

CHAPTER 41A
EMT-D CARDIAC DEFIBRILLATION

Authority

N.J.S.A. 26:2K-39 et seq.

Source and Effective Date

R.1997 d.177, effective April 21, 1997.
See: 28 N.J.R. 3287(a), 28 N.J.R. 3909(b), 29 N.J.R. 1558(a).

Executive Order No. 66(1978) Expiration Date

Chapter 40A, EMT-D Cardiac Defibrillation,
expires on April 21, 2002.

Chapter Historical Note

Chapter 41A, Certification and Operation of Emergency Medical Technician Defibrillator Programs, was adopted as R.1992 d.63, effective February 18, 1992 (operative May 1, 1992). See: 23 N.J.R. 1254(a), 24 N.J.R. 585(a). Pursuant to Executive Order No. 66(1978), Chapter 41A expired on February 18, 1997.

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SUBCHAPTER 1. GENERAL PROVISIONS

8:41A-1.1 Purpose and scope

(a) This chapter is promulgated to carry out the provisions of N.J.S.A. 26:2K-39 et seq.

(b) This chapter shall apply to any EMT-D who administers or seeks to administer pre-hospital cardiac defibrillation, and to any mobile intensive care unit, ambulance, first aid or rescue squad, police department, or fire department which possesses a semi-automatic cardiac defibrillator which may be used by an EMT-D.

8:41A-1.2 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.

“Ambulance, first aid or rescue squad” means an organization which meets the definition of a volunteer or non-volunteer ambulance, first aid or rescue squad at N.J.S.A. 27:5F-20.

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

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

“Department” means the New Jersey Department of Health and Senior Services.

“Emergency Medical Technician-Defibrillation (EMT-D)” means an individual trained and currently certified by the Commissioner, in accordance with N.J.A.C. 8:40A and who is certified by the Commissioner to perform cardiac defibrillation.

“Emergency Medical Technician-Defibrillation agency (EMT-D agency)” means an ambulance, first aid or rescue squad, police department, fire department or other entity which possesses a semi-automatic cardiac defibrillator which may be utilized by an EMT-D for the purpose of pre-hospital cardiac defibrillation, and which is registered with the Department in accordance with this chapter.

“Fire department” means the officers and members organized to fight fires in any given municipality.

“Mobile intensive care unit (MICU)” means a specialized emergency medical service vehicle staffed by mobile intensive care paramedics or registered professional nurses trained in advanced life support nursing and operated for the provision of advanced life support services under the direction of an authorized hospital.

“Office of Emergency Medical Services (OEMS)” refers to the unit of the New Jersey Department of Health and Senior Services charged with the enforcement of this chapter.

"Physician" means an individual currently licensed to practice medicine and surgery pursuant to N.J.S.A. 45:9-1 et seq.

"Police department" means a body of individuals trained in methods of law enforcement and crime prevention and detection, who are vested with the authority to maintain the peace, safety, and order of the community.

"Pre-hospital" means the period of time prior to the delivery of a patient to a physician or nurse at a medical treatment facility, during which certified or licensed emergency medical personnel render emergency medical care.

"Semi-automatic cardiac defibrillator" means a device which can:

1. Be attached to a patient in cardiopulmonary arrest;
2. Analyze an electrocardiogram for the presence of potentially lethal dysrhythmias specifically ventricular fibrillation and fast ventricular tachycardia;
3. Deliver an electrical defibrillation to the patient in accordance with the requirements of standard treatment protocols; and
4. Produce an event summary which documents significant events in the use of the device, specifically events prior to and after an electrical defibrillation.

"Sponsoring MICU hospital" means a hospital authorized to operate a mobile intensive care unit, in accordance with N.J.A.C. 8:41, and which has agreed to provide medical oversight, quality assurance monitoring and EMT-D training to the EMT-D agencies which have chosen to affiliate with the hospital.

8:41A-1.3 Waiver

(a) The Commissioner or his or her designee may, in accordance with the general purposes and intent of N.J.S.A. 26:2K-1 et seq., and amendments thereto, waive sections of this chapter if, in his or her option, such waiver would not endanger the life, safety or health of the public.

(b) Any agency, organization, entity or individual seeking a waiver of the standards in this chapter shall apply in writing to:

Office of Emergency Medical Services
CN 367
Trenton, NJ 08625-0367

(c) A written 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 upon full compliance;
4. An alternative proposal which 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.

8:41A-1.4 Purpose of treatment by EMTs-D

(a) The EMT-D program is not a substitute for the existing mobile intensive care unit system in New Jersey. It is designed to enhance the existing system. Any time a patient receives treatment from an EMT-D, the appropriate advanced life support services shall be requested and utilized if available as per the local protocols of each MICU service area.

(b) A New Jersey paramedic or mobile intensive care nurse, as defined at N.J.A.C. 8:41, may perform pre-hospital cardiac defibrillation as an EMT-D in accordance with this chapter at any time. Nothing in this chapter shall be construed to restrict the ability of the paramedic or mobile intensive care nurse to provide any care or procedure authorized in N.J.A.C. 8:41 when that person is operating on an approved MICU vehicle.

8:41A-1.5 Continuance of previous EMT-D agency approvals

(a) An EMT-D agency which was approved to provide EMT-D services prior to April 21, 1997 in accordance with the former N.J.A.C. 8:41A shall continue to be approved and registered with the Department, provided that no change of sponsoring MICU hospital is made. No additional registration shall be required.

(b) Should an EMT-D agency wish to change sponsoring MICU hospitals, the EMT-D agency shall complete the registration requirements prior to changing the sponsoring MICU hospital.

(c) Any sponsoring MICU hospital which was providing a medical director, quality assurance oversight and EMT-D training shall continue to do so, with no additional registration or notification to the Department required.

SUBCHAPTER 2. REGISTRATION OF SEMI-AUTOMATIC CARDIAC DEFIBRILLATORS

8:41A-2.1 Registration requirements

(a) Any mobile intensive care unit, ambulance, first aid or rescue squad, police department, fire department or other entity that possesses a semi-automatic cardiac defibrillator which may be used by an EMT-D for the purpose of administering pre-hospital cardiac defibrillation shall register with the Department. Registration shall be made in a form and manner as prescribed by the Department in (b) below. Registration forms shall be available from and shall be submitted to the sponsoring MICU hospital with which the applicant has affiliated, in accordance with N.J.A.C. 8:41A-3.1

(b) Registration forms shall bear the original signatures of the applicant's principal officer and the sponsoring MICU hospital's EMT-D medical director and shall include the following:

1. The name of the agency;
2. The agency address, physical location and telephone number;
3. The principal officer or contact person;
4. The service classification (for example, police, fire, paid EMS, volunteer EMS or industrial);
5. Staffing (for example, EMT-D, paramedic, RN, MD);
6. The primary service area by municipality;
7. Communications information (for example, 911, self dispatch) and types of radio communication available;
8. The name of the sponsoring MICU hospital with which the applicant has affiliated for the purpose of receiving medical oversight, quality assurance monitoring and EMT-D training;
9. A statement of compliance with manufacturer's equipment maintenance and testing requirements; and
10. A statement that each patient transported after pre-hospital defibrillation by an EMT-D shall be accompanied by at least one EMT-D in the patient compartment of the ambulance.

i. Pre-hospital advanced life support providers operating on a responding MICU may accompany the patient in lieu of an EMT-D.

ii. If the EMT-D agency is not capable of transporting the patient immediately after initial care and stabilization have been completed (for example, a non-transporting industrial first aid squad), the applicant shall document that such transportation is available.

(c) As part of the registration process, each sponsoring MICU hospital shall document that the applicant has documented that it will test and maintain each registered semi-automatic cardiac defibrillator in its possession in accordance with the manufacturer's recommendations and all applicable United States Food and Drug Administration medical device standards.

SUBCHAPTER 3. MEDICAL OVERSIGHT AND QUALITY ASSURANCE

8:41A-3.1 Medical Director

(a) Each EMT-D agency that has registered with the Department in accordance with the provisions of N.J.A.C. 8:41A-2.1, and each applicant to become an EMT-D agen-

cy, shall affiliate with a sponsoring MICU hospital. The sponsoring MICU hospital shall provide the services of a Medical Director, quality monitoring and EMT-D training as required by this chapter.

(b) The qualifications necessary to serve as a Medical Director shall be as follows:

1. Possession of a license to practice medicine and surgery as a physician, as issued by the New Jersey State Board of Medical Examiners;
2. Possession of a current certification in Advanced Cardiac Life Support, in accordance with the standards of the American Heart Association. These standards are available from most hospitals, from the American Heart Association (see N.J.A.C. 8:41A-4.3(c)) or its New Jersey affiliate, American Heart Association, North Brunswick, NJ 08902; and
3. Qualification as an emergency department physician in accordance with the standards of N.J.A.C. 8:43G; and
4. Being on the medical staff of the sponsoring MICU hospital.

(c) The Medical Director shall be responsible for providing medical oversight regarding the administration of cardiac defibrillation by the EMT-D agency's EMT-D personnel. Medical oversight shall include, but is not limited to:

1. Review of all completed EMT-Defibrillator Patient Reports, including the event summary which corresponds to the report, for compliance with established medical protocols for pre-hospital cardiac defibrillation;
2. Maintenance of records on the activities of the EMT-D agency as those activities relate to pre-hospital cardiac defibrillation by EMT-D personnel, including the EMT-Defibrillator Patient Report, as required by this chapter;
3. Interpretation of treatment protocols and documentation standards;
4. The implementation of a quality assurance plan to monitor the quality of pre-hospital cardiac arrest management delivered by the EMT-D agency's EMT-D personnel; and
5. Assurance that the EMT-D agency's EMT-D personnel are using only semi-automatic cardiac defibrillators to administer pre-hospital cardiac defibrillation.

(d) A representative of the sponsoring MICU hospital shall notify the Department of any change in the status of its Medical Director within 14 days of said change.

(e) The Medical Director may delegate the performance of the tasks required by this chapter to a qualified person, provided that the Medical Director retains the ultimate responsibility for the required tasks. No task shall be delegated to an individual that would not be qualified at

least as a pre-hospital advanced life support provider, as defined at N.J.A.C. 8:41.

8:41A-3.2 Quality assurance plan

(a) Each Medical Director shall develop, implement and maintain an effective quality assurance plan for pre-hospital cardiac arrest cases. The quality assurance plan shall comply with the standards for quality assurance required by N.J.A.C. 8:43G-27 and shall include, but is not limited to, the following quality indicators:

1. Airway management and the use of adjunctive airway equipment;
2. Cardiopulmonary resuscitation;
3. On-scene times;
4. Interface with MICU services;
5. Completion of the EMT-Defibrillator Patient Report;
6. Operation of the semi-automatic cardiac defibrillator, including patient and staff safety; and
7. Equipment maintenance.

(b) In order to facilitate the required quality assurance monitoring and reporting required by this chapter, the sponsoring MICU hospital shall track the destination, diagnosis, admission classification (for example, ICU/CCU, died in emergency department), and discharge information on each patient treated by an EMT-D agency which is affiliated with the sponsor. A licensed medical facility shall provide the sponsoring MICU hospital the information needed to comply with this section.

SUBCHAPTER 4. REPORTING REQUIREMENTS

8:41A-4.1 Reports to be prepared and filed by EMT-D personnel

(a) A EMT-Defibrillator Patient Report (incorporated herein by reference as the chapter Appendix) shall be filed each and every time an EMT-D applies a semi-automatic cardiac defibrillator to a patient.

1. The EMT-Defibrillator Patient Report shall be completed at the end of the emergency response call, regardless of whether the patient is defibrillated. The EMT-Defibrillator Patient Report shall be completed by the EMT-D who activates the semi-automatic cardiac defibrillator.

i. In the event the EMT-D must leave the emergency department prior to completing the EMT-Defibrillator Patient Report due to emergency circumstances, or if an event summary cannot be printed due to technical reasons, the EMT-D shall make a complete verbal report to the receiving physician or nurse. The written report and/or summary shall be filed with the receiving emergency department no later than 24 hours after the completion of the call.

2. The EMT-D shall affix a copy of the event summary to the EMT-Defibrillator Patient Report.

3. Except as provided for in (a)1i above, the EMT-D shall leave a copy of the EMT-Defibrillator Patient Report and event summary with the receiving physician or nurse.

4. The EMT-D shall forward a copy of the EMT-Defibrillator Patient Report and event summary to the sponsoring MICU hospital within 24 hours of the run.

8:41A-4.2 Reports to be filed and/or maintained by the Medical Director

(a) The Medical Director shall review all EMT-Defibrillator Patient Reports and shall address any discrepancies or deviation from protocols including, but not limited to, use by an EMT-D of other than a semi-automatic cardiac defibrillator.

1. The Medical Director shall report any serious discrepancies or deviations from protocols to OEMS in writing, and shall make recommendations concerning corrective action.

2. OEMS shall order corrective action as necessary. Corrective action may include, but is not limited to, continuing education or a penalty as authorized by N.J.S.A. 26:2K-39 et seq.

(b) The Medical Director shall keep records of the quality assurance review for a period of three years. These records shall be made available for inspection by Department staff upon request.

8:41A-4.3 Reports to be filed and/or maintained by the sponsoring MICU hospital

(a) Copies of all EMT-Defibrillator Patient Reports and event summaries shall be maintained by the sponsoring MICU hospital for each EMT-D agency which has affiliated with the hospital. This section shall not preclude an EMT-D agency from also maintaining a copy of any report produced by its EMTs-D.

(b) Copies of all EMT-Defibrillator Patient Reports and event summaries shall be maintained in accordance with the sponsoring MICU hospital's medical records retention policy, and shall be presented to Department staff upon request.

(c) Each sponsoring MICU hospital shall submit a report to OEMS regarding the use of semi-automatic cardiac defibrillator(s) on patients in cardiac arrest by its affiliated EMT-D agencies. The report shall be filed with the Department on a quarterly basis, and shall be reported in the "Utstein style," a uniform data collection tool used to evaluate cardiac arrest management, as described in the journal article "Recommended Guidelines for Uniform Reporting of Data from Out-of-Hospital Cardiac Arrest: the Utstein Style" (Circulation, 1991; 84:960-975) and as incorporated into the "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care" (Journal of the American Medical Association, 1992; 268:2289-2295). Data can be submitted either electronically, in a format compatible with Department software, or in a written format. Copies of the articles are available from the American Heart Association, 7272 Greenville Avenue, Dallas, Texas 75231-4596, or from the Department.

(d) In order to facilitate the quality assurance and training requirements of this chapter, each EMT-D agency shall provide a list of its EMT-D personnel to the sponsoring MICU hospital with which it is affiliated. Changes to personnel shall be reported to the sponsoring MICU hospital in accordance with the hospital's policies, but no later than 14 days following any change.

SUBCHAPTER 5. ENFORCEMENT

8:41A-5.1 Penalties

Any person, individual, group, EMT-D agency or sponsoring MICU hospital which violates the provisions of this chapter, or of the provisions of N.J.S.A. 26:2K-39 et seq., shall be subject to disciplinary action as set forth at N.J.S.A. 26:2K-41 and 44.

8:41A-5.2 Right to hearing

(a) Any person, individual, group, EMT-D agency or sponsoring MICU hospital which is charged with an infraction of this chapter or the law pertaining to EMT-D operations shall not be assessed a penalty unless the person or entity is first offered a hearing to contest the alleged violation in accordance with the Administrative Procedures Act, N.J.S.A. 52:14B-1 et seq. Such hearings shall be at the Office of Administrative Law, in accordance with the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(b) An EMT-D agency, individual or sponsoring MICU hospital may request that the Department conduct an informal conference for the purposes of settling disputes between agencies, providing interpretations of these rules, or to assist in other dispute resolution. These informal conferences shall be conducted according to procedures established by the Director of OEMS.

