediately	Immediately Day	Other			Immediately	Immediately Day	Other
Tetanus		X		<i>Clostridium tetani</i>			X	
Toxoplasmosis, acute		X		<i>Toxoplasma gondii</i>			X	
Trichinellosis (Trichinosis)		X		<i>Trichinella spiralis</i>			X	
Tuberculosis (TB)*17		X		<i>Mycobacterium tuberculosis</i> complex*17			X	
Tularemia	X	X		<i>Francisella tularensis</i>	X	X	X	
Typhoid fever		X		<i>Salmonella typhi</i>	X		X	
Typhus fever (epidemic)	X	X		<i>Rickettsia prowazekii</i>	X	X	X	
Typhus fever (endemic)		X		<i>Rickettsia typhi, R. felis</i>			X	
Vaccinia disease	X	X		Vaccinia virus	X	X	X	
Varicella (ChickenPox)*18		X		Varicella virus			X	
Varicella mortality		X		Varicella virus			X	
Venezuelan equine encephalitis virus neuroinvasive and non-neuroinvasive	X	X		Venezuelan equine encephalitis virus	X	X	X	
Vibriosis (Vibrio infections, other than Cholera)		X		All non-cholera <i>Vibrio</i> species including, <i>V. alginolyticus</i> , <i>V. damsela</i> , <i>V. fluvialis</i> , <i>V. furnissii</i> , <i>V. hollisae</i> , <i>V. mimicus</i> , <i>V. parahaemolyticus</i> , <i>V. vulnificus</i>	X		X	
Viral hemorrhagic fevers	X	X		Ebola, Marburg, Lassa, Machupo viruses	X	X	X	
West Nile virus neuroinvasive and non-neuroinvasive disease		X		West Nile virus	X		X	
Western equine encephalitis virus neuroinvasive and non-neuroinvasive disease		X		Western equine encephalitis virus	X		X	
Yellow fever	X	X		Yellow fever virus	X		X	

*1 – Submission of isolates or specimens for confirmation:

- a. Each laboratory that obtains a human isolate or a specimen from a patient shall send specimens (such as isolates, serums, slides or diagnostic preparations) to the Florida Department of Health, Bureau of Laboratories. Contact 1(866)352-5227 for the address

- of your regional laboratory, which will maintain a record indicating the date that these specimens were submitted to the laboratory.
- b. Persons submitting specimens for reportable laboratory tests to the Florida Department of Health Laboratories, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.
- *2 – Notification within six months of diagnosis and within six months of each treatment. Exceptions are located in Rule 64D-3.007, F.A.C.
- *3 – All CD4s, with or without confirmed HIV infection.
- *4 – Child abuse should be considered by a practitioner upon collection of a specimen for laboratory testing in any person 12 years of age or under, excluding neonates. Reporting of an STD case to a county health department does not relieve the practitioner of their mandatory reporting responsibilities regarding child abuse pursuant to Section 39.201, F.S.
- *5 – Exceptions are located in Rule 64D-3.035, F.A.C.
- *6 – Practitioners should contact the Department of Health, Bureau of Epidemiology at (850)245-4401 to arrange appropriate autopsy and specimen collection.
- *7 – Non-O:157:H7, including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, enteroaggregative strains and shiga toxin positive strains.
- *8 – Special reporting requirements for Antibiotic Resistant *Neisseria gonorrhoeae*:
a. Report susceptibility test results (zone sizes for disk diffusion; MICs for E-test or agar dilution) for the following antibiotics: Azithromycin, Cefixime, Ceftriaxone, Ciprofloxacin, Erythromycin, Ofloxacin, Penicillin, Spectinomycin, and Tetracycline.
- *9 – Special reporting requirements for Hepatitis:
a. Positive results should be accompanied by any hepatitis testing conducted; and
b. All serum aminotransferase levels.
- *10 – A 4-fold titer rise in paired sera by various serological tests confirmatory of primary infection; presence of herpes-specific IgM suggestive but not conclusive evidence of primary infection.
- *11 – Special requirements for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion):
a. Each laboratory that reports a confirmed positive HIV test in persons 13 years of age and older must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result.
b. In lieu of producing this test result, each laboratory that reports a confirmed positive HIV test must submit a sample for additional testing using STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion). The laboratory is permitted to send the remaining blood specimen or an aliquot of at least 0.5 ml to the Florida Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926.
c. Laboratories electing to send a blood specimen will contact the Florida Department of Health, Bureau of Laboratories at (904) 791-1500 to receive specimen maintenance and shipping instructions.
d. Nationally based laboratories with an existing contract to ship specimens directly to a STARHS laboratory designated by the National Centers for Disease Control and Prevention will not be required to send a specimen to the Florida Department of Health Laboratory.
- *12 – Practitioners need only to report the presence of cancer associated strains, not abnormal cytologies to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850) 245-4303.

- *13 – Special reporting requirements for abnormal histologies:
 - a. Report only classifications consistent with Bethesda 2001 Terminology of ASC-US, ASC-H, HSIL, LSIL, CIN 1, CIN 2, CIN 3 and AGC to the Florida Department of Health, Bureau of STD Prevention and Control, 4052 Bald Cypress Way, Bin A-19, Tallahassee, Florida 32399-1712, (850) 245-4303.
 - b. All such reports must be received by the Department electronically in HL-7 format.
- *14 – Special reporting requirements for reporting blood lead tests:
 - a. All blood lead tests are considered evidence of a suspected case and are to be reported to the Florida Department of Health, Bureau of Community Environmental Health, Childhood Lead Poisoning Prevention Program, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1712, (850) 245-4277.
 - b. All such reports must be received by the Department electronically.
- *15 – IgM serum antibody or viral culture test orders for measles (rubeola) or rubella should be reported as suspect immediately, but not IgG results.
- *16 – Includes a bite or other significant exposure to a human or domestic animal (including all pets and livestock) by an animal:
 - a. That results in rabies prophylaxis for the person exposed, rabies testing and/or quarantine of the animal causing the exposure; or
 - b. That is capable of transmitting herpes B viruses (includes exposures from nonhuman primates).
- *17 – Special reporting requirements for Tuberculosis:
 - a. Test results must also be submitted by laboratories to the Department of Health, Bureau of Tuberculosis and Refugee Health, 4052 Bald Cypress Way, Bin A20, Tallahassee, Florida 32399-1717, (850)245-4350;
 - b. The 15-digit spoligotype (octal code) must be reported. If the spoligotyping is not available, the isolate must be submitted to the Department of Health, Bureau of Laboratories, 1217 Pearle Street, Jacksonville, Florida 32202-3926, (904)791-1500. The Department will provide the mailing materials and pay mailing costs.
- *18 – Special reporting requirements for Varicella (chickenpox) – Besides the information required to be reported in subsection 64D-3.030(3), F.A.C., practitioners shall also provide date of vaccination.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS. History—New 11-20-06.

Editorial Note: *Formerly 10D-3.62, 10D-3.062, and 64D-3.002.*

64D-3.030 Notification by Practitioners.

(1) Each practitioner licensed under Chapters 458, 459, 460, 462, 464, 467 and 474, F.S., and medical examiner appointed pursuant to Chapter 406, F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of a disease or condition listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator or designee does not nullify the practitioner’s obligation to report said disease or condition.

(2) Any request for laboratory test identification shall be considered a suspicion of disease. However, practitioners need only to report suspected cases if indicated in the “suspect

immediately” column under practitioners in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(3) Any report of a notifiable disease or condition required by this rule, except for cancer, congenital anomalies and HIV/AIDS, shall be reported on the Florida Department of Health Disease Report Form (DH Form 2136, 3/06), incorporated by reference, available at the Department of Health, Division of Disease Control, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399-1714, or on a form supplied by the provider that includes the following:

(a) The patient's:

1. First and last name, including middle initial;
2. Address, including city, state and zip code;
3. Telephone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;
10. Date of onset of symptoms;
11. Diagnosis.

(b) Type of diagnostic tests (for example culture, IgM, serology, Mantoux TB skin test, nucleic acid amplification test or Western Blot);

(c) Type of specimen (for example stool, urine, blood, mucus, etc.);

(d) Date of specimen collection;

(e) Site (for example cervix, eye, etc., if applicable);

(f) Diagnostic test results;

(g) For Tuberculosis, the 15-digit spoligotype (octal code) must be reported;

(h) Treatment given;

(i) Name, address and telephone number of the attending practitioner;

(j) Other necessary epidemiological information requested by the county health department director or administrator or their designee.

(4) The practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in Rule 64D-3.029, F.A.C., is responsible for obtaining and providing the information required by subparagraphs 64D-3.031(3)(a)1.-10., F.A.C., at the time the specimen is sent to or received by the laboratory.

(5) Special reporting requirements for HIV and AIDS:

(a) All cases of HIV or AIDS, which meet the Centers for Disease Control and Prevention (CDC) case definitions set forth in CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, published in Morbidity and Mortality Weekly Report (MMWR) Vol. 48 [RR-13, December 10, 1999], incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/RR/RR4813.pdf, shall be reported on the Adult HIV/AIDS Confidential Case Report, CDC 50.42A Rev. 01/2003, incorporated by reference, or the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference, along with the Department of Health Addendum for Adult HIV/AIDS Confidential Case Report, DH Form 2134, incorporated by reference. All forms are available at county health departments or at the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1715.

(b) HIV exposed newborns shall be reported on the Pediatric HIV/AIDS Confidential Case Report, CDC 50.42B Rev. 01/2003, incorporated by reference in paragraph 64D-3.030(5)(b), F.A.C.

(6) Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(5), (6), 383.06, 384.25(1), 384.33, 392.53(1), 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.097, 64D-3.016 and 64D-3.022.

64D-3.031 Notification by Laboratories.

(1) Each person or designee who is in charge of a public, federal, private, military or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular or cultural tests on specimens derived from a human body or an animal or for collecting the specimen shall report or cause to be reported any laboratory test suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., per this rule.

(2) Receipt of a laboratory test order requesting the identification of reportable agents shall be considered by the laboratory as an indication of suspected diagnosis. However, laboratories need only to report suspected cases if indicated in the “suspect immediately” column under laboratories in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(3) To allow follow-up of laboratory findings suggestive of or diagnostic of diseases or conditions in the Table of Notifiable Diseases or Conditions, the form upon which the information will be reported shall be furnished by the laboratory that includes the following information:

(a) The Patient's:

1. First and last name, including middle initial;
2. Address including street, city, state and zip code;
3. Phone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;

(b) The Laboratory:

1. Name, address and telephone number of laboratory performing test;
2. Type of specimen (for example stool, urine, blood, mucus, etc.);
3. Date of specimen collection;
4. Site (for example cervix, eye, etc., if applicable);
5. Date of report;
6. Type of tests performed and results, including reference range, titer when quantitative procedures are performed, and including all available results on speciating, grouping or typing of organisms;

7. Submitting provider's name, address including street, city, zip code and telephone number, including area code.

(4) Laboratories located out of state, licensed under Part I, Chapter 483, F.S., who collect specimens in Florida or who receive the initial order for testing from a practitioner, blood bank, plasmapheresis center or other health care provider located in Florida, shall report in the same way as if the findings had been made by a laboratory located in Florida.

(5) Upon the Department's implementation of its Electronic Laboratory Reporting System (ELR) for laboratory findings suggestive of or diagnostic of diseases or conditions, reports will be

submitted electronically to the Department using Health Level Seven (HL7) version 2.3.1 format. The CDC Implementation Guide for Transmission of Laboratory-Based Reporting of Public Health Information using version 2.3.1 of the Health Level Seven (HL7) Standard Protocol, incorporated by reference, is available at the Department of Health, ELR Project, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1715.

(a) The Department's ELR System shall include:

1. The initial contact with the reporting laboratory;
2. A content review and testing of the laboratories' HL7 transmissions; and
3. The transition from testing to production for the HL7 laboratory transmissions.

(b) The Department and laboratory will agree on a date of implementation;

(c) Laboratories reporting electronically through ELR and the Department shall agree to a date that the transmission of findings suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., electronically in HL7 version 2.3.1 format to the Department is acceptable and considered good faith reporting and the laboratory will no longer be required to submit paper forms pursuant to subsection 64D-3.031(3), F.A.C.;

(d) The Department shall ensure access to the laboratory findings suggestive of or diagnostic of disease or conditions listed in the Table of Notifiable Diseases or Conditions to authorized representatives of the Department.

(6) This section does not prohibit a laboratory from making a report by telephone, in writing, or facsimile to the county health department having jurisdiction for the area in which the office of the submitting practitioner or the patient's residence is located.

(7)(a) In order to study disease incidence, each laboratory licensed to perform tests for any notifiable disease or condition shall report the test volume for each related diagnostic test performed for the notifiable diseases listed in Rule 64D-3.029, F.A.C.

(b) Reports are to be filed annually on or before April 1 of each year to the Department electronically in a format agreed upon by the department and the laboratory with the following information:

1. Type of diagnostic test;
2. Patient's date of birth;
3. Patient's sex;
4. Race;
5. Ethnicity (specify if of Hispanic descent or not of Hispanic descent).

(8) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(7), (13), 381.003(2), 381.0031(5), (6), 384.33, 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25(1), 392.53(1) FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.66, 10D-3.066, 64D-3.003, 64D-3.017 and 64D-3.023.

64D-3.032 Notification by Medical Facilities.

(1) The chief administrative officer of each facility licensed under Chapter 395, F.S., or freestanding radiation therapy centers, as defined in Section 408.07(20), F.S., shall either personally or by appointing an individual from the staff, hereinafter referred to as "reporting individual," report all cases or suspect cases of diseases or positive laboratory findings indicating the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(2) The chief administrative officer of each Department of Defense or Veterans Administration (VA) facility located in Florida is requested to appoint an individual from the staff, hereinafter referred to as "reporting individual," to be responsible for reporting all cases or suspected cases of disease or positive laboratory findings indicating the presence of a disease or condition listed in Rule 64D-3.029, F.A.C., in all persons admitted to, attended to, or residing in the facility per this rule.

(3) Reporting of a case or suspected case of disease or condition or positive laboratory findings by a facility or center fulfills the requirements of the licensed practitioner and laboratory director to report. It remains the responsibility of the practitioner or laboratory director to ensure that the report is made as stipulated in Rule 64D-3.029, F.A.C.

(4) Each facility that reports a notifiable disease or condition or a positive laboratory finding indicating the presence of a notifiable disease shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives. *Specific Authority 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 383.06, 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History—New 11-20-06.*

Editorial Note: Formerly 10D-3.77, 10D-3.077 and 64D-3.006(1), (2).

64D-3.033 Notification by Others.

(1) In addition to the individuals required to report under Section 381.0031, F.S., the following persons are required to report suspected rabies exposure to humans as well as conditions that they diagnose or suspect in animals pursuant to subsection 64D-3.039(2), F.A.C.:

(a) Animal control officers operating under Section 828.27, F.S.;

(b) Employees or agents of a public or private agency, animal shelter, or other facility that is operated for the collection and care of stray, neglected, abandoned, or unwanted animals;

(c) Animal disease laboratories licensed under Section 585.61, F.S.;

(d) Wildlife officers operating under Section 372.07, F.S.;

(e) Wildlife rehabilitators permitted by the Fish and Wildlife Conservation Commission under Rule 68A-9.008, F.A.C.; and

(f) Florida state park personnel operating under Section 258.007, F.S.

(2) Reports are to be submitted to the county health department having jurisdiction for the area in which the event occurred.

(3) Reports are to be submitted within time frames and by means as specified in subsections 64D-3.029(1) and (3), F.A.C.

(4) Reports shall include as much of the following as is available to the reporter:

(a) The animal's:

1. Name;

2. Species;

3. Breed;

4. Sex;

5. Color;

6. Age;

7. Rabies vaccination status;

8. Date of onset of signs;

9. Signs;

10. Ownership status (Owned/feral/wild).

(b) If the animal is owned, the animal owner's:

1. First and last name, including middle initial;

2. Address, including street, city, state and zip code;

3. Telephone number, including area code.

(c) Where relevant, the exposed person's:

1. First and last name, including middle initial;

2. Address, including street, city, state and zip code;

3. Telephone number, including area code;

4. Age;

5. Sex;

6. Date of exposure;

7. The geographic location where the exposure occurred or location of the animal sighting if no person was exposed;

8. Date of onset of symptoms;
9. Name, address and telephone number, including the area code of the reporter; and
10. Any other epidemiological information requested by the Department.

(d) Reports from an Animal Disease Laboratory shall include:

1. The submitting veterinarian's;
 - a. First and last name, including middle initial;
 - b. Address, including street, city, state and zip code;
 - c. Telephone number, including area code.
2. Type of diagnostic tests (for example culture, IgM, serology, Western Blot or culture);
3. Type of specimen (for example feces, urine, blood, mucus, etc.);
4. Date of specimen collection;
5. Site (for example cloaca, eye, etc., if applicable);
6. Diagnostic test results, including titer when quantitative procedures are performed, and including all available results on grouping or typing of organisms.

Specific Authority 381.0031(6) FS. Law Implemented 381.0031(2), (6) FS. History—New 11-20-06.

Editorial Note: Formerly 64D-3.0031

64D-3.034 Cancer Reporting.

(1) Reporting Requirements:

(a) Each facility and laboratory licensed under Chapters 395 and 483, and Section 408.07(20), F.S., respectively and practitioners licensed under Chapters 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment.

(b) Each facility shall submit each cancer case report electronically. Those facilities with fewer than 35 cancers annually requiring abstracting may submit paper copies or portions of the medical record, provided the copies contain all of the required information as per paragraph (1)(c).

(c) The data items, coding schemes, definitions, record layouts and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual (2005, or current year edition), incorporated by reference, available at:

<http://fcds.med.miami.edu/inc/downloads.shtml>.

(2) Notwithstanding subsection (1), each facility, center and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the Department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.77, 10D-3.077 and 64D-3.006(3), (5).

64D-3.035 Congenital Anomaly Reporting.

(1) Congenital anomalies include major structural congenital defects, genetic disorders, and other congenital disorders.

(2) Notifiable congenital anomalies include all those diagnosed in:

(a) Infants who are born alive and have the anomaly diagnosed before their first birthday, including infants who at the time of death are so diagnosed; or

(b) Fetuses that are not born alive, but completed 19 weeks of gestation. In the absence of a gestational age estimate, a congenital anomaly in a fetus that is not born alive must be reported if the fetus had a weight of at least 500 grams.

(3) The reporting of congenital anomalies shall apply to each infant or fetus born, expelled or extracted in Florida on July 4, 1999, or later.

(4) A licensed hospital or licensed practitioner as defined in Section 381.0031(1), F.S., shall report information regarding each congenital anomaly.

(a) Each hospital licensed under Chapter 395, F.S., shall report to the Department's Florida Birth Defects Registry each congenital anomaly occurring in an infant admitted to the hospital. If a hospital reports a congenital anomaly to the Agency for Health Care Administration in its inpatient discharge data report pursuant to Chapter 59E-7, F.A.C., then it need not comply with the reporting requirements of Rule 64D-3.035, F.A.C., for that anomaly.

(b) Each licensed practitioner who diagnoses a congenital anomaly shall report it to the Department's Florida Birth Defects Registry, except if the anomaly occurs in an infant admitted to a hospital licensed under Chapter 395, F.S.

(c) Physician or hospital reports shall be made no sooner than the date of birth, expulsion or extraction, and no later than 60 days after the date on which the diagnosis was made, or the date of the birth, expulsion or extraction, whichever is later, except as indicated in paragraph 64D-3.035(4)(a), F.A.C.

(d) Reports shall be sent to the Florida Department of Health, Division of Environmental Health, Florida Birth Defects Registry, 4052 Bald Cypress Way, Bin A-8, Tallahassee, Florida 32399-1720. Information on reporting formats can be obtained from the Florida Birth Defects Registry at the above address or on-line at: www.fbdr.org.

Specific Authority 381.0011(13), 381.0031(6) FS. Law Implemented 381.0011(7), 381.0031 FS. History—New 11-20-06.

Editorial Note: Formerly 64D-3.027

64D-3.036 Notifiable Disease Case Report Content is Confidential.

All information contained in laboratory reports, notifiable disease or condition case reports and in related epidemiological investigatory notes is confidential as provided in Section 381.0031(4), F.S., and will only be released as determined as necessary by the State Health Officer or designee for the protection of the public's health due to the highly infectious nature of the disease, the potential for further outbreaks, and/or the inability to identify or locate specific persons in contact with the cases.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (4), (5), 384.25, 392.53 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.68, 10D-3.068 and 64D-3.004.

64D-3.037 Authority of the DOH County Health Department Director or Administrator and State Health Officer.

(1) The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to give public notice of quarantine as defined in Rule 64D-3.038, F.A.C., and to initiate or terminate conditions of quarantine for purposes of controlling the spread of notifiable diseases or other disease conditions.

(2) The persons in charge of all premises upon which a person or persons or animals are quarantined shall allow access to the county health department director or administrator, the

State Health Officer, or either of their designated representatives to assure that provisions of this chapter and orders applicable to the cases involved are observed.

(3) The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to designate a setting as a sensitive situation as defined in subsection 64D-3.028(21), F.A.C., and to initiate or terminate conditions to control the spread of disease in such settings.

(4) The quarantine shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or administrator or their designated representative.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 384.33 FS. Law Implemented 154.04, 381.0011(4), 381.003(1), 384.28 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.74, 10D-3.074 and 64D-3.005.

64D-3.038 Quarantine Orders and Requirements.

(1) Quarantine orders shall be issued by the State Health Officer, or the county health department director or administrator, or their designee in writing; include an expiration date or specify condition(s) for ending of quarantine; and restrict or compel movement and actions by or regarding persons, animals or premises consistent with the protection of public health and accepted health practices except as otherwise governed by subsection (6).

(2) For the purpose of orders regarding quarantine, the term “actions” encompasses isolation, closure of premises, testing, destruction, disinfection, treatment, protocols during movement and preventive treatment, including immunization.

(3) Subjects or objects of quarantine orders shall be accessible at all times to the Department or its designees for purposes related to declaration, enforcement, maintenance, modification or abolition of such orders. The prohibition shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director or administrator or their designated representative.

(4) Where quarantine is used pursuant to Section 381.00315(1)(b)4., F.S., the subject individual may choose isolation in their domicile and such closure as needed to ensure that isolation, unless the Department determines that the subject individual's domicile is not a practical method of quarantine.

(5) Whenever provisions of this chapter require laboratory specimens to be submitted for the identification of specific microorganisms in order to determine eligibility for release from quarantine, such examination shall be performed in a laboratory approved by the Department for performing such tests.

(6) For zoonosis control and prevention, any animal determined by the Department to be a significant threat to human health shall be humanely euthanized in accordance with the American Veterinary Medical Association's 2000 Report of the AVMA Panel on Euthanasia, incorporated by reference, available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720. Such an order shall be issued in writing.

(7) Transportation or removal of quarantined persons or animals with written orders issued shall be made in accordance with orders issued by the State Health Officer, or the county health department director or administrator or their designee.

(8) Quarantine Disinfection Procedures: Collection of contaminated matter and quarantine disinfection procedures shall be in accordance with orders issued by the State Health Officer, or the county health department director or administrator or their designee.

(a) Concurrent disinfection is required of infectious or potentially infectious secretions or excretions of any quarantined person or animal or of objects contaminated by such secretions and/or excretions.

(b) Terminal disinfection shall be carried out at the termination of the period of quarantine and shall be applied to the quarters vacated.

Specific Authority 381.0011(6)(a), (13), 381.003(2), 384.33 FS. Law Implemented 381.0011(6), 381.0012, 381.003(1), 381.00315(1)(b)4., 384.28 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.81, 10D-3.081, 64D-3.007, 64D-3.0071, 64D-3.008, 64D-3.009 and 64D-3.010.

64D-3.039 Diseased Animals.

(1) No person shall bring into this state or offer for sale domestic or feral animals infected with a disease communicable from animals to humans.

(2) Any grouping or clustering of animals having similar diseases, symptoms or syndromes that may indicate the presence of a threat to humans including those for biological agents associated with terrorism shall be reported.

Specific Authority 381.0011(4), (6), (13), 381.003(2), 381.0031(6) FS. Law Implemented 381.0011(6), (10), 381.003(1), 381.0031(1), 823.04 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.90, 10D-3.090 and 64D-3.012.

64D-3.040 Procedures for Control of Specific Communicable Diseases.

(1) Psittacosis (Ornithosis).

(a) All cases and suspected cases of psittacosis in people or birds shall be reported to the county health department director or administrator or their designee.

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the State Health Officer or the county health department director or administrator or their designee, has investigated the situation and issued orders which may include quarantine, laboratory examination or prescribed treatment according to recommendations of the National Association of State Public Health Veterinarians, Inc., published in the Compendium of Measures to Control *Chlamydophila psittaci* (formerly *Chlamydia psittaci*) Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2006, incorporated by reference, available from the Department of Health, Division of Environmental Health, 4052 Bald Cypress Way, Bin A-08, Tallahassee, Florida 32399-1720.

(2) Rabies Control in Humans.

(a) Reporting of Suspected Human Exposure to Rabies – Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator or their designee where the bite occurred immediately by telephone, facsimile, electronic data transfer or other confidential means.

(b) Prevention in Humans – Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department director or medical director or their designee according to recommendations of Human Rabies Prevention-United States, 1999, Recommendations of the Advisory Committee on Immunization Practices (ACIP), published in the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Vol. 48, No. RR-1, January 8, 1999, incorporated by reference, available online at: www.cdc.gov/mmwr/PDF/rr/rr4801.pdf.

(3) Rabies Control in Animals.

(a) The county health department director or administrator or their designee shall promptly investigate reported bites or exposures by suspected rabid animals.

(b) The county health department director or administrator or their designee shall cause to be captured, confined or seized suspected rabid animals and isolate and quarantine or humanely euthanize and provide for laboratory examination, as outlined in the guidebook, Rabies Prevention and Control in Florida 2006, incorporated by reference, available at: [www.myfloridaeh.com/ community/arboviral/Zoonoses/RabiesguideUpdated.pdf](http://www.myfloridaeh.com/community/arboviral/Zoonoses/RabiesguideUpdated.pdf). This includes animals involved in human exposure (bite and non-bite) and animals exposed to rabid or suspected rabid animals. Other methods of controlling rabies in domestic or wild animals shall be administered by order of the county health department director or administrator or their designee according to recommendations of the Florida Rabies Advisory Committee.

(c) Upon official request from the health agency of another state or country, the appropriate county health department designee shall provide assistance in locating and placing in quarantine the suspect animal as required for proper completion of investigation of a potential rabies exposure incident.

(d) Epizootic Rabies. The State Health Officer, or the county health department director or administrator or their designee shall declare an area wide quarantine when prevalence of rabies so indicates. The conditions of the quarantine shall control the movement, sale, impoundment or required euthanasia of animals in the quarantine area as specified by departmental policy and procedure guidelines as defined in paragraph 64D-3.040(3)(b), F.A.C.

(4) Shigella and salmonella infections other than enteric disease outbreaks in child care settings, for which see subsection 64D-3.040(5), F.A.C., and Typhoid Fever, for which see subsection 64D-3.040(6), F.A.C.

(a) Sensitive Situations

1. Persons with laboratory-confirmed or probable cases of Shigella and Salmonella infections (excluding typhoid fever) shall be prohibited from being present in sensitive situations until they are determined by the county health department director or administrator or their designee no longer to be a public health hazard. Release as no longer a public health hazard may be obtained by order of the director/administrator as provided for in subsections 64D-3.040(3) and (4), F.A.C., for Salmonella, or by the infected person's submitting a minimum of two (2) stool specimens in satisfactory condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

- a. The specimens are negative for these organisms.
- b. The first specimen shall not be obtained sooner than forty-eight (48) hours after the cessation of any antibiotic therapy for those cases receiving antibiotics.
- c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Persons who are contacts to probable or confirmed cases of shigella and salmonella infections (excluding typhoid fever);

a. Who have symptoms of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in subparagraph 64D-3.040(4)(a)1., F.A.C.; or

b. Persons who are contacts to probable or confirmed cases of Shigella and Salmonella infections (excluding typhoid fever) and who do not have symptoms of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director or administrator or their designee.

3. Persons infected with Salmonella (excluding typhoid fever) without symptoms may attend schools or child care settings at the discretion of the county health department director or administrator or their designee, provided adequate sanitary facilities and hygienic practices exist.

(b) Non-sensitive Situations.

Cases, Contacts, and Carriers of Salmonella or Shigella who are not in non-sensitive situations should be counseled regarding disease transmission, food preparation and hand washing practices. Follow-up or release based on stool culture results is not required.

(5) Enteric disease outbreaks in child care settings [for typhoid fever, see subsection 64D-3.040(6), F.A.C.]. In the event of an outbreak in a child care setting of one of these diseases, the county health department director or administrator or their designee shall implement control procedures as defined in "Guidelines for Control of Outbreaks of Enteric Disease in Child Care Settings," dated March 2000, incorporated by reference, available online at:

www.doh.state.fl.us/disease%5Fctrl/epi/surv/enteric.pdf.

(6) Typhoid Fever.

(a) Cases: Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or their designee until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting *S. typhi* as determined by the county health department director or administrator or their designee and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations, as defined in subsection 64D-3.028(21), F.A.C., are prohibited from returning to such occupation or situation until no less than three specimens of feces taken at least 24 hours apart are negative for typhoid organisms. In addition, other appropriate tests may be required at the discretion of the county health department director or administrator or their designee.

(7) Perinatal Hepatitis B.

(a) The following infants shall receive hepatitis B immune globulin and hepatitis B vaccine once they are physiologically stable, preferably within 12 hours of birth, and shall complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy.

1. Infants born to HBsAg-positive mothers;

2. All infants of mothers born in areas of high endemicity for hepatitis B infection. These areas include China, Southeast Asia, Africa, Middle East, Pacific Islands and the Amazon Basin.

3. Alaskan Native infants.

(b) Household members, sexual and needle-sharing partners of HBsAg-positive prenatal/postpartum hepatitis B women should be tested to determine susceptibility to the hepatitis B virus, and, if susceptible should receive the hepatitis B vaccine series.

(8) Vibrio Infections. All food service establishments serving raw oysters shall display, either on menus or on table placards, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.0011(6), (13), 381.003(2), 381.006(16), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), (6), (8), 381.003(1), 381.0031, 384.25, 384.27 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.91, 10D-3.091 and 64D-3.013.

64D-3.041 Epidemiological Investigations.

(1) The Department and its authorized representatives, when deemed necessary to protect the public's health, may conduct epidemiological investigations and follow-up to confirm the diagnosis, treatment and causes of any disease or condition to determine appropriate methods of epidemic and communicable disease control. Such investigations shall be considered official duties of the Department and may include, but are not limited to:

(a) Review of pertinent, relevant medical records by authorized representatives of the Department, if necessary to confirm the diagnosis; to investigate causes; to identify other related cases in an area, community, or workplace; to determine if a person with a reportable notifiable disease or condition has received adequate treatment to render themselves non-infectious or if exposed has received prophylaxis, if appropriate. Such review of records may occur without patient consent and shall be conducted at reasonable times and with such notice as is deemed reasonable under the circumstances.

(b) Perform interviews with an infected person or persons knowledgeable about the case to collect pertinent and relevant information about the cause(s) of or risk factors for the notifiable disease or condition.

(c) Conduct notification services by authorized Department representatives to inform persons who may have been in such association with an infected person or animal or a contaminated environment and who have had opportunity to acquire the infection. These will include, but are not limited to: household contacts, sexual partners, correctional facilities inmates and employees, patrons, employees and/or owners of business establishments, preschool staff and students, school staff and students, and other individuals who may have been in an infected person's social, business or environmental network.

(d) Medical examination and/or testing of persons exposed to or at risk of the notifiable disease or condition.

(e) Obtain from public or private businesses or institutions the identities and locating information of persons, travelers, passengers or transportation crews with a similar or common potential exposure to the infectious agent as a reported case (such exposure may be current or have occurred in the past).

(f) Interview or administer questionnaires confidentially to any resident of a community or any agent, owner, operator, employer, employee or client of a public or private business or institution, that is either epidemiologically associated with an outbreak, or with the reported case or has had similar exposure as the reportable case.

(g) Collect environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or notifiable disease or condition.

(h) Enter a place of employment for the purpose of conducting epidemiological investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records and materials within the place of employment which are relevant, pertinent and necessary to the investigation of an outbreak of notifiable diseases or conditions during regular working hours or at other reasonable times with such notice as is reasonable under the circumstances.

(2) All information gathered in the course of an epidemiological investigation and follow-up shall be confidential and subject to the provisions of Sections 381.0031(4), 384.29, and 392.65, F.S.

Specific Authority 381.0011(7), (13), 381.003(2), 381.0031(6), 384.25(2), 384.33 FS. Law Implemented 381.0011(4), 381.003(1)(c), 384.26, 392.54 FS. History—New 11-20-06.

Editorial Note: Formerly 10D-3.100 and 64D-3.018.

64D-3.042 STD Testing Related to Pregnancy.

(1) Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:

- (a) At initial examination related to her current pregnancy; and again
- (b) At 28 to 32 weeks gestation.

(2) Exceptions to the testing outlined in subsection (1) above are as follows:

(a) A woman, who tested positive for hepatitis B surface antigen (HbsAg) during the initial examination related to her current pregnancy, need not be re-tested at 28-32 weeks gestation.

(b) A woman, with documentation of HIV infection or AIDS need not be re-tested during the current pregnancy.

(3) Women who appear at delivery or within 30 days postpartum with:

- (a) No record of prenatal care; or
- (b) Prenatal care with no record of testing;
- (c) Prenatal care with no record of testing after the 27th week of gestation shall be

considered at a high risk for sexually transmissible diseases and shall be tested for hepatitis B surface antigen (HBsAg), HIV and syphilis prior to discharge.

(4) Emergency Departments of hospitals licensed under Chapter 395, F.S., may satisfy the testing requirements under this rule by referring any woman identified as not receiving prenatal care after the 12th week of gestation, to the county health department.

(a) The referral shall be in writing; and

(b) A copy shall be submitted to the county health department having jurisdiction over the area in which the emergency department is located.

(5) Prior to any testing required by this rule, practitioners shall:

- (a) Notify the woman which tests will be conducted;
- (b) Inform the woman of her right to refuse any or all tests;
- (c) Place a written statement of objection signed by the woman each time she refuses

required testing in her medical record specifying which tests were refused. If the woman refuses to sign the statement, the provider shall document the refusal in the medical record. No testing shall occur for the infections specified in the refusal statement of objection.

(6) Women who had a serologic test for syphilis during pregnancy that was reactive, regardless of subsequent tests that were non-reactive shall be tested as soon as possible at or following delivery.

(7)(a) Specimens shall be submitted to a laboratory licensed under Part I, Chapter 483, F.S., to perform tests for chlamydia, gonorrhea, hepatitis B surface antigen (HBsAg), HIV and syphilis.

(b) The practitioner submitting the specimens for testing to a licensed laboratory shall state that these specimens are from a pregnant or postpartum woman.

(8) Practitioners required by law to prepare birth and stillbirth certificates shall document on the certificate if chlamydia, gonorrhea, hepatitis B, HIV, syphilis infections or genital herpes or genital human papilloma virus were present and/or treated during this pregnancy.

(9) Nothing in this rule shall prohibit a practitioner from testing these women for other sexually transmissible diseases in accordance to prevailing national standards, community disease distribution or the professional judgment of the practitioner.

Specific Authority 381.001(13), 381.003(2), 382.003(7), 382.008(6), 382.013(5), 384.25, 384.33 FS. Law Implemented 38.0011(4), 381.003(c), 381.004(3)(c), 384.26, 384.31 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.101 and 64D-3.019.

64D-3.043 Tuberculosis Treatment and Follow-up.

(1) An individualized treatment plan shall be prescribed by providers licensed under Chapter 458, 459 or 464, F.S., for each person in their care who has suspected or confirmed active Tuberculosis.

(a) The treatment plan must be consistent with current standards of medical practice and include information regarding:

1. Provisions for treatment to cure;
2. Provisions for follow-up;
3. Delivery of treatment, e.g., directly observed therapy if appropriate;
4. A case management approach as defined by Department guidelines.

(b) The treatment plan must be documented on TB Medical Report and Treatment Plan, DH Form 1173, 02/98, incorporated by reference, available online at:

www.doh.state.fl.us/disease%5Fctrl/tb/tbforms/dohpdfforms/1173/DH1173-TBTxPlan02-98.pdf.

(2) The county health department director, administrator or their designee shall document the case management approach as defined in Department guidelines “Tuberculosis (TB) Case Management/Team Approach,” 4/98, incorporated by reference, available from the Department of Health, Bureau of TB and Refugee Health, 4052 Bald Cypress Way, Bin A-09, Tallahassee, Florida 32399-1720.

(3) The county health department shall provide a complete explanation of Tuberculosis, the medical risks associated with Tuberculosis, the need to comply with the prescribed course of the treatment plan, and the consequences of non-compliance with the treatment plan to each patient suspected or proven to have Tuberculosis, to the patient’s legal guardian or to the patient’s caregiver. The explanation shall be culturally, developmentally, educationally and linguistically appropriate and tailored to the understanding of the patient, the patient’s legal guardian or the patient’s caregiver.

Specific Authority 381.0011(13), 381.003(2), 392.53, 392.64(1), 392.66 FS. Law Implemented 381.0011, 381.003(1)(a), 392.53, 392.55(2), (3), 392.56(2)(b), 392.59, 392.61, 392.64(1) FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.109 and 64D-3.024.

64D-3.044 Allocation Methodology for the Distribution of Funds Appropriated for Tuberculosis Control.

(1) In addition to the criteria listed in Section 392.61(4), F.S., the factors used to determine the distribution of funds for each county will be the number of reported Tuberculosis cases in a county during the most recent 5 year period for which complete annualized morbidity data is available.

(2) Any additional grant funding provided by state or federal agencies for specific projects in specifically identified areas of the state will not result in the formula in subsection (1) being adjusted.

Specific Authority 381.0011(4), (13), 381.003(2), 392.61(4), 392.66 FS. Law Implemented 381.0011(4), 381.003(1)(a), 392.61(4) FS. History–New 11-20-06.

Editorial Note: Formerly 64D-3.025.

64D-3.045 Execution of Certificate for Involuntary Hold for Tuberculosis.

(1) Pursuant to the provisions of Section 392.565, F.S., when the treating physician determines that a request for an Order for Involuntary Hold is warranted, the treating physician shall immediately telephone the Medical Executive Director of A.G. Holley State Hospital at (561) 582-5666, who is the State Health Officer's designee as defined in this rule, to report the facts of the situation and to determine if the person meets the criteria for involuntary hold.

(2) The treating physician shall complete the form, "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing," DH Form 1201, 01/98, incorporated by reference, available at the local county health department or by contacting the A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561) 582-5666. The certificate shall state that the person appears to meet the requirements specified in Section 392.565, F.S., as well as the following criteria:

(a) The person has active Tuberculosis or is reasonably suspected of having active Tuberculosis and poses a threat to the public health as evidenced by the following:

1. The person is not taking medications as prescribed; or
2. The person is not following the recommendations of the treating physician; or
3. The person is not seeking treatment for signs and symptoms compatible with Tuberculosis;

or

4. The person evidences a disregard for the health of the public; and

(b) The person has been counseled, pursuant to the requirements of Section 392.56(2)(b), F.S.;

(c) All other less restrictive means of obtaining compliance have been exhausted; and

(d) No other less restrictive alternative is available.

(3) The treating physician shall send the completed "Certificate of Physician Pursuant to Section 392.565, F.S., Requesting an Order for Involuntary Hold and Petition for Emergency Hearing", incorporated by reference in subsection 64D-3.045(2), F.A.C., by facsimile to the Medical Executive Director of A.G. Holley State Hospital.

(4) If the Medical Executive Director agrees that the person meets the criteria for involuntary hold, the designee of the State Health Officer shall sign an "Order for Involuntary Hold," DH Form 1202, 01/98, incorporated by reference, available at A.G. Holley State Hospital, 1199 Lantana Road, Lantana, Florida 33462-1514, (561) 582-5666.

(5) Facsimile copies of the certificates for involuntary hold shall satisfy the filing requirement for petitions under Section 392.55 or 392.56, F.S.

Specific Authority 381.0011(4), (13), 381.003(2), 392.66 FS. Law Implemented 381.0011(4), 381.003(1) (a), 392.55, 392.56, 392.565, 392.59, 392.62, 392.64(2) FS. History—New 11-20-06. Editorial Note: Formerly 64D-3.026.

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12, and Adult Education Classes.

(1)(a) Immunization and Documentation Requirements –

(b) A student may attend a public or non-public school, grades preschool through 12 or an adult education class if younger than 21, if prior to admittance, attendance or transfer, they present one of the following for inspection for validity by an authorized school official:

1. DH Form 680, Florida Certification of Immunization (July 2001), incorporated by reference, available from DOH county health departments (DOH CHDs) or physicians' offices.

2. Documentation of receipt of or exemption from must be noted for the following immunizations: diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella, mumps, varicella and hepatitis B. The manner and frequency of administration of the immunizations shall conform to recognized standards of medical practice.

(2) Specific immunization requirements by grade, in addition to those in paragraph (1)(a), which must be documented prior to admittance, attendance or transfer:

(a) Preschool – Completion of Haemophilus influenzae type b vaccination.

(b) Preschool or kindergarten effective with the 2001/2002 school year – completion of varicella vaccination. Each subsequent year thereafter the next highest grade will be included in the requirement so that students transferring into Florida schools are added to the varicella immunized cohort.

1. 7th Grade – Completion of a tetanus-diphtheria booster.

2. Additional Documentation Requirements for Exemptions.

3. For exemption from the rubeola immunization the practitioner must include with DH Form 680, Florida Certification of Immunization, incorporated by reference in subsection 64D-3.046(1), F.A.C., documentation on their own stationery of the physician's request for exemption, asserting that the student had an illness comprised of a generalized rash lasting three or more days, a fever of 101 degrees Fahrenheit or greater, a cough, and/or coryza, and/or conjunctivitis and, in the physician's opinion, has had the ten-day measles (rubeola) or serologic evidence of immunity to measles.

(c) Forms are to be fully executed by a practitioner licensed under Chapters 458, 459, 460, F.S., or their authorized representative (where permitted in the particular certification) per instructions for the appropriate school year as provided in DH Form 150-615, Immunization Guidelines- Florida Schools, Child Care Facilities and Family Day Care Homes (July 2002), incorporated by reference, available online at:

www.doh.state.fl.us/disease_ctrl/immune/schoolguide.pdf.

(d) DH Form 681, Religious Exemptions for Immunizations (English/Spanish/Haitian-Creole) (February 2002), incorporated by reference, available at DOH CHDs, must be issued and signed by the local county health department medical director or designee.

(e) Otherwise required immunizations not performed must be accounted for under the Temporary or Permanent Medical Exemptions, DH Form 680, Florida Certification of Immunization, Parts B and C, incorporated by reference in subsection 64D-3.046(1), F.A.C.

(3) Documentation Requirements for Schools:

(a) The original of the form(s) required under paragraph (1)(a) shall remain in the student's cumulative health record.

(b) Antigen doses by dates of immunization shall be transferred as data elements through the Florida Automated System for Transferring Education Records (FASTER).

(c) Compliance Reporting:

1. Each public and nonpublic school with a kindergarten and/or seventh grade shall submit an annual compliance report. The report shall be completed on DH Form 684, Immunization Annual Report of Compliance for Kindergarten and Seventh Grade (November 1996), incorporated by reference, available at DOH CHDs. The report shall include the immunization status of all children who were attending kindergarten and seventh grades at the beginning of the school year. The report shall be forwarded to the county health director/administrator no later than October 1 of each school year where the data will be compiled on DH Form 685, Kindergarten and Seventh Grade Annual Report of Compliance County Summary (November 2006), incorporated by reference, available at DOH CHDs; or electronically generated by the Department of Education.

2. After consultation with the Department of Education, the Department of Health shall require compliance reports from public and nonpublic schools and preschools for selected grades (K-12 and preschool) in special situations of vaccine preventable disease outbreak control or identified need for monitoring through surveys for immunization compliance levels. Such reports shall include the status of all children who were attending school at the beginning of the school year. Reports shall be forwarded to the county health department director/administrator within a specified period as determined by the Department.

(4) Homeless, Transfers and Juvenile Justice – A temporary exemption to requirements of subsection (2) above not to exceed 30 days may be issued by an authorized school official for any of the following consistent with the definitions in Section 1003.01, F.S.:

(a) A homeless child.

(b) A transfer student.

(c) A student who enters a juvenile justice education program or school.

(5) Notwithstanding subsection (2), the Department may:

(a) Designate any required immunization as unnecessary or hazardous according to recognized standards of medical practice.

(b) Upon determination that a shortage of vaccine exists, approve issuance of temporary medical exemption with extended expiration dates by practitioners or authorized school officials until such time as, in the Department's opinion, vaccine will be available in sufficient quantity for such deferred vaccinations to be completed.

(6) Florida SHOTS (State Health Online Tracking System) Opt Out Provision – Parents or guardians may elect to decline participation in the Florida immunization registry, Florida SHOTS, by submitting a Florida SHOTS Notification and Opt Out Form to the Department of Health. The form, either a DH Form 1478 (English) or DH Form 1478S (Spanish) or DH Form 1478H (Haitian-Creole), incorporated by reference, is available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The immunization records of children whose parents choose to opt-out will not be shared with other entities that are allowed by law to have access to the child's immunization record via authorized access to Florida SHOTS.

(7) Florida SHOTS Private Provider Participation – Any health care practitioner licensed in Florida under Chapter 458, 459 or 464, F.S., may request authorization to access Florida SHOTS by filling out a DH Form 1479, Authorized Private Provider User Agreement for Access to Florida SHOTS (Florida State Health Online Tracking System) (November 2000), incorporated by reference, available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The DH Form 1479 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the Department of Health. The authorized user and the applicable licensing authority or agency shall notify the Department of Health, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

(8) Florida SHOTS School and Licensed or Registered Child Care Facility Participation – Any public or nonpublic school, or licensed or registered child care facility may request authorization to access Florida SHOTS by completing a DH Form 2115, Authorized School and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS (November 2000), incorporated by reference, available from the DOH Bureau of Immunization, 4052 Bald Cypress Way, Bin # A-11, Tallahassee, FL 32399-1719. The DH Form 2115 will be returned to the Department of Health for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the Department of Health. The authorized user and the applicable licensing authority or agency shall notify the Department of Health, Bureau of Immunization Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.
Specific Authority 381.0011(13), 381.003(1), (2), 381.005(2), 1003.22 FS. Law Implemented 381.0011(4), 381.003(1), 381.005(1)(i), 1003.22 FS. History–New 11-20-06.

Editorial Note: Formerly 10D-3.88, 10D-3.088 and 64D-3.011.

64D-3.047 Enforcement and Penalties.

(1) Any practitioner, hospital or laboratory who is subject to the provisions of this rule who fails to report a disease or condition as required by this rule or otherwise fails to act in accordance with this rule is guilty of a misdemeanor of the second degree, and, upon conviction thereof, shall be fined not more than five hundred dollars (\$500.00) as provided in Section 775.082 or 775.083, F.S. Each violation is considered a separate offense.

(2) All violations by practitioners, hospitals or laboratories shall be reported to the appropriate professional licensing authorities and public financing programs.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 384.34(4) FS. Law Implemented 381.0011, 381.003(1), 381.0031, 384.34 FS. History—New 11-20-06.

Editorial Note: *Formerly 10D-3.102 and 64D-3.020.*