

(e) The hospital administrator shall appoint a disaster planner for the hospital. The disaster planner shall meet with county and municipal emergency management officials at least annually to review and update the written, comprehensive disaster plan. If county or municipal officials are unavailable for this purpose, the hospital shall notify the New Jersey State Office of Emergency Management, Division of State Police, Department of Law and Public Safety, P.O. Box 7068, River Road, West Trenton, NJ 08628 (phone: 609-882-2000).

(f) While developing the hospital's plan for evacuating patients, the disaster planner shall communicate with the facility or facilities designated to receive relocated patients.

(g) Copies of the current plans for receiving and evacuating patients in the event of a disaster shall be sent to municipal and county emergency management officials and to the designated receiving facilities.

(h) The hospital shall conduct at least one evacuation drill each year, either simulated or using selected patients. An actual evacuation shall be considered a drill, if it is documented.

(i) The hospital shall conduct at least one drill each year in which a large influx of emergency patients is simulated. An actual emergency of this type shall be considered a drill, if it is documented.

(j) The hospital shall maintain at least a three-day supply of food and have access to an alternative supply of water in case of an emergency.

(k) The hospital shall take corrective action if the temperature of the hospital is not in compliance with the requirements specified in Chapter 7 of the Guidelines for Construction and Equipment for Hospital and Medical Facilities (published by the American Institutes of Architects Press, 1735 New York Ave NW, Washington, D.C. 20006, publication # ISBN0-913962-96-1) for a continuous period of four hours or longer. The hospital shall notify the New Jersey State Department of Health if the corrective action is not effective.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).

Text added at (f) on communication with receiving facilities.

8:43G-5.17 (Reserved)

8:43G-5.18 Blood bank

(a) The governing board shall designate the pathologist or other qualified physician as physician-in-charge of the blood service.

(b) The hospital shall maintain an emergency supply of blood and shall have access to additional supplies as needed.

(c) The hospital shall maintain a current list of potential blood donors of all principal blood types and groups who are available in emergencies or it shall establish a stable source of blood supply, either through an integrated blood operation or by arrangement with an outside blood service.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).

Text added at (b) regarding additional supplies of blood.

8:43G-5.19 Clinical and pathological laboratories

(a) The laboratories shall be under the direction of a pathologist on a full or part time basis.

(b) A qualified member of the medical staff may be appointed by the governing authority to assume a portion of the responsibilities involved, with a pathologist as a consultant.

8:43G-5.20 Electrocardiogram laboratory

The hospital shall provide at least one room designated for electrocardiography. Sufficient space shall be provided for the maintenance of essential records and such office space as may be required.

8:43G-5.21 Out-patient and preventive services

(a) All hospitals shall provide, on a regular and continuing basis, out-patient and preventive services, including clinic services for medically indigent patients, in those services provided on an in-patient basis.

(b) In no instance shall a hospital provide less than out-patient services in medicine and surgery.

8:43G-5.22 General hospital governing body training

(a) In addition to any general orientation, a general hospital shall ensure that all members of the hospital's governing body appointed after April 30, 2007, complete a trustee training program as set forth in (b) below conducted by an approved training provider within six months of the member's appointment.

(b) The trustee training program shall consist of at least seven hours of instruction and address each of the following subjects:

1. The ethical and fiduciary responsibilities of a member of a hospital governing body;
2. The role of the governing body in improving health care quality and the mechanisms available for doing so;
3. Hospital financial management and understanding the financial statements of healthcare institutions and reimbursement and finance payment systems;
4. Hospital organization and governance; and
5. Legal and regulatory compliance issues.

(c) Instruction may be offered in-person at a classroom or seminar, on-line, audio/webinar, or simulcast.

(d) A general hospital shall maintain a copy of the certificate for each current governing body member issued by the training provider pursuant to N.J.A.C. 8:43-5.23(b).

(e) Any governing board member appointed on or after April 30, 2007, who has not completed a trustee training program conducted by an approved training provider, shall complete the trustee training program by May 17, 2009.

New Rule, R.2008 d.344, effective November 17, 2008.
See: 40 N.J.R. 3553(a), 40 N.J.R. 6611(a).

8:43G-5.23 Approved training providers; requirements

(a) In accordance with N.J.S.A. 26:2H-12.34b, the Department approves the following as trustee training providers:

1. Accredited academic institutions that do not have a direct interest, corporate relationship, or primary mission in the support or development of the hospital offering the trustee training program;

2. Non-profit hospital trade associations and/or their affiliates;

3. Non-profit healthcare foundations that do not have a direct interest, corporate relationship, or primary mission in the support or development of the hospital offering the trustee training program;

4. Providers of board development and/or governance leadership training programs for hospitals and/or healthcare providers, such as, but not limited to, the Governance Institute, the American Hospital Association's Center for Healthcare Governance or Estes Park Institute;

5. Non-profit providers of professional legal and/or medical continuing education with expertise in trustee education training; and

6. Any provider of continuing education training with expertise in trustee education training authorized by the International Association for Continuing Education and Training.

(b) The training provider shall issue a certificate to attendees who successfully complete a course.

(c) A general hospital shall submit the following in writing to the Department for review at least 60 days prior to the board member's attendance at a trustee training program or course that fulfills the requirements of N.J.A.C. 8:43G-5.22:

1. A description of the goals and objectives for each of the subject matter areas required by N.J.A.C. 8:43G-5.22;

2. The course names offered by the training providers described in (a) above for each of the subject matter areas required by N.J.A.C. 8:43G-5.22; and

3. An attestation that the course provided as part of the trustee training program offers continuing education credits for the course from an approved training provider in the subjects set forth in N.J.A.C. 8:43G-5.22(b) or that the course instructors and their qualifications demonstrate competency and expertise in the subjects set forth in N.J.A.C. 8:43G-5.22(b).

(d) The information required in (b) and (c) above shall be submitted to the Office of Certificate of Need and Healthcare Facility Licensure, New Jersey Department of Health and Senior Services, PO Box 358, Trenton, NJ 08625.

(e) The submission shall be deemed approved unless the Department issues a request for additional information within 10 days of receipt.

New Rule, R.2008 d.344, effective November 17, 2008.
See: 40 N.J.R. 3553(a), 40 N.J.R. 6611(a).

SUBCHAPTER 6. ANESTHESIA

8:43G-6.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Advanced Cardiac Life Support” (ACLS) means that an individual has successfully completed a course of training offered by an individual who is currently certified as an instructor by the American Heart Association or by a recognized accrediting organization appropriate to the licensee's field of practice. For example, for those adult patients, training in ACLS is appropriate and for those treating children, training in pediatric advanced life support (PALS) is appropriate.

“Analgesia” means the absence of the sensibility to pain without loss of consciousness or decrease in the intensity of pain.

“Anesthesia” consists of general anesthesia, and spinal or major regional anesthesia. It does not include local anesthesia.

“Anesthesiologist” means a physician who has successfully completed an approved residency program in anesthesiology, or who is a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1982.

“Anesthetic agent” means any drug or combination of drugs administered with the purpose of creating conscious sedation, deep sedation, regional anesthesia, or general anesthesia.