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RULE ADOPTION
HEALTH AND SENIOR SERVICE
EMERGENCY MEDICAL SERVICES
MOBILITY ASSISTANCE VEHICLE AND BASIC LIFE SUPPORT AMBULANCE SERVICES

Adopted New Rules: N.J.A.C. 8:40

Proposed: May 19, 2003 at 35 N.J.R. 2010(a).

Adopted: May 13, **2004** by Clifton R. Lacy, M.D., Commissioner, Department of Health and Senior Services (with approval of the Health Care Administration Board).

Filed: May 14, **2004** as R.**2004** d.217, with substantive and technical changes not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 26:2H-1 et seq., and 30:4D-6.4 and 6.6

Effective Date: **June 7, 2004**.

Expiration Date: **June 7, 2009**.

Summary of Public Comments and Agency Responses:

The Department accepted comments on the proposal through July 18, 2003. The following persons submitted written comments in a timely manner:

1. Mark Veenema, Director, Mobile Intensive Care Unit, St. Joseph's Regional Medical Center
2. John L. Tweed, Executive Director, Medical Transportation Society of New Jersey, Seaside Park, NJ
3. Esah Yip, D.Sc., Director, Malaysian Rubber Export Promotion Council, Washington, DC
4. John Bush, President, CEO, On Time Transport, Inc. and On Time Ambulance, Inc., Roselle, NJ
5. Bryan L. Fischberg, NREMT-P, President, Mercer County Regional EMS Association, Trenton, NJ
6. Lynn Yablou, President, Access Ambulance, Tenafly, NJ
7. Jane Zawodniak, MICP, Cranford, NJ
8. Michael Alessi, MICP, Secaucus, NJ
9. Mary Beth Ray-Simone, VP and Director, EMS, Jersey City Medical Center, Jersey City, NJ
10. Frederick L. Steinkopf, President, New Jersey State First Aid Council, Inc., Bernardsville, NJ

11. C. David Gwin, Chief, Hillsborough Emergency Medical Services, Hillsborough Township, NJ
12. Charles L. Kaczmariski, MICP, Executive Director, Hammonton Rescue Squad, Inc., Hammonton, NJ
13. David M. Shotwell, Jr., Esq., Ocean Grove, NJ
14. Robert W. Davis, President, Alert Ambulance Service, Lakewood, NJ
15. Thomas A. Starr, President, The New Jersey Association of Paramedic Programs, Mount Laurel, NJ
16. Thomas A. Starr, Corporate Director, Virtua Emergency Medical Services, Mount Laurel, NJ
17. Richard J. Donovan, Director, Atlantic Ambulance Corporation
18. Richard G. Butler, MICP, EMS Director, Center for Emergency Services, Capital Health System, Trenton, NJ
19. Barry J. Bruner, Chief, Mutual Aid Emergency Services, Inc., Absecon, NJ
20. Jonathan Lord, BSEMS, Chief, Endeavor Emergency Squad, Inc., Burlington, NJ
21. Kate Concannon, President, Med Alert
22. Mr. Steven W. Carey, Piscataway, NJ
23. Robert Resetar, Jr., Chairman, EMS Communication Committee, Community Medical Center, Toms River, NJ
24. Michael J. Semple, MICP, Director of EMS and Emergency Preparedness, and Michelle Golba-Norek, RN, EMS Education Coordinator, both of Raritan Bay Medical Center, Perth Amboy, NJ
25. Jonathan Lord, BSEMS, Chief, Endeavor Emergency Squad, Burlington, NJ

The timely submitted comments and the Department's responses are summarized below. The numbers in parentheses after each comment identify the respective commenters listed above.

1. COMMENT: N.J.A.C. 8:40-1.2 needs to clearly state that volunteer squads are exempt from N.J.A.C. 8:40 in its entirety. There also needs to be a statement in the rule that volunteer squads may function as BLS agencies outside of the scope of this regulation. (10)

RESPONSE: Proposed N.J.A.C. 8:40-1.2(a) would make the chapter applicable to entities that operate, or seek to operate, "non-volunteer basic life support ambulance service within the State of New Jersey." Accordingly, the scope of N.J.A.C. 8:40 does not include volunteer squads. While there are no volunteer MAVs currently operating in New Jersey, the Department will amend proposed N.J.A.C. 8:40-1.2(a) upon adoption to articulate that the chapter is applicable to neither volunteer MAVs nor volunteer BLS services.

2. COMMENT: Advanced life support (ALS) crewmembers should be allowed to perform inter-facility transfers of patients under certain emergency circumstances. (7)

RESPONSE: The Department agrees. Proposed N.J.A.C. 8:40-10 provides for specialty care inter-facility transports of patients by ALS crewmembers where ALS needs to be delivered in transit.

3. COMMENT: In connection with the definition of the term "conviction" at N.J.A.C. 8:40-1.3, the Department should not consider acceptance into a pre-trial intervention (PTI) or other diversionary program to be grounds for refusing either to license or re-license a service provider or to certify or re-certify individuals, or to be grounds for suspension or revocation of licenses and certifications. The Department should not consider convictions of disorderly and petty disorderly persons offenses to be grounds for refusing either to license or re-license a service provider or to certify or re-certify individuals, or to be grounds for suspension or revocation of licenses and certifications. (2, 4, 7, 10, 12, 14)

RESPONSE: The Department will reconsider whether the fact of an individual's participation in PTI or other diversionary program should have an impact on their status with the OEMS by studying such factors as the circumstances under which a person is eligible to be referenced to PTI or other diversionary program, and how other states have treated participation in PTI or other interested persons to submit studies or other information relative to this issue to the OEMS for consideration.

4. COMMENT: Employers should pay for criminal background checks, not applicants. The Department should develop other means of investigating applicants to screen out terrorists. (7)

RESPONSE: The Department declines to require employers to pay for criminal background checks. Many applicants are volunteers and do not have an "employer." Accordingly, the Department will require individual applicants for licensure or certification to pay for the fees associated with their criminal background checks. Applicants to become teachers, police officer, lawyers, postal inspectors and numerous other career positions also pay for their own criminal background checks in the first instance. The rules do not prohibit employers from reimbursing applicants for the cost of the criminal background check when the employer or sponsor of a volunteer program elects to make that reimbursement. The Department agrees that terrorists must be screened out of the EMS industry and is therefore exploring new ways of investigating applicants to screen out terrorists. The Department invites the commenter and others to submit suggestions on terrorist detection for the Department's consideration as potential subjects for future rulemaking.

5. COMMENT: Non-billing municipalities should be volunteer agencies and not subject to licensure. (7)

RESPONSE: The Department has been approached with this issue many times and has obtained an opinion from the Attorney General to address it. The Department has been advised that the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1, authorizes the licensure of municipalities providing emergency medical services (EMS). The Department has been further advised that non-billing municipalities who provide EMS do not meet the definition of "volunteer first aid, rescue and ambulance squad" that is contained in the Highway Traffic Safety Act, N.J.S.A. 27:5F-20. Therefore, municipalities who provide EMS are subject to licensure regardless of whether they will patients for services.

6. COMMENT: Licensed 9-1-1 BLS providers should be required to provide a pension plan for their crewmembers. (8)

RESPONSE: The comment is beyond the scope of the proposal. The Department is

without the requisite statutory authority to make and enforce such a requirement.

7. COMMENT: A statute of limitations should apply to Department enforcement actions, giving the Department 30 days from the date of a regulatory violation within which to issue a penalty (2, 4, 8, 13)

RESPONSE: The Department disagrees with the comment. The Department makes every effort to complete investigations quickly and to issue penalty actions in a timely fashion. However, many times the Department does not become aware of regulatory violations until more than 30 days have passed since the date of the violation. In addition, many investigations require more than 30 days to complete. Accordingly, it would not be appropriate or practical for the Department to adopt the suggestion made in the comment.

8. COMMENT: The Department should only be authorized to penalize either the provider or the individual in a penalty action, not both. (8)

RESPONSE: The Department disagrees with the comment. Such a requirement would be contrary to the intent of the Legislature as expressed in the Health Care Facilities Reform Act, N.J.S.A. 26:2H-1, which mandates that the Department enforce the provisions of the Act against both individuals and providers.

9. COMMENT: The definition of "ALS inter-facility transfer" should be broadened to not only include transfers from acute care hospitals, but also to include transfers from other facilities such as rehabilitation facilities. (2)

RESPONSE: The Department agrees with the comment. Proposed N.J.A.C. 8:40-1.3 defines "ALS inter-facility transfer" as "the transportation of a patient in need of advanced life support care from one acute care hospital to another or from an acute care hospital to a nursing home or rehabilitation facility." ALS patient transfers may be initiated from locations other than acute care hospitals. Therefore, the Department will amend the definition of "ALS inter-facility transfer" at proposed N.J.A.C. 8:40-1.3 upon adoption to mean a patient transfer from one health care facility to another via a specialty care transport unit or an air-medical unit.

10. COMMENT: The proposed regulations appear to license three levels of BLS ambulance service vehicles with varying equipment. (9)

RESPONSE: The Department disagrees with the comment. The proposed new rules license one level of BLS ambulance service vehicles, namely, emergency ambulances. Accordingly, the rules require one standard set of equipment.

11. COMMENT: A review of the Highway Traffic Safety Act and the Health Care Facilities Reform Act indicates that the Department should interpret these authorities as not granting an exemption for volunteer first aid, rescue and ambulance squads. (25)

RESPONSE: The Department disagrees with the comment. The interpretation of the law as stated by the commenter is not correct according to the State Attorney General. The Department has been advised that the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1, does not authorize the licensure and regulation of volunteer first aid, rescue and ambulance squads that meet the definition of "volunteer first aid, rescue and ambulance squad" that is contained in the Highway Traffic Safety Act, N.J.S.A. 27:5F-20.

12. COMMENT: The definition of "volunteer ambulance, first aid or rescue squad" has a grammatical error in the last sentence. (25)

RESPONSE: The Department agrees with the comment. As proposed, N.J.A.C. 8:40-1.3 defines "volunteer ambulance, first aid or rescue squad" as, "in accordance with N.J.S.A. 27:5F-20, an ambulance, first aid or rescue squad that provides emergency medical services without receiving payment for those services. Whether the person members of a squad provide their services for free or are compensated by the squad is irrelevant to a squad's volunteer status." The Department has removed the word "person" from the last sentence of the above referenced definition so that the sentence is grammatically correct.

13. COMMENT: The definition of passenger assistance techniques (PAT) is written to acknowledge the training program developed by Transportation Management Associations of Fort Worth, Texas, but should be modified to include a list of all other PAT Training courses that are approved by the Department. (2, 4)

RESPONSE: Proposed N.J.A.C. 8:40-4.3(b)2 and proposed N.J.A.C. 8:40 Appendix B would provide a mechanism by which the Department would approve PAT certifications from courses that are similar in content and curriculum to the PAT Technician certification course taught by Transportation Management Associates of Fort Worth, Texas. The time constraints attendant to the rulemaking process, such as the notice and comment period, would not provide the flexibility necessary to reflect changes to the list of courses approved by the Department. The Department will maintain a list of courses that it has approved pursuant to the approval process provided at proposed N.J.A.C. 8:40-5.3(b)2, that it shall make available upon request to the OEMS.

14. COMMENT: N.J.A.C. 8:40-2.1(a)7ii grants a waiver to hospital and governmental agencies from providing forms for criminal background checks. The commenter believes this to be an illegal restraint of trade and an effort to evade State mandate/State pay rules. The commenter does not provide any reasons to support these conclusions. Any waiver sets up unfair competitive advantage and must be removed. (10)

RESPONSE: The Department disagrees with the comment. The exemption provision at N.J.A.C. 8:40-2.1(a)7ii does not constitute an illegal restraint of trade because the rule does not impose an unreasonable restraint of trade under the New Jersey Antitrust Act, N.J.S.A. 56:9-1. Moreover, the exemption provision does not impose any financial burden on local governments that might constitute a prohibited unfunded mandate under N.J. Const. Art. 8 § 2, ¶ 5. Accordingly, the commenter's belief that the rule seeks to "evade state mandate/state pay rules" is misplaced. Similarly, the exemption does not create an unfair competitive advantage for hospitals or local governments. The exemption instead merely recognizes that hospitals and local governments are fundamentally different from other providers in that they are organized with a different capital structure. Private providers are organizations with individual owners and managers who make decisions for the organization. Local governments and hospitals are organizations that make decisions through elected officials or boards of trustees; no individual with an ownership interest exists in these organizations. Accordingly, no purpose would be served to require criminal background checks of elected officials or hospital trustees. These persons act as fiduciaries for the organization, but they do not own the organization. These persons act as fiduciaries for the organization, but they do not own the organization. The New Jersey State Police conduct criminal background checks on individuals, not hospital organizations or local government agencies. Therefore, the exemption should not be removed from the regulations as suggested by the commenter.

15. COMMENT: N.J.A.C. 8:40-2.4(a) states that N.J.A.C. 8:40 does not apply to BLS ambulance services provided by volunteer squads as defined at N.J.S.A. 27:5F-18. There should be a similar provision stating that in

accordance with the provisions of N.J.S.A. 30:4D-6.5, N.J.A.C. 8:40 does not apply to MAV services provided by volunteer squads as defined at N.J.S.A. 27:5F-18. (25)

RESPONSE: The Department agrees with the comment. N.J.S.A. 30:4D-6.5 specifically exempts volunteer squads from the provisions of the Medical Assistance and Health Services Act, N.J.S.A. 30:4D-1 et seq. The Department will amend proposed N.J.A.C. 8:40-2.4(a) upon adoption to add the following sentence: "In accordance with the provisions of N.J.S.A. 30:4D-6.5, this chapter shall not apply to MAV services provided by volunteer ambulance, first aid or rescue squads as defined in the New Jersey Highway Traffic Safety Act of 1987, N.J.S.A. 27:5F-18 et seq."

16. COMMENT: N.J.A.C. 8:40-2.4(c) should be clarified to indicate whether a United States government ambulance contractor who transports patients from a military base to an off-base New Jersey acute care hospital needs to be licensed. (20)

RESPONSE: N.J.A.C. 8:40-2.4(c) states "providers holding United States government contracts are not exempt from licensure unless the provider only provides services within a geographic area of exclusive Federal jurisdiction. . . ." Therefore, a United States government ambulance contractor who transports patients from a military base to an off-base New Jersey acute care hospital needs to be licensed. No clarification is necessary.

17. COMMENT: Volunteer squads, although exempt from regulation by statute, should still be required to comply with the quarterly reporting requirements of N.J.A.C. 8:40-6.15(e)3 because they respond to the majority of 9-1-1 calls in New Jersey. The data that is lost by not requiring volunteer squads to report is valuable and could be used to advance and improve pre-hospital emergency services. In addition, county coordinated emergency medical services should be licensed because they receive Medicaid dollars through their home county under a voucher system instead of a fee for service. (2, 4)

RESPONSE: The Department agrees with the comment that the data that would be provided by volunteer squads would be valuable in helping to continue to improve the delivery of emergency medical services to New Jersey citizens; however, imposition of the reporting requirement by rule as suggested by the commenter is prohibited by N.J.S.A. 26:2H-1 et seq. The Department is examining the licensure status of county coordinated emergency medical services that receive Medicaid dollars through a voucher system and may seek an opinion from the Attorney General as to whether these services are subject to licensure. If so, the Department will develop rules to implement license requirements and will consider requiring the reporting suggested by the commenter at that time.

18. COMMENT: A volunteer squad that has paid ambulance staff during the day and volunteer staff at night should be licensed. (19)

RESPONSE: The Department disagrees with the comment. The comment does not take into account the most relevant factor to be considered in determining whether a particular squad must be licensed. The State Attorney General has advised the Department that whether ambulance staff is paid is irrelevant to the determination of whether the squad in question must be licensed. The relevant inquiry is whether the squad in question receives payment for services. If the squad receives payment for services, then the squad must be licensed.

19. COMMENT: The Department received many comments concerning the licensure and administrative fees at N.J.A.C. 8:40-2.5. Most of these stated that the fees were too high, that operating and insurance costs have risen dramatically

in recent years, that profit margins industry-wide are very thin, and that Medicaid payment rates have not risen in several years to help offset these increased costs (2, 4, 6, 10, 11, 12, 14, 17) One commenter stated that a company check should be acceptable remuneration for these fees along with money orders and certified checks. (17) Another commenter stated that the exemption from fees granted to municipal and State agencies creates an unfair competitive advantage over volunteer squads, is illegal, and should therefore be removed. (10)

RESPONSE: The Department agrees that three of the fees at proposed N.J.A.C. 8:40-2.5 should be reduced. The Department will amend proposed N.J.A.C. 8:40-2.5 upon adoption to lower several of the proposed fees to reduce the financial burden on providers. At proposed N.J.A.C. 8:40-2.5(b)3, the Department will lower the fee for dual licensure as a new MAV and BLS ambulance service provider from \$3,000 to \$1,500. At proposed N.J.A.C. 8:40-2.5(c)3, the Department will lower the fee for dual licensure as a new MAV and BLS ambulance service provider applying in the second year of its two year licensure cycle from \$2,500 to \$1,250. At proposed N.J.A.C. 8:40-2.5(e)3, the Department will lower the renewal fee for dual licensure as an MAV and BLS ambulance service provider from \$1,000 to \$500.00.

The Department disagrees with the comment that a company check should be an acceptable means of payment. The Department has determined that requiring a cashier's check or money order is a minimal burden on applicants that will eliminate the administrative burden associated with receiving and depositing checks for license fees that are drawn on under-funded accounts.

The Department does not view government agencies and municipalities as being in competition with private providers, but merely entities exercising the general police power to protect the health and safety of New Jerseyans. Moreover, the Department does not perceive how it would be possible for the fee exemption at proposed N.J.A.C. 8:40-2.5(i) to give government agencies a "competitive advantage" over volunteer squads that, by their very nature, are neither engaged in competitive business practices nor billing for services. The commenter does not provide support for the contention that the exemption is illegal. The Department is aware of no law that would render the exemption illegal. The exemption does not impose any financial burden on local governments and is therefore consistent with the Constitutional prohibition against unfunded mandates under N.J. Const. Art. 8 § 2, ¶ 5.

20. COMMENT: Department investigators should not be permitted to inspect vehicles without the provider's employees being present. In addition, investigators should be prohibited from speculating about the outcome of an investigation before a written violation is issued by the Department. Finally, Department investigators must not request information that violates the HIPAA privacy rule. (13)

RESPONSE: The Department disagrees with the comment. Proposed N.J.A.C. 8:40-2.6 permit investigators to inspect vehicles outside the presence of the provider's employees so that providers are unable to frustrate the inspection process by stating that no employees are available to assist an investigator with an inspection. Investigators are trained not to discuss the likely outcome of any inspection or investigation with a provider prior to a written agency action being issued.

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations promulgated thereunder by the United States Secretary of Health and Human Service at 45 CFR Parts 160 and 164, known as the "Standards for Privacy of Individually Identifiable Health Information," hereinafter collectively referred to as "HIPAA," apply to health information

created or maintained by health care providers who engage in certain electronic transactions, health plans, and health care clearinghouses. Entities subject to N.J.A.C. 8:40 may be "covered entities" subject to HIPAA.

Pursuant to 45 C.F.R. § 164.512(b), covered entities may disclose, without individual authorization, protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. Pursuant to 45 C.F.R. § 164.512(d), a covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs for which health information is relevant to beneficiary eligibility, entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or entities subject to civil rights laws for which health information is necessary for determining compliance. Moreover, pursuant to 45 C.F.R. § 164.514(d)(3)(iii)(A), when making disclosures permitted under 45 C.F.R. § 164.512, a covered entity may reasonably rely on the representation of a public official that the information requested is the minimum necessary for the stated purpose.

Therefore, the disclosure of information protected under HIPAA to inspectors acting to enforce the statutes and rules of the Office of Emergency Medical Services would not constitute a violation of HIPAA. For a more detailed treatment and explanation of the impact of HIPAA on public health activities, and the "public health exemption," interested persons should review the publication "HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services," available online at <http://www.cdc.gov/privacyrule/Guidance/Content.htm>.

21. COMMENT: Professional liability insurance should not be required for mobility assistance vehicles (MAVs) since the crews of these vehicles do not render medical care to patients; they merely transport patients. N.J.A.C. 8:40-3.3(c)3 should be amended to remove this requirement. (2, 4, 5, 17)

RESPONSE: The Department agrees. Professional liability insurance should not be required for MAVs because the crews of these vehicles do not render medical care to patients. The Department will amend proposed N.J.A.C. 8:40-3.3(c) 3 upon adoption to delete the phrase, "or regular professional liability insurance, if operating an MAV service."

22. COMMENT: A number of commenters objected to the necessity for a standard operating procedures manual as required at N.J.A.C. 8:40-3.5 and to the requirement that any updates to the manual be provided to OEMS within 14 business days. (2, 4, 9, 10, 12, 17, 18) One comment stated that the manual should be required to address HIPAA compliance issues. (13)

RESPONSE: A good standard operating procedures (SOP) manual is the blueprint for the proper operation of a business, which is why the Department requires that the SOP manual be available to all of the provider's employees. The Department has determined that these goals can be met without requiring the SOP and its periodic updates to be filed with OEMS. Accordingly, the Department will amend N.J.A.C. 8:40-3.5 to delete the following requirement: "The SOP manual shall be filed with OEMS prior to licensure; any amendments to the SOP manual shall be filed with the Department within 14 business days of the

effective date of the amendment."

The applicability of HIPAA, a law described more fully above in response to a previous comment, to a particular provider depends upon a fact-sensitive legal analysis of the particular circumstances of the provider. HIPAA requires entities subject thereto, commonly referred to as "covered entities," to develop policies and procedures. It is possible that entities regulated under proposed N.J.A.C. 8:40 would not be subject to HIPAA. Therefore, it would not be appropriate for the Department to require entities not subject to HIPAA to develop HIPAA-compliant policies and procedures. Therefore, the Department declines to require that the policies and procedures covered entities are required to develop under HIPAA be articulated in the standard operating procedures manual proposed N.J.A.C. 8:40 would require providers to promulgate. Providers subject to N.J.A.C. 8:40 that are also covered entities under HIPAA may elect to combine HIPAA-compliant policies and procedures in one document as part of the standard operating procedures manual that proposed N.J.A.C. 8:40 would require, as this would be logical and appropriate, and not prohibited. As a general principal, the Department does not intend to create a shadow rule that duplicates the requirements of HIPAA, which is a Federal law subject exclusively to Federal enforcement. The Department has no jurisdiction to enforce HIPAA. If HIPAA applies to a particular entity, then that entity is obliged to comply with it, regardless of whether the rules of the Department repeat or restate its requirements.

23. COMMENT: Several commenters objected to the requirement at proposed N.J.A.C. 8:40-3.6 that would require providers to seek Department approval any time an approved form of patient care report is changed, citing that most changes are merely for billing purposes that do not alter the patient care sections of the form. (2, 4, 13) One comment stated that there should be one chart for each leg of a round trip for billing purposes. (17) One comment stated that use of emergency warning devices is not relevant to patient care and should not be reported on the patient care report. (10)

RESPONSE: Proposed N.J.A.C. 8:40-3.6 would specify the information that must be contained on a patient care report form. Therefore, the Department recognizes that there is no need to require that the Department pre-approve the form of patient care report. The Department will amend proposed N.J.A.C. 8:40-3.6 upon adoption to delete the approval requirement.

Proposed N.J.A.C. 8:40-3.6(a)1 requires only one patient care report for both legs of a round trip. Upon further consideration, the Department recognizes that this requirement would make billing awkward, because patient care reports are submitted to Medicaid and other insurers for billing purposes. The Department will amend proposed N.J.A.C. 8:40-3.6(a)1 upon adoption to require the use of a separate patient care report for each leg of a round trip transport.

Proposed N.J.A.C. 8:40-3.6(b)6 requires BLS ambulances to indicate when crewmembers use their emergency warning devices because the Department is seeking data on the use of emergency warning devices during emergency patient transports. The Department anticipates that the most convenient mechanism by which crewmembers would note this information would be on patient care reports because crewmembers would be required to document other activity relating to a particular transport on this report. The Department would use data generated by these reports to evaluate whether the use of emergency warning devices should be the subject of future rulemaking. The Department declines to delete this requirement.

24. COMMENT: It is inappropriate to require both crewmembers to sign the patient care report as required by N.J.A.C. 8:40-3.6(a)2 because one

crewmember will likely be driving while the other crewmember treats the patient and fills out the patient care report. According to the commenter, this would require the driving crewmember to sign off on patient care where he did not actually treat the patient. (13)

RESPONSE: The Department is aware that many times one crewmember drives while the other crewmember treats the patient; however, this is only one scenario. Many times both crewmembers treat the patient together at the scene. There are an infinite number of possible scenarios, but their common thread is that two crewmembers are responding to the call. Both crewmembers are therefore responsible for patient care, and both are trained to work together as partners. The Department believes that proposed N.J.A.C. 8:40-3.6(a)2, requiring both crewmembers' signatures, is consistent with the New Jersey model of requiring two **EMTs** on an ambulance. Requiring both signatures makes crewmembers even more aware that they are both accountable for patient care and must work together. In the event that patient care is later called into question, the Department intend to continue to examine the individual actions of each crewmember in determining whether a penalty shall be issued to one crewmember, both crewmembers, or neither crewmember.

25. COMMENT: N.J.A.C. 8:40-3.6(e), requiring providers to develop a means of recording cancelled calls, missed calls, or other activity that resulted in dispatch but not patient contact, is unduly burdensome and should be removed from the regulations. (17)

RESPONSE Upon reconsideration, the Department agrees that proposed N.J.A.C. 8:40-3.6(e) places a burden on providers that is not outweighed by any benefit to the public. The Department will delete proposed N.J.A.C. 8:40-3.6(e) upon adoption.

26. COMMENT: Injuries not requiring treatment in an emergency room or hospitalization should not have to be reported to the Department, as required in N.J.A.C. 8:40-3.7, and injuries to crewmembers that would be covered by worker's compensation insurance should not have to be reported to the Department. (2, 4, 6, 10, 13, 14, 17)

RESPONSE: The Department seeks information on all injuries, including minor injuries, to patients, passengers, and crewmembers, as part of its continuing efforts to reduce injuries in the EMS industry. Information required to be reported under proposed N.J.A.C. 8:40-3.7 is tallied and given back to the industry as a report to enable concerned providers to make changes in day-to-day activities to reduce injuries and worker's compensation cases. One hundred forty-six accidents were reported in 2003. The Department licenses approximately 400 providers.

The Department will amend proposed N.J.A.C. 8:40-3.7(a)2 upon adoption to articulate that only those accidents required to be reported to the police under N.J.S.A. 39:4-129 et seq. are required to be reported to the Department. The Department seeks to review accidents involving licensed vehicles to enable the Department to compile data that may help to reduce future accidents. Establishing the existing mandatory reporting statute as the standard for reporting to the Department will eliminate any confusion that may arise if a "designated damage amount" or "seriousness level" trigger, as suggested by the commenter, were used to determine the reportability of an accident. Moreover, the rule as amended upon adoption will emphasize that if an accident is reportable to the police under N.J.S.A. 39:4-129 et seq., it must be reported to the Department, regardless of whether involved persons actually report the accident to the police as required by N.J.S.A. 39:4-129 et seq. The amendment upon adoption will eliminate unnecessary reporting accidents where there is neither personal injury nor property damage.

27. COMMENT: N.J.A.C. 8:40-3.7(a)3 should be amended to require that damage to patient medical records should only have to be reported if the records are rendered illegible. (13)

RESPONSE: The Department declines to make the suggested amendment. The intent of the reporting requirement at proposed N.J.A.C. 8:40-3.7(a)3 is to enable the Department to intercede when circumstances suggest that records required to be maintained are in jeopardy, to enable the Department to assist either in prevention of further deterioration or in the recreation of records through collateral means and sources, when possible. The Department has determined to articulate "damage" of any kind as a standard, and not to limit the reporting requirement to the rendering of records illegible, which the Department believes to be too subjective a standard to enable consistent application and enforceability.

28. COMMENT: N.J.A.C. 8:40-3.7(a)5 is too broad as proposed and is confusing as to events must be reported. (2, 4, 10, 12, 14, 17)

RESPONSE: The Department disagrees with this comment. Proposed N.J.A.C. 8:40-3.7(a)5 was designed to empower providers to be pro-active in the performance of their duties. The rule is broad by necessity. It is written as a "catch all" provision that requires that providers who observe questionable activity and form a good faith believe that the activity is in violation of law report their observations to the Department. Examples of such reportable activity are given in the rule to clarify what activity is reportable under this subsection.

29. COMMENT: The list of reportable events at N.J.A.C. 8:40-3.7 should be expanded to include assault against a crewmember, vandalism to licensed vehicles that was reported to police, theft of licensed vehicles, theft of provider identification cards and theft of equipment valued at over \$500.00. (9)

RESPONSE: All of the examples given in the comment would be reportable under one or more provisions of proposed N.J.A.C. 8:40-3.7(a) in that one observing the described activities would be justified in forming a good faith belief that they were unlawful. The Department declines to amend proposed N.J.A.C. 8:40-3.7(a) to articulate every possible example of unlawful activity.

30. COMMENT: Providers should be required to maintain copies of the photo identification cards of all employees in each employee's respective personnel file. (17) Some information in an employee's personnel file may be protected by HIPAA and may therefore not be lawfully available to Department representatives. (13)

RESPONSE: The Department appreciates the commenter's support of the requirement at proposed N.J.A.C. 8:40-3.8(a)3 that employers maintain copies of employees' photo identification cards in their personnel files.

The information required to be maintained in employees' personnel files pursuant to proposed N.J.A.C. 8:40-3.8 is not "individually identifiable health information," see 45 C.F.R. § 164.501 Definitions, subject to the protections of HIPAA. Health information that entities subject to N.J.A.C. 8:40 may elect to maintain in employees' personnel files may be protected by other Federal and State laws, but they are not protected under HIPAA. See generally the discussion contained in the Final Rule adoption of the privacy rule, 65 Fed. Reg. 53182 (August 14, 2002), at 53191-92, available at <http://www.hhs.gov/ocr/hipaa/privrulepd.pdf>.

Moreover, to the extent information in a crewmember's personnel file could be viewed as being subject to HIPAA, as discussed in response to a previous Comment, the disclosure of information protected under HIPAA to inspectors acting to enforce the statutes and rules of the Office of Emergency Medical Services would not constitute a violation of HIPAA.

31. COMMENT: The Department should shorten the time that providers must retain and safely store patient care medical records. (2, 4, 10, 14, 17)

RESPONSE: Proposed N.J.A.C. 8:40-3.9(c) generally was drawn from the requirements for record retention established at N.J.S.A. 26:8-5. The retention and storage requirements provided in the rule will ensure that patients treated by providers licensed by the Department will have access to their records for the same period. This is consistent with reasonable public expectation and will protect patients' rights under applicable statutes of limitations for minors and others.

The Department has determined to articulate an objective standard for the manner in which providers are to retain and store records upon the discontinuation of business. The Department will amend proposed N.J.A.C. 8:40-3.9(c) upon adoption to delete the phrase "acceptable to the Department" and add the phrase "that will ensure their safety, integrity, legibility, and accessibility."

32. COMMENT: Proposed N.J.A.C. 8:40-3.11 is unnecessary and inappropriate. Compliance would be burdensome. (2, 4, 11, 14, 17) It seems redundant to register automated external defibrillators with the Department inasmuch as they are required equipment. (10, 17) Proposed N.J.A.C. 8:40-3.11 is unnecessary because the AED is required equipment and a medical director has been retained. (12)

RESPONSE: Upon reconsideration, the Department agrees that the registration requirements are unduly burdensome and may be considered redundant because AEDs would be required for ambulances providing emergency response by proposed N.J.A.C. 8:40-6.15(b). The Department has determined to delete proposed N.J.A.C. 8:40-3.11(a) and (b)1 through 4 upon adoption. The Department has determined to retain the maintenance and reporting requirements of proposed N.J.A.C. 8:40-3.11(b)5 and (c). Rather than request a statement from providers that they have complied with the AED manufacturer's equipment maintenance and testing requirements, however, the Department has determined to amend proposed N.J.A.C. 8:40-3.11(b)5 simply to require providers to comply with the AED manufacturer's equipment maintenance and testing requirements. The Department will recodify proposed N.J.A.C. 8:40-3.11(b)5 and (c) upon adoption as N.J.A.C. 8:40-3.11(a) and (b).

33. COMMENT: N.J.A.C. 8:40-3.12 is unduly burdensome and unnecessary. (2, 4, 5, 9, 12, 17)

RESPONSE: Provider-initiated out-of-service (PIOOS) logs are not unduly burdensome and are necessary. PIOOS logs are necessary to assist providers in maintaining an accurate record of each vehicle's history and will aid providers in determining when the Department must be advised of PIOOS status. Proposed N.J.A.C. 8:40-3.12 requires that the log note "PIOOS time, the cause of the problem and its resolution." It would require only a few moments to note these facts in a logbook.

34. COMMENT: Proposed N.J.A.C. 8:40-4.1, which requires both crewmembers of a mobility assistance vehicle (MAV) and/or a BLS ambulance to have valid driver's licenses, should be amended to require that only the crewmember

serving as the driver of the vehicle possess a driver's license. (2, 4, 6, 11, 17)

RESPONSE: The Department agrees with the comments. Proposed N.J.A.C. 8:40-4.1(a) was intended to build flexibility into the delivery of services under this chapter by making it possible for either crewmember to drive a licensed vehicle. Upon reconsideration, the Department recognizes that this requirement would prohibit many otherwise qualified individuals from serving as crewmembers on vehicles licensed under this chapter, causing difficulty for providers in their ongoing efforts to recruit and retain quality employees. Therefore, the Department will amend N.J.A.C. 8:40-4.1(a) upon adoption to require each crewmember "who is operating a vehicle" to possess a valid driver's license. This change will ease the burden of recruitment and retention on providers, making it possible for individuals who do not possess a valid driver's license to serve as non-driving crewmembers on licensed vehicles.

Because of the Department's amendment of proposed N.J.A.C. 8:40-4.1(a) upon adoption, it would be impossible for an unlicensed crewmember to comply with proposed N.J.A.C. 8:40-4.1(d) requiring the production of a valid driver's license upon request. The provision is also redundant of proposed N.J.A.C. 8:40-4.1(a). The Department will amend proposed N.J.A.C. 8:40-4.1(d) to delete the requirement that crewmembers produce a valid driver's license upon request.

Inasmuch as "crewmember" is a defined term that means MAV and BLS ambulance staff, the references to "MAV or BLS ambulance" throughout N.J.A.C. 8:40-4.1 are redundant and the Department will delete them upon adoption.

35. COMMENT: **EMT**-Basics should not be required to wear a tag stating their full names. A badge number could be assigned to identify these crewmembers. (11)

RESPONSE: The Department disagrees with the comment. Due to the heightened concerns for homeland security, each crewmember must wear identification stating his or her first and last name in accordance with proposed N.J.A.C. 8:40-4.1(b)2. Proposed N.J.A.C. 8:40-4.1(b)2 would not require the use of a name tag, as suggested by the commenter. Proposed N.J.A.C. 8:40-4.1(b)2 would not specify the method to be used to display the crewmember's first and last name. This requirement could be satisfied by use of such means as a provider-issued photo identification, a name tag, or embroidery on a uniform.

36. COMMENT: The regulations are unclear as to whether **EMT**-Paramedics can wear any type of patch signifying that they are **EMT**-Paramedics while working for a BLS provider. (17, 19)

RESPONSE: The Department disagrees with the comment. N.J.A.C. 8:40-4.1(c)1 states that, "Identification may be displayed that identifies the person's level of training, completion of training courses and/or membership in a professional association or society; however, identification shall not be displayed that indicates a level of training that the person has not attained." Therefore, an **EMT**-Paramedic may wear a patch indicating that he or she is trained to the **EMT**-Paramedic level of competency while working as an **EMT**-Basic.

37. COMMENT: N.J.A.C. 8:40-4.2(a)5, which requires crewmembers to have knowledge of all applicable laws, rules and regulations affecting their jobs, is too broad and should be narrowed. (2, 4, 12)

RESPONSE: The Department disagrees with the comment. Proposed N.J.A.C. 8:40-4.2(a)5 is intended to require **EMT**-Basics to become knowledgeable about

their jobs and the delivery of pre-hospital emergency services in general. This regulation requires no more of an **EMT**-Basic than to learn the required skills and knowledge of their training program and to ask questions of a supervisor or an OEMS representative when he or she is unsure of what the regulations require.

38. COMMENT: N.J.A.C. 8:40-4.3(b) should be amended to delete the last sentence prohibiting use of vehicles bearing voided, expired, or "Reject" stickers. (18)

RESPONSE: The Department disagrees with the comment. Use of a vehicle whose inspection status or registration is void, expired or rejected may pose a threat to patients and the public. The Department believes that if the New Jersey Motor Vehicle Commission attaches a failed sticker to the vehicle inspection sticker, the vehicle is unusable for patient transport no matter what the reason for failure. The Department has determined to prohibit the use of such vehicles. This will encourage providers to fix the problem promptly in order to return it to service. This will serve the public interest in more emergency transport vehicles being in safe working order being available to serve the public. Accordingly, it would not be appropriate to amend the rule as suggested by the commenter.

The Department will amend proposed N.J.A.C. 8:40-4.3(b) to change the word "Reject" to "Rejected" to be consistent with the terminology used by the New Jersey Motor Vehicle Commission.

Throughout the chapter, the Department is amending references to the "Division of Motor Vehicles" to the "Motor Vehicle Commission" to reflect the abolishment of the Division and the establishment of the Commission by the Motor Vehicle Security and Customer Service Act, N.J.S.A. 39:2A-1 et seq., specifically N.J.S.A. 39:2A-4, and the associated agency name change.

39. COMMENT: The phrase, "No person," used at N.J.A.C. 8:40-4.4(d), should be replaced with the phrase, "No crewmember," but the commenter did not give a reason why this change is needed. (17)

RESPONSE: The Department disagrees with the comment. The phrase "No person" is sufficiently broad and expresses the Department's intent for this rule to cover all foreseeable individuals, including crewmembers, owners and managers who may use a MAV or BLS ambulance in a manner inconsistent with proposed N.J.A.C. 8:40-4.4(d).

40. COMMENT: The term "crashworthy" as used in N.J.A.C. 8:40-4.4(e)7 is vague and in need of clarification. (13)

RESPONSE: The Department disagrees with the comment. The term "crashworthy" used at proposed N.J.A.C. 8:40-4.4(e)7 is defined at proposed N.J.A.C. 8:40-1.3. Proposed N.J.A.C. 8:40-4.4(e)7 provides additional explanation of the term in the parenthetical that follows its use. The consistency in these explanations of the meaning of the term "crashworthy" is deliberate and pervasive throughout the chapter to eliminate confusion. The Department would be pleased to provide additional individualized assistance to anyone making an inquiry about the meaning of the term, "crashworthy."

41. COMMENT: N.J.A.C. 8:40-4.4(e)8 should have the date of July 1, 2002 removed since it has passed. (2, 4, 17)

RESPONSE: The Department disagrees with the comments. Proposed N.J.A.C. 8:40-4.4(e) would provide that, "The bench seats in all vehicles manufactured after July 1, 2002 shall have a passive barrier at the forward end of the

bench." It is necessary to retain the date of July 1, 2002 in the rule because that is the date that manufacturers began equipping ambulances with the safety benefit of a passive barrier at the forward end of the bench seat. Ambulances manufactured before and after July 1, 2002 are still in use. Accordingly, the Department must use the date in the rule so that the regulated community understands how to identify the vehicles to which the rule applies.

42. COMMENT: Ambulances transporting patients from a skilled nursing facility should not be required to carry a pediatric seat. (17)

RESPONSE: Proposed N.J.A.C. 8:40-4.4(f)1 would provide, in relevant part, that "BLS ambulances not utilized to provide emergency response and MAVs may, but need not, store the child restraint system on board the vehicle when the system is not being utilized." Accordingly, ambulances performing transports from skilled nursing facilities are not required to carry pediatric seats.

43. COMMENT: There is no benefit to the requirement that ambulances providing emergency response carry pediatric seats because the child's own car seat should be used, the child should not be transported in an emergency ambulance, or, if the child is a patient, the child can be secured on a stretcher. (13)

RESPONSE: It is preferable that police take custody of non-patient children at the scene of an accident when no legal guardian is available to do so. Nevertheless, it is foreseeable that a BLS emergency response ambulance may have to transport a non-patient child when police or other responsible persons are unavailable to take custody of a child and that child's own car seat is not available, such as where parent and child are pedestrians, and only the parent is injured.

It is also foreseeable that a BLS emergency response ambulance may have to transport a child whose injuries may not warrant use of a stretcher, but the child's car seat was in the accident to which the BLS emergency response ambulance is responding. Child restraint systems generally should not be reused once they have been in an accident. See, for example, the studies and discussion available on the website of the National Highway Traffic Safety Administration of the United States Department of Transportation under the heading "Child Restraint Re-use After Minor Crashes," available at <http://www.nhtsa.dot.gov/people/injury/childps/ChildRestraints/ReUse/index.htm>.

N.J.S.A. 39:3-76.2 and 76.2a require that children transported in vehicles be restrained in the manner specified by that mandate. Proposed N.J.A.C. 8:40-4.4(f)2 reflects that the Department must require BLS ambulances providing emergency response to carry a "Federally-approved child restraint system as provided for at N.J.S.A. 39:3-76.2a" for this situation.

As indicated in proposed N.J.A.C. 8:40-4.4(f), a child who is a patient of a BLS emergency response ambulance is to be restrained either in a Federally-approved child restraint system as provided for at N.J.S.A. 39:3-76.2a, or, if it is medically appropriate, on a stretcher.

The Department will amend proposed N.J.A.C. 8:40-4.4(f) upon adoption to remove potential ambiguity relating to the transport of non-patients, to reflect that all persons must be restrained, that children must be restrained in Federally-approved child restraint systems as provided for at N.J.S.A. 39:3-76.2a, and that only patients can be transported in a wheelchair or on a stretcher, and then only when it is medically appropriate, and subject to N.J.A.C. 8:40-6.8(d), which would prohibit the use of transport of wheelchairs in a BLS ambulance while it is "in-service."

Proposed N.J.A.C. 8:40-4.4(f) does not provide instructions for the proper restraining of children who weigh exactly 80 pounds. The Department will amend proposed N.J.A.C. 8:40-4.4(f) upon adoption from to require that children under eight years of age "weighing 80 pounds or less" be restrained as specified.

Proposed N.J.A.C. 8:40-5.4(a)6 and, in part, 6.4(a)11 are redundant and potentially contradictory of the requirement for restraint of persons in transport articulated at proposed N.J.A.C. 8:40-4.4(f), to be amended upon adoption as described above. The Department will amend proposed N.J.A.C. 8:40-5.4(a)6 and 6.4(a)11 on adoption to delete the redundant portions and to reference the requirement at N.J.A.C. 8:40-4.4(f).

44. COMMENT: Flashlight requirements should be stated in terms of candlepower rather than in terms of battery size. (2, 4, 17, 18)

RESPONSE: Proposed N.J.A.C. 8:40-4.4(h)1 would require that each vehicle be equipped with "One flashlight, two D-cell size or larger." The rule sets a standard that is easy to understand and follow. The Department does not currently have a means of measuring candlepower or lumens. The Department is aware that most providers do not have a means of measuring candlepower or lumens. The Department will retain the rule as proposed to articulate a standard that is easy to understand and follow.

45. COMMENT: It is not appropriate to accept a gauge reading in lieu of a valid inspection tag on a fire extinguisher because sometimes gauges stick and give false fully charged readings. (19)

RESPONSE: The Department agrees that it is not appropriate to accept a gauge reading in lieu of a valid inspection tag on a fire extinguisher because sometimes gauges stick and give false fully charged readings. The Department will amend proposed N.J.A.C. 8:40-4.4(h)2 upon adoption to remove references to gauge readings as suggested by the commenter. As amended, the rule would require a fire extinguisher that has "a valid inspection tag indicating that it is fully charged."

46. COMMENT: N.J.A.C. 8:40-4.5(g) should refer to 29 C.F.R. § 1910.1030 instead of 29 C.F.R. § 1910.120. (20) The rule needs to be clarified because it implies that a vehicle would have to be decontaminated whenever a patient with HIV/AIDS is transported. (9)

RESPONSE: The commenter is correct with respect to the citation error. The Department will amend proposed N.J.A.C. 8:40-4.5(g) upon adoption to refer to 29 C.F.R. § 1910.1030. Proposed N.J.A.C. 8:40-4.5(g) would require a vehicle to be cleaned and disinfected in accordance with the cited OSHA and PEOSH standards whenever a patient with a communicable disease is transported. N.J.A.C. 8:57 provides information with respect to the definition and lists of "communicable diseases."

N.J.A.C. 8:57-1 provides reporting and other requirements with respect to diagnoses of communicable diseases listed in that subchapter. N.J.A.C. 8:57-1.2 provides the definition of the term "communicable disease." N.J.A.C. 8:57-2.1, dealing with reporting of Acquired Immunodeficiency Syndrome (AIDS) and infection with Human Immunodeficiency Virus (HIV), provides that "N.J.A.C. 8:57-1 shall not apply to any case of AIDS or infection with HIV." N.J.A.C. 8:57-2.6, Exceptions to communicable disease classification of AIDS and HIV, provides at paragraph (a)3 that "AIDS or HIV infection shall not be considered communicable disease for purposes of admission to attendance in, or transportation in ambulances or other public conveyances." Proposed N.J.A.C. 8:40-1.3 would define "vehicle" to mean an MAV or a BLS ambulance.

The Department deems a "vehicle" to be an ambulance or other public conveyance within the meaning of N.J.A.C. 8:57-2.6(a)3. Therefore, for purposes of N.J.A.C. 8:40-4.5(g), a vehicle would not have to be cleaned and disinfected in accordance with OSHA and PEOSH standards whenever a patient with AIDS and HIV infection is transported. No amendment to the rule is necessary.

47. COMMENT: A small pinch in a vehicle's tailpipe will not increase backpressure "sufficient to cause problems"; therefore, the Department needs to amend or remove N.J.A.C. 8:40-4.8(b)3. (18)

RESPONSE: The Department disagrees with the comment. Proposed N.J.A.C. 8:40-4.8(b)3 would require that a vehicle not be used to transport patients if the exhaust system has, "A tailpipe end that is pinched or damaged." Engineers design vehicle exhaust systems to operate with a specified diameter exhaust pipe that produces a calculated amount of backpressure. Visible damage to a vehicle tailpipe that substantially alters the original equipment manufacturer's (OEM) design parameters must be repaired so that the vehicle operates within OEM design parameters and does not endanger the safety of patients and crewmembers.

48. COMMENT: Pneumatic testing should be conducted yearly rather than every six months as required by N.J.A.C. 8:40-4.9. (18) The Department should not have discretion to reject the test results of an outside agency for purposes of vehicle licensure. (2, 4, 17)

RESPONSE: Proposed N.J.A.C. 8:40-4.9(a) would require providers to test their respiratory equipment at least once every six months or more frequently if required by the manufacturer. The Department believes that less frequent testing could result in unsafe or broken pneumatic equipment going undetected until it is needed for patient care. The rule as proposed would recognize that providers should be bound at least by manufacturers' requirements and instructions with respect to the safe operation of respiratory equipment. The Department disagrees that it should not have the discretion to reject the results of an outside testing agency. The Department has devices capable of testing pneumatic equipment. As a licensing authority, the Department reserves discretion to reject the test results of another entity.

49. COMMENT: Some commenters generally agreed with the requirement at proposed N.J.A.C. 8:40-4.10(c) that in the use of patient restraints, patients should not be transported lying face down while in restraints, but commented that the prone position in restraints might be necessary if the patient is extremely violent, and so the Department should not prohibit transport in this fashion. (2, 5)

RESPONSE: The Department disagrees with the comment. Transporting a patient lying face down while in restraints creates a possibility of suffocation that is not acceptable even if a patient is extremely violent. The Department declines to delete the prohibition at proposed N.J.A.C. 8:40-4.10(c) against transporting restrained patients in the prone (face-down) position on a stretcher.

50. COMMENT: The requirement of stating the rationale for use of patient restraints in the patient care report is inappropriate because the BLS crew may not know the rationale in the case of inter-facility transports. (13)

RESPONSE: The Department disagrees with the comment. Proposed N.J.A.C. 8:40-4.10(d) would require a BLS crew to articulate a rationale for use of patient restraints that is consistent with the authority for the use of restraints as articulated in proposed N.J.A.C. 8:40-4.10(a). A BLS crew is responsible for documenting patient care. The use of restraints is a

significant component of patient care that must be documented in the interest of rendering high quality care and of protecting the patient's rights. In the case of an inter-facility transport, a BLS crew would be obliged to exercise independent judgment as to whether proposed N.J.A.C. 8:40-4.10(a) would authorize the use of restraints. This may include the BLS crew making inquiry of sending health care facility staff.

51. COMMENT: **EMTs** should be permitted to carry weapons on duty such as pepper spray or mace. (2, 5, 12, 17, 18)

RESPONSE: Proposed N.J.A.C. 8:40-4.11, Personal safety, reflects the Department's policy determination that **EMTs** are rescue workers and should not be expected to risk their lives and personal safety. Accordingly, N.J.A.C. 8:40-4.11(a) requires **EMTs** to retreat from danger. Therefore, there is no need for BLS crewmembers to carry weapons such as pepper spray or mace while on duty. The potential for misuse or accidental discharge of such weapons outweighs any potential benefit of carrying them. The Department declines to delete proposed N.J.A.C. 8:40-4.11(b).

52. COMMENT: Crewmembers' duty to retreat from a violent patient needs to be clarified in light of those situations where a patient becomes violent once he or she is placed in the ambulance. (13)

RESPONSE: Most patients are strapped to stretchers when they are placed in ambulances. This limits a patient's ability to behave violently or in a manner that could harm others. Even if a patient becomes violent after being loaded in an ambulance, crewmembers can still remove the key from the ignition, retreat from the vehicle, and call for law enforcement assistance on a cell phone or portable radio in the event that law enforcement officers are not already present at the scene. Crewmembers can and should follow proposed N.J.A.C. 8:40-4.11(a) if events unfold as posed by the commenter. The Department declines to amend proposed N.J.A.C. 8:40-4.11.

53. COMMENT: There should be an exception to the rule against carrying weapons for police officers who are required to carry a service weapon while "off duty" and who work as **EMTs** while "off duty." (5, 11, 12)

RESPONSE: The Department disagrees with the comments. The Department has determined that **EMTs** are rescue workers, and that rescue workers should not be permitted to carry weapons of any kind. Proposed N.J.A.C. 8:40-4.11(b) would prohibit crewmembers from carrying weapons or explosives while on duty. The Department is aware that some police officers work as **EMTs** when not on duty as police officers. The Department is also aware that some police officers are required to carry a firearm when off duty as police officers. These police officers would be subject to proposed N.J.A.C. 8:40-4.11(b) when on duty as **EMTs**. The rule would require police officers seek an exemption from their employer's requirement that they carry a firearm when not on duty as police officers in order to permit the police officers to render emergency medical services while on duty as **EMTs**.

54. COMMENT: In addition to canines, other animals such as cats, pigs, and monkeys are used as service animals. N.J.A.C. 8:40-4.12 should be amended to permit these other service animals to ride on BLS ambulances and MAVs. (18)

RESPONSE: The New Jersey Law Against Discrimination, N.J.S.A. 10:5-1 et seq., does not address whether service animals other than guide dogs are permitted access to public facilities, such as hospitals or ambulances. N.J.S.A. 10:5-29 through 29.6 specifically address the rights accorded persons accompanied by "service or guide dogs." Given the limited space

available in BLS ambulances and MAVs and the absence of clear statutory guidance, the Department declines to amend proposed N.J.A.C. 8:40-4.12 to require the provision of access to BLS ambulances and MAVs to service or guide animals other than dogs. The Department will inquire of the Division of Civil Rights in the Department of Law and Public Safety as to its interpretation of existing law with respect to accommodation of non-canine guide or service animals, and will consider this issue for potential future rulemaking to amend N.J.A.C. 8:40-4.12 to include other guide or service animals that are the size of dogs or smaller.

55. COMMENT: County-coordinated senior citizen transportation services should be subject to licensure by OEMS in N.J.A.C. 8:40-5. (2, 4)

RESPONSE: The Legislature delegated authority to regulate county-coordinated senior citizen transportation services to the New Jersey Transit Corporation, pursuant to the Senior Citizen and Disabled Resident Transportation Assistance Act, N.J.S.A. 27:25-25 et seq. In accordance with this statutory scheme, the Department does not have authority to license or otherwise regulate these services. Therefore, N.J.A.C. 8:40-5.1 does not apply to county-coordinated senior citizen transportation services.

56. COMMENT: N.J.A.C. 8:40-5.1(b) should be modified to apply to MAV services only "while providing Medicaid services." Thus, N.J.A.C. 8:40 will only apply to licensed providers when they are performing services that will be paid for with Medicaid dollars. (17)

RESPONSE: The Department disagrees with the comment. N.J.S.A. 30:4D-6.2 et seq., particularly 6.4, authorizes and empowers the Commissioner to issue and enforce requirements with respect to the development of minimum requirements concerning the MAV providers' equipment, supplies and vehicles and standards for certified trained personnel employed by MAV service providers. N.J.S.A. 30:4D-6.4 does not limit the Commissioner's regulatory authority to MAV providers that will be paid by Medicare, although N.J.S.A. 30:4D-6.3 prohibits Medicaid reimbursement to MAV providers that do not comply with the statute and the rules promulgated thereunder. The public expects that all MAV services will adhere to the same standards, regardless of the source of payment. The commenter does not offer a rationale for distinguishing the requirements applicable to MAV services paid for by private dollars from the requirements applicable to MAV services paid for by Medicaid dollars. The Department declines to modify proposed N.J.A.C. 8:40-5.1 as suggested by the commenter.

57. COMMENT: **EMT**-Basic crewmembers should be authorized to perform the MAV skills referenced in this chapter. (13)

RESPONSE: The Department agrees with the comment. Proposed N.J.A.C. 8:40-5.3 would not prevent **EMT**-Basics from serving as crewmembers on MAVs. **EMT**-Basics are certified to provide a higher standard of patient care than MAVTs and PATs. Therefore, **EMT**-Basics are authorized to perform the MAV skills referenced in this chapter.

58. COMMENT: A licensed MAV should not be required to meet MAV requirements when not "in service" as an MAV. Some providers use their vehicles for school purposes. N.J.A.C. 8:40-5.2(f) is contradictory and should be amended. (2, 4, 14, 17)

RESPONSE: The Department agrees with the comments. The Department's intention in proposing N.J.A.C. 8:40-5.2(f) was to indicate that an MAV may be used for non-health care services when not "in service" as an MAV. The Department agrees that proposed N.J.A.C. 8:40-5.2(f) may be read as being internally

contradictory or redundant. The Department will amend proposed N.J.A.C. 8:40-5.2(f) upon adoption to delete the phrase "provided that the vehicle, equipment, supplies and crewmembers comply with the requirements of this chapter when 'in-service' as an MAV."

59. COMMENT: Two commenters requested confirmation of their understanding that Passenger Assistance Techniques (PAT) certification training is in the process of being phased out for failing to meet the standards necessary to ensure proper certification and for want of verification of instruction performance. (2, 4)

RESPONSE: PAT certification is not being phased out by the Department. The standards necessary to ensure proper PAT certification follow the guidelines established by Transportation Management Associates, Fort Worth, Texas. Proposed N.J.A.C. 8:40-5.3(b)2 would provide the minimum program standards and course objectives for acceptable certifications, as more fully set forth in Appendix B. The Department will continue to evaluate instruction performance through random course surveys.

60. COMMENT: N.J.A.C. 8:40-5.4(a)9 requires MAV crews to complete a patient care report (PCR). The regulations do not state the kind of report to be completed. Please clarify. (4)

RESPONSE: The Department disagrees. Proposed N.J.A.C. 8:40-1.3 and 3.6 would specify the requirements for patient care reports.

61. COMMENT: In lieu of requiring an **EMT** on an MAV to monitor a patient on oxygen, the Department should recognize a specially trained PAT or MAVT with additional training through the Red Cross or National Safety Council to monitor oxygen administration. (2, 4, 12, 14, 17)

RESPONSE: The Department disagrees with the comments. PATs and MAVTs are not trained to provide patient care. The training courses for PATs and MAVTs focus on passenger assistance techniques, such as patient lifting techniques and the use of wheelchair restraints. The training course identified at proposed N.J.A.C. 8:40-5.3(b)2 and further described at Appendix B is an eight-hour course. During those eight hours, students are taught to call 9-1-1 for patient emergencies because PATs and MAVTs are not trained to render patient care. The Department believes that oxygen administration is a form of patient care. Patients on oxygen have medical problems that can be treated only by individuals who are much more highly trained than an eight-hour course will permit, even if the course is supplemented by additional training in oxygen administration through the Red Cross or National Safety Council. Therefore, the Department declines to adopt the commenters' suggestions.

62. COMMENT: N.J.A.C. 8:40-6.2(a)5 is difficult to interpret. Omit the phrase, "for other than" and replace it with "including," because the wording as proposed is confusing. (13)

RESPONSE: The Department agrees with the comment. Proposed N.J.A.C. 8:40-6.2(a)5 states that BLS ambulances may be used to transport patients who require "Treatment in the emergency department of an acute care hospital (for other than a set appointment or routine non-emergency follow-up care of a previously diagnosed condition)." The parenthetical phrase in the rule is confusing because patients generally do not make appointments to be seen in an emergency department, and non-emergency follow-up care is usually not provided at an emergency department. Therefore, the Department will amend N.J.A.C. 8:40-6.2(a)5 to delete the phrase in parentheses.

63. COMMENT: N.J.A.C. 8:40-6.2 is too limiting and impractical. Does this

rule mean that a BLS unit with a hospital nurse can no longer perform ALS inter-facility transfers? (5, 9, 11)

RESPONSE: Proposed N.J.A.C. 8:40-6.2 is not too limiting and impractical, it is merely narrower and more precise in accordance with the Department's determination to recognize for the first time that the business of ALS inter-facility transfers is a distinct service requiring its own set of rules.

Proposed N.J.A.C. 8:40-6.2(b) states that, "When 'in-service,' a BLS ambulance shall not be utilized to provide ALS inter-facility transfers or pre-hospital advanced life support emergency medical care." Proposed N.J.A.C. 8:40-6.2(b) would prohibit a BLS unit with a hospital nurse to perform ALS inter-facility transfers. Licensed specialty care transport units (SCTUs) will perform ALS inter-facility transfers. Rules concerning SCTUs may be found at N.J.A.C. 8:41-10.

64. COMMENT: N.J.A.C. 8:40-6.3 should be amended to clarify that as long as there are two certified **EMT**-Basics acting as crewmembers, other personnel may be in the ambulance to assist as long as they are under supervision of the **EMT**-Basics. (11)

RESPONSE: Proposed N.J.A.C. 8:40-6.3 already contains the provision suggested by the commenter. N.J.A.C. 8:40-6.3(a)1 states that, "A provisionally certified **EMT**-Basic, as identified at N.J.A.C. 8:40A-7.4, may serve as a third crewmember, but shall not be utilized to meet the minimum crewmember requirements set forth in (a) above." No amendment is necessary.

65. COMMENT: The word "prompt" should be removed from N.J.A.C. 8:40-6.4(a) 3 because there is no national standard governing what is considered a prompt response for a MAV or BLS provider. (2, 4)

RESPONSE: The Department disagrees with the comment. Rules concerning crewmember duties do not have to be based on a national standard. Proposed N.J.A.C. 8:40-6.4(a)3 would provide that the collective duties of BLS ambulance crewmembers include, "Providing the patient with prompt, effective and appropriate medical care." The Department acknowledges that it is not possible to define the term, "prompt" in units of time because "prompt" response times, for example, may vary depending on distance, traffic, weather conditions, and other factors. The meaning of "prompt" may vary depending on other circumstances. Regardless, a rule of reason will apply in determining whether any given service was "prompt" within the meaning of this rule.

66. COMMENT: One commenter stated that the requirement that at least one crewmember attend to the patient at all times does not account for mass casualty incident (MCI) situations. (12)

RESPONSE: The Department agrees with the comment. The Department has been working with the New Jersey Attorney General, the New Jersey State Police, the New Jersey State Fire Marshal, and various other officials and authorities to develop guidelines for MCI response. N.J.A.C. 8:40-6.4(a)6 anticipates routine circumstances that would permit all patients to be attended at all times by at least one crewmember. The Department will continue working with the listed authorities to develop guidelines specific to MCI response and anticipates the development of guidelines or rulemaking to address MCI response.

67. COMMENT: One commenter agreed with the need for all passengers to be restrained as appropriate either on a stretcher or by an automotive safety belt as provided by N.J.A.C. 8:40-6.4(a)11. (13)

RESPONSE: The Department appreciates the commenter's support for proposed N.J.A.C. 8:40-6.4(a)11.

68. COMMENT: N.J.A.C. 8:40-6.6(a)5 should be amended to give providers the option to issue a wrench on a key chain to each crewmember for opening onboard oxygen cylinders. (13)

RESPONSE: The Department disagrees with the comment. The key or wrench would be needed at the oxygen cylinder and that is why it must be chained to the regulator or affixed to the cylinder. Any other location is at least a step removed from the oxygen cylinder and therefore not the optimal location. The Department declines to amend proposed N.J.A.C. 8:40-6.6(a)5 as suggested by the commenter.

69. COMMENT: N.J.A.C. 8:40-6.6(c)1 references nebulizers on a BLS unit. The commenter asks if nebulizers may now be used as a BLS skill to provide humidified oxygen. (9)

RESPONSE: Proposed N.J.A.C. 8:40-6.6(c)1 would authorize nebulizers to be used as a BLS skill to provide humidified oxygen.

70. COMMENT: At N.J.A.C. 8:40-6.8(d), wheelchairs should be prohibited from transport in an emergency ambulance except in circumstances where the wheelchair belongs to the patient being transported by stretcher and the wheelchair will be utilized at the destination for mobility. (2, 4, 9, 12, 13, 14, 17)

RESPONSE: The Department disagrees with the comments. Ambulances must carry a large volume of required supplies and equipment. Given the limited amount of space that remains for the patient and crewmembers, there is insufficient room to secure a wheelchair in a safe, crashworthy manner. An unsecured wheelchair will become a dangerous missile in the event of a motor vehicle collision. Safety of patients and crewmembers is of the utmost importance. In virtually every case, the receiving health care facility will make a wheelchair available to the patient. Accordingly, it is not necessary to amend proposed N.J.A.C. 8:40-6.8(d) as suggested by the commenters.

71. COMMENT: N.J.A.C. 8:40-6.9(a)3 appears to contradict itself. The rule specifically prohibits Velcro® type closures, yet the rule also specifically authorizes the use of Spider Straps® which utilize Velcro® type closures. The commenters request clarification of the rule. (18, 20)

RESPONSE: The Department agrees with the comments. The Department intended for N.J.A.C. 8:40-6.9(a)3 to prohibit the use of Velcro® type closures because they do not provide crashworthy retention. The Department intended the reference to Spider Straps® to be an example of the type of straps that must be replaced with straps that use quick release type metal buckles. However, inasmuch as Spider Straps® use Velcro® type components, the rule is subject to misinterpretation. Accordingly, the Department will amend N.J.A.C. 8:40-6.9(a)3 upon adoption to delete the reference to Spider Straps®

72. COMMENT: If adjustable collars are utilized by the MICU program, then N.J.A.C. 8:40-6.9(a)5 should be amended to allow for two adjustable adult collars and one adjustable pediatric/child collar. (13)

RESPONSE: The Department disagrees with the comment. Proposed N.J.A.C. 8:40-6.9(a)5 applies to BLS ambulances, not to MICUs as suggested by the commenter. The rule requires that BLS ambulances carry, "Six rigid cervical collars of a type approved by the FDA for pre-hospital utilization by **EMT-Basics** (for example, StifNeck® or Philadelphia-type) in at least three

different sizes, one of which shall be of a size to accommodate pediatric patients." The recommendation to reduce this requirement as stated by the commenter is not appropriate for a BLS ambulance because BLS ambulances respond to more motor vehicle collisions than MICUs and therefore need to carry a greater quantity of cervical collars than MICUs.

73. COMMENT: A new rule at N.J.A.C. 8:40-6.12 should require that the roof of each BLS ambulance shall have a block type blue star of life in a size not less than 36 inches in diameter, the provider's trade name, and a vehicle recognition number not less than 18 inches long. The commenter did not provide any reasons in support of this suggestion. (9)

RESPONSE: The Department presumes that the commenter's suggestion of this amendment would be to make BLS ambulances more readily identifiable from above. A change of this nature to the published proposal would be a substantive change that would place an additional financial burden on providers and would require re-proposal. The Department will examine the regulations of other states and consult with the EMS Advisory Council to determine the benefits and drawbacks of the suggested new rule, and will consider the commenter's suggestion as a topic for potential future rulemaking.

74. COMMENT: If a provider receives approval from a hospital to have the hospital's name "branded" on a particular vehicle, then the Department should recognize the approval "regardless of exclusivity." (13)

RESPONSE: Proposed N.J.A.C. 8:40-6.12(b) states, in relevant part, that "Providers that contract with an acute care hospital or similar health care facility to provide a vehicle for the exclusive utilization of a service provided by that facility may place the name of the facility on the vehicle dedicated to that service . . ." The Department's intention with respect to proposed N.J.A.C. 8:40-6.12(b) is to preserve the public's reasonable expectation that if a health care facility's name appears on a BLS ambulance, then that vehicle must be used or owned exclusively by said health care facility. To permit a health care facility's name to appear on a BLS ambulance, "regardless of exclusivity," as suggested by the commenter, would mislead the public. The Department declines to amend the rule as suggested by the commenter.

75. COMMENT: Amendments to N.J.A.C. 8:40-6.13(b)2 are necessary to remove the phrase, "from the drivers compartment," which appears to have been included in error. (1, 9, 16, 18, 22, 23)

RESPONSE: The Department agrees with the comment. Proposed N.J.A.C. 8:40-6.13(b)2 concerns portable radios, which may be used anywhere. The Department did not intend to include the phrase "from the driver's compartment" in this rule. The Department will amend N.J.A.C. 8:40-6.13(b)2 upon adoption to delete the phrase "from the driver's compartment."

76. COMMENT: The Department should add Greenville Hospital--5903 to Appendix A. (1, 9, 16, 18, 22, 23)

RESPONSE: The DTMF number for Greenville Hospital was omitted from Appendix A on proposal. The Department will amend Appendix A upon adoption to add Greenville Hospital's DTMF number, 5903.

77. COMMENT: N.J.A.C. 8:40-6.13(b) requires that a portable radio be maintained at all times on a BLS ambulance used to provide emergency response. Portable radios should be standard equipment on BLS ambulances used to provide emergency response, but not on transport only ambulances. (2, 4, 14, 17)

RESPONSE: The Department acknowledges the comments in support of proposed N.J.A.C. 8:40-6.13(b). Proposed N.J.A.C. 8:40-6.13(b) would not require that transport-only ambulances maintain a portable radio. It would require that only BLS ambulances used to provide emergency response have a portable radio.

78. COMMENT: Amendments to N.J.A.C. 8:40-6.13(c) are necessary to include the JEMS 1 frequency, which appears to have been inadvertently omitted from the rule. (1, 9, 16, 18, 22, 23)

RESPONSE: The Department intends proposed N.J.A.C. 8:40-6.13(c) to apply to all BLS ambulances. JEMS 1 frequency capabilities do not apply to BLS ambulances that are not used for emergency response. Accordingly, the JEMS 1 frequency was purposely omitted from proposed N.J.A.C. 8:40-6.13(c).

79. COMMENT: N.J.A.C. 8:40-6.13(d) should have a new phrase inserted into the rule stating, "Radios carried on BLS ambulances which provide emergency response should be capable of transmitting and receiving with the primary county or regional communication centers on the frequency or frequencies used as the JEMS 1 Channel(s) for the region or regions in which the provider primarily operates." (1, 15, 18, 22, 23)

RESPONSE: Proposed N.J.A.C. 8:40-6.13(d) would require BLS ambulances to have access to the regional coordinating center on the JEMS 1 frequency. Since access to the regional coordinating center is required by the rule as proposed, the commenters' proposed amendment is unnecessary.

80. COMMENT: N.J.A.C. 8:40-6.13(e) should provide that the JEMS 2 frequency may also be used for essential communications with a regional communications center. (1, 15, 18, 22, 23)

RESPONSE: The Department agrees with the comments. BLS ambulances may need to communicate on the JEMS 2 frequency with a regional communications center. The Department will amend proposed N.J.A.C. 8:40-6.13(e) upon adoption to provide as follows: "The JEMS 2 frequency shall only be utilized for essential communications between a BLS ambulance and either the Emergency Department of an acute care hospital or a regional communications center."

81. COMMENT: One commenter stated that N.J.A.C. 8:40-6.13(h) should be amended to reference the frequencies known as "Med 1" through "Med 8" only, as "Med 9 and Med 10" are strictly for dispatching purposes. (13)

RESPONSE: The Department disagrees with the comment. The Department's intention in proposing N.J.A.C. 8:40-6.13(h) is to prohibit use of ALS frequencies in two-way communication for BLS services. "Med 1" through "Med 10" are all ALS frequencies. Therefore, their inclusion in proposed N.J.A.C. 8:40-6.13(h) is appropriate.

82. COMMENT: Under expired N.J.A.C. 8:40-6.24(h)4, if a provider had a dispatcher on duty 24 hours per day, seven days per week, the provider could substitute a portable radio that transmitted directly to that dispatcher for a radio that was programmed with the four JEMS radio frequencies required by the expired rule. A similar provision should be included in the proposed new rules. Proposed N.J.A.C. 8:40-6.13 would require many providers to purchase an additional portable radio and therefore should be amended. (25)

RESPONSE: The Department disagrees that the rule should be amended. Times have changed since the 1998 adoption of the expired rules. The Department is focusing on issues of domestic preparedness and emergency response. As part of a strategic Statewide response plan, all emergency ambulances that have emergency response capabilities must have both mobile and portable radios

capable of transmitting and receiving on the specified JEMS frequencies.

83. COMMENT: The requirement at N.J.A.C. 8:40-6.14(d) that BLS ambulances used to provide emergency response carry a copy of the applicable local emergency operations plan (EMS Annex) is unduly burdensome. Most providers serve more than one county or town. The rule would require each ambulance to carry several plans, none of which are designed for field use. As a practical matter, ambulances would be directed by a logistics officer during a mass casualty incident and would therefore not have a use for EMS Annex. This provision should be removed from the rules. (2, 4, 12, 14, 17)

RESPONSE: The Department agrees with the commenters, for the reasons they stated. The Department will amend proposed N.J.A.C. 8:40-6.14(d) upon adoption to delete the requirements that BLS ambulances used to provide emergency response or that routinely respond to motor vehicle accidents be equipped with a copy of the applicable local emergency operations plan (EMS Annex).

84. COMMENT: "We agree there should be a greater physician involvement but object to the strong authority provided to the 'medical director' by these rules. Not all physicians are adequately oriented to the environment, restrictions, and special considerations of EMS practice. Physicians without required experience or training in emergency medicine may enforce operational practices that are inappropriate for the EMS environment and create operational conflicts. The role and qualifications of a physician ADVISOR similar to those in the old **EMT-D** regulations seem more appropriate for introduction here. Namely ACLS certification, qualification as an emergency department physician as in N.J.A.C. 8:43G and the like are important factors. Requiring such consultations may become cost prohibitive and services may have to 'settle' for a physician who is not adequately prepared to give appropriate guidance and quality assurance oversight to an EMS service. This may have an unintended paradoxical effect on the care provided by the service." (5)

RESPONSE: The Department disagrees that the authority of the medical director is too strong. Proposed N.J.A.C. 8:40-6.15(a)2 would require that the medical director be responsible for consultations on an "as needed" basis. The rule also makes the medical director responsible for medical quality assurance oversight, including review of utilization of the AED, as well as interpretation of treatment protocols and documentation standards. These duties are minimal. The Department agrees that not all physicians are familiar with BLS practices. The Department has determined that physician status indicates a level of training that permits physicians to understand operational practices in an EMS environment. The Department considered requiring medical directors to have ACLS certification, certification as an emergency department physician, and additional qualifications. However, due to the finite scope of BLS services, the Department determined that such requirements were unnecessary. Inasmuch as proposed N.J.A.C. 8:40-6.15(a)2 would require medical consultation on only an "as needed" basis, the costs associated with retaining a medical director will be reduced.

Upon reconsideration, the Department has determined that it is not necessary for a medical director to be a licensed surgeon. BLS practice generally requires the provision of limited, nonsurgical, non-invasive care. The Department has reconsidered proposed N.J.A.C. 8:40-6.15(a)1 and determined that to require the medical director of a BLS ambulance service to be a licensed surgeon would demand a level of expertise unwarranted to the activities the medical director would be required to perform. The Department will amend proposed N.J.A.C. 8:40-6.15(a)1 upon adoption to delete the requirement that the medical director be a licensed surgeon.

85. COMMENT: The rule requiring protective multi-use jackets is unclear with respect to which BLS agencies are exempt from this requirement. (4, 17)

RESPONSE: Proposed N.J.A.C. 8:40-6.15(b)2v would exempt BLS agencies that provide emergency response to long term care facilities exclusively from the requirement that the BLS ambulance carry two protective multi-use jackets. The Department intends to exempt such providers from the requirement because it is unlikely that crewmembers would have a need for such jackets at long-term care facilities. The Department declines to amend this provision as the requirement and the exemption are clear. The Department would be pleased to provide individualized assistance to any entity requesting assistance with the application of the rule.

86. COMMENT: N.J.A.C. 8:40-6.15(b)2v requires providers to keep at least two protective multi-use jackets that are both fire and tear resistant on each emergency ambulance. Does this mean turn out coats on each emergency ambulance? Many providers issue their **EMTs** personal protective equipment. The rule should be changed to make the jackets part of the uniform issued to individual **EMTs**. (4, 9, 11)

RESPONSE: Proposed N.J.A.C. 8:40-6.15(b)2v would not require turn out coats. The rule would require jackets appropriate for EMS use, which are available through several vendors. The rule requires that BLS ambulances carry these jackets on board. Providers may elect to outfit staff individually, but must be mindful that proposed N.J.A.C. 8:40-6.15(b)2v would require these jackets to be carried on board the BLS ambulance. The Department declines to amend the rule to require providers to outfit staff individually.

87. COMMENT: A new section should be added to N.J.A.C. 8:40-6.15 to read: Any basic life support service operating a dispatch center that may receive a request for an "emergency medical response" shall provide emergency medical dispatch (EMD)-trained call takers who shall be certified in accordance with N.J.S.A. 52:17C-15b and N.J.A.C. 17:24-2.1 et seq. or have a contractual agreement in place with a certified 9-1-1 public safety answering point or public safety dispatch point capable of providing EMD call screening. (1, 15, 18, 22, 23)

RESPONSE: Proposed N.J.A.C. 8:40-6.15 would establish requirements for BLS ambulance services providing emergency response, and would not specify the training requirements of call takers at 9-1-1 answering services. N.J.S.A. 52:17C-1 et seq. delegates exclusive authority to regulate emergency telecommunication activities such as call taker training to the 9-1-1 Commission of the Office of Information Technology. The Department is without authority to implement the commenter's suggestion.

88. COMMENT: N.J.A.C. 8:40-6.15(d), requiring seven days notification to the Department prior to providing emergency response to a jurisdiction, is impractical. If another provider ceases doing business, a new provider may have to go into the area immediately in order to provide continued coverage on less than 24 hours notice. A large-scale disaster may require a provider to move to another part of the state where they are needed. The requirement should be deleted or amended to provide a waiver procedure for a waiver procedure in place for appropriate circumstances. (2, 4, 13)

RESPONSE: The Department maintains a database of emergency medical services' coverage areas for the purpose of domestic security preparedness and the development of effective emergency response plans. Proposed N.J.A.C. 8:40-6.15(d) is necessary to ensure that the database and response plans remain accurate and current. Moreover, the public expects the Department to know which providers serve which jurisdictions. The Department intends the rule to apply

to a provider's routine provision of BLS ambulance services to a jurisdiction on a regular basis, including the situation in which mutual aid agreements for backup assistance are in place. The Department does not intend the rule to apply to one-time events or situations where the provision of services to a jurisdiction would not be regular or foreseeable. Proposed N.J.A.C. 8:40-6:15(f)2 would prohibit a provider from discontinuing service on less than 60 days' written notice to the Department. Given this requirement, the Department anticipates that a replacement provider called upon to replace a departing provider would normally have more than seven days' notice of the commencement of that service, and consequently would have sufficient opportunity to notify the Department that the provider would be commencing service to the jurisdiction. The Department will amend proposed N.J.A.C. 8:40-6.15(d) upon adoption to reflect that the requirement applies to regular or foreseeable service to a jurisdiction. The Department anticipates that providers will comply in good faith with this requirement, providers having been reminded that the Department will rely on providers' reports in developing Statewide domestic security preparedness and emergency response plans.

89. COMMENT: Will the quarterly report dataset required to be filed by N.J.A.C. 8:40-6.15(e)3 match the National Highway Traffic Safety Administration (NHTSA) dataset, so that commercially available software can produce the report? Will the quarterly report form be available for review by the BLS community? (25)

RESPONSE: Proposed N.J.A.C. 8:40-6.15(e)3 would require providers to submit the quarterly report dataset identified in the form provided at proposed N.J.A.C. 8:40, Appendix D. The form at Appendix D does not match the NHTSA dataset. The Department will make the form available in Microsoft Word format upon request and on the OEMS website at <http://www.state.nj.us/health/ems>. The Department will compile the quarterly report into an annual report that the Department will make available to the public as provided by N.J.A.C. 8:40-6.15(e)3i. Individually filed reports will be subject to the laws governing access to government records, including statutes, executive orders, and rules, that are commonly collectively referred to as OPRA. See <http://www.state.nj.us/opra> for more information and a collection of reference materials relating to access to records.

90. COMMENT: Volunteer providers are exempt from regulations. The data in the Department's annual report would be incomplete and of limited value as a report on Statewide EMS activity. Until volunteer squads are regulated by OEMS pursuant to an act of the Legislature, N.J.A.C. 8:40-6.15(e)3 should be deleted from the rules. (2, 4, 11, 12, 14, 17)

RESPONSE: The Department disagrees. Although the Department does not have statutory authority to collect information from volunteer providers, the data collected from licensed providers will provide relevant information concerning their activities, and may provide information relating to trends about all providers. Proposed N.J.A.C. 8:40-6.15(e)3 would assist the Department in continuing to understand, evaluate, and improve the delivery of EMS services in this State.

91. COMMENT: N.J.A.C. 8:40-6.15(e)1 should be amended to comport with the MICU rules, indicating the number of back-up vehicles a BLS provider is required to maintain based on the number of vehicles actively in service. (9)

RESPONSE: MICU service providers are distributed much more sparingly throughout the State than are BLS ambulance service providers. Therefore, the number of back-up vehicles a BLS has in waiting is not as critical to patient care needs as is the number of back-up vehicles a MICU has in waiting. Therefore, the Department has determined in proposing N.J.A.C. 8:40-6.15(e)

1 that it is sufficient to require BLS ambulance service providers who provide emergency response to maintain at least one additional back-up BLS ambulance, regardless of how many vehicles are in the provider's fleet. The Department declines to amend N.J.A.C. 8:40-6.15(e)1 as suggested by the commenter.

92. COMMENT: N.J.A.C. 8:40-6.15(f)2, which requires providers to provide 60 days' notice to the Department prior to discontinuation of service, needs clarification as to whether the notice is required 60 days prior to the close of business or the discontinuation of service to customers. (2, 4, 17)

RESPONSE: The Department agrees with the comment. The date on which a provider discontinues service may not coincide necessarily with the date a provider closes its business. Proposed N.J.A.C. 8:40-6.15(f)2 prohibits a BLS ambulance service providing emergency from discontinuing "services without sending written notification to the Department at least 60 calendar days prior to the planned closure date." This requirement is ambiguous because it mentions both the discontinuance of services and a closure date. The Department intended the rule to require 60 days' notice prior to the discontinuation of service. The Department will amend proposed N.J.A.C. 8:40-6.15(f)2 upon adoption to prohibit a BLS ambulance service providing emergency response services from discontinuing services without sending written notification to the Department at least 60 calendar days prior to "the date that services will be discontinued."

93. COMMENT: The Department should add new N.J.A.C. 8:40-6.16 to prohibit providers from advertising any telephone number for emergency response services other than 9-1-1, consistent with N.J.A.C. 17:24-10.3. (1, 15, 18, 22, 23)

RESPONSE: Proposed N.J.A.C. 8:40-3.4(e) would articulate the prohibition requested by the commenters.

94. COMMENT: N.J.A.C. 8:40-7.1(b)11 should reflect the new American Heart Association (AHA) guidelines concerning pediatric defibrillation. ACLS-certified staff working in the basic capacity should be permitted to monitor using the automated external defibrillator (AED) monitoring function. (11)

RESPONSE: The Department's intention in proposing N.J.A.C. 8:40-7.1 is to prescribe the scope of practice for **EMT-Basics**, not to list the guidelines to be followed for particular medical situations. Proposed N.J.A.C. 8:40-7.1(b) 11 would establish that an **EMT-Basic's** scope of practice includes "AED utilization." This includes pediatric AED use. The Department adheres to AED usage according to standards that are adopted by the American Heart Association or the American Red Cross. According to these authorities, AEDs should not be used to monitor cardiac rhythms. Therefore, it is not necessary to amend the rule as suggested by the commenter.

95. COMMENT: N.J.A.C. 8:40-7.2 should be amended to provide that OEMS place out-of-service stickers in such a location as not to obstruct the view or safe operation of the vehicle. (13)

RESPONSE: Department representatives are trained in accordance with internal policy not to place out-of-service stickers on inappropriate or unsafe vehicular locations. The amendment suggested by the commenter is unnecessary. The Department declines to amend proposed N.J.A.C. 8:40-7.2 as suggested by the commenter.

96. COMMENT: N.J.A.C. 8:40-7.2(a)3 states that OEMS shall have five business days to re-inspect a vehicle after a provider notifies OEMS that it has cured any deficiencies. The five business days should be reduced to two

business days. (2, 4, 14)

RESPONSE: The Department makes every effort to reinspect vehicles as soon as possible; however, staffing constraints require the Department to reserve at least five business days for reinspections. In order to facilitate its inspection function, the Department maintains a field office for the primary purpose of conducting vehicle inspections and re-inspections by appointment. Proposed N.J.A.C. 8:40-7.2(a)3 would require providers to notify the Department as soon as vehicle deficiencies identified through inspection are corrected. Five business days from the date of the provider's notification is a reasonable time within which to reinspect a vehicle. In the experience of the Department, vehicle inspection failures and the delay attendant to reinspection are entirely avoidable by providers conducting routine examination and maintenance of their vehicles.

97. COMMENT: N.J.A.C. 8:40-7.2(e) provides a significant increase in fines and penalties imposed on MAV and BLS ambulance providers. These fines are so high that their imposition could create the risk of companies going out of business. Fines referenced in the proposed regulations should be the maximum, with OEMS to have the authorization to lower or set a reasonable fine under the maximum depending on the history of the provider, the offense, and the provider's efforts to mitigate the offense. (2, 4, 14)

RESPONSE: N.J.A.C. 8:40-7.2(e) follows the format for calculating fines established by N.J.S.A. 26:2H-14. The Department agrees with the commenters' suggestion that the Department authorize the OEMS' imposition of the maximum penalties allowed by N.J.S.A. 26:2H-14, with discretion to assess the penalty according to the particular circumstances of the transgression. N.J.S.A. 26:2H-14 authorizes the imposition of penalties relating to violation of patient care requirements and physical plant standards of up to \$5,000. The amendment to proposed N.J.A.C. 8:40-7.2 suggested by the commenter would be too substantive a change to make upon adoption. The Department will propose amendments to proposed N.J.A.C. 8:40-7.2 in a future rulemaking that would authorize the Department and the OEMS to impose up to the maximum penalties allowed by N.J.S.A. 26:2H-14, and that would confer discretion on the Department and the OEMS to evaluate the circumstances of a particular case in imposing penalties.

98. COMMENT: N.J.A.C. 8:40-7.2, which governs penalties and fines, should be revised to specify that only one fine per incident may be imposed. If an **EMT** provides a fraudulent **EMT** card, the provider could be fined for violating the minimum crew requirement and for fraudulent procurement of certificates. The commenter feels this is unfair and would request that the rule be amended to permit only one penalty per incident. (4)

RESPONSE: The Department disagrees with the comment. N.J.S.A. 26:2H-1 et seq. establishes that there are occasions where the actions of an **EMT** employee violate the rules governing individuals as well as the rules governing providers. An example of this would be a failure to secure properly a patient to a stretcher that results in the patient falling and being injured while being loaded onto an ambulance. The **EMT(s)** violated the rules pertaining to securing a patient to a stretcher and loading, and the provider would be vicariously liable for the resultant patient injury. Operation of the rules in this way is intended to encourage providers to better train their employees, as well as to encourage **EMTs** to perform according to protocols and regulations. Accordingly, the Department will continue to follow the law established by N.J.S.A. 26:2H-1 et seq.

99. COMMENT: A violation under N.J.A.C. 8:40-7.2(e)1, 2 or 3

should be considered to begin on the date cited and end on the date corrected and that all fines should be capped at a maximum of \$25,000. (13) A second commenter stated that fines should be capped at \$10,000. (17)

RESPONSE: The Department disagrees with the comments. Fines are calculated according to N.J.S.A. 26:2H-14, which authorizes the assessment of penalties for each day that a provider is in violation. The Legislature determined not to establish, and the statute does not authorize, a ceiling or "cap" on fines. Therefore, the Department declines to amend the rule in the manner suggested by the commenters.

100. COMMENT: What constitutes an injury under N.J.A.C. 8:40-7.2(e)1? Does it have to be physical or can it be mental? Would an **EMT** be subjected to a fine if he caused mental anguish to his partner? According to the commenter, the rule should be amended to address these issues. (5)

RESPONSE: The term "injury" as used in proposed N.J.A.C. 8:40-7.2(e)1 would mean an injury that is recognized in law. The Department does not intend to construe proposed N.J.A.C. 8:40-7.2(e)1 frivolously. The reasonably foreseeable causation of mental anguish to any person resulting from violation of proposed N.J.A.C. 8:40 that is of a type and magnitude cognizable in law could form the basis of a penalty action against an **EMT** by the Department.

101. COMMENT: The Department should only issue fines under N.J.A.C. 8:40-7.2 in cases where the Department has found gross negligence. (17)

RESPONSE: The Department disagrees with the comment. Providers owe patients a duty to render reasonable care. In addition, providers have agreed through licensure to abide by all of the rules of this chapter. Breaches of these duties that fall short of gross negligence may still result in patient injuries. The public expects the Department to take action against providers in such circumstances. Therefore, the rule change suggested by the commenter is not appropriate.

102. COMMENT: N.J.A.C. 8:40-7.2(e)3 should be changed to penalize providers only for "knowingly violating any rule." If a provider, in good faith, believes it is operating within the guidelines, that provider should not be held liable. (17)

RESPONSE: The Department disagrees with the comment. Providers agree through licensure to abide by all Department regulations. This is evidenced by the provider's signature on an affidavit or statement of understanding, whereon the provider acknowledges that administrative rules exist and that the provider will follow them. This is a form of strict liability. Proposed N.J.A.C. 8:40-7.2(e)3 would make providers responsible to ensure that they use only certified staff. Providers are encouraged to inquire of OEMS to verify the credentials of any suspicious person. In this day of heightened vigilance among all citizens, these responsibilities need to be among a provider's highest priorities. Accordingly, the interests of the public in this rule would not be adequately protected by a "knowing" standard as suggested by the commenter.

103. COMMENT: N.J.A.C. 8:40-7.2(e)4, 5, 8 and 9 should be eliminated from the regulations. The commenter did not offer any reasons to support this assertion. (17)

RESPONSE: The Department disagrees with the comment. Proposed N.J.A.C. 8:40-7.2(e)4, 5, 8 and 9 are necessary to notify the regulated community of the potential fines for violating any of the relevant subsections, and to assist the Department to promote a high standard of pre-hospital health care services.

104. COMMENT: Providers with actual knowledge of a violation of N.J.A.C. 8:40-7.4 should be obliged to report it to the Department. (9)

RESPONSE: The Department agrees with the commenter. The Department encourages persons with knowledge of an unlicensed entity providing services regulated under N.J.A.C. 8:40 to report the activity to the Department. The Department declines to amend the rule to provide for an affirmative obligation to report such activity inasmuch as the requirement would not be susceptible to enforcement or a productive use of Department resources.

Summary of Agency-Initiated Changes

1. The Department will make non-substantive, technical and grammatical corrections throughout the chapter to correct errors.

2. At N.J.A.C. 8:40-1.3 and throughout the chapter, the Department will amend references to "aero-medical unit" upon adoption to "air medical unit" to be consistent with the terminology commonly used in the majority of states.

3. The Department will amend proposed N.J.A.C. 8:40-1.3 upon adoption to delete the definition of the term "acute care hospital" and add the definition of the term "general hospital" to be consistent with the terminology used in the Hospital Licensing Standards provided at N.J.A.C. 8:43G. Throughout the chapter, the Department will amend references to "acute care hospital" to "general hospital."

4. The Department will amend N.J.A.C. 8:40-2.1(a)7 upon adoption to indicate that the payment to accompany the executed "Request for Criminal History Record Information for a Noncriminal Justice Purpose" shall be in the form and amount prescribed by the State Police at N.J.A.C. 13:59, as amended and supplemented. This will ensure that amendments to the State Police' requirements with respect to the manner and amount of payment will not necessitate corresponding amendments to this chapter but will take effect automatically. This will correspond N.J.A.C. 8:40-2.1(a)7 to a similar amendment the Department made upon adoption of N.J.A.C. 8:41-2.1(a)7. See 36 N.J.R. 1965(a), 1991-2 (April 19, **2004**), Agency-Initiated Change 2.

5. The Department intended to require that providers continue to make the Department a certificate holder of any required insurance policies, as was required under expired N.J.A.C. 8:40-3.15(e), but this requirement was inadvertently omitted upon proposal. The Department will amend N.J.A.C. 8:40-3.3(a)1 upon adoption to require providers to make the Department of Health and Senior Services a certificate holder of any required insurance policies. This change would have a minimal impact on providers. It would not require the expenditure of additional funds or a significant commitment of time or personnel to comply. The requirement would necessitate an administrative request to the issuer of providers' insurance policies. The Department's status as a certificate holder of providers' required insurance policies would ensure that the Department receives direct notification from the insurer of any changes to the status in good standing, coverage and limits of providers' policies. Thus, in the event a provider fails to pay premiums or reduces the dollar amounts of coverage provided by a policy to less than the amounts that would be required under N.J.A.C. 8:40, the Department would be informed and be able to take action either to direct the provider to cure the payment default or increase the coverage, or, failing immediate compliance by the provider, to suspend or revoke the provider's authorization to provide services regulated by this chapter.

6. The Department will amend proposed N.J.A.C. 8:40-3.10(b)2 upon

adoption to reflect the term "automated external defibrillator" which is the commonly accepted terminology for this device.

7. The Department will delete proposed N.J.A.C. 8:40-4.1(c) upon adoption and will recodify proposed N.J.A.C. 8:40-4.1(c)1 and 2 and (d) to be new N.J.A.C. 8:40-4.1(c), (d), and (e), respectively. This will correspond N.J.A.C. 8:40 to adopted amendments to the requirements at N.J.A.C. 8:41-3.1 and will reflect the Department's agreement with a comment submitted in response to proposed N.J.A.C. 8:41-3.1(c) indicating that crewmember appearance with respect to insignia, labels, pins, and the like on uniforms is a matter for employer (provider) responsibility. See 34 N.J.R. 1965(a), 1994 (April 19, 2004), Comment and Response 5.

8. The Department will amend proposed N.J.A.C. 8:40-4.9(b), regarding pneumatic testing, to reflect that the OEMS has updated the testing guide formerly called "How to Test Respiratory Delivery Equipment," which is no longer available, to a new guide entitled, "Pneumatic and Oxygen Delivery Testing Standards." The revised guide deletes archaic references to outdated equipment and publications. It imposes no new or additional requirements.

9. The Department will amend proposed N.J.A.C. 8:40-5.2(b)3 and 6.2(a)3 upon adoption to add "or suctioning" to modify the act of "aspiration."

10. The Department will amend references throughout the chapter to the phrase "EMTs-Basic" to be "EMT-Basics" upon adoption, to conform with the nomenclature used by the United States Department of Transportation National Standard Curriculum for EMT-Basics, available at <http://www.nhtsa.dot.gov/people/injury/ems/pub/emtbns.pdf>. In an effort to conform the terminology used in the rule, with terms easily understood, and in common usage by the public, "suctioning" has been added as a synonym for the word "aspiration." The Department intends no change in meaning by the addition of this term. Both terms refer to the removal of blockages by insertion into a patient of a device that uses a vacuuming effect. The most common use of aspiration, or suctioning, with relation to ambulances is in the removal of discharges that may cause a patient to asphyxiate. The Department intended to alleviate the regulated community's perceived need to identify this activity by use of a layperson's expression, to increase the general community's awareness as to whether or not ambulance crews are authorized to perform this procedure. Proposed N.J.A.C. 8:40-6.2(a)3 would authorize BLS crew members to conduct aspiration or suctioning; proposed N.J.A.C. 8:40-5.2(b)3 would prohibit MAV crewmembers from conducting aspiration or suctioning.

Federal Standards Statement

The adopted new rules are not adopted pursuant to, or in order to implement, comply with or participate in any program established under Federal law or any State law incorporating or referring to Federal requirements.

Full text of the adoption follows :

CHAPTER 40
MOBILITY ASSISTANCE VEHICLE AND BASIC LIFE SUPPORT AMBULANCE SERVICES
SUBCHAPTER 1. AUTHORITY, SCOPE AND DEFINITIONS

<< NJ ADC 8:40-1.1 >>

8:40-1.1 Authority

These rules are promulgated pursuant to N.J.S.A. 26:2H-1 et seq. and 30:4D- 6.4 and 6.6, which authorize the Commissioner to adopt rules pertaining to the operation of services providing, or seeking to provide, mobility assistance or basic life support care.

<< NJ ADC 8:40-1.2 >>

8:40-1.2 Scope and purpose

(a) These rules shall apply to any person, public or private institution, agency, entity, corporation, <<-acute care-->> <<+general+>> hospital and/or business concern that operates, or seeks to operate, a <<+non- volunteer+>> mobility assistance vehicle or <<-non-volunteer-->> basic life support ambulance service within the State of New Jersey. These rules serve to define the operational requirements of these services, to provide for a uniform application of standards, and to specify the personnel, equipment, organization and other resources required to successfully operate such services.

(b) N.J.A.C. 8:40-1 through 5 and 7 shall apply to MAV services.

(c) N.J.A.C. 8:40-1 through 4, 6 and 7 shall apply to basic life support ambulance services.

<< NJ ADC 8:40-1.3 >>

8:40-1.3 Definitions

The following words and terms, as utilized in this chapter, shall have the following meanings, unless the context in which they are utilized clearly indicates otherwise.

<<-"Acute care hospital" means any hospital, validly licensed by the Department, which maintains and operates organized facilities and services for the diagnosis, treatment or care of persons suffering from acute illness, injury or deformity and in which all diagnoses, treatment and care are administered by or performed under the direction of persons who, in accordance with N.J.S.A. 45:9-6, are validly licensed to practice medicine and surgery by the New Jersey State Board of Medical Examiners.-->>

"Advanced life support" or "ALS" means an advanced level of pre-hospital, inter-facility or emergency medical care that includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous (IV) therapy, administration of specific medications, drugs and solutions, utilization of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the Commissioner.

"Advanced practice nurse" means a person who is validly licensed by the New Jersey Board of Nursing in accordance with the standards set forth at N.J.S.A. 45:11-45 et seq.

"Advertising" means any information directly or indirectly issued, distributed, hand-delivered or implied through any medium and utilized for the purpose of promoting the service of a provider.

<<- "Aero-medical unit" or "AMU" means a specially equipped helicopter or airplane that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.->>

"AHA CPR Guidelines" means the "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" as published by the American Heart Association, National Center, 7272 Greenville Avenue, Dallas, TX 75231- 4596, incorporated herein by reference, as amended and supplemented. A copy of the guidelines is on file and available for inspection at the Office of Emergency Medical Services.

<<+ "Air medical unit" or "AMU" means a specially equipped helicopter that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.+>>

"Airplane" means, as defined at 14 C.F.R. 1.1, an engine-driven fixed-wing aircraft heavier than air, which is supported in flight by the dynamic reaction of the air against its wings.

"ALS inter-facility transfer" means the transportation of a patient in need of advanced life support care from one <<-acute care hospital->> <<+health care facility+>> to another <<-or from an acute care hospital to a nursing home or rehabilitation facility->> via a specialty care transport unit or <<-aero-->> <<+an air+>> medical unit. Mobile intensive care units shall not be utilized to perform ALS inter-facility transfers.

"AMD Standard" means the standards and amendments thereto published by the Ambulance Manufacturers Division of the Truck Body and Equipment Association, as reported by the Federal Specification for the Star-of-Life Ambulance, KKK-A- 1822E, Edition E, **June** 1, 2002. Copies of the standards may be obtained from the General Services Administration, Centralized Mailing List Service (7CAFL), P.O. Box 6477, Fort Worth, Texas, 76115.

"Automated external defibrillator" or "AED" means a device that can be attached to a patient in cardiopulmonary arrest, analyze an electrocardiogram for the presence of potentially lethal dysrhythmias (specifically, ventricular fibrillation and fast ventricular tachycardia), deliver an electrical defibrillation to the patient in accordance with the requirements of standard treatment protocols, and produce an event summary that documents significant events in the utilization of the device, specifically events prior to and after an electrical defibrillation.

"Available" means ready for immediate utilization (pertaining to equipment, vehicles and personnel) or immediately accessible (pertaining to records).

"Basic life support" or "BLS" means a basic level of pre-hospital care that includes patient stabilization, airway clearance and maintenance, cardiopulmonary resuscitation (CPR) (to the level of the Professional Rescuer or Health Care Provider as issued by either the American Heart Association, the American Red Cross, the National Safety Council or other entity determined by the Department to comply with AHA CPR Guidelines), hemorrhage control, initial wound care, fracture stabilization, victim extrication and other techniques and procedures as defined in the United States Department of Transportation (U.S.D.O.T.) **EMT**-Basic National Standards Curriculum (obtainable from The National Highway Traffic Safety Administration, 400 7th Street S.W., Washington, D.C., 20590, by accessing their website at www.nhtsa.dot.gov/people/injury/ems or by calling (888) 327-4236).

"Basic life support ambulance" or "BLS ambulance" means an emergency medical services vehicle that is validly licensed by the Department and operated in accordance with the standards set forth in this chapter.

"Basic life support ambulance service" or "BLS ambulance service" means an entity that is validly licensed by the Department to provide pre-hospital basic life support care and/or BLS inter-facility transfers.

"BLS inter-facility transfer" means the transportation of a patient not in need of advanced life support care from one health care facility to another via a basic life support ambulance.

"Cardiac defibrillation" means the discharge of electrical current through the fibrillating myocardium for the purpose of restoring a perfusing cardiac rhythm.

"Certified" or "certification" means official documentation that a person has completed all the requirements of an approved training program and has demonstrated competence in the subject matter to the satisfaction of the certifying agency.

"Commissioner" means the Commissioner of the New Jersey Department of Health and Senior Services.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products, specifically including, but not limited to, those pathogens defined in the Federal bloodborne pathogen standards found at 29 C.F.R. 1910.1030(b), and which occurs through transmission of that agent or its toxic products from a reservoir to a susceptible host.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Controlled dangerous substance" means a drug, substance or immediate precursor identified in Schedules I through V of the New Jersey Controlled Dangerous Substances Act (N.J.S.A. 24:21-5 through 24:21-8.1). The term shall not include distilled spirits, wine or malt beverages, as those terms are defined or utilized in N.J.S.A. 33:1-1 et seq., or tobacco and tobacco products.

"Convicted" or "conviction" means a finding of guilt by a judge or jury, a guilty plea, a plea of nolo contendere or non-vult or entry into a pre-trial intervention program, or other diversionary program authorized under the statutes of the State of New Jersey or under any other state's statutes.

"CPR certification" means valid certification in cardiopulmonary resuscitation to the level of the Professional Rescuer or Health Care Provider as issued by the American Heart Association, the American Red Cross, the National Safety Council or other entity determined by the Department to comply with AHA CPR Guidelines.

"Crashworthy" means that all supplies, equipment, oxygen systems, patient litters and wheelchairs carried on the vehicle shall remain firmly in place and shall not present a hazard to any vehicle occupant in the event of an accident or sudden change in vehicle speed or direction. Crashworthy retention systems shall not incorporate rubber straps, "shock cords" or Velcro [FN®-type closures. Crashworthy retention systems for some items are covered by specific Federal standards. The Department's test for crashworthiness of other retention systems is whether the item can be removed from place without unlatching or unbuckling the retention system.

"Crewmember" means any person (including, but not limited to a PAT Technician, MAV Technician or **EMT**-Basic) who staffs a mobility assistance vehicle or basic life support ambulance.

"Crime" means, in accordance with the New Jersey Code of Criminal Justice, specifically N.J.S.A. 2C:1-4, any offense for which a sentence of imprisonment in

excess of six months is authorized.

"Department" means the New Jersey Department of Health and Senior Services.

"Department-Initiated-Out-of-Service" or "DIOOS" means the immediate removal from service of a vehicle by Department staff, such that the vehicle may not be utilized for the provision of any basic and/or advanced life support care. Vehicles removed from service in this manner shall be identified by the placement of an official Department "Out-of-Service" sticker on at least one of the vehicle's windows.

"Disorderly persons offense" or "petty disorderly persons offense" shall have the same meaning as the definition provided by the New Jersey Code of Criminal Justice at N.J.S.A. 2C:1-4, incorporated herein by reference, as amended and supplemented. Generally, such offenses are under the jurisdiction of municipal courts, carry a maximum jail term of six months or less, and are characterized by being minor in nature, not giving rise to the rights of trial by jury or indictment by grand jury. Examples of these offenses include harassment, obstructing a public passage, and fighting in a public place.

"Emergency" means a person's perceived need for immediate medical care in order to prevent death or aggravation of physiological or psychological illness or injury.

"Emergency medical services" or "EMS" means a system for the provision of emergency care and transportation of persons who are sick or injured and in need of immediate medical care.

"Emergency Medical Technician-Basic" or "**EMT**-Basic" means a person trained in basic life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Basic certification as set forth at N.J.A.C. 8:40A.

"Emergency Medical Technician-Paramedic" or "**EMT**-Paramedic" means a person trained in advanced life support care and validly certified or recognized by the Commissioner in accordance with the standards for Emergency Medical Technician-Paramedic certification as set forth at N.J.A.C. 8:41A.

"Emergency response" means the provision of pre-hospital basic life support care by crewmembers staffing a basic life support ambulance, and includes those services that are provided after a call has been received by a 9-1-1 dispatcher requiring an immediate response (for example, automobile accidents, mass gatherings, special events and stadium/arena EMS services) as well as emergent responses to long-term care facilities that may or may not be routed through a 9-1-1 dispatcher.

"Federal Specification, KKK-A-1822," means the most current specification and amendments thereto, currently entitled: "Federal Specification for the Star-of-Life Ambulance KKK-A-1822E," Edition E, **June 1, 2002**, incorporated herein by reference, as amended and supplemented. Copies of the standards may be obtained from the General Services Administration, Centralized Mailing List Service (7CAFL), P.O. Box 6477, Fort Worth, Texas 76115.

"FMVSS" means Federal Motor Vehicle Safety Standards, as set forth at 49 C.F.R. 571, incorporated herein by reference. Copies of the standards may be obtained from the Superintendent of Documents, Washington, D.C.

<<+ "General hospital" shall have the meaning provided at N.J.A.C. 8:43G- 1.3(b)1, as amended and supplemented.+>>

"Health care facility" means a facility so defined in the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1.1 et seq.

"Helicopter" means a heavier-than-air aircraft that depends principally for its support in flight on the lift generated by one or more rotors.

"Impervious" means not allowing liquids or dirt to penetrate the surface of the material. For the purposes of this chapter, impervious surfaces do not include coverings made of or containing carpet, velour or cloth.

"In-service" means the presence of a mobility assistance vehicle or basic life support ambulance at a sending or receiving health care facility; the picking up, transporting or discharging of any patient; or any instance where the mobility assistance vehicle or basic life support ambulance is ready to accept patients and perform mobility assistance or basic life support care.

"JEMS (Jersey Emergency Medical Services) Communications Plan" means the authorized communications plan for emergency medical services, as issued by the Department. Copies of the plan are available, for a fee, from the Office of Emergency Medical Services.

"License" or "licensed" means validly licensed by the Commissioner in accordance with the standards for licensure as set forth in this chapter.

"MAV crewmember" means any person identified at N.J.A.C. 8:40-5.3 as being necessary to meet the minimum personnel requirements for a mobility assistance vehicle.

"Medical director" means the physician responsible for the medical oversight of the operations of a basic life support ambulance service that provides emergency response. The specific criteria required of a medical director are set forth at N.J.A.C. 8:40-6.15.

"Medical record" means any information and/or reports (including, but not limited to, patient care reports) that describe a person's physical condition and/or medical history.

"Mobile intensive care unit" or "MICU" means a specialized emergency medical services vehicle that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.

"Mobility assistance vehicle" or "MAV" means a specialized transport vehicle that is validly licensed by the Department and operated in accordance with the standards set forth in this chapter.

"Mobility assistance vehicle service" or "MAV service" means an entity that is validly licensed by the Department to provide non-emergency health care transportation of sick, infirm or otherwise disabled persons who are under the care or supervision of a physician or other recognized health care provider and whose medical condition is not of sufficient magnitude or gravity to require transportation in a basic life support ambulance, but does require transportation from place to place for medical care, and whose utilization of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle, might create a serious risk to life and health. This service was formerly known as invalid coach service prior to the enactment of N.J.S.A. 30:4D-3a.

"Mobility assistance vehicle technician" or "MAVT" means an individual who has successfully completed the requirements of the mobility assistance vehicle technician's course standards as listed in chapter Appendix B, incorporated herein by reference, and established by the mobility assistance vehicle technician course faculty.

"Non volunteer" means a non volunteer basic life support ambulance service. Includes those agencies that bill patients or insurers for services, hospital-operated services, proprietary services, municipally-operated ambulance services, services operated by a paid municipal fire department, services operated by a paid municipal police department, industrial first aid squads or State-operated ambulances.

"Office of Emergency Management" means the Office of Emergency Management of the New Jersey State Police, Division Headquarters, PO Box 7068, West Trenton, New Jersey, 08625. The telephone number for the Office of Emergency Management is (609) 882-2000.

"Office of Emergency Medical Services" or "OEMS" means the Office of Emergency Medical Services in the New Jersey Department of Health and Senior Services, PO Box 360, Trenton, New Jersey, 08625. The telephone number for OEMS is (609) 633-7777.

"Passenger assistance techniques" or "PAT" means a training program developed by the Transportation Management Associates, Fort Worth Texas. The training program is designed to provide drivers of mobility assistance vehicles the necessary basic skills to safely and effectively assist and transport ambulatory and wheelchair bound patients in their care.

"Patient" means any person who is ill or injured, living or deceased and with whom a crewmember has established physical or verbal contact.

"Patient care report" means the written documentation completed each time a crewmember makes physical or verbal contact with a patient.

"Pediatric" means the period of time beginning with the 29th day following birth up to, but not including, a person's thirteenth birthday.

"Petty disorderly persons offense" means an offense as defined at N.J.S.A. 2C:1-4.

"Physician" means a person who is validly licensed by the New Jersey State Board of Medical Examiners in accordance with the standards set forth at N.J.S.A. 45:9-6.

"Physician assistant" means a person who is validly licensed by the New Jersey State Board of Medical Examiners in accordance with the standards set forth at N.J.S.A. 45:9-27.13.

"Positive latching mechanism" means a latching mechanism that requires the manual release of the latching device. This does not include magnetic or friction-type latches.

"Pre-hospital" means the period of time prior to the delivery of a patient to a physician or registered nurse at <<-an acute care->> <<+a general+>> hospital or satellite emergency department.

"Provider" means a mobility assistance vehicle service or basic life support ambulance service. By virtue of such status, the provider shall assume full legal responsibility for the delivery of services and shall be held accountable for the actions of its crewmembers in the event that there are violations of any State or Federal licensing standards.

"Provider-Initiated-Out-of-Service" or "PIOOS" means the temporary removal from service of a vehicle by the provider. A provider may choose to remove a vehicle from service for various reasons including, but not limited to, when the vehicle is in transit for repairs, when being utilized for official administrative duties or when being utilized in a parade or similar ceremony. Vehicles removed from service in this manner shall be identified by the placement of a placard in one of the

vehicle's windows.

"Receiving health care facility" means ~~an acute care~~ ~~hospital, nursing home, physician's office, outpatient facility or rehabilitation facility to which a patient is transferred following evaluation and/or treatment.~~ ~~hospital, nursing home, physician's office, outpatient facility or rehabilitation facility to which a patient is transferred following evaluation and/or treatment.~~

"Registered nurse" means a person who is validly licensed by the New Jersey State Board of Nursing in accordance with the standards set forth at N.J.S.A. 45:11-26.

"Regulated medical waste" means, as defined at N.J.A.C. 7:26-3A.5, those medical wastes that have been listed or meet the waste characteristic classification criteria described at N.J.A.C. 7:26-3A.6 and that must be managed in accordance with the requirements of N.J.A.C. 7:26-3A.

"Revocation" or "revoked" means the permanent voiding, withdrawal and/or cancellation of a license or certification.

"Satellite emergency department" means a facility that is owned and operated by ~~an acute care~~ ~~hospital, which provides emergency care and treatment.~~ ~~hospital, which provides emergency care and treatment.~~

"Specialty care transport unit" or "SCTU" means a specialized transport medical service vehicle that is validly licensed by the Department and operated in accordance with the standards set forth at N.J.A.C. 8:41.

"Star of Life" means the symbol described in certification of registration number 1,058,022, which the United States Commissioner of Patents and Trademarks has issued to the National Highway Traffic Safety Administration.

"Untreated regulated medical waste" means regulated medical waste, as defined in this subchapter, which has not been treated to substantially reduce or eliminate its potential for causing disease.

"Valid" or "validly" means original (not a photo copy), current, up-to-date, not expired, in effect and/or not past the renewal date required by the issuer.

"Vehicle" means a mobility assistance vehicle or basic life support ambulance, as defined in this subchapter.

"Volunteer ambulance, first aid or rescue squad" means, in accordance with N.J.S.A. 27:5F-20, an ambulance, first aid or rescue squad that provides emergency medical services without receiving payment for those services. Whether the ~~person~~ members of a squad provide their services for free or are compensated by the squad is irrelevant to a squad's volunteer status.

<< NJ ADC 8:40-1.4 >>

8:40-1.4 Waivers

(a) The Commissioner or his or her designee may grant a waiver of any part of this chapter if, in his or her opinion, such a waiver would not:

1. Endanger the life of any person;
2. Endanger the public health, safety or welfare; or

3. Adversely affect the provision of mobility assistance or basic life support care.

(b) A provider or applicant, as applicable, seeking a waiver shall apply, in writing, to OEMS.

(c) An application for waiver shall include the following:

1. The nature of the waiver requested;

2. The specific standards for which a waiver is requested;

3. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result if the waiver is not granted;

4. An alternative proposal that would ensure public safety; and

5. Documentation to support the waiver application.

(d) The Department reserves the right to request additional information before processing an application for waiver.

SUBCHAPTER 2. LICENSURE, INSPECTIONS AND AUDITS

<< NJ ADC 8:40-2.1 >>

8:40-2.1 Application for licensure

(a) Any person, public or private institution, agency, entity, corporation, <<- acute care->> <<+general+>> hospital or business concern seeking to be licensed to operate an MAV or BLS ambulance service shall:

1. Fully complete an OEMS application for licensure, listing the name(s), home addresses and telephone numbers of all persons with an ownership interest in the proposed service. Applications may be obtained from OEMS at PO Box 360, Trenton, NJ 08625. However, applicants that are publicly held corporations need only list the person, corporation and/or entity with the controlling interest and those persons, corporations and/or entities holding five percent or more of the available shares of the corporation;

i. Incomplete applications shall not be processed and shall be returned to the applicant with no action taken. Incomplete applications may be completed and returned to the Department within six months from the date on which the application was returned to the applicant without the requirement of a second application fee. Once an applicant has been notified that the application is complete, the applicant shall have six months within which to request an initial provider audit and vehicle inspections. Failure to comply with these time frames shall require submission of a new application and fee;

ii. No application shall be processed if the proposed trade name of the service duplicates or is essentially similar to a licensed service's trade name or the proposed trade name of an applicant that has an application pending before the Department;

2. Provide the Department with the specific street address of the principal place of business of the proposed service. The principal place of business shall be located on an actual piece of real property and shall not be a post office box or mail drop. Applications listing a post office box or mail drop as the principal place of business shall be rejected;

3. Provide the Department with a copy of the standard operating procedures (SOP) manual, which addresses all of the areas identified at N.J.A.C. 8:40- 3.5. No provider shall develop policies that are contrary to any applicable law, rule and/or regulation;

4. Demonstrate that it maintains crewmember personnel files that meet the standards set forth at N.J.A.C. 8:40-3.8;

5. Demonstrate that, except as provided in (a)5i below, it shall have at least one licensable vehicle in each class of service for which it is applying for licensure;

i. Consistent with N.J.A.C. 8:40-6.15(e)1, an applicant seeking licensure as a BLS ambulance service providing emergency response shall demonstrate that it shall have at least two licensable BLS ambulances, one of which shall be maintained as a back-up BLS ambulance;

6. Provide the Department with proof that insurance has been purchased and is in force, as outlined at N.J.A.C. 8:40-3.3;

7. Provide the Department with a signed "Request For Criminal History Record Information For A Noncriminal Justice Purpose" (SBI 212B Form), for submission by OEMS to the New Jersey State Police, State Bureau of Identification. The form shall be accompanied by <<-a cashiers check, certified check or money order, made payable to "The Division of State Police--SBI," as directed on the form-->> <<+payment in the form and amount specified at N.J.A.C. 13:59, as amended and supplemented+>>;

i. A separate form must be submitted for each person with an ownership interest of five percent or more;

ii. <<-Acute care-->> <<+General+>> hospitals and governmental entities (such as municipalities and State agencies) shall be exempt from this requirement; and

8. Provide the Department with a copy of valid incorporation papers and a valid government issued photo I.D. (for example, a passport or a State-issued driver's license) that can be utilized to verify the applicant's identity.

(b) The ownership of any public or private institution, agency, entity, corporation or business concern applying for licensure shall be disclosed to the Department at the time of application. One hundred percent of the company's ownership shall be disclosed, indicating each entity's address and percentage of ownership. Proof of ownership shall be made available to Department staff upon demand.

1. Publicly held corporations (that is, corporations whose stock is publicly traded) shall list the person, corporation and/or entity with the controlling interest, as well as all persons, corporations and/or entities owning five percent or more of the shares of the corporation.

(c) An applicant shall not knowingly file any record or document that is falsified, fraudulent or untrue. The filing of such false records or documents shall be sufficient cause for refusal to issue or renew a license and/or revocation of any existing provider and/or vehicle licenses.

<< NJ ADC 8:40-2.2 >>

8:40-2.2 Track record review

(a) The Department shall conduct a track record review of each proposed owner to determine whether the applicant or applicants have a demonstrated capacity to provide a high quality of care and to operate an MAV and/or BLS ambulance service in accordance with the rules contained in this chapter.

1. This review shall encompass the previous licensing track record of the applicant, both in New Jersey and in any other state. This evaluation shall include all other health care facilities and/or services owned, operated or managed by the applicant and any such facilities and/or services owned, operated or managed by any entity affiliated with the applicant.

(b) The Department may refuse to issue a license if the applicant cannot demonstrate that the equipment, personnel, finances, policies, procedures and standards of health care are fit and adequate and that there is a reasonable assurance that the service will be operated in accordance with the standards required by these rules. In making this determination, the Department may take into consideration:

1. Conviction of Medicare, Medicaid or insurance fraud (regardless of the amount of the monetary penalty, term of imprisonment or other penalty imposed);

2. Conviction of any crime;

3. Conviction of any disorderly persons offense;

4. Conviction of a petty disorderly persons offense involving the possession, utilization, sale and/or distribution of any controlled dangerous substance; representing a risk of harm to the health, safety or welfare of patients; and/or involving patient abuse or patient neglect;

5. Pre-trial Intervention and/or conditional discharge;

6. Revocation of a license or certification as a physician, physician assistant, registered nurse, advanced practice nurse, **EMT**-Basic and/or **EMT**- Paramedic;

7. Revocation of a license to operate a health care facility or service (including, but not limited to, a BLS or ALS ambulance, MAV or similar transport or emergency response service) either in New Jersey or in any other state;

8. Licensure violations representing serious risk of harm to patients; and/or

9. The applicant's compliance with the standards of accreditation of any and all nationally recognized professional or licensing bodies.

<< NJ ADC 8:40-2.3 >>

8:40-2.3 General licensing information

(a) Upon finding that an applicant has met all of the requirements for licensure as set forth at N.J.A.C. 8:40-2.1 and 2.2, the Department may issue the applicant a provider and/or applicable vehicle licenses. The provider license shall be prominently displayed at the provider's principal place of business. The original vehicle license shall be affixed to the lower right corner of the window of the rear (curbside) door of the patient compartment in such a manner that it is readable from outside the vehicle.

1. In order to facilitate the licensure of a new vehicle in the field, Department staff may issue a Certificate of Inspection. This Certificate of Inspection shall be valid for not more than 30 calendar days from the date of issue, and shall serve as authorization for operation of the vehicle while the provider is awaiting delivery by OEMS of the computer-generated vehicle license.

(b) No provider shall be issued a license valid for a period exceeding 24 months. Providers with trade names beginning with the letters "A" through "L" shall be issued licenses which shall expire on December 31st of the year that ends in an even number (for example, December 31, 2002). Applicants with trade names beginning with the letters "M" through "Z" shall be issued licenses which shall expire on December 31st of the next year that ends in an odd number (for example, December 31, 2003).

(c) Provider and vehicle licenses shall be valid for a period not to exceed 24 months. Provider and vehicle licenses, unless sooner suspended, revoked or otherwise invalidated, shall be renewed prior to the expiration date noted on the license, contingent upon the provider submitting an application for renewal and maintaining full compliance with all the requirements contained in this chapter. No vehicle license shall extend beyond the expiration date of the provider license.

(d) Provider and vehicle licenses are the property of the Department, and shall be immediately surrendered to Department staff upon demand. All licenses shall become immediately null and void and shall be returned to the Department concurrent with the revocation or surrender of a provider's license or when a vehicle is sold, becomes unusable, is retired from service or has been in PIOOS or DIOOS status for six or more consecutive months. Licenses shall not be assignable or transferable. Rights afforded to a provider under this chapter are not assignable to any other person, public or private institution, agency, entity, corporation or business

concern.

(e) A provider shall contact the Department to ascertain if new provider and vehicle licenses are needed prior to making any changes in its scope of services.

<< NJ ADC 8:40-2.4 >>

8:40-2.4 Exemptions from licensing requirements

(a) In accordance with the provisions of N.J.S.A. 26:2H-2b, this chapter shall not apply to BLS ambulance services provided by volunteer ambulance, first aid or rescue squads as defined in the New Jersey Highway Traffic Safety Act of 1987, N.J.S.A. 27:5F-18 et seq. <<+In accordance with the provisions of N.J.S.A. 30:4D-6.5, this chapter shall not apply to MAV services provided by volunteer ambulance, first aid or rescue squads as defined in the New Jersey Highway Traffic Safety Act of 1987, N.J.S.A. 27:5F-18 et seq.+>>

(b) Any person, public or private institution, agency, entity, corporation or business concern providing mobility assistance or basic life support care in any form or manner, where the transport originates within the State of New Jersey, shall first be licensed by the Department in accordance with the provisions of this chapter. For the purpose of this paragraph, geographic areas of exclusive Federal jurisdiction shall not be considered "within the State of New Jersey." However, the licensing requirements set forth in this chapter shall not apply to providers that are based in other states and that provide service in New Jersey when the provider is:

1. Transporting a patient through New Jersey from an out-of-State location to another out-of-State location;
2. Transporting a patient from an out-of-State location to a New Jersey location and returning that same patient to an out-of-State location on the same day; or
3. Transporting a patient on a one-way trip from an out-of-State location to a New Jersey location.

(c) The licensing requirements contained in this chapter shall not apply to services operated directly by an agency of the government of the United States. However, providers holding United States government contracts are not exempt from licensure unless the provider only provides services within a geographic area of exclusive Federal jurisdiction (for example, providing emergency response services within the confines of a United States military base or transporting a patient from a United States military base hospital to a Veterans Administration hospital).

<< NJ ADC 8:40-2.5 >>

8:40-2.5 Licensure and administrative fees

(a) Licensure fees shall be due when the application is filed, and shall be non-refundable. The application shall be accompanied by a single certified bank check (for example, a cashier's check) or money order in the correct amount, and shall be made payable to "Treasurer, State of New Jersey." Personal checks shall not be accepted.

(b) The fees for licensure as a new provider shall be as follows:

1. MAV service: \$1,500 plus \$100.00 per licensable vehicle.
2. BLS ambulance service: \$1,500 plus \$100.00 per licensable vehicle.
3. MAV and BLS ambulance service: <<-\$3,000->> <<+\$1,500+>> plus \$100.00 per licensable vehicle.

(c) The fees for licensure as a new provider for applicants making application anytime during the second year of the two-year cycle set forth at N.J.A.C. 8:40-2.3(b) shall be as follows:

1. MAV service: \$1,250 plus \$50.00 per licensable vehicle.
2. BLS ambulance service: \$1,250 plus \$50.00 per licensable vehicle.
3. MAV and BLS ambulance service: <<-\$2,500->> <<+\$1,250+>> plus \$50.00 per licensable vehicle.

(d) The fees for licensure of a new vehicle by a provider at any time during the second year of the two-year cycle set forth at N.J.A.C. 8:40-2.3(b) shall be \$50.00 per vehicle.

(e) The fee for renewal of a provider license shall be as follows:

1. MAV service: \$500.00 plus \$100.00 per licensable vehicle.
2. BLS ambulance service: \$500.00 plus \$100.00 per licensable vehicle.
3. MAV and BLS ambulance service: <<-\$1,000->> <<+\$500.00+>> plus \$100.00 per licensable vehicle.

(f) License renewal fees shall be due on or before the date on which the license expires. Applications for renewal submitted after the date on which the license expires shall be accompanied by a late fee in the amount of \$500.00; however, applications for renewal submitted 10 or more calendar days after the date on which the license expired shall not be accepted, and the applicant shall be required to submit an application and the appropriate fee for licensure as a new provider. In addition, a provider that allows its license to expire shall be subject to monetary penalties for operation as an unlicensed entity, as provided for at N.J.A.C. 8:40-7.4(a)2ii.

(g) Any and all proposed changes in ownership interest shall be reported to the Department at least 30 calendar days prior to the actual change, except that providers owned by publicly held corporations need only report stock redistributions of five percent or more.

1. Changes in ownership interest that do not involve a change in the controlling interest of a provider, or changes in ownership where an existing owner is assuming the controlling interest, shall be accompanied by a cashier's check or

money order in the amount of \$250.00 to cover the administrative costs associated with updating the provider's file. The check shall be made payable to "Treasurer, State of New Jersey."

2. All other changes to the controlling interest of a provider shall constitute a complete change in ownership and shall require the submission of an application for licensure by the proposed owner, as set forth at N.J.A.C. 8:40-2.1 and 2.2. No services shall be provided until such time as the applicant has been granted the required provider and vehicle licenses.

3. All licenses shall be immediately void if the controlling interest of a provider is changed without first notifying the Department and receiving all necessary provider and/or vehicle licenses.

(h) Once licensed, it shall be the provider's responsibility to notify the Department of any change of trade name, license plate or vehicle recognition number and to provide appropriate documentation as may be required by the Department. The Department shall charge a nonrefundable fee of \$250.00 to process a change of trade name for a provider license where no change of ownership has occurred. The Department shall charge a nonrefundable fee of \$20.00 per vehicle to process a change of trade name, vehicle license plate or vehicle recognition number for a vehicle license. Revised vehicle licenses shall be issued only for the vehicle that bears the exact same manufacturer- issued vehicle identification number (VIN).

(i) Governmental entities, such as municipalities and State agencies, are exempt from paying the fees contained in this section, but shall be required to file all appropriate applications.

<< NJ ADC 8:40-2.6 >>

8:40-2.6 Vehicle inspections and provider audits

(a) Authorized representatives of the Department may conduct periodic vehicle inspections and provider audits as necessary to determine compliance with this chapter.

1. The Department may conduct scheduled inspections of each vehicle at least once every year.

2. The Department may conduct unscheduled vehicle inspections and/or provider audits at its discretion.

i. Unscheduled inspections and/or audits may be conducted by an authorized representative of the Department at any time, at any of the provider's places of business or at any place a vehicle is located, provided that patient care is not compromised. Department staff shall not stop any vehicle when it is traveling on a public roadway.

(b) The scope of an inspection and/or audit shall be determined by the representative conducting the inspection and/or audit and may include, but is not limited to, an examination of all documents and records (including patient records, certification and training credentials, vehicle insurance card, vehicle registration card, crewmember driver's licenses, crewmember photo I.D., etc.), a

review of all vehicles and/or equipment, and interviews with crewmembers and patients.

(c) The provider and its employees shall afford Department representatives unhindered access to the provider's premises and vehicles during the course of such inspections and audits, and shall produce all documents and credentials requested by Department staff upon demand.

(d) The Department shall notify the provider in writing of the results of any vehicle inspection and/or provider audit, including any deficiencies found.

SUBCHAPTER 3. GENERAL ADMINISTRATIVE REQUIREMENTS

<< NJ ADC 8:40-3.1 >>

8:40-3.1 Administrator

(a) Each provider shall have an administrator who shall be responsible for the day-to-day operation of the service. The administrator may, but need not, be the owner of the service.

(b) The provider or the administrator shall designate one or more alternates to act in the administrator's absence.

1. The Department shall be informed of the name and telephone number of the administrator and his or her alternate within 14 calendar days of appointment or of any subsequent change.

(c) Either the provider, the administrator or the designated alternate shall be available for consultation with the Department during normal business hours.

<< NJ ADC 8:40-3.2 >>

8:40-3.2 Business locations

(a) The provider shall maintain a principal place of business at one location. The Department shall be informed of the specific location of the principal place of business and shall be notified 14 calendar days in advance of any change in the location of the principal place of business.

1. Consistent with N.J.A.C. 8:40-2.1(a)2, the principal place of business shall be located on an actual piece of real property and shall not be a post office box or mail drop.

(b) The Department shall also be informed of the location of any satellite offices and vehicle storage sites maintained by the provider. The Department shall be notified at least 14 calendar days prior to commencement of business at any proposed satellite location.

<< NJ ADC 8:40-3.3 >>

8:40-3.3 Insurance coverage

(a) Prior to initial provider licensure, an applicant shall be required to arrange

for each insurance carrier or agent to submit an official "Certificate of Insurance" form, issued by an insurance carrier, covering all three types of insurance listed in (c) below. Each such form shall show that the required insurance has been purchased and is in force. If the vehicles are insured as "Scheduled Autos," the Vehicle Identification Number (VIN) of each vehicle shall be listed on the "Certificate of Insurance" form. The trade name of the provider shall be listed as an insured. The Department, at its discretion, may require an applicant or provider, as applicable, to have its insurance carrier or agent submit additional official "Certificate of Insurance" forms.

<<+1. The provider shall make the Department of Health and Senior Services a certificate holder of any required insurance policies.+>>

(b) In addition, an applicant or provider, as applicable, shall supply the Department with the following information prior to initial provider licensure, initial licensure of each vehicle and upon provider and vehicle relicensure:

1. The name of the insurance company or companies issuing each policy;
2. The name of the policyholder, which shall include the provider's trade name;
3. All policy numbers;
4. The expiration date of each policy; and
5. The types and limits of coverage for each policy.

(c) Once licensed, a provider shall maintain the required minimum insurance as outlined in (c)1 through 3 and (d) below, plus such additional insurance as the provider may deem necessary in order to be eligible to provide services under this chapter. The provider shall immediately discontinue any and all MAV and/or BLS ambulance services in the event any portion of the required insurance is cancelled, expires or otherwise becomes null or void.

1. At least \$500,000 per occurrence of combined bodily injury/property damage coverage for each vehicle;

2. At least \$300,000 of single limit coverage of "premises and operations" type general liability insurance; and

3. At least \$300,000 per occurrence coverage of "malpractice" type professional liability insurance, if operating a BLS ambulance service<<-, or regular professional liability insurance, if operating an MAV service->>.

(d) The general liability and malpractice and professional liability insurance required in (c)2 and 3 above, may be combined in a single policy of at least \$500,000 per occurrence.

(e) Consistent with N.J.S.A. 39:3-29, the driver shall be in possession of the vehicle insurance card (or it shall be kept in the vehicle at all times so as to be

accessible to the crewmembers). Vehicle insurance cards shall be made available to Department staff upon demand. In addition, copies of all insurance policies shall be kept at the provider's principal place of business and made available to Department staff upon demand.

<< NJ ADC 8:40-3.4 >>

8:40-3.4 Advertising restrictions

(a) No provider shall advertise or represent that it provides any health care services other than those services for which it is licensed.

(b) MAV and BLS ambulance services may advertise their services under generic headings such as "Ambulances" in the Yellow Pages [FN® and similar publications. The actual advertisement under such a generic heading shall clearly advertise only those services for which the provider is licensed.

(c) Advertisements by MAV services shall not give the impression that the provider is capable of providing emergency medical services and shall be void of any word or expression indicating emergency medical services, including, but not limited to, "Emergency," "9-1-1," or "Emergency Response."

(d) The words "24-hour service," "Immediate Response," "Eliminate Delay" or similar expressions shall only appear in advertisements for BLS ambulance services providing emergency response and only if the provider is capable of providing continuous, around-the-clock answering of telephone requests for service by a person qualified to:

1. Promptly summon crewmembers (if necessary); and/or
2. Dispatch assistance.

(e) Consistent with N.J.A.C. 17:24-10.3, a BLS provider shall not advertise any telephone number for emergency response service other than 9-1-1.

(f) The words "Paramedic," "EMT-Paramedic," "Mobile Intensive Care," "Intensive Care," "MICU," "Critical Care Transport Unit," "CCTU," "Coronary Care," "Special Care," "Specialty Care," "SCTU," "Specialty Care Transport Unit," "ALS," "Advanced Life Support" or abbreviations of such words, shall only appear in advertisements when the provider is licensed to provide those services.

(g) All advertisements shall include the name under which the provider is licensed by the Department.

<< NJ ADC 8:40-3.5 >>

8:40-3.5 Standard operating procedures manual

(a) Each provider shall develop and maintain a written standard operating procedures (SOP) manual. The SOP manual shall reflect the methods of daily operation, and shall be consistent with the provisions of this chapter. <<- The SOP manual shall be filed with OEMS prior to licensure; any amendments to the SOP manual shall be filed with the Department within 14 business days of the effective date of the amendment.->> A copy of the SOP manual shall be available at each location where a vehicle is garaged, shall be readily accessible to all crewmembers and shall be made available to Department staff upon demand.

(b) In addition to addressing the employees' responsibilities under this chapter, such as cooperating with inspections, the rules governing vehicles placed in DIOOS status, the possibility of incurring monetary penalties in case of licensure violations, having training credentials available and performing duties in a professional manner, the SOP manual shall address sanitation requirements, maintenance of records (see N.J.A.C. 8:40-3.9), vehicle cleanliness, communicable disease guidelines, placing patients into physical behavioral restraints, patient rights, vehicle breakdowns, child and elder abuse reporting requirements, portable and mobile radio operation and other areas of concern to the provider or the Department. The SOP manual shall also contain a nondiscrimination statement, outlining the service's willingness to transport and treat patients regardless of a person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) or ability to pay. If the service provides emergency response, the SOP manual shall include, as appendices, copies of the relevant municipality's EMS Annex and the HAZ-MAT Annex of the State disaster plan. A current copy of these rules (N.J.A.C. 8:40) shall be included in the SOP manual, but the rules by themselves, shall not constitute a complete SOP manual.

1. Each provider shall develop a policy to ensure that all patient information, including patient identifiable data, remains confidential and private. This policy shall be part of the SOP manual, and shall be provided to each of the provider's employees. Patient information shall only be disclosed or released:

i. If the patient, guardian, executor or other legally authorized person has requested in writing that the information be released to a specific person, entity or company;

ii. In compliance with a subpoena, judicial order or applicable law, rule and/or regulation;

iii. To process a claim for insurance, including Medicare or Medicaid, if authorized by the patient, guardian, executor or other legally authorized person;

iv. To Department staff in the performance of their duties and/or while conducting inspection, audit and/or investigation; and

v. To effect the transfer of the patient to another health care professional receiving the patient.

<< NJ ADC 8:40-3.6 >>

8:40-3.6 Patient care reports

(a) The provider shall develop a patient care report to be utilized each time a crewmember makes physical or verbal contact with a patient. <<-The format of the patient care report shall be approved by the Department prior to utilization by the provider. The provider shall submit for review any revisions sought to be made to any form previously approved by the Department before that revised form may be utilized.->>

1. A separate patient care report shall be prepared for each patient transported

in the same vehicle. One patient care report, per person<<-, shall suffice for both legs of a round trip.->> <<+shall be completed. A separate patient care report shall be completed for each leg of a round trip transport+>>.

2. The patient care report shall be signed by all of the crewmembers.

(b) Each patient care report shall be typed, printed or written in ink and shall contain the following information:

1. The patient's name, age, sex and home address;

2. A description of the patient's condition at the scene and in transit, including a description of the patient's chief complaint and at least one set of vital signs and the time that the vital signs were taken (BLS providers) or a description of the patient's condition and any observed changes (MAV providers);

3. A description of care given to the patient at the scene and in transit (BLS providers) or a description of any care and/or assistance given to the patient (MAV providers);

4. The time when, and location where, the patient was picked up and was discharged;

i. For BLS ambulances utilized to provide emergency response, times when the call was received, when the vehicle was dispatched, when the vehicle reported going en route to the call, when the vehicle reported on location, when the vehicle reported en route to <<-an acute care->> <<+a general+>> hospital and when the vehicle arrived at that hospital;

5. The vehicle recognition number, date, and full names of each crewmember and their affiliation (including the identification of any responding MICU or AMU, if applicable); and

6. For BLS ambulances utilized to provide emergency response, whether or not emergency warning devices were utilized responding to the scene, at the scene, or in transit to the receiving health care facility.

(c) If a patient refuses care, the refusal shall be documented on the patient care report and an attempt shall be made to obtain the signature of the patient (or guardian) on a "Refusal of Care" statement.

(d) A copy of the patient care report shall be given to an authorized representative at the receiving health care facility. This shall be done no later than 24 hours after completion of the call. Additions to the original report shall not be made once a copy has been delivered to the receiving health care facility, unless such changes are initialed and dated by the person making the change and the receiving health care facility is provided with a copy of the changes.

<<-(e) Every provider shall develop and maintain a means for recording cancelled or recalled calls, missed calls, and other activity that does not result in patient

contact, but did result in a dispatch.->>

<<-(f)->><<+(e)+>> The provider shall keep all patient care reports in accordance with the provisions for the retention of records set forth at N.J.A.C. 8:40-3.9.

<< NJ ADC 8:40-3.7 >>

8:40-3.7 Reportable events

(a) Providers shall notify the Department by telephone, followed by written confirmation on the form provided at Appendix C, of:

1. Any death or injury that occurred to a patient, passenger or crewmember while being treated, transported or riding in the provider's vehicle;

2. Any accident <<-reported to the police->> <<+reportable pursuant to N.J.S.A. 39:4-129 et seq.+>> in which one or more of the provider's vehicles is involved, regardless of <<-injuries->> <<+whether or not the accident is actually reported to the police as required pursuant to N.J.S.A. 39:4-129 et seq.+>>;

3. Any event occurring on or within the provider's vehicle(s) or place of business that results in any damage to patient medical records;

4. Any instance where a crewmember acts outside of his or her approved scope of practice;

5. Any and all incidents or series of incidents which, upon objective evaluation, lead to the good faith belief that the conduct is in violation of any applicable law, rule and/or regulation (including, but not limited to, any instances of child abuse or neglect, elder abuse, domestic violence and/or the utilization of physical behavioral restraints); and/or

6. Any PIOUS for a period greater than 30 calendar days.

(b) The initial telephone report shall be made to OEMS during regular business hours before the end of the next business day following the incident.

(c) The written confirmation shall be in the form as set forth in chapter Appendix C, Reportable Events, incorporated herein by reference, and shall include all information known to the provider or crewmembers, including the condition of, and prognosis for, any injured persons, as well as copies of any official reports (such as a police report) and the provider's estimate of the degree of disruption of services, as applicable. This confirmation shall be delivered to OEMS no later than 14 calendar days after the incident.

(d) Department staff shall investigate all reports of unusual occurrences and/or unlawful or prohibited conduct in a timely manner.

<< NJ ADC 8:40-3.8 >>

8:40-3.8 Personnel files

(a) A provider shall maintain a personnel file for each crewmember. Each file shall contain, at a minimum:

1. The name and home address of the crewmember;
2. A copy of the crewmember's valid driver's license;
3. A copy of the crewmember's photo I.D. (a valid photo driver's license may be utilized);
4. A copy of the crewmember's PAT Technician, MAV Technician or **EMT**-Basic certification card, as applicable; and
5. A copy of the crewmember's CPR certification card;

(b) All personnel files shall be maintained at the provider's principal place of business, shall be maintained in a readily accessible manner and shall be made available to Department staff upon demand.

(c) A provider shall not knowingly verify a record or document that is falsified, fraudulent or untrue. The knowing verification of such false records or documents shall be sufficient cause for refusal to issue or renew a license and/or revocation of any existing provider and/or vehicle licenses.

<< NJ ADC 8:40-3.9 >>

8:40-3.9 Maintenance of records

(a) The provider shall maintain full, complete and accurate records as required by this chapter. Records shall not be falsified, altered or destroyed. Records may be stored in a computer format, provided that adequate safeguards are in place to prevent unauthorized access and tampering, and adequate provisions for back-up data are in place. These provisions shall be incorporated into the required SOP manual <<-and submitted to the Department for approval prior to implementing the data storage system->>.

(b) The provider shall keep a copy of each required record, including patient care reports, at its principal place of business. The records shall be made available to Department staff upon demand.

(c) The provider shall retain and safely store all patient medical records, including patient care reports, for at least 10 years. However, in those instances where a patient is less than 18 years of age at the time of treatment, the patient medical records shall be retained and stored until the patient's 23rd birthday or for 10 years, whichever is greater. The provider shall retain and safely store all other required records for at least five years. In the event the provider ceases operation for any reason, the provider shall arrange for the safe storage of required records at a place, and in a manner, <<-acceptable to the Department->> <<+that will ensure their safety, integrity, legibility, and accessibility+>>.

<< NJ ADC 8:40-3.10 >>

8:40-3.10 Biomedical equipment testing and maintenance

(a) Each provider shall develop and maintain a testing and maintenance schedule for its biomedical equipment in accordance with the manufacturer's recommendations or in compliance with Federal standards, whichever is more frequent. All biomedical equipment and devices shall comply with all applicable provisions set forth by the Federal Food and Drug Administration for safe care, utilization and maintenance of medical devices.

(b) For the purposes of this section, biomedical equipment includes, but is not limited to:

1. Cardiac resuscitators (that is, Thumpers [FN®]);
2. <<-Cardiac defibrillators and/or monitors->> <<+Automated external defibrillator (AED)+>>;
3. Pulse oximeters; and
4. Automatic ventilators.

(c) The required testing and maintenance shall be conducted by:

1. Qualified employees of the firm that manufactured the equipment;
2. Qualified employees of a firm approved or authorized by the manufacturer;
3. Biomedical engineering staff of <<-an acute care->> <<+a general+>> hospital;
4. Biomedical engineering staff of the New Jersey Hospital Association (or of an affiliate);
5. A recognized independent laboratory; or
6. Crewmembers or other employees of the provider who have been qualified by the equipment manufacturer to perform such testing and maintenance.

(d) The requirements of (a) above shall not apply to biomedical equipment that is:

1. In the physical possession of <<-an acute care->> <<+a general+>> hospital or other licensed health care facility;
2. Is placed in the provider's vehicle for treatment, during transportation, of that hospital's or facility's patient; and
3. Is operated by that hospital or facility's personnel.

(e) The results of the biomedical equipment tests shall be kept on file at the provider's principal place of business and shall be made available to Department staff upon demand.

<< NJ ADC 8:40-3.11 >>

8:40-3.11 Automated external defibrillator <<-registration and->> reporting

<<-(a) Any provider that equips its vehicles with AEDs for the purpose of administering pre-hospital cardiac defibrillation shall register with the Department.->>

<<-(b) Registration forms shall bear the original signature of the provider's administrator or medical director and shall include the following information:->>

<<-1. The provider's name and address;->>

<<-2. The name of the provider's administrator and his or her telephone number;->>

<<-3. The name and license number of the medical director, if applicable;->>

<<-4. A statement that all local emergency medical services agencies and dispatch centers have been notified of the device's location; and->>

<<-5. A statement of compliance->>

<<+(a) Each licensed provider shall comply+>> with the manufacturer's equipment maintenance and testing requirements.

<<-(c)->><<+(b) +>>A notation shall be made on the patient care report each and every time a crewmember applies an AED to a patient.

1. In addition, a crewmember shall make a complete verbal report to the receiving physician or registered nurse; and

2. A copy of the patient care report shall be filed with the receiving health care facility no later than 24 hours after completion of the call.

<< NJ ADC 8:40-3.12 >>

8:40-3.12 Vehicle PIOOS logs

<<-A->> <<+Every licensed+>> provider shall keep a log for each vehicle, specifying PIOOS time, the cause of the problem and its resolution. Additionally, a provider shall develop and maintain a program of preventive maintenance for each vehicle.

SUBCHAPTER 4. GENERAL CREWMEMBER, EQUIPMENT AND VEHICLE REQUIREMENTS

<< NJ ADC 8:40-4.1 >>

8:40-4.1 Minimum crewmember requirements

(a) Each <<-MAV and BLS ambulance->> crewmember <<+who is operating a vehicle+>> shall possess a valid driver's license, as required by N.J.S.A. 39:3-10. Licenses shall be made available to Department staff upon demand.

(b) Each crewmember <<-that serves on an MAV or BLS ambulance->> shall:

1. Be at least 18 years old;

2. Wear identification clearly setting forth his or her first and last name and the name of the provider on whose behalf he or she is providing care; and

3. Dress in clothing, including any outerwear, of a similar uniform appearance that presents a professional appearance.

<<-(c) A crewmember shall not wear or display any identification or symbol including, but not limited to, patches, pins or logos that suggest or indicate affiliation with any other unrelated organization or agency. A crewmember employed by a provider that is part of a larger corporate structure may wear identification that recognizes that corporate entity, so long as the provider's name is the most prominent identifier on any such patch, pin and/or logo.->>

<<-1. Identification may be displayed->> <<+(c) A crewmember may display identification+>> that identifies the <<-person's->> <<+crewmember's+>> level of training, completion of training courses and/or membership in a professional association or society; however, <<+a crewmember shall not display+>> identification <<-shall not be displayed->> that indicates a level of training that the <<- person->> <<+crewmember+>> has not attained.

<<-2.->><<+(d)+>> A <<-person->> <<+crewmember+>> recognized by the Department as a flight nurse, flight medic, mobile intensive care nurse or first responder shall not wear any patches that suggest that <<-they are->> <<+he or she is+>> in any way licensed or certified by the Department or OEMS.

<<-(d)->><<+(e)+>> Each crewmember shall possess and shall make available to Department staff upon demand, certification for the type or level of patient care he or she is providing. No person shall be allowed to provide a type or level of patient care beyond the level he or she is lawfully eligible to provide in the State of New Jersey. In addition, each crewmember shall, upon request by Department staff, produce <<-a valid driver's license and->> a photo I.D. that Department staff may utilize in order to verify the validity of the required certification credentials.

<< NJ ADC 8:40-4.2 >>

8:40-4.2 Crewmember competency

(a) Each crewmember shall have knowledge of and/or skills in the following:

1. Application, operation, care and removal of the on-board medical equipment, as well as knowledge of potential in transport complications which may arise from the utilization of the equipment and the treatment of these complications;
2. The policies and procedures for the operation of a MAV or BLS ambulance, as applicable;
3. Safety operations for vehicle accident and incident procedures;
4. All communications equipment;
5. All applicable laws, rules and/or regulations including, but not limited to, those set forth at N.J.S.A. 26:2K-7 through 20, N.J.S.A. 26:2K-35 through 38 and N.J.A.C. 8:40, 8:40A, 8:41 and 8:41A; and
6. The scope of practice applicable to his or her respective certification level.

<< NJ ADC 8:40-4.3 >>

8:40-4.3 Vehicle registration

(a) Each MAV and BLS ambulance shall be registered, maintained and operated in accordance with N.J.S.A. 39:1-1 et seq. The vehicle registration card shall be made available to Department staff upon demand.

(b) Vehicles registered as a motor vehicle in New Jersey shall display a valid motor vehicle inspection decal issued by the New Jersey <<-Division of Motor Vehicles (NJDMV)->> <<+Motor Vehicle Commission (NJMVC)+>>. The vehicle shall only be utilized to provide service after it has successfully passed all motor vehicle tests conducted by the NJDMV or an authorized Reinspection Station. No vehicle shall be utilized to provide services while it bears a voided, expired or <<- "Reject" NJDMV->> <<+ "Rejected" NJMVC+>> sticker.

(c) Vehicles registered as motor vehicles in other states shall display a valid motor vehicle inspection decal issued in accordance with the requirements of the state registering the vehicle. The vehicle shall only be utilized to provide service after it has successfully passed all tests conducted in accordance with the requirements of the state registering the vehicle.

<< NJ ADC 8:40-4.4 >>

8:40-4.4 Vehicle safety

(a) The vehicle shall be maintained in a safe operating condition. The vehicle and all required equipment shall be functional and operable when the MAV or BLS ambulance is "in-service."

(b) The responsibility for the safe operation of each MAV or BLS ambulance shall rest with the crewmembers staffing that vehicle.

(c) No provider shall operate any vehicle without due regard for the safety of the general public or without adhering to all applicable laws, rules and/or regulations. No provider shall allow the operation of any vehicle that is patently unsafe to drive, presents a hazard to personnel and/or bystanders, has not passed New Jersey <<-Division of Motor Vehicles (NJDMV)->> <<+Motor Vehicle Commission (NJMVC)+>> inspection or does not display a valid <<- NJDMV->> <<+NJMVC+>> inspection sticker.

(d) No person shall staff or operate, or be allowed to staff or operate, an MAV or BLS ambulance:

1. After consuming or while under the influence of alcohol, narcotics or any substance that substantially compromises a person's decision-making abilities;

2. In a reckless manner;

3. At an excessive rate of speed; or

4. While engaging in any illegal conduct.

(e) The interior of the vehicle shall be designed for the safety of patients and crewmembers and the patient compartment shall have the following safety features:

1. There shall be no protruding edges;

2. Exterior corners (corners that point-out) shall be rounded or covered with a padded material;

3. The ceiling shall be finished with a padded material or with a flat, even and unbroken surface;

4. The floor shall have a flat, even, unbroken and impervious surface and shall be covered with a slip resistant material;

5. Any seats with under seat storage shall have a positive latching mechanism that holds the seat closed;

6. All cabinet doors, except a sliding door, shall have a positive latching mechanism that shall hold the door securely closed and shall prevent the contents of the cabinet from pushing the door open from the inside; and

7. All equipment and supplies carried on the vehicle shall be stored in a crashworthy manner (that is, they shall remain firmly in place and shall not present a hazard to any vehicle occupant in the event of an accident or sudden change in vehicle speed or direction). There shall be sufficient cabinets and other

storage spaces within the vehicle so as to meet this requirement. Crashworthy retention systems shall not incorporate rubber straps, "shock cords" or Velcro [FN@-type closures.

8. The bench seats in all vehicles manufactured after July 1, 2002 shall have a passive barrier at the forward end of the bench.

(f) Automotive safety belts shall be provided for each vehicle occupant (patient, passenger or crewmember) over eight years of age or under eight years of age but weighing more than 80 pounds and shall meet all State standards, including those set forth at N.J.S.A. 39:3-76.2 et seq. Each vehicle occupant shall be properly restrained either in an automotive safety belt, <<+or, if a passenger is a patient and it is medically appropriate, and subject to N.J.A.C. 8:40-6.8(d), in a+>> wheelchair or <<+on a+>> stretcher<<-, as medically appropriate->>. All children under eight years of age weighing <<-less than->> 80 pounds<<-, whether patients or passengers,->> <<+or less+>> shall be properly restrained in a Federally- approved child restraint system as provided for at N.J.S.A. 39:3- 76.2a, <<+or, if such a child passenger is a patient and it is medically appropriate, and subject to N.J.A.C. 8:40-6.8(d)+>> in a wheelchair or on a stretcher, as medically appropriate.

1. BLS ambulances not utilized to provide emergency response and MAVs may, but need not, store the child restraint system on board the vehicle when the system is not being utilized. If not stored on the vehicle, the system shall be immediately accessible on the provider's premises.

2. BLS ambulances utilized to provide emergency response shall carry the child restraint system on board the vehicle at all times.

(g) Signs shall appear in both the patient and driver's compartments that clearly indicate that smoking is prohibited anywhere in the vehicle.

(h) Each vehicle shall be equipped with the following minimum safety equipment:

1. One flashlight, two D-cell size or larger;

2. One fire extinguisher, U.L. rated at least 2A 10BC or 3A 40BC. The extinguisher shall have <<-either->> a valid inspection tag <<-or a gauge->> indicating that it is fully charged. The fire extinguisher shall be securely mounted in a bracket on the wall, floor or ceiling; and

3. Three portable red emergency reflective safety triangles or three battery-operated flashers. Due to their flammable nature, ground and/or safety flares of any type shall not be carried on any vehicle.

<< NJ ADC 8:40-4.5 >>

8:40-4.5 Vehicle sanitation

(a) The interior of the vehicle, including all areas utilized for storage, and the equipment and supplies within the vehicle, shall be kept clean and sanitary. A

disinfectant shall be routinely applied to all contact surfaces. The floor, walls and equipment shall be free of stains, dirt, debris, odors and insect infestation.

(b) All interior surfaces shall be covered with stain resistant material that is impervious to blood, vomitus, grease, oil and common cleaning materials.

(c) Blankets, pillows and mattresses shall be kept clean and in good repair. All pillows and mattresses shall have protective, waterproof and stain resistant covers.

(d) Clean linens shall be utilized in the transport of stretcher patients. All linens shall be changed after each patient. Disposable linens may be utilized, so long as they are disposed of after each patient.

(e) There shall be adequate, clean, dustproof storage for clean linens.

(f) Plastic bags and/or covered containers or compartments shall be provided and shall be utilized for all soiled supplies (including linens and blankets) carried within the vehicle.

(g) In order to protect the safety of the general public and emergency response personnel, after a vehicle has been occupied by or used to transport a patient known or suspected to have a communicable disease, the vehicle shall, prior to transportation of another patient, be cleaned and all contact surfaces, equipment and blankets shall be disinfected according to applicable standards set forth by the Occupational Safety and Health Administration (OSHA) at 29 C.F.R. <<-1910.120->> <<+\$ 1910.1030+>>, <<+as amended and supplemented,+>> incorporated herein by reference, and adopted in New Jersey by the Public Employees Occupational Safety and Health Act, N.J.S.A. 36:6A-25 et seq., <<+as amended and supplemented,+>> incorporated herein by reference.

(h) Where possible, only single-service implements shall be inserted into the patient's nose or mouth. These single-service items shall be wrapped and properly stored and disposed of after utilization. Non-disposable patient care equipment shall be decontaminated after each patient utilization in a manner consistent with the sending or receiving health care facility's requirements for equipment decontamination. No airway, tube, catheter or other similar device shall be utilized on more than one patient unless sterilized in accordance with manufacturer's recommendations.

(i) Exterior surfaces of the vehicle shall be routinely cleaned.

<< NJ ADC 8:40-4.6 >>

8:40-4.6 Vehicle heater/air conditioner

(a) Each vehicle shall have a functional heater and air conditioner:

1. When the outside temperature is below 65 degrees Fahrenheit, the heater shall, within 20 minutes after initial engine start up, provide an inside ambient patient compartment temperature of 68 to 72 degrees Fahrenheit.

2. The air conditioner shall, within 45 minutes after engine start up, provide an inside ambient patient compartment temperature of:

i. Sixty-eight to 72 degrees Fahrenheit when the outside temperature is between 75 and 85 degrees Fahrenheit; and

ii. At least 13 degrees Fahrenheit below the outside temperature when the outside temperature is over 85 degrees Fahrenheit.

<< NJ ADC 8:40-4.7 >>

8:40-4.7 Vehicle chassis, body and components

(a) The motor vehicle chassis, body and components shall be standard commercial products and shall comply with all Federal Motor Vehicle Safety Standards (FMVSS) and Federal regulations applicable or specified for the year of manufacture.

(b) The curb weight and payload weight shall not exceed the gross motor vehicle weight rating as determined by the manufacturer.

(c) Tires shall be appropriate for the Gross Vehicle Weight of the vehicle and shall not be damaged or have excessive tread wear. Radial and non-radial tires shall not be mixed on the vehicle.

(d) The completed/modified vehicle's center of gravity shall be within the parameter recommended by the chassis manufacturer.

(e) All seats shall comply with 49 C.F.R. 571.207 (FMVSS No. 207). Automotive safety belts and anchorages for seats and for occupied wheelchairs shall comply with 49 C.F.R. 571.208, 209 and 210 (FMVSS Nos. 208, 209 and 210).

(f) All glazing shall comply with 49 C.F.R. 571.205 (FMVSS No. 205).

(g) The provider shall, with the approval of the Department, permanently assign a unique nonduplicated recognition number to each vehicle. The recognition number shall consist of at least one, but not more than six, characters. For the purpose of this paragraph, a character shall mean either an Arabic number, an Arabic letter, a space or a dash. At least one of the characters in the recognition number shall be either an Arabic letter or Arabic number.

<< NJ ADC 8:40-4.8 >>

8:40-4.8 Vehicle carbon monoxide concentrations

(a) In order to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle:

1. The vehicle exhaust system, as well as the vehicle exterior, doors, windows and related gaskets shall be in good condition and free of leaks; and

2. The vehicle exhaust system shall extend beyond the sides of the vehicle and away from the fuel tank filler pipes and doors.

(b) The vehicle shall not be utilized to transport patients if the exhaust system has:

1. Loose or leaking joints;

2. Holes, leaking seams, or patches;
3. A tail pipe end that is pinched or damaged; or
4. A tail pipe end that does not extend beyond the edge of the vehicle body.

<< NJ ADC 8:40-4.9 >>

8:40-4.9 Pneumatic testing

(a) All respiratory equipment shall be pneumatically tested by the provider at least once every six months and, if required by the manufacturer, at more frequent intervals.

(b) Periodic pneumatic testing may be conducted by the provider or by an outside agency. All tests should be conducted in accordance with the Department's pneumatic testing guide, entitled " <<-How to Test Respiratory Equipment->> <<+Pneumatic and Oxygen Delivery Testing Standards+>>." Copies of the guide are available for a fee from OEMS.

(c) The results of all pneumatic tests shall be kept on file at the provider's principal place of business.

(d) At the discretion of the Department, pneumatic testing conducted by approved outside agencies may be accepted for the purpose of vehicle licensure.

(e) Pneumatic testing shall be a part of any annual or biennial inspection for the purpose of licensure of a vehicle, and shall be performed prior to the initial licensure of any vehicle. Pneumatic testing may also be a part of any inspection, at the discretion of Department staff.

<< NJ ADC 8:40-4.10 >>

8:40-4.10 Physical behavioral restraints

(a) Patients shall not be placed and/or transported in physical behavioral restraints unless:

1. A physician or court has authorized the placement of the restraints;
2. The patient is in the custody of a law enforcement officer; or
3. The medical condition of the patient mandates transportation to, and treatment at, a health care facility, and the patient manifests such a degree of behavior that he or she:

i. Poses serious physical danger to himself or herself or to others; or

ii. Causes serious disruption to ongoing medical treatment that is necessary to sustain his or her life or to prevent disability.

(b) A patient placed in physical behavioral restraints shall not remain restrained for a period greater than one hour unless:

1. A physician or court has authorized the utilization of the restraints for longer than one hour; or

2. The patient is personally accompanied by a law enforcement officer.

(c) Physical behavioral restraints shall not be of a type, or utilized in a manner, that causes undue physical discomfort, harm or pain to a patient. Hard restraints, such as handcuffs, are specifically prohibited unless the law enforcement officer who applied the hard restraints or handcuffs personally accompanies the patient. A patient placed in any type of restraint shall be closely monitored to ensure that his or her airway is not compromised in any way. In no circumstance shall a patient be placed prone (that is, face-down) on a stretcher while in restraints.

(d) The rationale for placing and/or transporting a patient in physical behavioral restraints, and the type of restraints utilized, shall be clearly stated in the patient care report.

<< NJ ADC 8:40-4.11 >>

8:40-4.11 Personal safety

(a) If a crewmember reasonably believes that his or her personal safety is in jeopardy, the crewmember should retreat from the scene and call for police assistance. A crewmember should return to the scene in order to assess and treat the patient only when the scene has been secured. Such retreat shall not be considered patient abandonment unless the crewmembers leave the scene and/or advise the dispatch center that they are available for other calls.

(b) Crewmembers shall not wear or carry any weapons or explosives while on duty. For the purpose of this chapter, the terms "weapons" and "explosives" include not only offensive weapons, but also defensive weapons such as stun guns, stun batons, air tasers, pepper spray, mace defensive spray and/or telescopic steel batons.

<< NJ ADC 8:40-4.12 >>

8:40-4.12 Guide dogs

In accordance with the New Jersey Law Against Discrimination, N.J.S.A. 10:5-1 et seq., seeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs trained by a recognized agency or school to assist a blind, handicapped or hearing impaired person shall be permitted on any MAV or BLS ambulance where their presence is necessary to perform the duties for which they are trained.

SUBCHAPTER 5. SPECIFIC MOBILITY ASSISTANCE VEHICLE SERVICE REQUIREMENTS

<< NJ ADC 8:40-5.1 >>

8:40-5.1 Scope and purpose

(a) These rules shall apply to any person, public or private institution, agency, entity, corporation and/or business concern that operates, or seeks to operate, a mobility assistance vehicle service within the State of New Jersey. These rules

serve to define the operational requirements of such a service, to provide for a uniform application of standards, and to specify the personnel, equipment, organization and other resources required to successfully operate the service.

(b) No person, public or private institution, agency, entity, corporation or business concern shall provide MAV services in any form or manner or utilize any vehicle as an MAV within the State of New Jersey until licensed by the Department.

<< NJ ADC 8:40-5.2 >>

8:40-5.2 Patient restrictions

(a) When "in-service," an MAV may be utilized to provide non-emergency health care transportation to sick, infirm or otherwise disabled persons:

1. Who are under the care or supervision of a physician or other recognized health care provider;
2. Whose medical condition is not of sufficient magnitude or gravity to require transportation in a BLS ambulance, but does require transportation from place to place for medical care; and
3. Whose utilization of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle might create a serious risk to life and health. This shall include those persons who are either ambulatory or wheelchair-bound.

(b) An MAV shall not be utilized to provide transportation to persons who, based upon current medical condition or past medical history, require:

1. Transportation in a prone or supine position (including persons that are bed- or stretcher-bound);
2. Constant attendance due to a medical and/or mental condition;
3. Aspiration <<+or suctioning+>>;
4. Management or observation of intravenous fluids and/or intravenous medications unless:
 - i. The device is totally self-sufficient, including medication supply and patient interface devices;
 - ii. The device requires no interaction or intervention by MAV crewmembers; and
 - iii. The device is of the type approved by the FDA for home administration of medications;

5. An automatic ventilator or whose breathing is ventilator assisted unless:

i. The device is totally self-sufficient (including gas supply and power source);

ii. The device requires no monitoring or interaction by MAV crewmembers; and

iii. The device is of the type approved for home utilization on patients;

6. Pre-hospital basic or advanced life support emergency medical care;

7. A BLS or ALS inter-facility transfer;

8. Treatment in the emergency department of ~~an acute care~~ ~~+~~ a general hospital (for other than a set appointment or routine non-emergency follow-up care of a previously diagnosed condition);

9. Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the Intensive and/or coronary care unit of ~~an acute care~~ ~~+~~ a general hospital; or

10. Transportation in physical behavioral restraints.

(c) Consistent with N.J.A.C. 8:40-5.3(c), a patient who is receiving oxygen from a portable supply routinely utilized by the patient may be transported in an MAV without the presence of an **EMT-Basic**, provided that there is no need for the MAV crewmember to monitor, regulate or control the oxygen system.

(d) An MAV shall not carry more than nine passengers at any given time.

(e) An MAV shall not be utilized as a BLS ambulance.

(f) When not "in-service," an MAV may be utilized to provide non-health care services~~+-~~, provided that the vehicle, equipment, supplies and crewmembers comply with the requirements of this chapter when "in-service" as an MAV~~+-~~.

<< NJ ADC 8:40-5.3 >>

8:40-5.3 Required crewmembers

(a) When "in-service," each MAV shall be staffed by at least one crewmember who meets the requirements of N.J.A.C. 8:40-4.1. A second crewmember, also meeting the same requirements, shall be required at the time the patient(s) is/are loaded or unloaded, if a patient in a wheelchair is to be moved up or down five or more steps or if a patient in a wheelchair weighs 200 or more pounds and is to be moved up or down two or more steps. The second crewmember need not be present at other times.

(b) If oxygen administration devices are not carried in the vehicle, the required MAV crewmembers shall possess and shall make available to Department staff upon

demand:

1. A CPR certification card. Providers that routinely transport patients under eight years of age shall ensure that their MAV crewmembers have successfully completed the requirements for, and hold certification in, Pediatric Basic Life Support to the standards of the American Heart Association; and

2. A valid PAT (Passenger Assistance Techniques) Technician certification card issued by Transportation Management Associates, Fort Worth, Texas, or a valid certification card indicating completion of a course that is similar in content and curriculum that has been approved by the Department, consistent with the minimum program standards and course objectives set forth in chapter Appendix B; or a valid MAV (Mobility Assistance Vehicle) Technician certification card issued by Medical Transportation Association of New Jersey, or a valid certification card indicating completion of a course that is similar in content and curriculum that has been approved by the Department, consistent with the minimum program standards and course objectives set forth in chapter Appendix B.

(c) If oxygen administration devices are carried in the vehicle, except those instances where the patient supplies such devices, the crewmember shall possess both **EMT**-Basic and CPR certifications.

<< NJ ADC 8:40-5.4 >>

8:40-5.4 Crewmember duties

(a) The collective duties of the crewmembers staffing an MAV shall include, but are not limited to:

1. Assuring that all required and necessary equipment and supplies are onboard the vehicle and in working order prior to departure;

2. Operating the vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly and complying with all applicable motor vehicle laws, rules and/or regulations;

3. Providing the patient with prompt, effective and appropriate care;

4. Assisting the patient to enter into and/or exit from the vehicle;

5. Supervising the well being of the patient and ensuring the patient's privacy and comfort;

6. Assuring that all vehicle occupants (patients, passengers and crewmembers) <<- over eight years of age or under eight years of age but weighing more than 80 pounds->> are properly restrained<<-, as medically appropriate, either in a wheelchair or in an automotive safety belt that meets all State standards including those set forth at N.J.S.A. 39:3-76.2 et seq. All children under eight years of age weighing less than 80 pounds, whether patients or passengers, shall be properly restrained, as medically appropriate, in a Federally-approved child restraint system as provided for at N.J.S.A. 39:3-76.2a->> <<+in accordance with N.J.A.C.

8:40- 4.4(f)+>>;

7. Assuring that all wheelchairs are properly restrained in the required restraints and that all wheelchair patients are restrained in the wheelchair in accordance with N.J.A.C. 8:40-5.6(c). Wheelchair patients are to be restrained with a seatbelt until the patient is transferred from the wheelchair at the patient's destination;

8. Prohibiting smoking within the vehicle at all times;

9. Completing the patient care report; and

10. Reporting verbally to the appropriate personnel when the patient is delivered to the receiving health care facility or other place of medical care.

<< NJ ADC 8:40-5.5 >>

8:40-5.5 Oxygen administration

(a) Oxygen administration devices may, but need not, be carried on an MAV. If carried, except in those instances where the patient supplies such devices, the MAV shall be staffed with at least one **EMT**-Basic, and the oxygen and related equipment shall meet the standards set forth at N.J.A.C. 8:40-6.6.

(b) Each vehicle shall have a pocket-mask device, CPR mask with a one-way valve or some other approved barrier protection device for utilization in the event that CPR is performed on a patient.

<< NJ ADC 8:40-5.6 >>

8:40-5.6 Patient transport devices

(a) Stretchers and/or patient litters shall not be carried on, or within, any MAV.

(b) There shall be a four-point forward facing wheelchair restraint system to secure and immobilize each occupied wheelchair transported in the vehicle. Vehicles first licensed after February 17, 1998 shall be equipped only with forward-facing wheelchair systems and patient seats. Vehicles first licensed on or before February 17, 1998 shall continue to be licensed with their configuration as of February 17, 1998.

1. The wheelchair restraint system shall secure and immobilize the frame of the wheelchair in a crashworthy manner and so that movement of the occupied wheelchair does not exceed one inch in any direction. The restraint system shall not be attached to the wheels of the wheelchair.

(c) Each wheelchair shall have a patient seatbelt that secures the patient into the wheelchair in a configuration similar to an automotive safety belt. Velcro [FN®-type closures shall not be utilized. The seatbelt shall attach only to the wheelchair, not to the vehicle, and shall not be part of the wheelchair restraint system. The seatbelt shall be properly secured on the patient whenever the patient

is in the wheelchair and under the care of the crewmembers, including moving the patient in and out of the vehicle, and transferring the patient to his or her destination.

<< NJ ADC 8:40-5.7 >>

8:40-5.7 Ramps and lifts

(a) There shall be an operable ramp or fully automatic lift for the safe entry and exit of occupied standard size wheelchairs. The ramp or lift shall be permanently fastened to the vehicle and be capable of accommodating a load of at least 500 pounds. When the vehicle is in transit, the ramp or lift shall be secured in a crashworthy manner and shall be positioned so as not to obstruct both of the patient compartment exterior doorways.

(b) The ramp or lift shall have a slip resistant surface, be structurally sound, free from defects and provide a rigid interlocking surface when being utilized.

(c) The lift, as well as any ramp that relies on electric, hydraulic or other power for its operation, shall be capable of manual operation by an unassisted person or there shall be a manually operated backup device. The manual backup device shall be capable of both lifting and lowering the patient and shall perform either function within five minutes.

<< NJ ADC 8:40-5.8 >>

8:40-5.8 Patient compartment requirements and dimensions

(a) Each vehicle utilized as an MAV shall have a patient compartment. There need not be a partition between the driver's seating area and the patient compartment.

(b) The patient compartment shall have the following dimensions:

1. Height: At least 58 inches between the floor and the ceiling, when measured above each wheelchair restraint position;

2. Width: At least 56 inches between the vehicle interior sides when measured at any point 42 inches above the floor. (The width of cabinets, etc. shall be included when measurements are made.) When "in-service" and transporting a wheelchair bound patient, all aisles shall be maintained at a width of at least 30 inches; and

3. Length: At least 92 inches between the interior surface of the rear door and the rear surface of the driver's seat or, if present, the surface of any bulkhead or partition, if three or four wheelchair positions are present. At least 82 inches between the interior surface of the rear door and the rear surface of the driver's seat or, if present, the surface of any bulkhead or partition, if one or two wheelchair positions are present.

(c) The patient compartment shall have at least two exterior doorways:

1. The two doorways shall not be adjacent to each other. Permissible configurations shall include one doorway on the passenger (or curb) side of the vehicle within the front half of the body of the vehicle, and the second doorway either at the rear of the vehicle, or on the driver's side of the vehicle, opposite the curbside door.

2. Each doorway opening shall be at least 28 inches wide and at least one doorway shall be at least 56 inches high in order to accommodate the required lift or ramp.

3. At least one patient compartment doorway shall be available for utilization as an emergency exit at all times. Access to patient compartment doorways shall not be obstructed by any immovable objects, except as permitted at N.J.A.C. 8:40-5.7(a).

4. The doors to each patient compartment doorway shall be capable of being opened and utilized from both inside the patient compartment and from the exterior of the vehicle, using a standard automotive industry door handle.

5. There shall be a window in each door of the patient compartment. Rear windows shall be fixed and non-opening.

(d) The patient compartment shall be equipped with a built-in lighting system. The lighting system shall utilize white or clear lenses. The lighting shall not interfere with the driver's vision and shall be located so that glare is not reflected into the driver's eyes or line of vision.

(e) Vehicles first licensed after February 17, 1998 shall be equipped with an integral roll cage or roll bar that is secured to the floor of the vehicle, or is otherwise certified by the manufacturer to provide occupant protection in the event of a rollover type collision.

(f) Once a vehicle is licensed by the Department, there shall be no further changes to the vehicle's interior configuration unless and until such changes have been approved, in writing, by OEMS.

(g) Each vehicle shall meet all applicable requirements set forth in the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101) and any current companion regulations as may be set forth in the Code of Federal Regulations.

<< NJ ADC 8:40-5.9 >>

8:40-5.9 Vehicle markings and emergency warning devices

(a) Each MAV shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

2. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high; and

3. The International Symbol of Access for the Handicapped (that is, the outline form of a person in a wheelchair) shall be visible on the rear and the two sides of the vehicle in a size not less than eight inches high.

(b) The required markings shall appear in colors and shades that contrast with the background on which they appear so that they are clearly visible.

(c) To avoid the appearance of a BLS ambulance, MICU or SCTU, the following shall not appear on any MAV:

1. Symbols consisting of or resembling the "Star of Life," a Greek cross or a Maltese cross, or any symbol implying provision of advanced life support care; and/or

2. Words, or abbreviations of words, such as (but not limited to) "Advanced Life Support," "Basic Life Support," "Coronary Care," "Critical Care Transport Unit," "Emergency Medical Technician," "Intensive Care," "MICU," "Mobile Intensive Care," "Paramedic," "Special Care," "Specialty Care," "Specialty Care Transport Unit" or "Trauma."

(d) The words "Ambulance" or "Emergency" or an abbreviation of either word shall only appear when the word is part of the lawfully incorporated name of the provider.

(e) No MAV shall be equipped with, or appear to be equipped with, audible or visible emergency vehicle warning devices, including, but not limited to, red lights and sirens. Only authorized emergency vehicles as defined at N.J.S.A. 39:1-1 and N.J.A.C. 13:24-1.1 may be equipped with emergency vehicle warning devices.

<< NJ ADC 8:40-5.10 >>

8:40-5.10 Two-way communications

(a) Each MAV shall have at least one form of two-way communications. However, no MAV shall be equipped with a JEMS radio.

(b) The following radio frequencies shall not be utilized in two-way communications to, or from, an MAV:

1. Any of the UHF radio frequencies known as "Med 1" through "Med 10" and "MED A" through "MED X";

2. Any of the VHF radio frequencies listed in Appendix A of this chapter, incorporated herein by reference; and/or

3. Any of the following radio frequencies: 155.280 MHz, 155.340 MHz, 153.785 MHz.

(c) All two-way communications shall comply with all applicable Federal Communications Commission (FCC) rules and regulations. The Department shall be provided with a copy of any FCC license(s) issued to the provider.

(d) No provider shall engage in any communications activity that causes harmful interference with the EMS communications system. For the purpose of this section, harmful interference is defined as:

1. A complaint found by OEMS to be valid of radio interference from a service provider operating in accordance with the JEMS Communications Plan; and/or

2. A finding by the Department or the FCC that the provider's communications are

causing harmful interference.

SUBCHAPTER 6. SPECIFIC BASIC LIFE SUPPORT AMBULANCE SERVICE REQUIREMENTS

<< NJ ADC 8:40-6.1 >>

8:40-6.1 Scope and purpose

(a) These rules shall apply to any person, public or private institution, agency, entity, corporation and/or business concern that operates, or seeks to operate, a BLS ambulance service within the State of New Jersey. These rules serve to define the operational requirements of such a service, to provide for a uniform application of standards, and to specify the personnel, equipment, organization and other resources required to successfully operate the service.

(b) No person, public or private institution, agency, entity, corporation or business concern shall provide BLS ambulance services in any form or manner or utilize any vehicle as a BLS ambulance within the State of New Jersey unless licensed by the Department.

<< NJ ADC 8:40-6.2 >>

8:40-6.2 Patient restrictions

(a) When "in-service," a BLS ambulance may be utilized to provide pre-hospital basic life support emergency medical care, or non-emergency medical care and transportation (including BLS inter-facility transfers) to sick, infirm or otherwise disabled persons who are under the care or supervision of a physician or other recognized health care provider. This shall include those persons who require:

1. Transportation in a prone or supine position;
2. Constant attendance due to a medical and/or mental condition;
3. Aspiration <<+or suctioning+>>;
4. Emergency medical services or other medical services, including, but not limited to, BLS inter-facility transfers;
5. Treatment in the emergency department of <<-an acute care->> <<+a general+>> hospital <<-(for other than a set appointment or routine non-emergency follow-up care of a previously diagnosed condition)->>;
6. Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the Intensive and/or coronary care unit of <<-an acute care->> <<+a general+>> hospital; or
7. Transportation in physical behavioral restraints.

(b) When "in-service," a BLS ambulance shall not be utilized to provide ALS inter-facility transfers or pre-hospital advanced life support emergency medical care.

(c) When not "in-service" as a BLS ambulance, a vehicle may be utilized as an SCTU or MICU, provided that the vehicle is licensed, staffed and equipped in accordance with the standards for an SCTU or MICU, as applicable, as set forth at N.J.A.C. 8:41.

<< NJ ADC 8:40-6.3 >>

8:40-6.3 Required crewmembers

(a) When "in-service," each BLS ambulance shall be staffed with a minimum of two **EMT**~~Basic~~.

1. A provisionally certified **EMT**-Basic, as identified at [N.J.A.C. 8:40A- 7.4](#), may serve as a third crewmember, but shall not be utilized to meet the minimum crewmember requirements set forth in (a) above.

<< NJ ADC 8:40-6.4 >>

8:40-6.4 Crewmember duties

(a) The collective duties of the crewmembers staffing a BLS ambulance shall include, but are not limited to:

1. Assuring that all required and necessary equipment and supplies are onboard the vehicle and in working order prior to departure;

2. Operating the vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly and complying with all applicable motor vehicle laws, rules and/or regulations;

3. Providing the patient with prompt, effective and appropriate medical care;

4. If necessary, extricating the patient from confinement;

5. Loading and unloading the patient from the vehicle;

6. Assuring that the patient is attended to by at least one crewmember at all times;

7. Continually monitoring the patient's condition and equipment;

8. For seriously ill or injured patients, notifying the receiving health care facility prior to arrival that special professional services and/or assistance will be needed;

9. Complying with all applicable laws, rules and/or regulations pertaining to universal precautions, body substance isolation procedures and the handling of the deceased;

10. Supervising the well being of the patient and ensuring the patient's privacy and comfort;

11. Assuring that all vehicle occupants (patients, passengers and crewmembers) <<-over eight years of age or under eight years of age but weighing more than 80 pounds->> are properly restrained<<-, as medically appropriate, either on a stretcher or in an automotive safety belt that meets all State standards including those set forth at N.J.S.A. 39:3-76.2 et seq. All children under eight years of age weighing less than 80 pounds, whether patients or passengers, shall be properly restrained, as medically appropriate, either in a Federally-approved child restraint system as provided for at N.J.S.A. 39:3-76.2a or on a stretcher->> <<+in accordance with N.J.A.C. 8:40-4.4(f)+>>. The crewmembers need not wear an automotive safety belt when providing essential life support such as CPR;

12. Assuring that all equipment and patient transport devices are safely and properly stored and/or restrained in a crashworthy manner;

13. Completing the patient care report;

14. Reporting verbally and leaving a complete copy of the patient care report with the appropriate personnel when the patient is delivered to the receiving health care facility; and

15. Prohibiting smoking within the vehicle at all times.

<< NJ ADC 8:40-6.5 >>

8:40-6.5 Basic equipment and supplies

(a) When "in-service," each BLS ambulance shall be equipped with the following equipment and supplies:

1. A diaphragm-type stethoscope;

2. An aneroid-type blood pressure manometer and one each adult size cuff, obese adult size cuff and pediatric size cuff;

3. At least four oropharyngeal airways, consisting of one each in large adult, adult, pediatric and infant sizes;

4. Two fluid ounces of glucose in a form easily ingested by mouth;

5. Two cloth blankets and two cloth or disposable sheets at least 60 inches by 80 inches in size;

6. Two penlights suitable for patient examination;

7. Two sets of eye protection or goggles, in addition to any set utilized in the obstetrical emergency delivery kit;

8. Four towels;

9. At least four red "biohazard" type bags utilized for disposal of untreated regulated medical waste. The "biohazard" bags shall meet the requirements set forth at N.J.A.C. 7:26-3A.11 and shall only be utilized for untreated regulated medical waste materials and shall be disposed of after utilization in accordance with all applicable laws, rules and/or regulations;

10. Respiratory protection masks that are effective in filtering airborne pathogens and at least one box of single-use personal protective gloves that do not allow blood or other potentially infectious materials to pass through. Gloves and masks shall meet the standards for personal protective equipment set forth at 29 C.F.R. 1910.1030, incorporated herein by reference, and shall be disposed of after utilization in accordance with all applicable laws, rules and/or regulations;

11. Two sets of personal protective isolation garments, including gowns and masks;

12. Wound dressing and burn treatment supplies, to include:

i. Twelve conforming roller bandages measuring at least three inches wide by five yards long;

ii. Twelve triangular bandages (cravats) measuring at least 36 inches by 36 inches by 51 inches when unfolded;

iii. Four sterile, individually wrapped universal (or multi-trauma) dressings measuring at least nine inches by 30 inches when unfolded;

iv. Twenty-four sterile, individually wrapped gauze pads measuring at least four inches by four inches;

v. Two rolls of medical adhesive type tape;

vi. Four sterile, individually wrapped occlusive dressings or one sterilized roll of aluminum foil;

vii. Two sterile, individually wrapped burn sheets;

viii. One liter sterile saline solution in a plastic container (for flushing injury sites). Saline solution shall be fresh (not expired); and

ix. Trauma or bandage scissors; and

13. A sterile obstetrical emergency delivery kit. The items may be individually wrapped or be contained in a "pack." Any pack shall have an exterior itemized list of contents. The kit shall contain the following items:

i. Four towels;

ii. Twelve sterile gauze compresses measuring four inches by four inches;

iii. Four sterile umbilical cord clamps;

iv. One sterile bulb syringe made of soft rubber (for newborn aspiration);

v. One receiving blanket;

vi. One pair of sterile scissors or a sterile scalpel;

vii. At least one set of eye protection or goggles; and

viii. Four pairs of sterile surgical gloves.

(b) A current copy of the Department's "Pediatric Assessment" chart shall be posted in the patient compartment of each BLS ambulance. Copies of the chart are available from OEMS.

(c) Each BLS ambulance may, within the limits and exclusions set forth in this chapter, be equipped with such other equipment and supplies as the provider deems necessary for the provision of BLS treatment, provided that no equipment or supplies shall be carried that would permit an **EMT**-Basic to render care beyond his or her scope of practice (for example, rendering advanced life support care) and/or in violation of the New Jersey Medical Practice Act, N.J.S.A. 45:9-1 et seq.

(d) To the extent possible, all providers should attempt to equip their vehicles with latex-free equipment and supplies in order to accommodate those patients that may have latex allergies.

(e) Expended supplies and/or damaged equipment shall be replaced as soon as possible after utilization. Equipment may be temporarily left on/with a patient, when medically necessary.

(f) Any supplies that have sterility or expiration dates shall not be carried

after the date the manufacturer or processor has affixed as the expiration date for the item.

(g) Supplies stored in cabinets shall either be clearly visible through the door of the cabinet or identifiable by a way of a list of contents posted on that cabinet.

<< NJ ADC 8:40-6.6 >>

8:40-6.6 Oxygen administration

(a) Each BLS ambulance shall be equipped with both an installed and a portable oxygen system, as well as one reserve oxygen cylinder with a capacity of at least 300 liters.

1. Each oxygen system shall be capable of delivering oxygen to a patient at a rate of at least 15 liters per minute during the entire time the patient is aboard the vehicle.

2. Each oxygen system shall have an oxygen flowmeter. Each flowmeter shall have a gauge or dial with a range of at least 0 to 15 liters per minute (lpm) in calibrated increments. The flowmeter on the portable system shall not be gravity dependent. Flowmeters shall be accurate to within 1.0 lpm when at a setting equal to or less than 5.0 lpm, 1.5 lpm when at a setting between 6.0 lpm and 10 lpm and within 2.0 lpm when at a setting equal to or greater than 11 lpm. Non-dial-type flowmeters shall take at least one full turn to go from 0 to 15 lpm. Indicators on dial-type flowmeters shall be securely seated at each flow rate position.

3. Each oxygen cylinder shall:

i. Contain only medical grade oxygen;

ii. Be color-coded green;

iii. Be contained in a U.S. Department of Transportation (U.S.D.O.T.) approved cylinder that has a valid hydrostatic testing date on it, in accordance with U.S.D.O.T. regulations; and

iv. Be tagged ("Full," "In Use," "Empty") or have a pressure indicating gauge attached to the cylinder.

4. The installed oxygen system shall be capable of safely storing and supplying a minimum of 3,000 liters of medical oxygen. The oxygen cylinder controls shall be accessible from inside the vehicle. Cylinder opening handles or wrenches shall be affixed to, or shall be chained and clipped with, the oxygen cylinder. Any oxygen piping and/or hose shall be nonferrous and shall be suitable for medical oxygen. All installed oxygen cylinders shall be retained in an oxygen tank holder certified by the manufacturer to comply with AMD Standard 003 Oxygen Tank Retention System.

5. The portable oxygen system shall be capable of safely storing and supplying

300 liters of medical oxygen. Cylinder opening handles or wrenches shall be chained to the regulator or affixed to the cylinder. All oxygen storage arrangements shall comply with applicable provisions of Federal Specifications for Ambulances, KKK-A-1822, "Portable Oxygen Unit."

6. Consistent with N.J.A.C. 8:40-4.4(d)7, the portable oxygen system, reserve oxygen cylinder and any portable positive pressure flow-restricted oxygen-powered ventilation devices (FROPVDs) shall be stored in a crashworthy manner.

(b) Each BLS ambulance shall be equipped with at least one each adult, pediatric and infant sized bag-valve-mask devices.

1. Each bag-valve-mask device shall:

i. Have a self-refilling bag without sponge rubber inside;

ii. The mask shall be constructed of clear material, shall be clean and free of contamination and leaks, shall have an oxygen supply (reservoir) system and shall be capable of providing adequate resuscitation pressures. Bag-valve-mask devices for adult patients shall be capable of deflating/refilling at least 20 times per minute at room temperature and shall have a minimum volume of 1,600 mL. Bag-valve-mask devices for pediatric patients shall be capable of deflating/refilling at least 30 times per minute at room temperature and shall have a minimum volume of 1,000 mL. Bag-valve-mask devices for infant patients shall be capable of deflating/refilling at least 40 times per minute at room temperature and shall have a minimum volume of 450 mL;

iii. Any bag-valve-mask device that has a "pop off" valve shall have a device to easily defeat the valve; and

iv. Be equipped with a true non-rebreathing valve and have 15/22 mm fittings.

(c) Each BLS ambulance shall be equipped with at least three transparent domed resuscitation facemasks (one each in large adult, medium adult and pediatric size) with 22 mm fittings for utilization with the bag-valve-mask device and/or positive pressure flow-restricted oxygen-powered ventilation devices (FROPVD).

1. There shall be at least three clear adult size non-rebreathing valve inhalation masks with an oxygen reservoir of the single service type as approved for pre-hospital utilization and two single service cannulas. If oxygen humidifiers (or nebulizers) are utilized, a new, unused single service humidifier (or nebulizer) shall be utilized for each patient.

(d) A BLS ambulance may, but need not, carry an installed and/or portable positive pressure FROPVD. If carried, the positive pressure FROPVD shall provide 100 percent oxygen, have an instantaneous flow rate between 35 and 45 liters per minute, deliver an inspiratory pressure between 55 and 65 cm water pressure and have standard 15/22 mm fittings.

8:40-6.7 Aspirator/suction equipment

(a) Each BLS ambulance shall be equipped with both an installed and a portable aspirator.

1. Each aspirator shall be equipped with a non-breakable collection bottle and at least three feet of transparent or translucent non-collapsible suction tubing with an interior bore of at least one-quarter inch. Three-eighths of an inch bore is recommended. There shall be at least one Yankauer-type suction instrument and at least eight suction catheters for each aspirator, in not less than four assorted adult and pediatric sizes. At least one catheter shall be a size "8" and one shall be a size "18." An infant bulb syringe, in addition to the one carried in the obstetrical kit, shall also be carried.

2. The installed aspirator shall be powered by the vehicle's electrical system and shall be securely mounted and located so as to allow easy access for aspiration of any stretcher bound patient. The aspirator shall provide a flow rate of at least 30 liters per minute at the end of the suction tube and a vacuum pressure of at least 300 mmHg within four seconds and a maximum vacuum pressure of at least 400 mmHg during the entire normal range of vehicle operation.

3. The portable aspirator shall be powered by an integral battery. The aspirator shall provide a flow rate of at least 25 liters per minute at the end of the suction tube and a vacuum pressure of at least 300 mmHg within four seconds and a maximum vacuum pressure of at least 400 mmHg for at least 20 minutes. BLS ambulances that utilize aspirators that are powered by field replaceable batteries shall carry a sufficient supply of batteries to permit the device to operate continuously and, in accordance with Federal Specifications for Ambulances, KKK-A-1822, "Portable Suction Aspirator," to meet the flow and vacuum pressure requirements for at least 20 minutes.

<< NJ ADC 8:40-6.8 >>

8:40-6.8 Patient transport devices

(a) Each BLS ambulance shall be equipped with:

1. A wheeled patient litter for the transport of stretcher-bound patients. The litter shall be at least 72 inches long (when flat) and at least 20 inches wide. The litter shall have a commercially manufactured stretcher mattress. The litter and mattress shall be adjustable from a flat to a semi-sitting position. The litter shall be adjustable from a minimum height of nine to 18 inches to a maximum height of 33 to 40 inches measured to the top of the mattress. There shall be clean linens on the litter;

2. A portable stretcher for the safe transport of stretcher-bound patients up and down flights of stairs. The stretcher may be of the Reeves [FN@ type, folding type or of the combination stretcher/stair-chair type. Reeves [FN@- type stretchers are required on BLS ambulances utilized to provide emergency response; and

3. A portable stair-chair for the safe transport of patients up and down flights of stairs. A combination stretcher/stair-chair device shall be sufficient to meet the requirements of both (a)2 above and this paragraph.

(b) Each patient litter and portable stretcher shall have three sets of two- inch wide patient restraints with quick release buckles positioned at the chest, waist and knees. The quick release buckles may be of the "slide through" or "metal to metal" type. (Reeves [FN@-type stretchers may have other types of buckles.) Each stair-chair shall have two sets of two-inch wide safety restraints with quick release metal buckles. Velcro [FN@-type closures shall not be utilized.

(c) When the vehicle is in motion, all occupied litters and stretchers shall be restrained by a litter fastener. The litter fastener shall be certified by the manufacturer to comply with AMD Standard 004 Litter Retention System in effect at the time of manufacture.

(d) Wheelchairs shall not be utilized or transported in a BLS ambulance while it is "in-service."

<< NJ ADC 8:40-6.9 >>

8:40-6.9 Spine boards, orthopedic litter and splints

(a) Each BLS ambulance shall be equipped with the following:

1. One long spine board made of impervious, inflexible material, 72 inches long by 16 inches wide with associated strap holes and full-length three- quarter inch runners, or another configuration that protects the crewmembers' hands from injury during patient movement;

2. A commercially available vest-type upper spinal immobilization device (for example, K.E.D. [FN@), approved by the FDA for utilization by **EMT<<-s->>-Basic<<+s+>>**;

3. Four straps, measuring two inches wide by nine feet long with quick release type metal buckles. ("Slide-through" type strongly recommended.) Velcro [FN@-type closures shall not be utilized. The vehicle may substitute three clip-on type straps in place of the required straps if the vehicle is equipped with a long spine board that utilizes such straps. A commercial backboard restraint may also be substituted for the straps <<-(for example, Spider Straps [FN@)->>;

4. One orthopedic litter at least 78 inches long (when extended) by at least 16 inches wide. It shall open/close (separate/rejoin) along its long axis into two halves;

5. Six rigid cervical collars of a type approved by the FDA for pre-hospital utilization by **EMT<<-s->>-Basic<<+s+>>** (for example, StifNeck [FN@ or Philadelphia-type) in at least three different sizes, one of which shall be of a size to accommodate pediatric patients;

6. One head restraint system, utilized to immobilize a patient's head while the patient is restrained on a backboard, of a type approved by the FDA for pre-hospital utilization by **EMT<<-s->>-Basic<<+s+>>**. Sandbags shall not be utilized as spinal immobilization devices;

7. A minimum of six splinting devices (for example, padded board splints which are impervious to bodily fluids, blood and other potentially infectious materials, selected commercial fracture products), in a variety of sizes suitable for splinting arms and/or legs; and

8. One adult size, lower extremity traction splint approved by the FDA for pre-hospital utilization by **EMT<<-s->>-Basic<<+s+>>**, complete with all associated straps, heel stand windlass, and accessories, or other devices approved by the Commissioner.

<< NJ ADC 8:40-6.10 >>

8:40-6.10 Patient compartment requirements and dimensions

(a) Each vehicle utilized as a BLS ambulance shall have a distinct patient compartment. The patient compartment shall be separated from the driver's seating area by a bulkhead or partition, which may include a passageway.

(b) The patient compartment shall have the following interior dimensions:

1. Height: At least 54 inches between the floor and the ceiling when measured at, or near, the center of the patient compartment;

2. Width: At least 56 inches between the vehicle interior sides when measured at any point 52 inches above the floor. The width of cabinets, etc., shall be included when measurements are made;

3. Length: At least 116 inches between the interior surface of the rear door and the surface of the bulkhead or partition, when measured at floor level; and

4. There shall be an aisle at least 10 inches wide next to the required patient litter.

(c) The patient compartment shall have at least two exterior doorways:

1. The two doorways shall not be adjacent to each other. One doorway shall be at the rear of the vehicle; the other at the curbside of the vehicle. The curbside doorway shall be within the front half of the vehicle;

2. Each doorway opening shall be at least 28 inches wide and at least 44 inches high;

3. At least one patient compartment doorway shall be available for utilization as an emergency exit at all times. Access to the patient compartment doorways shall not be obstructed by any immovable objects;

4. The doors to each patient compartment doorway shall be capable of being opened and utilized from both inside the patient compartment and from the exterior of the vehicle, using a standard automotive industry door handle; and

5. There shall be a window in each door of the patient compartment. Rear windows shall be fixed and non-opening.

(d) The patient compartment shall be equipped with a built-in lighting system. The lighting system shall utilize white or clear lenses. The lighting system shall not interfere with the driver's vision and shall be located so that glare is not reflected into the driver's eyes or line of vision.

(e) The patient compartment shall be equipped with two seats, one of which shall be at the head of the required patient litter and face rearward and the other of which shall be alongside the patient litter. Each seat shall be equipped with an automotive safety belt.

(f) Once a vehicle is licensed by the Department, there shall be no further changes to the vehicle's interior configuration unless and until such changes have been approved, in writing, by OEMS.

(g) Each vehicle shall meet all applicable requirements set forth in the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101.

<< NJ ADC 8:40-6.11 >>

8:40-6.11 Vehicle certification to Federal specifications

(a) Each BLS ambulance shall be certified to meet the version of Federal Specifications for Ambulances, KKK-A-1822, which was current at the time the vehicle was manufactured. The certification shall be made by the vehicle manufacturer or converter in accordance with applicable paragraphs of the Federal KKK-A-1822 specifications.

(b) The following exceptions to the Federal KKK-A-1822 specifications are permitted. Inclusion of the following items on a BLS ambulance is optional:

1. Spare tire and storage;
2. Tools for changing a tire;
3. 115 volt AC utility power;
4. Utility power connector;
5. Electrical 115 volt VAC receptacles;
6. Solid state inverter;
7. Spotlight;
8. Exterior storage accommodation;

9. Extrication equipment and storage;

10. Color, paint and finish; and

11. Color standards and tolerances.

(c) The following exceptions to the Federal KKK-A-1822 specifications are permitted, within the parameters noted:

1. BLS ambulance emergency lighting: The provider may specify emergency lights other than those required in the Federal specifications, but all exterior lighting shall be in accordance with standards for authorized emergency vehicles, as set forth at N.J.A.C. 13:24;

2. Suction aspirators: The installed and portable aspirators (suction units) shall meet the standards of this chapter; and

3. Emblems and markings: The purchaser of the vehicle may specify the location of additional lettering and markings beyond those required under the Federal specifications, so long as they are consistent with the limitations set forth in this chapter.

<< NJ ADC 8:40-6.12 >>

8:40-6.12 Vehicle markings and emergency warning devices

(a) Each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

2. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;

3. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high. The words "Ambulance" or "Emergency Medical Services" may be separate from, or may be incorporated in, the trade name required in (a)1 above;

4. Block-type blue, "Star of Life" shall be located both to the right and left of the word "Ambulance" on the front of the vehicle in a size not less than three inches high on a four-inch by four-inch white field; and

5. Block-type blue, "Star of Life" shall be visible on each side of the vehicle in a size not less than 16 inches high. A block-type blue, "Star of Life" shall be provided on each rear door window glass or on rear door panels in a size not less than 12 inches high. If installed on the rear door window glass, the "Star of Life"

shall be translucent or "cut-out."

(b) Providers that contract with <<-an acute care->> <<+a general+>> hospital or similar health care facility to provide a vehicle for the exclusive utilization of a service provided by that facility may place the name of the facility on the vehicle dedicated to that service, subject to the following:

1. The vehicle is utilized exclusively for the health care facility;
2. The name of the facility appears in letters no larger than three inches high;
3. The name appears on the lower half of the vehicle; and
4. The name of the facility is preceded by the words "associated with" or similar language that allows the public to identify the provider.

(c) The required markings shall appear in colors and shades that contrast with the background on which they appear so that they are clearly visible.

(d) The symbol of a Maltese cross shall not appear on a BLS ambulance, unless the vehicle is operated by a fire department.

(e) The words "Advanced Life Support," "Critical Care Transport Unit," "Coronary Care," "EMT-Paramedic," "Intensive Care," "Mobile Intensive Care," "Mobile Intensive Care Unit," "Paramedic," "Special Care," "Specialty Care," "Specialty Care Transport Unit," abbreviations of such words, or any other wording which would imply the provision of advanced life support care shall appear only when the provider is licensed in accordance with the provisions of N.J.A.C. 8:41 to provide mobile intensive care or specialty care transport services.

(f) Each BLS ambulance shall be equipped with emergency warning devices, including red lights and a siren, so that it meets the definition of an authorized emergency vehicle as defined at N.J.S.A. 39:1-1 and N.J.A.C. 13:24-1.1. Emergency warning devices shall only be utilized in strict compliance with N.J.A.C. 13:24-2.8.

<< NJ ADC 8:40-6.13 >>

8:40-6.13 Two-way communications

(a) Each BLS ambulance shall be equipped with communications equipment, including at least one mobile radio, with the following minimum features:

1. Two-way, VHF high-band with Effective Radiated Power (ERP) as approved by the FCC;
2. Selection, transmission and receipt on each of the required JEMS radio frequencies from the driver's compartment;
3. Transmission and receipt of each of the required JEMS radio frequencies from the patient compartment. While only one radio is required, there shall be a microphone and speaker in both the driver and the patient compartments; and

4. A functional, dual-tone, multi-frequency encoder in either the driver's or the patient compartment.

(b) Each BLS ambulance utilized to provide emergency response shall be equipped with at least one portable radio with the following minimum features:

1. Two-way, VHF high-band with ERP as approved by the FCC; and

2. Selection, transmission and receipt on each of the required JEMS radio frequencies <<-from the driver's compartment->>.

(c) All radios shall be capable of transmitting and receiving on the following JEMS frequencies with automatic Continuous Tone Coded Sub-audible Squelch (CTCSS) disable in carrier squelch mode:

1. 155.340 MHz (JEMS 2 frequency/BLS ambulance-to-Emergency Department);

2. 155.280 MHz (JEMS 3 frequency/Statewide EMS coordination); and

3. 153.785 MHz (JEMS 4 or SPEN 4 frequency/Statewide public safety coordination for police, fire and EMS).

(d) In addition, radios carried on BLS ambulances utilized to provide emergency response shall be capable of transmitting and receiving on the JEMS 1 frequency (local EMS dispatch and CTCSS as listed in Appendix A of this chapter).

1. The JEMS 1 frequency shall not be utilized in two-way communications to, or from, any BLS ambulance for any purpose other than access to a regional coordinating center to obtain mutual aid or advanced life support care, or for the dispatch of BLS ambulances providing emergency response to a municipal jurisdiction (other business uses are prohibited).

(e) The JEMS 2 frequency shall only be utilized for essential communications between a BLS ambulance and <<+either+>> the Emergency Department of <<- an acute care->> <<+a general+>> hospital <<+or a regional communications center+>>.

(f) The JEMS 3 frequency shall only be utilized for essential communications between cooperating BLS ambulances and as a secondary dispatch channel for BLS ambulances providing emergency response to a municipal jurisdiction.

(g) The JEMS 4 frequency shall only be utilized for purpose of Statewide public safety coordination for police, fire and EMS.

(h) None of the UHF radio frequencies known as "Med 1" through "Med 10" and "MED A" through "MED X" shall be utilized in two-way communications to, or from, any BLS ambulance.

(i) All two-way communications shall comply with all applicable Federal Communications Commission (FCC) rules and regulations. The Department shall be provided with a copy of any FCC license(s) issued to the provider.

(j) No provider shall engage in any communications activity that causes harmful interference with the EMS communications system.

(k) A provider that is a participant in a local, county or regional disaster plan shall have the appropriate two-way communications elements that would enable it to carry out its role under the plan.

(l) Any radio carried or installed in compliance with this chapter shall have either a succinct list of frequencies attached (if portable) or in the immediate proximity (if installed), or shall have an alpha-numeric display of the frequency selected either by listing the frequency or the common name (for example, "JEMS 2" may be substituted for 155.340 MHz).

<< NJ ADC 8:40-6.14 >>

8:40-6.14 Disaster planning

(a) Each provider that provides service to a political subdivision or a government installation shall participate, in conjunction with the applicable Office of Emergency Management, in the development of an emergency medical services plan or an annex to a basic disaster plan. The emergency medical services plan/annex shall be reviewed and tested at least once a year. Employees shall be informed of their responsibilities under the plan at least once a year. The provider shall conduct an analysis of equipment and personnel at least twice a year to determine its capabilities to respond to emergencies that can reasonably be expected to occur in its service area.

(b) The provider shall describe in the plan/annex the specific means that shall be utilized to summon off-duty personnel and mutual aid BLS ambulances.

(c) Each BLS ambulance that serves a political subdivision or government installation or responds to motor vehicle accidents shall carry 50 medical emergency triage tags (METTAG [FN®]) for utilization in patient identification and triage during mass casualty incidents.

(d) All BLS ambulances utilized to provide emergency response or that routinely respond to motor vehicle accidents shall be equipped with a current U.S. Department of Transportation Guidebook for Initial Response to Hazardous Materials Incidents<<-, as well as a copy of the applicable local emergency operations plan (EMS Annex)->>.

<< NJ ADC 8:40-6.15 >>

8:40-6.15 Additional requirements for BLS ambulance services providing emergency response

(a) Each BLS ambulance service that provides emergency response shall utilize the services of a medical director.

1. The medical director shall be a physician who is licensed by the New Jersey State Board of Medical Examiners to practice medicine <<-and surgery->>.

2. The medical director shall be responsible for providing medical consultation (as needed), as well as medical quality assurance oversight regarding the administration of BLS services by the provider's crewmembers.

i. Medical quality assurance oversight shall include, but is not limited to, review of utilization of the AED, as well as interpretation of treatment protocols and documentation standards.

(b) Each BLS ambulance utilized to provide emergency response shall carry the following equipment on board at all times:

1. An AED;

2. Equipment that allows crewmembers to access entrapped patients of motor vehicle collisions in the event that the agency responsible for vehicle extrication for the jurisdiction has not arrived on the scene. At a minimum, this shall include:

i. A spring-loaded center punch;

ii. One each standard size (that is, approximately six inches) flathead and Phillips-type screwdriver;

iii. A prying lever or "crow bar";

iv. An automotive safety belt cutter; and

v. At least two protective multi-use jackets that are both fire and tear resistant, as well as two sets of gloves, head and eye protection that, at a minimum, meet the requirements set forth at 29 C.F.R. 1910.132 et seq. BLS ambulance services that provide emergency response only to long-term care facilities shall be exempt from this requirement;

3. At least five nasopharyngeal airways in assorted sizes, and a water-soluble lubricant for utilization with the airways; and

4. At least one spotlight, which may be handheld.

(c) A BLS ambulance service that provides emergency response that is not also the provider of vehicle extrication services in the municipal jurisdiction that it serves shall identify the provider of extrication services in its standard operating procedures (SOP) manual, and shall develop policies to adequately permit the safe interaction of the crewmembers and the other agencies at the scene of an emergency.

(d) A BLS ambulance service providing <<+regular or foreseeable+>> emergency response to a jurisdiction shall provide the Department with written notification of which jurisdictions are to be serviced at least seven calendar days prior to the starting date of service.

(e) A BLS ambulance service providing emergency response shall:

1. Maintain at least one additional back-up BLS ambulance, which can be utilized to provide emergency response;

2. Develop a plan for continuous quality assurance of the services that it provides. This plan shall include quality indicators such as, but not limited to, dispatching of vehicles, safe driving, quality of medical care provided, documentation, utilization of advanced life support care, triage of patients and other areas the provider identifies as necessary. This plan shall include an identified person responsible for the quality assurance, the identification of outside resources (if necessary), and provision for feedback to the crewmembers;

3. File a report with the Department outlining all emergency response activities for that quarter. These quarterly reports shall be made on a form and in the manner specified by the Department (chapter Appendix D, incorporated herein by reference) and shall be delivered to OEMS on or before the due date. The reporting periods and due dates are as follows:

Period	Due
January 1 through March 31	April 30
April 1 through June 30	July 31
July 1 through September 30	October 31
October 1 through December 31	January 31

i. The Department shall keep the data on file and shall generate a yearly report reflecting the activities of the providers. Yearly reports shall be available at OEMS for public inspection.

(f) A BLS ambulance service providing emergency response shall not:

1. Refuse or fail to respond to an emergency call or refuse or fail to provide emergency treatment and/or transportation to any person because of that person's race, sex, creed, national origin, sexual preference, age, disability, medical condition or ability to pay; or

2. Discontinue services without sending written notification to the Department at least 60 calendar days prior to the <<-planned closure->> <<+date that services will be discontinued+>>.

SUBCHAPTER 7. SCOPE OF PRACTICE, ENFORCEMENT ACTIONS AND HEARINGS

<< NJ ADC 8:40-7.1 >>

8:40-7.1 Scope of practice for **EMT**<<-s->>-Basic<<+s+>>

(a) **EMT**<<-s->>-Basic<<+s+>> shall operate within their approved scope of practice.

(b) The following skills and procedures are within the approved scope of practice for an **EMT**-Basic:

1. Patient assessment, including vital signs and ongoing evaluation;

2. Pulmonary or cardiopulmonary resuscitation and foreign body airway obstruction management;
3. Oxygen administration;
4. Oropharyngeal or nasopharyngeal airway insertion;
5. Oropharyngeal and nasopharyngeal suctioning;
6. Assessment and management of cardiac, respiratory, diabetic shock, behavioral and heat/cold emergencies, for example, as prescribed within the National Standard Curriculum for **EMT<<-s->>-Basic<<+s+>>**;
7. Emergency treatment for bleeding, burns, poisoning, seizures, soft tissue injuries, chest-abdominal-pelvic injuries, muscle and bone injuries, eye injuries and childbirth (including care of the newborn), as prescribed within the National Standard Curriculum for **EMT<<-s->>-Basic<<+s+>>**;
8. Application of spinal immobilization devices and splinting materials, including traction splints;
9. Basic triage and basic maneuvers to gain access to the patient;
10. Patient lifting and moving techniques;
11. AED utilization;
12. Assisting an **EMT-Paramedic**, registered nurse or physician; and
13. Assisting a patient to administer drugs previously prescribed for that patient, limited to:
 - i. Prescribed metered dose inhaler;
 - ii. Sublingual nitroglycerin; or
 - iii. Epinephrine auto injector.

<< NJ ADC 8:40-7.2 >>

8:40-7.2 Enforcement actions

(a) An authorized representative of the Department may remove any or all of a provider's vehicles from service when, in his or her opinion, the vehicle, equipment or crewmembers pose an imminent threat to the health, safety or welfare of the public or to patients using the service. Removal of a vehicle from service shall be accomplished by placing an official Department "Out-of-Service" sticker on at least one of the vehicle's windows. Placement of a vehicle in DIOOS status may be done simultaneously with an action to suspend or revoke the provider's license and/or impose a monetary penalty.

1. For the purpose of this section, imminent threat may include, but is not limited to:

i. Serious and apparent automotive defects such as faulty brakes, exhaust system or tires;

ii. Serious and apparent equipment defects such as absent or faulty oxygen, resuscitation or aspiration equipment;

iii. Missing required equipment; and/or

iv. Lack of vehicle registration as issued by the New Jersey <<-Division of Motor Vehicles->> <<+Motor Vehicle Commission+>>, driver's license, proof of valid vehicle insurance and/or vehicle license as issued by the Department.

2. The provider shall immediately cease to utilize the vehicle(s) to provide any and all services once an official Department "Out-of-Service" sticker has been placed on the vehicle(s). The provider shall ensure that the "Out-of-Service" sticker is not removed from the vehicle, except as provided in (a)4 below.

3. The provider shall notify OEMS by telephone when it believes that a deficiency has been corrected. OEMS shall make arrangements to reinspect the vehicle in the field within five business days.

4. The "Out-of-Service" sticker shall only be removed by an authorized representative of the Department, or by the provider when the provider has been given written authorization by the Department to do so, upon a finding that the applicable deficiencies have been corrected. Correction of deficiencies may include, but is not limited to:

i. The vehicle has been repaired or has successfully passed all tests conducted by the New Jersey <<-Division of Motor Vehicles->> <<+Motor Vehicle Commission+>> when there was an apparent automotive defect; or

ii. The equipment has been repaired or replaced when there was an apparent equipment defect.

(b) The Commissioner or his or her designee may summarily suspend the license of any provider when, in his or her opinion, the continued licensure of that provider

poses an immediate or serious threat to the public health, safety or welfare.

1. A provider whose license has been summarily suspended shall have the right to apply for emergency relief, as provided for at N.J.A.C. 8:40-7.3(a).

(c) Violation of any portion of this chapter by a provider may be cause for action against the provider, including but not limited to, suspension or revocation of a provider's license, a formal written warning, monetary penalty, placing the provider's vehicle in "Department-Initiated-Out-of-Service" (DIOOS) status, placing of conditions for continued operation by the provider and/or refusal to issue or renew a license.

1. No provider shall have any action taken against its license, excluding an emergent situation as described in (b) above, unless that provider has first been afforded an opportunity for a hearing in accordance with N.J.A.C. 8:40-7.3(b).

2. Any actions taken under this section shall be separate from any civil, criminal or other judicial proceeding, including actions against licenses of health care professionals issued by other departments or boards. All matters of professional misconduct shall be referred to the appropriate licensing boards, and all matters of a criminal nature shall be forwarded to the appropriate authorities for disposition. Action taken against a provider does not preclude any action that may be taken against an **EMT**-Basic for the same infraction.

(d) Action shall be taken to revoke a provider's license if any person with an ownership interest of five percent or more has been accepted into a pre-trial Intervention, conditional discharge or other diversionary program, or has been convicted of:

1. Medicare, Medicaid or insurance fraud (regardless of the amount of the monetary penalty, term of imprisonment or other penalty imposed);

2. Any crime;

3. Any disorderly persons offense; and/or

4. A petty disorderly persons offense involving the possession, utilization, sale and/or distribution of any controlled dangerous substance; representing a risk of harm to the health, safety or welfare of patients; and/or involving patient abuse or patient neglect.

(e) In accordance with N.J.S.A. 26:2H-14, the Department may impose monetary penalties for violation of any of the rules contained in this chapter, including, but not limited to, the violations noted below, as follows:

1. Actions that are the cause or proximate cause of injury to a patient, passenger, crewmember or other person (including, but not limited to, a pedestrian, police officer or other on-scene EMS personnel) shall result in a monetary penalty of \$2,500 for each injured person;

2. Actions involving the fraudulent procurement of licenses, certifications and/or other credentials, the filing of false reports or tampering with official or

required records shall result in a monetary penalty of \$2,500 per violation. Such violations may also result in an action to revoke the provider's license. Further, the Department may refer the matter to any and all appropriate authorities for further investigation and prosecution;

3. Violations of any rule pertaining to minimum crewmember requirements, crewmember duties, crewmember training and/or certification requirements shall result in a monetary penalty of \$1,000 per violation/per calendar day;

4. Violations of any rule pertaining to patient, passenger and/or crewmember restraint or the safe transport of patients or passengers that do not result in injury, but have the potential to cause injury shall result in a monetary penalty of \$1,000 per violation/per calendar day;

5. Violations of any vehicle licensure requirements or utilization of a vehicle ordered or placed in DIOOS status shall result in a monetary penalty of \$1,000 per vehicle/per calendar day;

6. Destruction, distortion and/or removal of the "Out-of-Service" sticker from a vehicle that has not yet been placed back "in-service" by Department staff shall result in a monetary penalty of \$250.00 per calendar day;

7. Violations of the rules requiring portable oxygen and portable aspirator/suction devices shall result in a monetary penalty of \$1,000 per violation/per calendar day;

8. Violations of any notification requirements (for example, change of name, address, license plate number, vehicle identification number, trade name, etc.) shall result in a monetary penalty of \$250.00 per violation/per calendar day; and

9. Violations of the remaining portions of these rules may result in a monetary penalty of \$250.00 per violation/per calendar day.

(f) Violations shall be considered as a single, different occurrence for each calendar day the violation occurs or remains uncorrected.

(g) Subsequent violations of the same type that occur within one year of the previous violation shall, in accordance with N.J.S.A. 26:2H-14, be subject to incremental penalties.

(h) In the event a provider is in arrears of any monetary penalty or penalty greater than 60 calendar days, the Department may:

1. Refuse to issue any license or renewal;

2. Refer the delinquent account to the Office of the Attorney General for collection; and/or

3. Take such other action as authorized by law, including actions to suspend and/or revoke the provider's license.

<< NJ ADC 8:40-7.3 >>

8:40-7.3 Hearings

(a) A provider whose license has been summarily suspended shall, consistent with N.J.A.C. 1:1-12.6, have the right to apply to the Commissioner for emergency relief.

1. A request for emergency relief shall be submitted in writing and shall be accompanied by a response to the charges contained in the "Notice of Summary Suspension." Failure to submit such written notice shall result in the provider forfeiting all rights to emergency relief.

2. Requests for emergency relief shall be conducted in accordance with the Administrative Procedures Act, N.J.S.A. 52:14B-1 et seq., and Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(b) If the Department proposes to issue a formal written warning, assess a monetary penalty, suspend, revoke or refuse to issue or renew a license, the applicant or provider, as applicable, shall be afforded an opportunity for hearing at the New Jersey Office of Administrative Law to contest the proposed action.

1. All warnings, monetary assessments, suspensions and revocations shall become effective 30 calendar days after mailing of a notice of the proposed action unless the applicant or provider, within such 30-day period, gives written notice to the Department of its desire for a hearing. Failure to submit such written notice shall result in the applicant or provider, as applicable, forfeiting all rights to such a hearing.

i. Upon the filing of such written notice, the warning, assessment, suspension or revocation shall be held in abeyance until such time as the hearing has been concluded and a final decision has been rendered.

2. Refusals to issue or renew a license shall become effective immediately. In the event that an applicant or provider, as applicable, desires to contest the Department's refusal to issue or renew a license, that applicant or provider shall give written notice to the Department within the 30-day period immediately following that refusal of its desire for a hearing. Failure to submit such written notice shall result in the applicant or provider, as applicable, forfeiting all rights to such a hearing.

i. In the event that an applicant or provider requests a hearing, the license shall not be issued or shall remain invalid, as applicable, until such time as the hearing has been concluded and a final decision has been rendered.

(c) The procedures governing all hearings shall be conducted in accordance with the New Jersey Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and the New Jersey Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(d) All enforcement shall be considered public information and shall be posted on the OEMS website (www.state.nj.us/health/ems) as a public notice.

1. Monetary penalties, proposed probations, suspensions and revocations shall not be posted until the 30-day hearing request period has elapsed. Summary suspensions shall be posted immediately.

2. Once posted, enforcement actions shall remain on the OEMS website as follows:

i. Monetary penalties: One year from the date on which the notice is posted;

ii. Suspensions (Summary and Non-summary): One year from the date on which the notice is posted or for the duration of the suspension, whichever is greater; and

iii. Revocations: Permanently.

<< NJ ADC 8:40-7.4 >>

8:40-7.4 Action against an unlicensed entity

(a) Consistent with N.J.A.C. 8:40-5.1(b) and 6.1(b), no person, public or private institution, agency, entity, corporation or business concern shall provide MAV and/or BLS ambulance services in any form or manner within the State of New Jersey until licensed by the Department.

1. Upon notice or discovery that a person, public or private institution, agency, entity, corporation or business concern is providing MAV and/or BLS ambulance services without having first obtained the required provider and vehicle licenses, after revocation or suspension of a license previously issued by the Department or after having allowed an existing license to lapse, the Commissioner or his or her designee may issue an order directing the operation of the unlicensed service to immediately cease and desist.

i. Failure to comply with an order to cease and desist may result in an action by the Department for injunctive relief in the Superior Court of New Jersey.

ii. Orders to cease and desist shall be considered public information and shall be posted on the OEMS website (www.state.nj.us/health/ems) as a public notice. Orders to cease and desist shall remain posted on the OEMS website permanently or until such time as a license is issued by the Department.

2. In addition to the issuance of an order to cease and desist, the Commissioner or his or her designee may:

i. Place a vehicle in DIOOS status and place an official Department "Out-of-Service" sticker on the window of any vehicle it knows or has reason to believe is being operated by any person, public or private institution, agency, entity, corporation or business concern that is not licensed to operate an MAV and/or BLS ambulance service in New Jersey. Utilization of the vehicle shall immediately cease once an "Out-of-Service" sticker has been placed on the vehicle. The "Out-of-Service" sticker shall not be removed except by an authorized representative of the Department upon the issuance of a provider license and a vehicle license;

ii. Impose a monetary penalty in the amount of \$1,000 per calendar day for each day that a service is found to have operated without a license. In addition, the Department may impose a penalty in the amount of \$1,000 per calendar day/per vehicle for each day that each unlicensed vehicle is utilized, as well as an additional \$250 per calendar day/per vehicle if the "Out-of-Service" sticker has been destroyed, distorted and/or removed from the vehicle; and/or

iii. Refuse to issue or renew any subsequent licenses.

36 N.J.R. 2795(a)
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