

iv. Documentation of telephone contact with the OPO.

5. A provision that the hospital shall permit the OPO to review the medical records of all deceased patients, as long as the OPO has agreed, in writing, to maintain the confidentiality of any patient identifying information.

6. A requirement that discretion and sensitivity to family circumstances and beliefs shall be maintained in all discussions regarding donations of organs, tissue or eyes.

(d) The hospital shall identify the position or job title of the person at the hospital who shall be responsible for serving as a hospital liaison to the hospital's OPO, and as coordinator of the hospital's donor activities. The hospital, in conjunction with the OPO shall provide in service training to such individuals. Such individual shall be responsible for overseeing the development and implementation of the hospital's protocols established in accordance with subsection (c) above.

(e) Recovery of human body parts for donation may be performed by a transplant recovery specialist. A physician is not required to be present during the recovery procedure.

(f) If the hospital performs organ transplants, the director of the medical staff shall ensure that satisfactory follow-up care and consultation are provided to all transplantation patients, including multidisciplinary conferences held at periodic intervals.

(g) If the hospital provides bone or tissue banking services, the hospital shall meet all guidelines set by the American Association of Tissue Banks for such services. Such guidelines are incorporated herein by reference and are available from the American Association of Tissue Banks, 1350 Beverly Road, Suite 220A, McLean, VA 22101 (703-827-9582).

New Rule. R.1999 d.436, effective December 20, 1999.  
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

#### 8:43G-5.5 Administrative and hospital-wide patient services

(a) To meet the needs of pediatric patients, the hospital shall have available medical and nursing staff with specialized pediatric training and shall have equipment adaptable to the needs of pediatric patients on-site.

(b) The hospital shall ensure the safe transport of patients within the hospital, according to each patient's medical needs. This system shall include at least interdepartmental reporting of incidents and changes in the patient's condition during transportation and during the period the patient is in another service and providing an accompanying health professional for those patients whose condition warrants it.

(c) The hospital shall provide interpretive services, when necessary, for patients who do not speak English and for patients who are deaf. The facility shall provide other communication assistance, as needed, for patients who are blind.

(d) The hospital shall have a system to link patients with clergy or spiritual counselors, upon request.

(e) For patient and staff safety, the hospital shall have a security system which is rigidly enforced and includes at least an identification system for employees, volunteers, and medical staff and control of access to and egress from the hospital.

(f) There shall be a means to summon immediate emergency response for medical emergencies occurring in the hospital.

(g) Each department in the hospital providing direct patient care shall have a health care professional capable of initiating cardiopulmonary resuscitation on duty at all times when patients are present.

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

Text on CPR staff added at (i).  
Amended by R.1999 d.436, effective December 20, 1999.  
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

Rewrote (c); deleted former (e) and (f); and recodified former (g) through (i) as (e) through (g).

#### 8:43G-5.6 Reportable events

(a) The hospital shall notify the Department immediately by telephone at (609) 588-7725, or (609) 392-2020 after business hours, of any event occurring within the hospital that jeopardizes the health and safety of patients or employees. Events which shall be reported to the Department include, but are not limited to, the following:

1. An unscheduled interruption for three or more hours of physical plant and/or clinical services essential to the health and safety of patients and employees;

2. All fires, disasters or accidents which result in serious injury or death of patients or employees, or in evacuation of patients out of the facility;

3. All alleged or suspected crimes which endanger the life or safety of patients or employees, which are also reportable to the police department, and which result in an immediate on-site investigation by the police.

(b) Information received by the Department of Health through immediate notification shall not be disclosed to the public in such a way as to indicate the names of the specific patients or hospital employees to whom the information pertains.

(c) A follow-up written report shall be submitted to the Department within seven calendar days of the event, unless determined not to be necessary by the Department. The

written report shall contain information about injuries to patients and/or staff, disruption of services, extent of damages and corrective actions taken.

New Rule, R.1991 d.450, effective August 19, 1991 (operative October 15, 1991).  
See: 22 N.J.R. 3469(a), 23 N.J.R. 2526(a).

#### 8:43G-5.7 Administrative and hospital-wide staff education

(a) There shall be a formal orientation program for all new permanent staff that includes at least training in patient rights as found at N.J.A.C. 8:43G-4, a tour of the hospital, orientation to the hospital's security system and disaster plan, and review of procedures to follow in case of an emergency.

(b) There shall be a formal orientation program for all new temporary staff, nurses retained through an outside agency, and persons providing services by contract which includes, at a minimum, a tour of the department to which the individual is assigned, orientation of the hospital's security system, and review of procedures to follow in case of an emergency.

(c) The hospital shall provide, evaluate, and coordinate training and educational programs for all departments in the hospital.

Amended by R.1992 d.72, effective February 18, 1992.  
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).  
Reference to Subchapter 4 added.

#### 8:43G-5.8 (Reserved)

#### 8:43G-5.9 Department education programs

(a) Each department in the hospital shall develop, revise as necessary, and implement a written plan of staff education. The plan shall address the education needs, relevant to the service, of different categories of staff on all work shifts. The plan shall include education programs conducted at least annually in the service, in other areas of the hospital, or off-site.

(b) The plan shall include education programs that address at least the following:

1. Orientation of new staff to the service in which the individual will be employed, including a review of the service's equipment, policies, and procedures and identification of individual employee duties for receiving and evacuating patients in the event of a disaster;
2. Use of new clinical procedures, new equipment, and new technologies, including, where applicable, computers;
3. Individual staff requests for education programs;
4. Supervisor judgements about education needs based on assessment of staff performance;

5. Education on statutory requirements relevant to the specific service such as identification and reporting of victims of abuse; and

6. Areas identified by the hospital-wide quality assurance program as needing educational programs; and

7. Patient rights; and

8. Rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act (P.L. 1991, c.201) and the Federal Patient Self Determination Act (P.L. 101-508), and internal hospital policies and procedures to implement these laws.

(c) Implementation of the plan shall include records of attendance for each program and composite records of participation for each staff member.

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

Annual requirement added at (a); identification and reporting of abuse victims added at (b)6.

Amended by R.1992 d.132, effective March 16, 1992.  
See: 23 N.J.R. 3256(a), 24 N.J.R. 942(a).

Text added at (b)7 on advance directives.

Amended by R.1999 d.436, effective December 20, 1999.  
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

In (b), inserted a new 7, and recodified former 7 as 8.

#### 8:43G-5.10 Funding for regionalized services

(a) All hospitals providing emergency room services shall be members in good standing of the New Jersey Poison Information and Education System established pursuant to N.J.S.A. 26:2-119 et seq.

(b) All hospitals with licensed obstetric or pediatric beds or designated as a Community or Regional Perinatal Center pursuant to N.J.A.C. 8:33C shall be a member in good standing of a Maternal and Child Health Consortium as defined in N.J.A.C. 8:35.

(c) Prior to the designation of the Maternal and Child Health Consortium pursuant to the certificate of need process and after the expiration of the Robert Wood Johnson Foundation funding for consortia on or before March 1, 1993, all hospitals eligible for a perinatal adjustment in a 1993 revenue cap approved by the Hospital Rate Setting Commission shall make monthly payments based on that adjustment to the Maternal and Child Health Consortium to which they belong.

Emergency New Rule, R.1993 d.138, effective March 2, 1993 (expired May 1, 1993).

See: 25 N.J.R. 1295(a).

Continuity of funding to consortia specified at (c).  
New Rule, R.1993 d.229, effective May 17, 1993.

See: 25 N.J.R. 792(a), 25 N.J.R. 1969(a).

Adoption of concurrent proposal by R.1993 d.236, effective April 29, 1993 (Readoption of emergency amendment) and June 7, 1993 (adoption of amendment).

See: 25 N.J.R. 1295(a), 25 N.J.R. 2555(a).

Amended by R.1993 d.286, effective June 7, 1993.

See: 25 N.J.R. 1117(a), 25 N.J.R. 2554(a).