

**CHAPTER 40**

**MANUAL OF STANDARDS FOR LICENSURE OF  
INVALID COACH AND AMBULANCE  
SERVICES**

**Authority**

N.J.S.A. 30:4D-6.6 and N.J.S.A. 26:2H-1  
et seq., specifically 26:2H-5(b).

**Source and Effective Date**

R.1997 d.4, effective December 6, 1996.  
See: 28 N.J.R. 4198(a), 29 N.J.R. 128(a).

**Executive Order No. 66(1978) Expiration Date**

The expiration date of Chapter 40, Manual of Standards for Licensure of Invalid Coach and Ambulance Services, was extended by gubernatorial directive from December 6, 1997 to February 7, 1998. See: 29 N.J.R. 4459(a).

**Chapter Historical Note**

Chapter 40, formerly Interim Rules for Abortion Facilities Receiving Temporary Licensure, was adopted as Emergency Rule R.1974 d.215, effective August 5, 1974. See: 6 N.J.R. 345(c). An additional rule, concerning the reporting of abortions performed in hospitals, was adopted as R.1974 d.316, effective November 19, 1974. See: 6 N.J.R. 345(b), 6 N.J.R. 472(b). Chapter 40 was repealed by R.1983 d.202, effective June 6, 1983, because of superseding regulation of abortion procedure at N.J.A.C. 8:43A-8.1. See: 15 N.J.R. 308(a), 15 N.J.R. 922(a).

Chapter 40, Manual of Standards for Licensure of Invalid Coach and Ambulance Services, was adopted as R.1985 d.192, effective April 15, 1985. See: 16 N.J.R. 3127(a), 17 N.J.R. 919(a). Pursuant to Executive Order No. 66(1978), Chapter 40 expired on April 15, 1990 and was adopted as new rules by R.1990 d.239, effective May 7, 1990, to expire on May 7, 1991. See: 22 N.J.R. 595(a), 22 N.J.R. 1364(a). Subsequent to expiration, the Executive Order No. 66(1978) expiration date for Chapter 40 was extended by gubernatorial waiver to January 31, 1992. See: 23 N.J.R. 2245(a). Pursuant to Executive Order No. 66(1978), Chapter 40 was readopted as R.1992 d.16, effective December 6, 1991. See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a). Pursuant to Executive Order No. 66(1978), Chapter 40 was readopted as R.1997 d.4, effective December 6, 1996. See: Source and Effective Date.

See section annotations for specific rulemaking activity.

**CHAPTER TABLE OF CONTENTS**

**SUBCHAPTER 1. DEFINITIONS**

8:40-1.1 Definitions

**SUBCHAPTER 2. AUTHORITY AND LICENSURE  
PROCEDURES**

- 8:40-2.1 Authority
- 8:40-2.2 Application of regulations
- 8:40-2.3 Special requirements for licensees providing street EMS
- 8:40-2.4 Licensing requirements
- 8:40-2.5 Exemptions from licensing requirements
- 8:40-2.6 Surveys
- 8:40-2.7 Application for licensure and/or vehicle licenses
- 8:40-2.8 Temporary provider permit
- 8:40-2.9 Full provider license
- 8:40-2.10 Vehicle licenses
- 8:40-2.11 Vehicle recognition number

- 8:40-2.12 Waiver
- 8:40-2.13 Non-transferability
- 8:40-2.14 Return of vehicle license
- 8:40-2.15 Discontinuance of vehicle use
- 8:40-2.16 Action against a licensee
- 8:40-2.17 Hearings

**SUBCHAPTER 3. GENERAL REQUIREMENTS**

- 8:40-3.1 Agency ownership
- 8:40-3.2 Administrator required
- 8:40-3.3 Standard operating procedures
- 8:40-3.4 Business locations
- 8:40-3.5 Report of unusual occurrences
- 8:40-3.6 Advertising restrictions
- 8:40-3.7 Minimum personnel requirements
- 8:40-3.8 Personnel files required
- 8:40-3.9 Maintenance of records
- 8:40-3.10 General vehicle requirements
- 8:40-3.11 Motor vehicle chassis, body and components
- 8:40-3.12 Vehicle heater/air conditioner
- 8:40-3.13 Restrictions on carbon monoxide concentrations
- 8:40-3.14 Sanitation requirements
- 8:40-3.15 Required insurance coverage
- 8:40-3.16 Pneumatic testing required
- 8:40-3.17 Biomedical equipment testing required
- 8:40-3.18 Physical behavioral restraints

**SUBCHAPTER 4. SPECIFIC INVALID COACH  
REQUIREMENTS**

- 8:40-4.1 Patient restrictions
- 8:40-4.2 General vehicle requirements
- 8:40-4.3 Patient compartment requirements and dimensions
- 8:40-4.4 Ramp or lift required
- 8:40-4.5 Vehicle markings
- 8:40-4.6 Emergency warning devices prohibited
- 8:40-4.7 Litters and stretchers prohibited
- 8:40-4.8 General equipment and supplies requirement
- 8:40-4.9 Oxygen administration devices
- 8:40-4.10 Safety equipment
- 8:40-4.11 Required staff
- 8:40-4.12 Required training of staff
- 8:40-4.13 Duties of staff
- 8:40-4.14 Call report
- 8:40-4.15 Radio communications

**SUBCHAPTER 5. SPECIFIC TRANSPORT AMBULANCE  
REQUIREMENTS**

- 8:40-5.1 Restrictions on future licensing
- 8:40-5.2 Patient restrictions
- 8:40-5.3 General vehicle requirements
- 8:40-5.4 Patient compartment requirements
- 8:40-5.5 Patient compartment dimensions
- 8:40-5.6 Ramp or lift
- 8:40-5.7 Vehicle markings
- 8:40-5.8 Emergency warning devices
- 8:40-5.9 Use of emergency warning devices
- 8:40-5.10 General equipment and supplies requirement
- 8:40-5.11 Standard patient transport devices
- 8:40-5.12 Oxygen administration devices
- 8:40-5.13 Resuscitation devices
- 8:40-5.14 Aspirator/suction devices
- 8:40-5.15 Airway maintenance supplies
- 8:40-5.16 External cardiac compression support
- 8:40-5.17 Spine boards
- 8:40-5.18 Wound dressing and burn treatment supplies
- 8:40-5.19 Poison treatment supplies
- 8:40-5.20 Other patient care equipment
- 8:40-5.21 Safety equipment
- 8:40-5.22 Required staff
- 8:40-5.23 Required training of staff
- 8:40-5.24 Duties of staff
- 8:40-5.25 Call report

8:40-5.26 Radio communications

#### SUBCHAPTER 6. SPECIFIC EMERGENCY AMBULANCE REQUIREMENTS

- 8:40-6.1 Patient restrictions
- 8:40-6.2 General vehicle requirements
- 8:40-6.3 Patient compartment requirements
- 8:40-6.4 Patient compartment dimensions
- 8:40-6.5 Certification to Federal specifications
- 8:40-6.6 Ramp or lift
- 8:40-6.7 Vehicle markings
- 8:40-6.8 Emergency warning devices
- 8:40-6.9 Use of emergency warning devices
- 8:40-6.10 General equipment and supplies requirements
- 8:40-6.11 Standard patient transport devices
- 8:40-6.12 Special patient transport devices
- 8:40-6.13 Oxygen administration devices
- 8:40-6.14 Resuscitation devices
- 8:40-6.15 Aspirator/suction devices
- 8:40-6.16 Airway maintenance supplies
- 8:40-6.17 External cardiac compression support
- 8:40-6.18 Spine boards, orthopedic litter and splints
- 8:40-6.19 Wound dressing and burn treatment supplies
- 8:40-6.20 Obstetrical kit
- 8:40-6.21 Poison treatment supplies
- 8:40-6.22 Other patient care equipment
- 8:40-6.23 Extrication equipment
- 8:40-6.24 Safety equipment
- 8:40-6.25 Required staff
- 8:40-6.26 Required training of staff
- 8:40-6.27 Duties of staff
- 8:40-6.28 Special staff required
- 8:40-6.29 Call report
- 8:40-6.30 Radio communications
- 8:40-6.31 Disaster planning required

#### SUBCHAPTER 7. SPECIFIC HELICOPTER AMBULANCE REQUIREMENTS

- 8:40-7.1 Patient restrictions
- 8:40-7.2 General helicopter requirements
- 8:40-7.3 Patient compartment requirements
- 8:40-7.4 Patient compartment dimensions
- 8:40-7.5 Certification to manufacturer/FAA standards
- 8:40-7.6 Special lighting required
- 8:40-7.7 General equipment and supplies requirement
- 8:40-7.8 Standard patient transport devices
- 8:40-7.9 Oxygen administration devices
- 8:40-7.10 Resuscitation devices
- 8:40-7.11 Aspirator/suction devices
- 8:40-7.12 Airway maintenance supplies
- 8:40-7.13 External cardiac compression support
- 8:40-7.14 Wound dressing and burn treatment supplies
- 8:40-7.15 Obstetrical kit
- 8:40-7.16 Other patient care equipment
- 8:40-7.17 Required staff
- 8:40-7.18 Required training of staff
- 8:40-7.19 Duties of staff
- 8:40-7.20 Call report
- 8:40-7.21 Radio communications
- 8:40-7.22 Special prohibitions
- 8:40-7.23 through 8:40-7.25 (Reserved)

#### APPENDIX A LOCAL EMS RADIO FREQUENCY TABLE

#### SUBCHAPTER 1. DEFINITIONS

##### 8:40-1.1 Definitions

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

“Advertising” means any information directly or indirectly issued, distributed, hand-delivered or implied through any medium and used for the purpose of promoting the service of a licensee.

“Administrator” means an individual who may be entitled administrator, captain, chief, director or otherwise. The administrator may also, but need not, be the owner of the agency.

“Advanced life support” means an advanced level of prehospital, inter-hospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the Commissioner, as governed by N.J.S.A. 26:2K-7 et seq. and N.J.A.C. 8:41.

“Ambulance Service” means the provision of emergency or non-emergency medical care and transportation by certified trained personnel in a vehicle, including a helicopter, which is designed and equipped to provide medical care at the scene and while transporting sick and/or injured persons to or from a medical care facility or provider.

“AMD Standard” means the standard(s) promulgated by the Ambulance Manufacturers Division of the Truck Body and Equipment Association. Copies of the cited standard(s) may be purchased from that Association at Suite 1220, 5530 Wisconsin Avenue, Washington, D.C. 20015.

“Available” means ready for immediate use (pertaining to equipment); immediately accessible (pertaining to records).

“Basic life support” means a basic level of prehospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the Commissioner.

“Certificate of need” means a State authorized permit to construct or expand a health care facility or to institute a new health care service, in accordance with requirements at N.J.A.C. 8:33.

“Cleaning” means the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming, of infectious agents and/or organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

“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, which occurs through transmission of that agent or its toxic products from a reservoir to a susceptible host.

“Conditional vehicle permit” means a 45-day permit given to a vehicle which does not meet all licensure criteria to allow time for correction of specific non-lifethreatening deficiencies and to allow the vehicle to be used during that period.

“Crashworthy” means that supplies, equipment, oxygen systems, patient litters and wheelchairs will remain firmly in place during a serious accident or vehicle rollover. Crashworthy retention systems may not incorporate rubber straps or Velcro® closures. Crashworthy retention systems for some items are covered by specific Federal standards, as noted in this chapter. 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.

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

“Disinfection” means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied.

“Emergency” means an individual’s perceived need for immediate medical care in order to prevent death or aggravation of physiological or psychological illness or injury.

“Emergency medical technician-ambulance (EMT-A)” means an individual trained and currently certified or recognized by the Commissioner, in accordance with the United States Department of Transportation EMT-A training course, as outlined in the standards established by the Federal Highway Traffic Safety Act of 1966, 23 U.S.C. 401 et seq. (amended), to deliver basic life support services, and who has completed the national standard curriculum, as published by the United States Department of Transportation for Emergency Medical Technician Ambulance.

“FAR” means the Federal Aviation Regulations.

“FCC” means the Federal Communications Commission.

“Federal Specification KKK-A-1822” means the specification and amendments thereto in force at the time of vehicle manufacture and entitled “Federal Specification, Ambulance, Emergency Medical Care Surface Vehicle KKK-A-1822” as published by the Federal Supply Service of the U.S. General Services Administration. Copies of the specification may be obtained by contacting:

General Services Administration  
Specification Section (3FBP-W), Room 6654  
7th and D Streets, SW  
Washington, D.C. 20407

“FMVSS” means Federal Motor Vehicle Safety Standard(s) promulgated under 49 CFR 571. Consult Superintendent of Documents, Washington, D.C., for copies of the cited standards.

“Health care facility” means a facility so defined in the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq.

“Helicopter ambulance service” means those services which provide aeromedical emergency care and transportation by rotowing aircraft and which are either provided to patients located in New Jersey by out-of-State providers or are provided by the New Jersey State Police.

“Impervious” means not allowing liquids or dirt to penetrate the surface of the material.

“Invalid coach service” means the provision of non-emergency health care transportation, by certified trained personnel, for sick, infirm or otherwise disabled persons who are under the care and supervision of a physician, or other recognized health care provider, and whose medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but does require transportation from place to place for medical care, and whose use 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.

“In-service” means the presence of the vehicle at a health care facility or other place of medical care or picking up, transporting, or discharging any patient.

“Inter-hospital care” means those emergency medical services rendered by emergency or transport ambulances and their crews to patients before and during transportation between emergency treatment facilities, and upon arrival within those facilities.

“International symbol of access for the handicapped” means the outline form of a person in a wheelchair.

“Invalid Coach Service” means the provision of non-emergency health care transportation, by certified trained personnel, for sick, infirm or otherwise disabled persons who are under the care and supervision of a physician and whose medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but does require transportation from place to place for medical care, and whose use 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.

“JEMS communication plan” means the State of New Jersey Emergency Medical Services Communication Plan published by the Department. Copies of the plan are available, for a fee of \$8.00, from the Office of Emergency Medical Services, Department of Health and Senior Services, CN 367, Trenton, New Jersey 08625-0367.

“Licensee” means any person, public or private institution, agency or business concern granted a license under this chapter by the Department.

“Paramedic” means a person who is trained in advanced life support services and who is certified as a mobile intensive care paramedic by the commissioner (under N.J.S.A. 26:2K-7 et seq.) to render advanced life support services as part of a mobile intensive care unit.

“Patient” means any person utilizing services licensed under this chapter, including an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, and excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance.

“Payment for services” means monies received for providing, or promising to provide, patient care, including, but not limited to, fee-for-service, subscription plans, contracts, or salaries for staff members, but excluding receipt of funds which may be donated to a volunteer first aid or rescue squad by a municipality in the amount of or less than the donation limit prescribed by law.

“Pneumatic testing guide” means the document called “How to Test Respiratory Equipment,” published by the Department. Copies of the guide are available, for a fee of \$6.50, from the Office of Emergency Medical Services, Department of Health and Senior Services, CN 367, Trenton, New Jersey 08625-0367.

“Provide” means furnishing, conducting, maintaining, advertising, or in any way engaging in or professing to engage in a service licensable under this chapter.

“Provider” means any person, public or private institution, agency or business concern which is providing Invalid Coach Service and/or Ambulance Service.

“Staff” means anyone working on the vehicle, including the medical crew and the driver, who is providing care to the patient or operating the vehicle.

“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.

“SAE Standard” means the standard(s) promulgated by the Society of Automotive Engineers. Copies of the cited standard(s) may be purchased from that Society at 400 Commonwealth Drive, Warrendale, PA 15096.

“Street EMS” means the provision of primary emergency care at the basic life support level, to a municipality or municipalities in accordance with the intent of N.J.S.A. 27:5F-18 et seq.

“Valid” means current, up-to-date, in effect.

“Volunteer first aid, rescue or ambulance squad” means a first aid, rescue or ambulance squad which provides emergency medical services without receiving payment for those services.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Definitions added for advanced life support, basic life support, certificate of need, conditional vehicle permit, crashworthy, emergency, EMT-A, impervious, in-service, inter-hospital care, paramedic, payment for services, staff, volunteer first aid, rescue or ambulance squad; definition deleted for ANSI standard; amended for invalid coach service, patient and pneumatic testing guide.

Amended by R.1993 d.594, effective November 15, 1993.

See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).

Amended by R.1997 d.4, effective January 6, 1997.

See: 28 N.J.R. 4198(a), 29 N.J.R. 128(a).

Amended “Commissioner”, “Department”, “JEMS communication plan”, and “Pneumatic testing guide”.

## SUBCHAPTER 2. AUTHORITY AND LICENSURE PROCEDURES

### 8:40-2.1 Authority

(a) According to N.J.S.A. 30:4D-6.2 et seq., the Commissioner of Health is required to adopt rules, regulations and administrative orders which regulate the provision of Invalid Coach Service.

(b) According to N.J.S.A. 26:2H-1 et seq., the Commissioner of Health is authorized to adopt rules, regulations and administrative orders which regulate the provision of Invalid Coach and Ambulance Service.

### 8:40-2.2 Application of regulations

(a) This chapter shall apply to all Ambulance and Invalid Coach companies providing service in New Jersey, unless exempted under N.J.A.C. 8:40-2.5.

(b) Subchapters 1 through 4 of this chapter apply to Invalid Coach Services.

(c) Subchapters 1 through 3 and subchapter 5 of this chapter apply to Transport Ambulance Services.

(d) Subchapters 1 through 3 and subchapter 6 of this chapter apply to Emergency Ambulance Services.

(e) Subchapters 1 through 3 and subchapter 7 of this chapter apply to Helicopter Ambulance Services.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Reference to exemption added at (a).

#### 8:40-2.3 Special requirements for licensees providing street EMS

(a) Licensed services and municipalities providing emergency ambulance services ("street EMS") cannot discontinue services without sending written notification to the Department at least 60 days prior to the planned closure date.

(b) No licensee providing "street EMS" shall fail to respond to an emergency call or refuse to provide emergency treatment and transportation to any person because of that person's race, sex, creed, national origin, sexual preference, age, disability, medical condition, or ability to pay.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Text added at (c) to require 90 days' notice of closure.  
Amended by R.1993 d.594, effective November 15, 1993.  
See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).

#### 8:40-2.4 Licensing requirements

(a) No person, public or private institution, agency or business concern shall provide Invalid Coach Service or Ambulance Service until the provider, and each of the provider's vehicle(s), is licensed to do so by the New Jersey State Department of Health.

(b) Provider licensing shall consist of two types of licenses:

1. A six-month temporary provider permit issued by the Department which authorizes the licensee to provide one or both of the following:
  - i. Invalid Coach Services.
  - ii. Ambulance Services.
2. A full provider license issued by the Department which authorizes the licensee to provide one or both of the following:
  - i. Invalid Coach Services.
  - ii. Ambulance Services.

(c) Vehicle licensing shall consist of a 45-day conditional permit or a license issued by the Department for a specific vehicle which authorizes the licensee to utilize the vehicle to provide:

1. Invalid Coach Services; or
2. Transport Ambulance Services; or

3. Emergency Ambulance Services; or
4. Helicopter Ambulance Services.

(d) Vehicles licensed to provide Invalid Coach Services may be utilized to provide only that service.

(e) Vehicles licensed to provide Transport Ambulance Service may be utilized to provide Invalid Coach Service provided:

1. The provider is licensed to provide Invalid Coach Service, and
2. The vehicle, equipment, supplies and staffing comply with the requirements for Transport Ambulance Service.

(f) Vehicles licensed to provide Emergency Ambulance Service may be utilized to provide Invalid Coach Service provided:

1. The provider is licensed to provide Invalid Coach Service, and
2. The vehicle, equipment, supplies and staffing comply with the requirements for Emergency Ambulance Service.

(g) Vehicles licensed to provide Emergency Ambulance Service may be utilized to provide Transport Ambulance Service provided the vehicle, equipment, supplies and staffing continue to comply with the requirements for Emergency Ambulance Service, as set forth in N.J.A.C. 8:40-1, 2, 3 and 6.

(h) Vehicles licensed to provide Helicopter Ambulance Service may be utilized to provide non-health care services provided the vehicle, equipment, supplies and staffing comply with the requirements of this chapter when the aircraft is used to provide Helicopter Ambulance Service.

(i) At the discretion of the authorized representative of the Department, a 45-day conditional permit may be issued to vehicles which do not meet full licensure criteria, but whose deficiencies do not constitute a threat to patient or staff safety. A conditional permit may be considered only for a vehicle upon initial presentation for licensure; vehicles undergoing relicensure are ineligible for a conditional permit.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Six-month and 45-day permit requirements added.

#### 8:40-2.5 Exemptions from licensing requirements

(a) In accordance with the provisions of N.J.S.A. 30:4D-6.2 et seq. and N.J.S.A. 26:2H-1 et seq. this chapter shall not apply to Invalid Coach Services or Ambulance Services provided by volunteer first aid, rescue and ambulance squads as defined in the "New Jersey Highway Safety Act of 1987" (N.J.S.A. 27:5F-18 et seq.).

(b) This chapter shall not apply to providers which are based in other states and which 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; or
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 calendar day; or
3. Transporting a patient on a one-way trip from an out-of-State location to a New Jersey location.

(c) The provisions of this chapter will not apply to services provided directly by an agency of the government of the United States. Providers holding government contracts do not meet this criterion and are not exempt from licensure.

(d) In order to demonstrate compliance with the standards contained in this chapter, exempt providers may voluntarily apply for:

1. Approval of vehicle(s) and equipment, or
2. Certification of vehicle(s), equipment and personnel.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Reference updated in (a); exemptions specified further in (c) and (d).

#### 8:40-2.6 Surveys

(a) Authorized representatives of the Department shall conduct surveys to determine compliance with this chapter.

(b) Survey visits may be made at any time to any location used or occupied by the licensee.

(c) In recognition of the necessity to determine compliance with all sections of this chapter, authorized representatives of the Department may survey a vehicle whenever it is in-service provided that no representative of the Department shall stop any vehicle when it is traveling on a public road.

(d) In recognition of the necessity to determine compliance with the vehicle and other related standards of this chapter, authorized representatives of the Department may survey an out-of-service vehicle at any time.

(e) Survey visits shall, at the discretion of authorized representatives of the Department, include:

1. A review of all required records;
2. Conferences with staff and patients;
3. Audit of business locations, vehicles, equipment and qualifications of staff;

4. Riding within a vehicle and/or accompanying staff providing services.

(f) The licensee and its employees shall permit authorized representatives of the Department to make such surveys as the Department deems necessary.

(g) The Department shall notify the licensee in writing of any survey results (positive or negative).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Definition of in-service deleted; notice of survey added.

#### 8:40-2.7 Application for licensure and/or vehicle licenses

(a) Any person, public or private institution, agency, or business concern desiring to be licensed or relicensed to operate Invalid Coach Services and/or Ambulance Services or to secure a vehicle license shall apply to the Commissioner on forms prescribed by the Department. Forms are available from:

Office of Emergency Medical Services  
New Jersey State Department of Health  
CN 367  
Trenton, NJ 08625-0367

(b) The Department shall charge a non-refundable fee of \$1,500 plus \$100.00 per licensable vehicle for the filing of an application for licensure. This fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

1. A provider applying for licensure during the second year of its two-year cycle, in accordance with the schedule set forth at (f) below, shall be charged a non-refundable fee of \$1,250 plus \$50.00 per licensable vehicle for the filing of an application for licensure. This fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(c) No provider shall be licensed unless the provider has at least one licensable vehicle.

(d) The Department shall charge a bi-annual non-refundable provider license renewal fee of \$500.00.

(e) The Department shall charge a bi-annual non-refundable vehicle license renewal fee of \$100.00 per vehicle. A provider applying for a new vehicle license during the second year of its two-year cycle, in accordance with the schedule set forth at (f) below, shall be charged a fee of \$50.00 per vehicle.

(f) Providers with names beginning with the letters A-L will be issued two-year licenses which shall expire in even years (for example, 1998). Providers with names beginning with the letters M-Z will be issued two-year licenses which shall expire in odd years (for example, 1997). Subsequent applications for relicensure will be on a two-year cycle by alphabetical grouping, although services may be resurveyed at any time for quality assurance purposes.

(g) Each set of application(s) submitted to the Department shall be accompanied by a single check in the correct amount made payable to "Treasurer, State of New Jersey".

(h) Governmental entities, such as municipalities and State agencies, are exempt from paying the application fees listed in (b) through (e) above, but must file the appropriate applications.

(i) Upon receipt of the required application forms, authorized representatives of the Department shall survey (or resurvey) the licensee and/or the vehicles to determine compliance with this chapter.

(j) The Department shall notify the licensee in writing of any deficiencies found during surveys.

(k) Incomplete applications shall not be processed and shall be returned to the applicant with no action taken, pending proper completion. Incomplete applications shall be completed and returned to the Department within six months from the date on which the application was returned to the applicant. Once an applicant is notified that the application is complete, the applicant shall have six months to complete the required surveys and obtain licensure. Failure to comply with these timeframes shall require submission of a new application and fee.

(l) No application will be processed from an applicant if the proposed trade name of the company duplicates or is essentially similar to a currently licensed company's trade name, or to the trade name of a company which has an application pending before the Department.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Two-year license provisions added; exemption added at (f).  
Amended by R.1993 d.594, effective November 15, 1993.  
See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).  
Amended by R.1997 d.4, effective January 6, 1997.  
See: 28 N.J.R. 4198(a), 29 N.J.R. 128(a).

Inserted new (b) and (c); recodified former (b) through (j) as (d) through (l); substantially amended (d) through (g), and (k); and, in (h), amended subsection references.

#### 8:40-2.8 Temporary provider permit

Upon finding that the licensee is in compliance with this chapter, the Department shall issue new applicants a temporary provider permit valid for six months. The permit shall be prominently displayed at the licensee's principal place of business.

#### 8:40-2.9 Full provider license

(a) The licensure year extends from January 1 to December 31 of the same calendar year. Beginning in licensure year 1993, two-year licensing will be phased in, as described in N.J.A.C. 8:40-2.7(d).

(b) A full license, valid for a period of 12 months or less, until December 31, 1992, or 24 months or less after January 1, 1993, shall be issued on expiration of the temporary

permit, if periodic surveys by the Department have determined that the licensee is in compliance with this chapter.

(c) The full license, unless sooner suspended or revoked, shall be renewed prior to its expiration date, as noted on the license, contingent upon the licensee:

1. Applying for license renewal; and
2. Continuing to comply with this chapter as determined by periodic surveys by the Department.

(d) The full license shall be prominently displayed at the licensee's principal place of business.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Two-year license provisions added.

#### 8:40-2.10 Vehicle licenses

(a) Upon finding that the vehicle and required equipment are in compliance with this chapter, the Department shall issue a license or permit for the vehicle. Except as provided in N.J.A.C. 8:40-2.4(c), the license or permit shall be valid for the same period as the temporary provider permit or full license.

(b) The original vehicle license or permit shall be affixed to the lower right corner of the window of the rear (curb side) door into the patient compartment of the vehicle for which the license or permit was issued. The information on the license or permit shall be readable from outside the vehicle.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

License display specified.

#### 8:40-2.11 Vehicle recognition number

In recognition of the need for the public to be able to identify specific vehicles licensed by the Department and to avoid confusion between firms with similar appearing names, each vehicle shall have a vehicle recognition number. The licensee shall, with the approval of the Department, permanently assign a unique non-duplicated one, two, three or four-digit Arabic number, or a combination of letters and Arabic numbers not to exceed four characters, to each vehicle.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Field of possible numbers expanded.

#### 8:40-2.12 Waiver

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

1. Endanger the life, safety or health of any person who utilizes the service, or
2. Adversely affect the provision of the service.

(b) A licensee seeking a waiver of part(s) of this chapter shall apply in writing to:

Office of Emergency Medical Services  
New Jersey State Department of Health  
CN 367  
Trenton, NJ 08625-0367

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Address changed.

Amended by R.1993 d.594, effective November 15, 1993.

See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).

#### 8:40-2.13 Non-transferability

No permit or license issued by the Department under this chapter is assignable or transferable. Any permit or license shall be immediately void if the ownership of the agency and/or vehicle changes.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Decal deleted.

#### 8:40-2.14 Return of vehicle license

(a) The licensee shall return to the Department the vehicle license:

1. Concurrent with the surrender or termination of its provider license; or
2. When the vehicle is sold or becomes unusable.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Decal deleted.

#### 8:40-2.15 Discontinuance of vehicle use

(a) In order to protect the public health, safety and welfare, an authorized representative of the Department is empowered to place an "Out-of-Service" notice on any vehicle licensed under this chapter when a survey has determined that the vehicle, equipment, or staffing poses an imminent threat to the health, safety or welfare of the public or to patients using the service.

(b) For the purpose of this section, imminent threat may include, but is not limited to:

1. Serious and apparent automotive defects such as faulty brakes, exhaust system or tires, or
2. Serious and apparent equipment defects such as absent or faulty oxygen, resuscitation or aspiration equipment.

(c) The licensee shall immediately cease to utilize the vehicle to provide any services authorized under this chapter if an "Out-of-Service" notice is placed on the vehicle. The licensee shall ensure that the "Out-of-Service" notice is not removed from the vehicle, except as provided in (d) below. The licensee shall have the right to appeal to the Commissioner for a hearing concerning the placement of the "Out-of-Service" notice.

(d) An "Out-of-Service" notice shall only be removed by an authorized representative of the Department upon a finding that the applicable deficiencies have been corrected. Correction of deficiencies could include, but is not limited to:

1. The vehicle has been repaired or has successfully passed all tests conducted by the N.J. Division of Motor Vehicles when there was an apparent automotive defect, or
2. The equipment has been repaired or replaced when there was an apparent equipment defect.

(e) The licensee shall notify the Office of Emergency Medical Services by telephone when it believes that a deficiency has been corrected. The Office of Emergency Medical Services will make arrangements to reinspect the vehicle in the field within five business days or at the Office of Emergency Medical Services within two business days. The "Out-of-Service" notice will only be removed upon a finding that the applicable deficiencies have been corrected, as in (d) above.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Notification of correction required at (e).

#### Case Notes

Department of Health's decision not to renew respondent's licenses to provide ambulance and invalid coach service and imposition of a \$15,000 fine upheld upon finding that respondent was using forged vehicle licenses. *Otte v. Dep't of Health*, 11 N.J.A.R. 1 (1987).

#### 8:40-2.16 Action against a licensee

(a) Violation of any of the provisions of this chapter may result in action to impose a fine or to revoke the license of the provider. (See N.J.S.A. 26:2H-13 and 26:2H-14 for authority and maximum fines.)

(b) Violations shall be considered as a single, different occurrence for each calendar day the violation occurs or remains uncorrected.

(c) If the Department determines that operational or safety deficiencies exist, it may require that all or part of the services provided under this chapter by the licensee cease. This may be done simultaneously with, or in lieu of, action to revoke licensure and/or impose a fine. The Commissioner or his designee shall notify the licensee in writing of such determination.

(d) Should the firm or the owner(s) or the administrator(s) be convicted of Medicare or Medicaid fraud, action will be taken to revoke the license of the provider.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Revocation provisions specified at (a).

## Case Notes

Emergency medical technician not entitled to retain certification following guilty pleas. Jones v. Department of Health. 92 N.J.A.R.2d (HLT) 1.

**8:40-2.17 Hearings**

Except as provided in N.J.A.C. 8:40-2.15, no permit or license shall be suspended or revoked and no fine shall be imposed without affording the licensee an opportunity for a hearing. In the event an Out-of-Service notice has been

placed on a vehicle pursuant to N.J.A.C. 8:40-2.15, the hearing shall be held within 10 days unless an adjournment is requested by the licensee. The procedures governing all hearings shall be in accordance with the Administrative Procedure Act N.J.S.A. 52:14B-1 et seq. and N.J.S.A. 26:2H-1 et seq. and the Uniform Administrative Rules of Practice, N.J.A.C. 1:1.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

## SUBCHAPTER 3. GENERAL REQUIREMENTS

**8:40-3.1 Agency ownership**

(a) The ownership of the institution, agency or business concern applying for licensing and the ownership of the vehicle(s) shall be disclosed to the Department at the time of application. All owners (100 percent of the company's ownership) shall be listed, indicating the owners' percent of ownership and home address. Proof of this ownership shall be made available to representatives of the Department.

(b) Any corporation which proposes a redistribution of 10 percent or more of its stock, changes its trade name, or any individual owner, partnership or proprietorship which proposes any redistribution of stock whatsoever, must submit a new application for licensure and receive new provider and vehicle permits or licenses before starting to provide service with the new name and/or owners. Any licensed agency which proposes a change in the scope of its service must contact the Department to ascertain if new provider and vehicle permits will be needed before changing the type of service it provides.

(c) No licensed service shall be owned or operated by any person convicted of a crime, including conviction of Medicare and/or Medicaid fraud, relating adversely to the person's capability of owning or operating the service.

(d) No person who was a principal or owner in a company which was licensed under this chapter and which had its license revoked, following the opportunity for a hearing as provided under N.J.A.C. 8:40-2.17, shall be eligible to be a principal or owner of a subsequent service licensable under this chapter.

(e) The past licensure track record performance of any companies licensed under this chapter will be considered when the principals or owners of those companies apply for licensure of any new company, or change in scope of service. The Department may refuse to issue any license until the Department is assured that:

1. The applicant demonstrates continued compliance with all applicable laws, rules and regulations; and
2. The issuance of the license will not pose a threat to the general public health and safety.

(f) The ownership of the agency shall assume full legal responsibility for compliance with this chapter.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Agency ownership further specified at (b) and (d).

Amended by R.1993 d.594, effective November 15, 1993.

See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).

**8:40-3.2 Administrator required**

(a) The licensee shall designate an administrator who shall be responsible for the day-to-day operation of the service.

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

(c) The Department shall be informed of the name and title of the administrator and his or her alternate(s) within 14 days of appointment.

(d) Either the licensee, the administrator, or an alternate shall be designated as principal contact and shall be available for consultation with the Department during business hours.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Principal contact requirement added at (d).

**8:40-3.3 Standard operating procedures**

(a) The licensee shall develop written standard operating procedures to ensure compliance with the requirements of this chapter.

(b) The procedures shall be contained in a manual which is readily available to all staff of the licensee.

(c) In addition to addressing the employees' responsibilities under this chapter, such as cooperating with surveys, the rules governing "out-of-service" vehicles, the possibility of incurring fines in case of licensure violations, having training credentials immediately available and performing duties in a professional manner, the manual should address sanitation requirements, vehicle cleanliness, communicable disease guidelines, placing patients into physical behavioral restraints, patients' rights and confidentiality, vehicle breakdowns and other areas of concern to the licensee or the Department. The manual shall also contain a nondiscrimination statement, outlining the service's willingness to transport and treat patients with AIDS. As appendices, the manual shall include a copy of the EMS Annex and the HAZMAT Annex of the State disaster plan, if the service provides "street EMS." A copy of these rules (N.J.A.C. 8:40) shall be included in the manual, but, by itself, is not sufficient to totally meet the requirements of this section.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on written policies, procedures and task outlines deleted; text on standard operating procedures added.

Administrative correction.

See: 24 N.J.R. 1498(a).

**8:40-3.4 Business locations**

(a) The licensee 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 30 days in advance of any change in the location of the principal place of business.

(b) The Department shall also be informed of the location of any satellite offices and vehicle storage sites maintained by the licensee. The Department shall be notified at least 30 days prior to commencement of business at any proposed satellite location.

(c) The licensee may park or store its vehicles at location(s) not under the licensee's control (such as at employees' homes or upon public streets), consistent with local ordinances.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Notification requirements added at (b).

#### 8:40-3.5 Report of unusual occurrences

(a) The licensee shall immediately notify the Department by telephone, followed by a written confirmation within 72 hours, of:

1. Any death or any injury requiring hospitalization or treatment in an emergency department, which occurred to patients while being transported by the licensee's Invalid Coach or Transport Ambulance.

2. Any injury requiring hospitalization or treatment in an emergency department, which occurred while a patient was being treated by the licensee's staff or transported by the licensee's Emergency Ambulance.

3. Any motor vehicle accident involving the licensee's vehicle which occurred on a public roadway and which resulted in death, hospitalization, or treatment in an emergency department.

4. Any death, or any injury requiring hospitalization or treatment in an emergency department, which occurred to any on-duty personnel of the licensee.

5. Any fire on or within the licensee's vehicle(s) or business location(s) resulting in any damage to records.

6. Any removal of a vehicle from service for a period greater than 30 days.

(b) The required written confirmation shall include any additional information known to the licensee, including the condition of, and prognosis for, injured persons; copies of any official reports; and the licensee's estimate of the degree of disruption of service.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Injury which requires hospitalization or treatment to be reported to Department.

#### 8:40-3.6 Advertising restrictions

(a) No licensee shall advertise or represent that it provides any health care service(s) other than those services it is licensed to provide.

(b) Any provider which responds to a bid to provide service must hold a Certificate of Need and a license which allows operation in that locale and at that level of service, unless the provider was already providing that level of service in that locale at the time N.J.A.C. 8:40 was initially adopted in 1985 and was "grandfathered" without a Certificate of Need.

(c) Invalid Coach licensees may advertise their services under generic headings such as "ambulances" in the Yellow Pages® and similar listings. The actual advertisement under such a generic heading shall clearly advertise only those services the licensee is licensed to provide.

(d) No advertisement for Invalid Coach Services shall give the impression that the licensee provides Ambulance Services and shall be void of any word or expression indicating emergency medical services, including, but not limited to, "emergency", "call direct", "immediate response" and "eliminate delay."

(e) The words "emergency", "24-hour service", "immediate response", "eliminate delay" or similar expressions shall only appear in advertisements for Emergency Ambulance Services and only when the licensee provides continuous, around-the-clock answering of telephone requests-for-service by a person qualified to:

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

(f) The words "Paramedic," "Mobile Intensive Care," "Intensive Care," "MICU", "Critical Care Transport Unit", "CCTU", "Coronary Care" or "Special Care," or abbreviations of such words, shall only appear in advertisements when the provider is authorized to provide Mobile Intensive Care Unit Services in accordance with N.J.S.A. 26:2K-2 et seq. or has been granted a Certificate of Need for such services under N.J.A.C. 8:33N.

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

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Grandfather provision added at (b).

#### 8:40-3.7 Minimum personnel requirements

(a) Each person who operates a motor vehicle licensed under this chapter shall possess and have readily available for inspection a valid driver's license, as required under N.J.S.A. 39:3-10 (Title 39, Motor Vehicle and Traffic Regulations).

(b) Each person who staffs or operates a vehicle licensed under the chapter:

1. Shall be at least 18 years old;
2. Shall dress in clothing, including any outerwear, of a similar uniform appearance which presents a professional appearance;
3. Shall wear the following identification:
  - i. His or her first and/or last name; and
  - ii. The name of the licensee.
4. Shall not wear or display any identification which suggests or indicates affiliation with any other organization or agency. However, identification may be displayed which indicates the person's level of training or personal or licensee membership in a professional association or society.
5. Shall have readily available for inspection, either on his or her person or in the vehicle, valid documentation, or other proof thereof, of his or her training as may be required in this chapter.

(c) Each person who provides patient care (as part of any service licensed under this chapter) shall possess a license, registration, certification or training certificate valid in the State of New Jersey 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.

(d) Each person who staffs a vehicle licensed under this chapter may wear appropriate patches, pins or other items identifying training courses the person has completed. However, no person shall be allowed to staff a vehicle licensed under this chapter while displaying any patch or other symbol indicating a level of training he or she has not attained or is not eligible to provide on that service.

(e) No person shall be allowed to staff or operate a vehicle licensed under this chapter:

1. While under the influence of intoxicating liquor or narcotic or habit forming drugs; or
2. In a reckless manner; or
3. At excessive speed; or
4. While engaging in any illegal conduct.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Age, appearance and operating requirements amended.

#### 8:40-3.8 Personnel files required

A personnel file shall be maintained for each employee. The file shall include the employee's name, home address, documentation of training and expiration date of current training certification or licensure and a copy of the employ-

ee's current driver's license, if the employee is a licensed motor vehicle operator.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Copy of driver's license required.

#### 8:40-3.9 Maintenance of records

(a) The licensee shall maintain full, complete and accurate records as required in this chapter. No required record shall be falsified, altered or destroyed.

(b) The licensee shall keep a copy of each required record at its principal place of business. The records shall be available to authorized representatives of the Department during normal business hours.

(c) The licensee shall retain and safely store all required medical records for at least 10 years or until age 23 for patients treated as minors, whichever occurs later, and all other required records for at least five years. In the event the licensee ceases operation for any reason, the licensee shall arrange for the safe storage of required records at a place, and in a manner, acceptable to the Department.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Stylistic changes.

#### 8:40-3.10 General vehicle requirements

(a) Motor vehicles licensed under this chapter shall be registered, maintained and operated in accordance with Title 39 Motor Vehicle and Traffic Regulations of the State of New Jersey.

(b) Vehicles registered as motor vehicles in New Jersey shall display a valid motor vehicle inspection decal issued by the New Jersey Division of Motor Vehicles. The vehicle shall only be used to provide service after it has successfully passed all motor vehicle tests conducted by the New Jersey Division of Motor Vehicles, or by an authorized Reinspection Station. No vehicle shall provide services under this chapter while it bears a "reject sticker" issued by the New Jersey Division of Motor Vehicles.

(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 used to provide service after it has successfully passed all tests conducted in accordance with the requirements of the state registering the vehicle.

(d) The vehicle shall be in safe operating condition. All required vehicle equipment shall be functional and operable when the vehicle is in service.

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

1. There shall be no protruding edges.
2. Exterior corners (which are corners which "point-out") shall be "rounded" or covered with a padded material.
3. Ceiling shall be finished with a padded material or with a flat even surface.
4. The floor shall have a flat, even, unbroken, impervious surface and be covered with a slip resistant material.
5. All interior surfaces shall be covered with stain resistant material which is impervious to blood, vomitus, grease, oil and common cleaning materials.
6. Any seats with underseat storage shall have a latch(es) which will hold the seat closed. Magnetic latches or friction latches are prohibited.
7. Any cabinet door, except a sliding door, shall have a positive latching mechanism which will hold the door securely closed and will prevent the contents of the cabinet from pushing the door open from the inside. Magnetic latches or friction latches are prohibited.
8. Any items (stored outside of closed cabinets) shall be stored in a crashworthy manner. Use of rubber "shock cords" and Velcro®-type closures are prohibited.

(f) Once a vehicle is licensed by the Department, there shall be no further changes to the vehicle's interior configuration.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Text added at (e)6-8 and (f).

#### 8:40-3.11 Motor 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. Radial and non-radial tires shall not be "mixed" on the vehicle.
- (d) The vehicle exhaust system shall discharge beyond the side(s) of the vehicle and away from fuel tank filler pipe(s) and away from door(s) to minimize the amount of fumes and contaminants entering the vehicle. The exhaust system shall be free of leaks.
- (e) The completed/modified vehicle's center of gravity shall be within the parameter recommended by the chassis manufacturer.

(f) All seats shall comply with FMVSS 207. Safety belts/restraints and anchorages for seats and for occupied wheelchairs shall comply with FMVSS 208, 209 and 210.

(g) Safety belts/restraints shall be provided for each person transported in the vehicle.

(h) All glazing shall comply with FMVSS 205.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Exhaust requirements changed at (d).

#### 8:40-3.12 Vehicle heater/air conditioner

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

1. The heater shall, within 20 minutes after initial engine start up, provide an inside temperature of 68° to 72°F when outside temperature is below 65°F;
2. The air conditioner shall, within 45 minutes after engine start up, provide an inside temperature:
  - i. Of 68° to 72°F when the outside temperature is between 75° and 85°F; and
  - ii. At least 13°F below the outside temperature when the outside temperature is over 85°F.

#### 8:40-3.13 Restrictions on carbon monoxide concentrations

(a) Carbon monoxide concentrations within the vehicle shall not be greater than 10 ppm (parts per million) above the outside ambient carbon monoxide concentration.

(b) The vehicle exhaust system shall be in good condition in order to limit the amount of carbon monoxide and other toxic gases and fumes which could enter the vehicle. The vehicle shall not be used to transport patients if the exhaust system has:

1. Loose or leaking joints; or
2. Holes, leaking seams, or patches; or
3. A tail pipe end which is pinched or damaged; or
4. A tail pipe end which discharges under, or at the edge of, the vehicle body.

(c) The vehicle exterior, doors, windows and related gaskets shall be in good condition in order to limit the entrance of carbon monoxide and other toxic gases and fumes into the vehicle. Carbon monoxide shall not enter the vehicle at rates greater than 10 ppm above the general ambient carbon monoxide concentration.

(d) The vehicle shall be tested for interior carbon monoxide, in a manner acceptable to the Department, whenever a situation arises in which carbon monoxide intrusion is suspected or as an optional part of an official Department inspection of the vehicle. This provision shall not apply to vehicles with diesel engines.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Carbon monoxide to be tested as needed; standard set at less than 10 ppm.

#### 8:40-3.14 Sanitation requirements

(a) The interior of the vehicle, including all areas used 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, wall areas and equipment shall be free of stains and odors.

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

(c) Blankets and any other material shall be kept clean and in good repair.

(d) When the vehicle has been utilized to transport a patient known or suspected to have a communicable disease, the vehicle shall be cleaned and all contact surfaces, equipment and blankets shall be disinfected prior to transportation of another patient, according to current guidelines of the Federal Centers for Disease Control, Atlanta, Georgia, as amended and supplemented, incorporated herein by reference.

(e) Pillows and mattresses shall be kept clean and in good repair. The pillow(s) and mattress(es) shall have protective, waterproof, stain resistant covers.

(f) Freshly laundered linen, or disposable sheets and pillowcases, shall be used in the transport of stretcher patients and shall be changed after each use.

(g) There shall be adequate, clean, dustproof storage for clean linen or for clean disposable sheets and pillow cases.

(h) Plastic bags and/or covered containers or compartments shall be provided for any soiled supplies carried within the vehicle.

(i) 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 use. When reusable items, other than single-service items, are required, the items shall be kept clean and sanitary.

(j) Single use latex gloves shall be available for staff use. They should be properly maintained and stored and should be properly disposed of after use.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

CDC guidelines referenced.

#### 8:40-3.15 Required insurance coverage

(a) Each licensee shall maintain the required minimum insurance as outlined in (a)1 through 4 below plus such

additional insurance as the licensee may deem necessary in order to be eligible to provide services under this chapter. The licensee shall discontinue any and all services licensed under this chapter in the event any portion of the required insurance is cancelled or becomes void.

1. The licensee shall have and maintain at least \$500,000 per occurrence of combined bodily injury/property damage coverage for each vehicle licensed under this chapter; and

2. The licensee shall have and maintain at least \$300,000 of single limit coverage of "premises and operations" type general liability insurance; and

3. The licensee shall have and maintain at least \$300,000 per occurrence coverage of "malpractice" type professional liability insurance, if operating an ambulance service, or regular professional liability insurance, if operating an invalid coach service; or

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

(b) The licensee will be required to submit an official "certificate of insurance" form, covering all three types of insurance mentioned above and issued by the insurance carrier(s), at the time of initial licensure. This form or forms shall show that the required insurance has been purchased and is in force. If vehicles are insured as "scheduled autos" the Vehicle Identification Number (VIN) of each vehicle must be listed on the certificate of insurance. The trade name of the licensee must be listed as an insured.

(c) Upon application for relicensure, the licensee shall supply the Department with the following information as part of the relicensure form: name of the policyholder (which must include the licensee's tradename), name of the insurance company or companies issuing each policy, each applicable policy number, the expiration date of each policy, and the types and limits of coverage for each policy.

(d) Department staff may ask to see vehicle insurance cards during vehicle spot checks or to see copies of the service's insurance policies during inspection visits to the provider's place of business to verify that the required insurance is in force.

(e) At the discretion of the Department, the licensee shall be required to have its insurance carrier(s) submit another official "Certificate of Insurance" to the Department.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text deleted at (b)-(d) and new text added; text added at (a)1-4.

**8:40-3.16 Pneumatic testing required**

(a) All respiratory equipment used to provide services licensed under this chapter shall be pneumatically tested at least every six months and, if required by the manufacturer, at more frequent intervals. At a minimum, the tests shall measure the:

1. Flow rate and vacuum pressure delivered by each aspirator required in N.J.A.C. 8:40-5.14 and 8:40-6.15.
2. Flow rate and inspiratory pressure delivered by each oxygen powered resuscitator required in N.J.A.C. 8:40-5.13 and 8:40-6.14.
3. Flow rate, inspiratory pressure and deflating/refilling time cycles of each bag-valve-mask resuscitator required in N.J.A.C. 8:40-5.13 and 8:40-6.14.
4. Flow rate delivered by each oxygen flowmeter required in N.J.A.C. 8:40-5.12 and 8:40-6.13 and permitted in N.J.A.C. 8:40-4.9.
5. Pressure delivered by each oxygen system regulator required in N.J.A.C. 8:40-5.12 and 8:40-6.13 and permitted in N.J.A.C. 8:40-4.9.

(b) Periodic pneumatic testing may be conducted by staff of the licensee or by an outside agency. All tests shall be conducted in accordance with the Pneumatic Testing Guide as published by and from the Department.

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

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

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on provision of certificate of insurance deleted; text on pneumatic testing recodified from 3.17; (d) added.

**8:40-3.17 Biomedical equipment testing required**

(a) In recognition that licensees may provide biomedical patient care equipment for hospital staff to use, any biomedical patient care equipment used to provide services licensed under this chapter shall be inspected and tested every six months and, if required by the manufacturer, at more frequent intervals.

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

1. Cardiac resuscitators (that is, Thumpers®);
2. Cardiac defibrillators and/or monitors;
3. Incubators;
4. Specialized respirators; and
5. Automatic ventilators.

(c) The required tests shall be conducted by:

1. Qualified employees of the firm which manufactured the equipment; or
2. Qualified employees of a firm approved or authorized by the manufacturer; or
3. Biomedical engineering staff of a licensed New Jersey hospital; or
4. Biomedical engineering staff of the New Jersey Hospital Association (or of an affiliate); or
5. A recognized, independent testing laboratory.

(d) The requirements of (a) above do not apply to biomedical patient care equipment which is:

1. In the physical possession of a hospital, and
2. Is placed in the licensee's vehicle for treatment, during transportation, of a patient of that hospital, and
3. Is operated by the staff of that hospital.

(e) The results of the biomedical patient care equipment tests shall be kept on file at the licensee's principal place of business.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on pneumatic testing recodified to 3.16; text on biomedical equipment testing recodified from 3.18; (b)5 added.

**8:40-3.18 Physical behavioral restraints**

(a) No patient shall be placed in, 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 which is necessary to sustain his or her life or to prevent disability.

(b) No patient shall be kept in physical behavioral restraints for a period greater than one hour unless:

1. A physician or court has authorized the use of the restraints for longer than one hour; or
2. The patient is accompanied in the rear of the vehicle by a law enforcement officer.

(c) No physical behavioral restraint shall be of a type, or used in a manner, that causes undue physical discomfort, harm or pain to a patient. Hard restraints, such as handcuffs, are specifically prohibited unless the patient is accompanied by the law enforcement officer who applied the hard restraints or handcuffs.

(d) The rationale for placing and/or transporting a patient in physical behavioral restraints, and the type of restraints used, shall be clearly stated in the call report required in N.J.A.C. 8:40-5.25 and 6.29.

(e) If restraints are applied by the ambulance staff after leaving the premises of the sending physician or hospital, a copy of the call report shall be provided to the sending physician or hospital within 48 hours.

(f) The provisions of (a) through (e) above do not apply to automotive safety belts, litter patient restraints, and other safety restraints specifically required in this chapter.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on biomedical equipment testing recodified to 3.17; text on physical behavior restraints recodified from 3.19; law enforcement officer to accompany patient.

## SUBCHAPTER 4. SPECIFIC INVALID COACH REQUIREMENTS

### 8:40-4.1 Patient restrictions

(a) Except as prohibited in (b) below, non-emergency health care transportation by Invalid Coach Vehicles shall be provided to patients who are under the supervision and care of a physician, or other recognized health care provider, and who:

1. Are ambulatory; or
2. Are wheelchair bound.

(b) Service shall not be provided to a patient who requires (based upon current medical condition or past medical history):

1. Transportation in a prone or supine position or who is bed or stretcher bound; or
2. Constant attendance due to a medical and/or mental condition; or
3. Aspiration; or
4. Management or observation of intravenous fluids and/or intravenous medications; or
5. An automatic ventilator or whose breathing is ventilator assisted; or

6. Emergency medical services or other emergency services, such as emergency inter-hospital transfer; or

7. Treatment in the Emergency Department of a hospital (for other than routine, non-emergency, follow-up care of a previously diagnosed condition); or

8. Treatment in, or admission to, the Obstetrical Unit (Labor and Delivery Suite) or the Intensive and/or Coronary Care Unit of a hospital; or

9. Transportation in physical behavioral restraints.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Text added at (a)5 and (d).

### 8:40-4.2 General vehicle requirements

(a) When in-service, the Invalid Coach Vehicle shall meet the requirements of this chapter.

(b) Each vehicle used by the licensee to provide Invalid Coach Service shall have and display a valid Invalid Coach license issued by the Department.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Word "decal" deleted.

### 8:40-4.3 Patient compartment requirements and dimensions

(a) The vehicle shall have a patient compartment. There need not be a partition between the driver's seating area (driver's compartment) and the patient compartment.

(b) Vehicles submitted for initial licensure after March 1, 1993, shall meet the following patient compartment 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. will be included when measurements are made.)

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. One doorway shall be at the rear of the vehicle; the other shall be at the curbside of the vehicle.

2. Each doorway opening shall be at least 28 inches wide and at least 56 inches high on vehicles licensed for the first time after March 1, 1993.

3. The wheelchair access to any doorway shall not be obstructed by any immovable objects, such as, but not limited to, bench seats, spare tires, and storage compartments, except as permitted in N.J.A.C. 8:40-4.4(a).

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

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

(d) Vehicles which do not meet the height requirements of (b) above, or the post-March 1, 1993, door opening requirements of (c) above, shall be eligible for "grandfather" licensing, if they meet these minimum requirements: Patient compartments must be at least 52 inches high when measured between the floor and the ceiling at, or near, the center of the patient compartment, vehicles must meet the width and length requirements of (b) above, and doorway openings must be at least 28 inches wide and at least 44 inches high. "Grandfather" licensing shall only apply to the provider of and for use as an invalid coach by that provider for the life of the vehicle, provided:

1. The vehicle has continuously been licensed to the same provider for use as an invalid coach prior to March 1, 1993; or

2. The vehicle has been surveyed for the first time as an invalid coach to that provider prior to March 1, 1993; and

3. The vehicle continues to meet all criteria for licensure as an invalid coach, as listed in the balance for this subchapter; and

4. The vehicle is not out-of-service for more than three consecutive months; and

5. The vehicle is not sold or transferred to another owner. (Sale or transfer invalidates the vehicle's eligibility for continued licensure as a "grandfathered" invalid coach.)

(e) The patient compartment shall be provided with a built-in lighting system. The lighting system shall use white or clear lenses. The lighting shall not interfere with the driver's vision and shall be located so that no glare is reflected into the driver's eyes or line of vision.

(f) There shall be wheelchair restraint positions to secure and immobilize each occupied wheelchair transported in the vehicle.

1. Any 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.

2. On vehicles licensed prior to March 1, 1993, rear wheellock (cam lock) wheelchair restraint systems will be allowed for the life of the vehicle, as long as it is continuously licensed to the same provider, as outlined in (d)1 through 5 above. The restraint system must meet all other requirements of this subsection.

3. Each wheelchair shall have a patient seatbelt which secures the patient into the wheelchair in a configuration similar to an automotive lapbelt. Velcro® type closures are prohibited. The seatbelt shall attach only to the wheelchair, not to the vehicle, and shall not be part of the wheelchair restraint system.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Door requirements changed at (c)3 and 4; restraint specified at (e)1 and 2.

#### 8:40-4.4 Ramp or lift required

(a) There shall be a ramp, lift or other device for the safe exit/entry of occupied standard size wheelchairs. The device shall be permanently fastened to the vehicle and be capable of accommodating a load of at least 500 pounds. When in transit, the device shall be secured in a crashworthy manner and shall be positioned so as not to obstruct both of the required doorways.

(b) Any ramp shall have a slip resistant surface and provide a rigid interlocked surface when in use.

(c) Any device which 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.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Manual backup requirements added at (c).

#### 8:40-4.5 Vehicle markings

(a) The trade name which appears on the license, issued by the Department, shall appear in a size not less than four inches high on the two exterior sides of the vehicle, for any vehicle licensed after March 1, 1992, for the first time.

(b) The vehicle recognition number shall appear in a size not less than three inches high on the rear and the two exterior sides of the vehicle.

(c) The International Symbol of Access for the Handicapped shall appear in a size not less than 12 inches high on the rear and the two exterior sides of the vehicle.

(d) Signs shall appear in the patient compartment which state "Smoking Prohibited."

(e) The required markings shall appear in a color and shade which contrasts with the background on which they appear.

(f) To avoid the appearance of an emergency vehicle, the following shall not appear on the vehicle:

1. Symbol(s) consisting of or resembling the "Star of Life," a Greek cross or a Maltese cross, or any symbol implying provision of advanced life support.

2. Words, or abbreviations of words, such as "Emergency," "Emergency Medical Technician," "Paramedic," "Mobile Intensive Care," "Coronary Care", "Intensive Care," "Advanced," "Trauma," or "Critical."

(g) The word(s) "ambulance" or "emergency" or an abbreviation of the word(s) may only appear when the word is part of the lawful incorporated name of the licensee.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Size of markings increased to six inches; text added at (f).

#### 8:40-4.6 Emergency warning devices prohibited

No Invalid Coach vehicle shall be equipped with, or appear to be equipped with, audible or visible emergency vehicle warning devices, such as flashing or rotating lights, sirens or airhorns.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

#### 8:40-4.7 Litters and stretchers prohibited

No stretcher or litter shall be carried on, or within, the vehicle.

#### 8:40-4.8 General equipment and supplies requirement

(a) When in-service, the vehicle shall be equipped with all the required equipment and supplies.

(b) All equipment and supplies, including unoccupied wheelchairs, shall be stored in a safe, crashworthy manner, as outlined in N.J.A.C. 8:40-3.10(e).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Storage for unoccupied wheelchairs specified.

#### 8:40-4.9 Oxygen administration devices

(a) Oxygen administration devices may, but need not, be carried in the vehicle. If carried, the oxygen and related equipment shall comply with the requirements of this sec-

tion and the vehicle shall be staffed in accordance with the requirements of N.J.A.C. 8:40-4.12(b).

(b) Any installed oxygen system shall be capable of safely storing and supplying a minimum of 600 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. Any installed oxygen cylinder shall be retained in an oxygen tank holder certified by the manufacturer to comply with AMD Standard 003-Oxygen Tank Retention System.

(c) Any portable oxygen system shall be capable of safely storing and supplying at least 300 liters of medical oxygen. Cylinder opening handles/wrenches shall be chained to the regulator or affixed to the cylinder. All oxygen storage arrangements shall comply with applicable provisions of Federal specification KKK-A-1822.

(d) Any oxygen system shall have a medical oxygen pressure reducing and regulating valve, an excess pressure relief valve set at 200 PSI maximum, and a gauge range of 0 to 2,500 PSI (4,000 PSI tested). The regulator shall be preset at  $50 \pm 10$  PSI line pressure.

(e) Any oxygen system shall have an oxygen flowmeter. The oxygen 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 any portable oxygen system shall be non-gravity dependent. Flowmeters shall be accurate to within one lpm when at a setting equal to or less than five lpm, 1.5 lpm when at a setting between six lpm and 10 lpm and within two lpm when at a setting equal to or greater than 11 lpm. Non-dial type flowmeters must take at least one full turn to go from 0 to 15 lpm. Indicators on dial-type flowmeters must be securely seated at each flow rate position.

(f) If oxygen administration equipment is carried, there shall be at least three clear adult size simple inhalation masks of the single service type and two single service cannulas.

(g) If oxygen humidifiers (or nebulizers) are utilized, a new, unused, single service humidifier (or nebulizer) shall be used for each patient.

(h) Each oxygen cylinder shall:

1. Contain only medical grade oxygen;
2. Be color coded green;
3. Have a current hydrostatic test date; and
4. Be tagged (Full, In Use, Empty).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Oxygen storage and flowmeter requirements added at (c) and (e).

**8:40-4.10 Safety equipment**

(a) The vehicle shall have the following minimum safety equipment:

1. Three portable red emergency reflective safety triangles, or three battery-operated flashers, or six flares;
2. One flashlight, two D cell size or larger; and
3. One or two fire extinguishers, U.L. rated at least 1A 10BC in total. The extinguisher(s) shall have either a gauge indicating it is fully charged, or a current inspection tag.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text added at (a)1 and 3.

**8:40-4.11 Required staff**

While in service, each Invalid Coach vehicle shall be staffed by at least one person who shall meet the requirements of N.J.A.C. 8:40-3.7 and this subchapter. A second invalid coach staff member, also meeting the same requirements, shall be required at the time the patient is loaded or unloaded, if a patient in a wheelchair must be moved up or down five or more steps or if a patient in a wheelchair weighs 200 or more pounds and must be moved up or down two or more steps. The second staff member need not be present at other times.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Requirements for second staff person added.

**8:40-4.12 Required training of staff**

(a) If oxygen administration devices are not carried in the vehicle, the required staff person(s) shall possess valid certification in Passenger Assistance Techniques (P.A.T.) issued by Transportation Management Associates, Ft. Worth, Texas, and one of the following:

1. BLS-A: Heartsaver, issued by the American Heart Association; or
2. Adult CPR, issued by the American National Red Cross.

(b) If oxygen administration devices are carried in the vehicle, the required staff person(s) shall possess valid certification as an Emergency Medical Technician-Ambulance, issued or recognized by the Department, in addition to the training required in (a) above.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text deleted and replaced with new (a) and (b).

Amended by R.1993 d.594, effective November 15, 1993.

See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).

**8:40-4.13 Duties of staff**

(a) The collective duties of each person who staffs an Invalid Coach vehicle shall include, but are not limited to:

1. Assisting patients to enter and to leave the vehicle, supervising the well being of patients while in the vehicle and ensuring the privacy, comfort, and appropriate care of patients;
2. 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. 8:40-4.3(f);
3. Assuring that the driver and all other vehicle occupants wear automobile safety belts;
4. Operating the motor vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly, and complying with all applicable motor vehicle laws;
5. Reporting verbally to the appropriate personnel when a patient is brought to a health care facility or other place of medical care; and
6. Prohibiting smoking within the vehicle at all times.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Duties added at (a)1-3.

Amended by R.1993 d.594, effective November 15, 1993.

See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).

**8:40-4.14 Call report**

(a) A call report approved by the Department shall be completed each time a patient is transported. One call report will suffice for both legs of a round trip. The call report, which may be combined with another report or form, shall contain the following information typed or printed in ink:

1. Patient's name and home address;
2. A description, including any observed changes, if the patient's condition worsens; and
3. Vehicle recognition number, full name(s) of driver and any other staff, and date.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Department approval required for call report form.

**8:40-4.15 Radio communications**

(a) Any radio communications shall comply with rules and regulations of the Federal Communications Commission. The Department shall be provided with a copy of any FCC license(s) issued to the licensee.

(b) Any radio communications shall comply with the radio frequency allocation cited in Table 4 of the JEMS Communications Plan published by the Department or in the appropriate table of any future revision of the JEMS plan. The vehicle does not have to be equipped with a "JEMS radio." Specifically, the following radio frequencies shall not be used in radio communications to, or from, Invalid Coach vehicles:

1. Any of the UHF radio frequencies known as "Med 1" through "Med 10;"
2. Any of the VHF radio frequencies listed in Appendix A of this chapter; and
3. Any of the following radio frequencies: 155.280 MHz, 155.340 MHz, 153.785 MHz.

(c) The provisions of (b) above shall not apply if:

1. The Federal Communications Commission determines that Invalid Coach vehicles are eligible to use "Special Emergency Radio Frequencies"; and
2. The provider was issued a Federal Communications Commission license before January 1, 1978 to use one (or more) of the cited frequencies; and
3. The provider is using that same frequency(ies); and
4. Use of that frequency(ies) does not cause harmful interference to other health care providers operating in accordance with the JEMS Plan.

(d) For the purpose of this section, harmful interference is defined as:

1. A written complaint alleging radio interference from a health care provider(s) operating in accordance with the JEMS Plan; and
2. A finding by the New Jersey Office of Frequency Coordination (or, if their services are not available, the Department) that the provider's radio operations are causing harmful interference.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Revisions of JEMS plan included in rule.

## SUBCHAPTER 5. SPECIFIC TRANSPORT AMBULANCE REQUIREMENTS

### 8:40-5.1 Restrictions on future licensing

(a) As of March 1, 1993, no transport ambulances, other than those which meet the criteria in (b) below, shall be licensed to any provider.

(b) Vehicles which meet the following criteria may continue to be licensed to the provider of record on March 1, 1993 as transport ambulances for the life of the vehicle:

1. The vehicle must possess valid licensure as a transport ambulance on or before March 1, 1993;
2. The vehicle must continue to meet all criteria for licensure as a transport ambulance, as listed in the balance of this subchapter; and

3. The vehicle cannot be out-of-service for more than three consecutive months.

(c) Sale of the vehicle, or transfer to another owner, invalidates the vehicle's eligibility for continued licensure as a transport ambulance.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on patient restrictions recodified to 5.2; text on restrictions on future licensing added as new.

### 8:40-5.2 Patient restrictions

(a) Except as prohibited in (b) below, non-emergency health care transportation by Transport Ambulance vehicles shall be provided to patients who are under the supervision and care of a physician, or other recognized health care provider, and who:

1. Are ambulatory; or
2. Are wheelchair bound; or
3. Require transportation in a prone or supine position or who are bed or stretcher bound; or
4. Require constant attendance due to a medical and/or mental condition.

(b) Service shall not be provided to a patient who requires (based upon current medical condition or past medical history):

1. Aspiration; or
2. Management or observation of intravenous fluids and/or intravenous medications; or
3. Emergency medical services or other emergency services, such as emergency inter-hospital transfer; or
4. Treatment in the Emergency Department of a hospital (for other than routine, non-emergency, follow-up care of a previously diagnosed and treated condition); or
5. Treatment in, or admission to:
  - i. The Obstetrical Unit (Labor and Delivery Suite) of a hospital; or
  - ii. The Intensive and/or Coronary Care Unit of a hospital; or
  - iii. The neonatal or newborn unit of a hospital.

(c) The requirements in (a) and (b) above mean that nearly every trip to an acute care medical facility will be beyond the scope of this vehicle; however, if a patient suddenly and unexpectedly requires emergency department treatment after transportation has begun, that patient shall be transported to an emergency department of a hospital.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on general vehicle requirements recodified to 5.3; text on patient restrictions recodified from 5.1; (c) added.

Administrative correction.  
See: 24 N.J.R. 1498(a).

### 8:40-5.3 General vehicle requirements

(a) When in-service, the Transport Ambulance vehicle shall meet the requirements of this chapter.

(b) Each vehicle used by the licensee to provide Transport Ambulance Service shall have and display a valid Transport Ambulance license, issued by the Department.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Patient compartment requirements recodified to 5.4; general vehicle requirements recodified from 5.2.

### 8:40-5.4 Patient compartment requirements

(a) The vehicle shall have a patient compartment. There need not be a partition between the driver's seating area (driver's compartment) and the patient compartment.

(b) The patient compartment shall have at least two exterior doorways.

1. One doorway shall be at the rear of the vehicle; the other at the curbside of the vehicle.

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

3. The doorways shall not be obstructed except as permitted in N.J.A.C. 8:40-5.6(a).

4. The door(s) to each patient compartment doorway shall be capable of being opened and being used from 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, non-opening.

(c) The patient compartment shall be provided with a built-in lighting system. The lighting system shall use white or clear lenses. The lighting system shall not interfere with the driver's vision and shall be located so that no glare is reflected into the driver's eyes or line of vision.

(d) There shall be space and seating for an attendant within the patient compartment. The seat shall be at the head of the required litter and face rearward or shall be alongside the required litter. The seat shall be equipped with a safety belt.

(e) There shall be at least one aisle at least 10 inches wide next to the required wheeled litter.

(f) Occupied wheelchairs may, but need not, be transported in the vehicle. If transported in the vehicle, there shall be wheelchair restraint positions to secure and immobilize each occupied wheelchair.

1. Any 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.

2. On vehicles licensed prior to March 1, 1993, rear wheellock (cam lock) wheelchair restraint systems will be allowed for the life of the vehicle, as long as it is continuously licensed to the same provider, as outlined in N.J.A.C. 8:40-5.1(b) above. The restraint system must meet all other requirements of this subchapter.

3. Each wheelchair shall have a patient seatbelt which secures the patient into the wheelchair in a configuration similar to an automotive lapbelt. Velcro® type closures are prohibited. The seatbelt shall attach only to the wheelchair, not to the vehicle, and shall not be part of the wheelchair restraint system.

(g) There shall be sufficient crashworthy cabinets and other storage spaces to safely accommodate all equipment and supplies, as per N.J.A.C. 8:40-3.10(e).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on patient compartment dimensions recodified to 5.5; patient compartment requirements recodified from 5.3 with (f)1 and 2 added.

### 8:40-5.5 Patient compartment dimensions

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

1. Height: At least 52 inches between the floor and ceiling when measured at, or near, the center of the patient compartment.

2. Width: At least 54 inches between the vehicle interior sides when measured at any point 22 inches above the floor and at least 47 inches between the sides when measured at any point 46 inches above the floor. (The width of cabinets, etc. will be included when measurements are made.)

3. Length: At least 92 inches between the interior surface of the rear door and the rear of the driver's seat, or, if present, the surface of any partition, when measured at floor level.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on ramp or lift recodified to 5.6; patient compartment requirements recodified from 5.4.

### 8:40-5.6 Ramp or lift

(a) There may, but need not, be a ramp, lift or other device for the safe exit/entry of occupied standard size wheelchairs. Any such device shall be permanently fastened to the vehicle and be capable of accommodating a load of at least 500 pounds. When in transit, the device shall be secured in a crashworthy manner and shall be positioned so as not to obstruct both of the required doorways.

(b) Any ramp shall have a slip resistant surface and provide a rigid interlocked surface when in use.

(c) Any device which 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.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on vehicle markings recodified to 5.7; text on ramp or lift recodified from 5.5.

#### 8:40-5.7 Vehicle markings

(a) The trade name which appears on the license, issued by the Department, shall appear in a size not less than four inches high on the two exterior sides of the vehicle for any vehicle licensed after March 1, 1992, for the first time.

(b) The vehicle recognition number shall appear in a size not less than three inches high on the rear and the two exterior sides of the vehicle.

(c) The International Symbol of Access for the Handicapped shall appear in a size not less than 12 inches high on the rear and the two exterior sides of the vehicle.

(d) A sign shall appear in the patient compartment which states: "Smoking Prohibited."

(e) The required markings shall appear in a color and shade which contrasts with the background on which they appear.

(f) The following shall not appear on the vehicle:

1. Symbol(s) consisting of a:

i. "Star of Life;" or

ii. Greek Cross, unless the vehicle is operated by or associated with a volunteer first aid or rescue squad; or

iii. Maltese Cross, unless the vehicle is operated by a Fire Department.

2. The following words, or abbreviations of such words: "Coronary Care," "Special Care," "Intensive Care," "Mobile Intensive Care," or "Paramedic," or any other wording which would imply the provision of advanced life support.

(g) The words "Emergency Medical Technician", or abbreviations of such words, shall only appear when the vehicle is staffed by two Emergency Medical Technicians.

(h) The word "ambulance," or an abbreviation of the word, may only appear when:

1. It is accompanied by the word "Transport" and appears as "Transport Ambulance"; or

2. It is part of the lawful incorporated name of the licensee and the words "Transport Ambulance" appear on the vehicle in letters the same size as the word "Ambulance."

(i) The word "Emergency", or an abbreviation of the word, shall only appear when it is part of the lawful incorporated name of the licensee.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on emergency warning devices recodified to 5.8; text on vehicle markings recodified from 5.6.

#### 8:40-5.8 Emergency warning devices

(a) The vehicle shall be equipped with:

1. Emergency warning lights which provide 360 degrees of visibility during emergency calls and which comply with applicable portions of the emergency lighting standards promulgated by the New Jersey Division of Motor Vehicles at N.J.A.C. 13:24; and

2. An emergency warning siren.

(b) Warning lights or audible signals which are not specifically approved by the Division of Motor Vehicles for use on New Jersey registered emergency vehicles shall not be used.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on use of emergency warning devices recodified to 5.9; text on emergency warning devices recodified from 5.7.

#### 8:40-5.9 Use of emergency warning devices

(a) Emergency Warning Devices ("lights and/or siren") shall only be utilized in providing pre-hospital service when:

1. At the scene of the call, and the use of emergency warning lights is necessary for safety reasons.

2. Transporting a patient and:

i. The patient's condition, suddenly and unexpectedly, worsens to constitute a medical emergency; and

ii. The use of emergency warning devices is necessary to expedite travel to a hospital in the judgment of the staff person caring for the patient, provided that the use of emergency warning lights and/or siren does not contribute to a worsening of the patient's condition.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

General equipment and supplies requirements recodified to 5.10; text on use of emergency warning devices recodified from 5.8.

#### 8:40-5.10 General equipment and supplies requirement

(a) When in-service, the vehicle shall be equipped with all the required equipment and supplies at the start of each work shift. Expended supplies and/or damaged equipment shall be replaced whenever the vehicle is returned to its normal storage location. Equipment may be temporarily

left on/with a patient, when medically necessary. This equipment must be replaced as soon as the vehicle returns to the location where backup equipment is stored. A record shall be made on the call report (required in N.J.A.C. 8:40-5.25) of any equipment left on/with a patient for followup and equipment retrieval purposes.

(b) All equipment and supplies shall be stored within the vehicle in a safe, crashworthy manner, as outlined in N.J.A.C. 8:40-3.10(e). Supplies which are stored shall be clearly visible through the door of the cabinet, or a list of contents shall appear on the door of any interior storage compartment which does not have "see through" doors.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on standard patient transport devices recodified to 5.11; general equipment and supplies requirements recodified from 5.9; with amendment replacement and storage requirements.

#### 8:40-5.11 Standard patient transport devices

(a) There shall be a wheeled 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 mattress at least two inches thick. 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 a pillow, pillowcase and sheet on the litter.

(b) There shall be a portable stretcher for the safe transport of stretcher bound patients up and down flights of stairs. The stretcher may be of the "Reeves"® type, folding type, orthopedic stretcher type or of the combination stretcher/stairchair type.

(c) There shall be a portable stairchair for the safe transport of patients up and down flights of stairs. A combination stretcher/stairchair device will meet the requirements of both (b) above and this subsection.

(d) Each 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" type stretchers may have other types of buckles.) Each stairchair shall have two sets of two-inch wide safety restraints with quick release metal buckles. Velcro®-type closures are prohibited.

(e) Any children, age five or under, who are transported as patients must be properly restrained in a Federally-approved child restraint system specifically designed for ambulance use, such as the Carrie® Life Seat™ (provided the child does not have spinal injuries), or on the ambulance stretcher. When not in use, the child restraint system may be, but need not be, stored on the vehicle. If not stored on the vehicle, the system must be immediately accessible on the provider's premises.

(f) While the vehicle is in motion, the wheeled litter and any occupied stretcher(s) shall be restrained by a litter fastener(s). The wheeled litter fastener shall be certified by the manufacturer to comply with AMD Standard 004—Litter Retention System.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on oxygen administration devices recodified to 5.12; text on standard patient transport devices recodified from 5.10; (e) added.

#### 8:40-5.12 Oxygen administration devices

(a) The vehicle shall have an installed oxygen system capable of safely storing and supplying a minimum of 1,200 liters of medical oxygen. (3,000-liter capacity is recommended.) The oxygen cylinder controls shall be accessible from inside the vehicle. Cylinder opening wrench(es) or handles shall be affixed to, or chained and clipped with, the oxygen cylinder(s). Components and accessories for the oxygen system shall include nonferrous piping and low pressure hose suitable for medical oxygen at a flow rate of at least 200 liters per minute. Installed oxygen cylinder(s) shall be retained in an oxygen tank holder(s) certified by the manufacturer to comply with AMD Standard 003—Oxygen Tank Retention System.

(b) There shall be a portable oxygen system capable of safely storing and supplying at least 300 liters of medical oxygen. Cylinder handles/wrenches shall be chained to the regulator or affixed to the cylinder. All oxygen storage arrangements shall comply with applicable provisions of Federal specification KKK-A-1822. There shall be at least one spare cylinder of at least 300-liter capacity.

(c) Each oxygen system shall have a medical oxygen pressure reducing and regulating valve, an excess pressure relief valve set at 200 PSI maximum and a gauge range of 0 to 2,500 PSI (4,000 PSI tested). The regulator shall be preset at  $50 \pm 10$  PSI line pressure.

(d) Each required oxygen system shall have an oxygen flowmeter. Each oxygen 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 oxygen system shall be non-gravity dependent. Flowmeters shall be accurate to within one lpm when at a setting equal to or less than five lpm, 1.5 lpm when at a setting between six lpm and 10 lpm and within two lpm when at a setting equal to or greater than 11 lpm. Non-dial-type flowmeters must take at least one full turn to go from 0 to 15 lpm. Indicators on dial-type flowmeters must be securely seated at each flow rate position.

(e) There shall be four clear simple inhalation masks (two each in adult and child sizes) of the single service semi-open, non-rebreathing type and two single service type cannulas.

(f) If oxygen humidifiers (or nebulizers) are utilized, a new, unused, single service humidifier (or nebulizer) shall be used for each patient.

(g) Each oxygen cylinder shall:

1. Contain only medical grade oxygen;
2. Be color coded green;
3. Have a current hydrostatic test date; and
4. Be tagged (Full, In Use, Empty).

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on resuscitation devices recodified to 5.13; text on oxygen administration devices recodified from 5.11; flowmeter accuracy specified.

#### 8:40-5.13 Resuscitation devices

(a) The vehicle shall be equipped with an oxygen-powered resuscitator or with an adult size bag-valve-mask resuscitator. Carrying child-size or infant-size bag-valve-mask units is optional.

(b) Any oxygen-powered resuscitator shall provide:

1. 100 percent oxygen;
2. An instantaneous flow rate between 35 and 45 liters per minute;
3. Inspiratory pressure between 55 to 65 cm water pressure; and
4. 15/22mm fittings.

(c) Any bag-valve-mask resuscitator shall meet the following criteria:

1. Have a self-refilling bag without sponge rubber inside;
2. Any adult-size bags shall be capable of deflating/refilling at least 20 times per minute at room temperature. Any child-size bags shall be capable of deflating/refilling at least 30 times per minute at room temperature. Any infant-size bag(s) shall be capable of deflating/refilling at least 40 times per minute at room temperature;
3. Valve shall be a true non-rebreathing valve and have 15/22 mm fittings.

(d) There shall be at least two transparent domed resuscitation face masks (one each in adult and child size) with 22 mm fittings.

(e) No resuscitation device shall be carried in the vehicle unless it is suitable for use by an Emergency Medical Technician and meets the criteria in (b) and/or (c) above.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on aspirator/suction devices recodified to 5.14; text on resuscitation devices recodified from 5.12 with changes to flow rate, water pressure and child-size bag requirements.

#### 8:40-5.14 Aspirator/suction devices

(a) There shall be an installed aspirator (installed suction unit) powered by the vehicle's electrical system. The device shall be securely mounted and located to permit aspiration of a stretcher bound patient. The device shall meet the criteria contained in (b) below during the entire normal range of vehicle operation.

(b) Any suction device shall provide:

1. A flow rate of at least 30 liters per minute at the end of the suction tube; and
2. A vacuum pressure of at least 300 mm mercury suction within four seconds and a maximum vacuum pressure of at least 400 mm.

(c) Any suction device 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 one semi-rigid pharyngeal suction adapter and at least eight suction catheters in not less than four assorted adult and child sizes.

(d) Any portable suction device (optional) must meet the standards in (c) above, be powered by an integral battery, and meet the criteria in (b) above for at least 20 minutes.

(e) No suction device shall be carried in the vehicle unless it is suitable for use by an Emergency Medical Technician and meets the criteria contained in (b) above.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on airway maintenance supplies recodified to 5.15; text on aspirator/suction devices recodified from 5.13; (d) added.

#### 8:40-5.15 Airway maintenance supplies

(a) There shall be at least the following airway maintenance supplies:

1. Two bite sticks single service type; and
2. At least one airway kit containing seven or more different sized airways.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on external cardiac compression support recodified to 5.16; text on airway maintenance supplies recodified from 5.14; (a)2 revised.

#### 8:40-5.16 External cardiac compression support

A short spine board or a specially designed rigid board (such as a "CPR Board"®) shall be immediately available within the patient compartment. It shall not be stored under the benchseat.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on spine boards recodified to 5.17; text on external cardiac compression support recodified from 5.15.

#### 8:40-5.17 Spine boards

(a) The following spine boards shall be carried in the vehicle:

1. One long spine board made of wood at least three-quarters of an inch thick, or of equivalent inflexible material, 72 inches long by 18 inches wide with associated strap holes and full length three quarter inch runners, or another configuration which protects the staff's hands from injury during patient movement; and
2. Three straps, two inches wide by nine feet long with quick release type metal buckles. Velcro®-type closures are prohibited.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on wound dressing and burn treatment supplies recodified to 5.18; text on spine boards recodified from 5.16; (a)2-4 replaced by new 2.

#### 8:40-5.18 Wound dressing and burn treatment supplies

(a) The following wound dressing and burn treatment supplies shall be carried in the vehicle:

1. Six conforming roller bandages, at least three inches wide;
2. Twelve triangular bandages (cravats) measuring 36 inches by 36 inches by 51 inches when unfolded;
3. Two sterile, individually packed universal (or multi trauma) dressings measuring at least nine inches by 30 inches when unfolded;
4. Twelve sterile, individually packed gauze pads at least four inches by four inches;
5. One roll adhesive type tape;
6. Two sterile, individually packed occlusive dressings or one sterile roll of aluminum foil;
7. One sterile, individually wrapped burn sheet, or other burn care product approved by the Commissioner; and
8. One liter sterile saline solution in a plastic container(s) (for flushing injury sites). Saline solution shall be current (not expired).

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on obstetrical kit deleted; text on wound dressing and burn treatment supplies recodified from 5.17; with amended supply requirements.

#### 8:40-5.19 Poison treatment supplies

(a) The following poison treatment supplies shall be carried in the vehicle:

1. Four liquid ounces of Syrup of Ipecac; and
2. Four, three to four-ounce bottles prepackaged liquid activated charcoal

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Activated charcoal increased.

#### 8:40-5.20 Other patient care equipment

(a) There shall be the following other minimum patient care equipment;

1. Diaphragm-type stethoscope;
2. Aneroid type blood pressure manometer and adult size cuff (an additional cuff in a child size is optional);
3. Glucose in form easily ingested by mouth (four sugar packets or one fluid ounce);
4. Four cloth blankets at least 60 inches by 80 inches in size from September 15 to May 1 and two blankets the rest of the year;
5. Two penlights suitable for patient examination;
6. Twelve pairs surgeon's type latex gloves; and
7. Two sets of personnel protection isolation garments, including gowns and masks.

(b) The licensee shall provide such other equipment and supplies as may be necessary, provided no equipment or supplies shall be carried which would permit rendering of care contrary to N.J.S.A. 45:9-1 et seq. (Practice of Medicine and Surgery Act).

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Penlights, gloves and gowns added.

#### 8:40-5.21 Safety equipment

(a) The vehicle shall have the following minimum safety equipment:

1. Three portable red emergency reflective safety triangles or three battery-operated flashers, or six flares;
2. One flashlight, two D cell size or larger; and
3. One or two fire extinguisher(s) U.L. rated at least 1A 10BC in total. The fire extinguisher(s) shall have either a gauge indicating it is fully charged or a current inspection tag.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Flasher, flare and fire extinguisher requirements added.

**8:40-5.22 Required staff**

(a) When in-service, including any time the vehicle is used as an invalid coach, each Transport Ambulance shall be staffed by at least two persons who shall meet the requirements of N.J.A.C. 8:40-3.7 and this subchapter. All additional staff persons of the licensee shall meet the requirements of N.J.A.C. 8:40-3.7.

(b) Staff persons of a hospital or of another agency who accompany a patient need not meet the requirements of N.J.A.C. 8:40-3.7(a) and (b).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

**8:40-5.23 Required training of staff**

(a) Each of the required staff persons shall possess current valid certification as an Emergency Medical Technician-Ambulance, issued or recognized by the Department.

(b) Each of the required Emergency Medical Technicians-Ambulance shall possess valid current certification in cardiopulmonary resuscitation (CPR) for professional rescuers issued by the American Heart Association, the National Safety Council or the American Red Cross.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Certification requirements added at (b); old (b) deleted.  
Amended by R.1993 d.594, effective November 15, 1993.  
See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).  
Amended by R.1997 d.4, effective January 6, 1997.  
See: 28 N.J.R. 4198(a), 29 N.J.R. 128(a).

In (b), substituted "professional rescuers" for "emergency services personnel" and amended references to issuing entities.

**8:40-5.24 Duties of staff**

(a) The collective duties of the persons who staff a Transport Ambulance vehicle shall include, but are not limited to:

1. Providing prompt, efficient and effective emergency medical care to the patient(s);
2. Attending the patient(s) at all times and continually monitoring the patient's condition;
3. Assisting the patients to enter and to leave the vehicle, supervising the well-being of patients while in the vehicle, and ensuring the privacy and comfort of patients;
4. Assuring that any stretcher, wheelchair or other patient transport device is safely and properly restrained, patients are restrained and all vehicle occupants wear automotive safety belts. All wheelchair patients must be properly restrained in the wheelchair in accordance with N.J.A.C. 8:40-5.4(f)1 and 2. The staff person(s) caring for the patient need not wear a safety belt when providing essential life support such as CPR;

5. Operating the motor vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly and complying with all applicable motor vehicle laws;

6. Reporting verbally to the appropriate personnel when a patient is brought to a health care facility or other place of medical care;

7. Summoning an Emergency Ambulance, and an established Mobile Intensive Care unit, if necessary for patient care;

8. Prohibiting smoking within the vehicle at all times; and

9. Entering data into and signing the required call report, when applicable.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Child restraint and data entry requirements added.

**8:40-5.25 Call report**

(a) A call report approved by the Department shall be completed each time a patient is transported. The call report need not be prepared by the staff assigned to the vehicle. The call report, which may be combined with another report or form, shall contain the following information typed or printed in ink:

1. The patient's name, age, sex and home address;
2. A description of the patient's condition and any observed changes;
3. A description of any care given to the patient;
4. The time when, and location where, patient was picked up and was discharged;
5. The vehicle recognition number, date, and full names of staff;
6. Whether or not emergency warning devices were used at the scene or in transit to the medical facility; and
7. Any required equipment left on/with a patient.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Department approval required for call report form.

**8:40-5.26 Radio communications**

(a) Any radio communications shall comply with rules and regulations of the Federal Communications Commission. The Department shall be provided with a copy of any FCC license(s) issued to the licensee.

(b) Any radio communications shall comply with the radio frequency allocation cited in Table 4 of the JEMS Communications Plan published by the Department or the appropriate table in any future revision of the JEMS plan. (The vehicle does not have to be equipped with a "JEMS radio.") Specifically, the following radio frequencies shall

not be used in radio communications to, or from, Transport Ambulance vehicles:

1. Any of the UHF radio frequencies known as "Med 1" through "Med 10;"
2. Any of the VHF radio frequencies listed in Appendix A of this chapter; and
3. Any of the following radio frequencies: 155.280 MHz, 155.340 MHz, 153.785 MHz.

(c) The provisions of (b) above shall not apply if:

1. The provider was issued a Federal Communications Commission license before January 1, 1978 to use one (or more) of the cited frequencies; and
2. The provider using that same frequency(ies); and
3. Use of that frequency(ies) does not cause harmful interference to other health care providers operating in accordance with the JEMS Plan.

(d) For the purpose of this section, harmful interference is defined as:

1. A written complaint alleging radio interference from a health care provider(s) operating in accordance with the JEMS Plan; and
2. A finding by the New Jersey Office of Frequency Coordination (or, if their services are not available, the Department) that the provider's radio operations are causing harmful interference.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
JEMS revisions included.

## SUBCHAPTER 6. SPECIFIC EMERGENCY AMBULANCE REQUIREMENTS

### 8:40-6.1 Patient restrictions

(a) Emergency medical care and transportation shall be provided to a patient who:

1. Requires, or may require, pre-hospital emergency medical services, or
2. Requires, or may require, emergency inter-hospital transfer, or

(b) Health care transportation may be provided to patients who are under the supervision and care of a physician, or other recognized health care provider, and who:

1. Are ambulatory; or
2. Are wheelchair bound; or

3. Are bed or stretcher bound or who require transportation in a prone or supine position; or
4. Require constant attendance due to a medical and/or mental condition.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Aspiration and IV deleted at (a)3.

### 8:40-6.2 General vehicle requirements

(a) When in-service, the Emergency Ambulance vehicle shall meet the requirements of this chapter.

(b) Each vehicle used by the licensee to provide Emergency Ambulance Service shall have and display a valid Emergency Ambulance license, issued by the Department.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Decal deleted.

### 8:40-6.3 Patient compartment requirements

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

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

1. One doorway shall be at the rear of the vehicle; the other at the curbside of the vehicle;
2. Each doorway opening shall be at least 28 inches wide and at least 44 inches high;
3. The doorways shall not be obstructed except as permitted in N.J.A.C. 8:40-6.6(a);
4. The door(s) to each patient compartment doorway shall be capable of being opened and being used from 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, non-opening.

(c) The patient compartment shall be provided with a built-in lighting system. The lighting system shall use white or clear lenses. The lighting system shall not interfere with the driver's vision and shall be located so that no glare is reflected into the driver's eyes or line of vision.

(d) There shall be space and seating for an attendant within the patient compartment. The seat shall be at the head of the required litter and face rearward or shall be alongside the required litter. The seat shall be equipped with a safety belt.

(e) There shall be at least one aisle at least 10 inches wide next to the required wheeled litter.

(f) Occupied wheelchairs may, but need not, be transported in the vehicle. If transported in the vehicle, there shall be wheelchair restraint positions to secure and immobilize each occupied wheelchair.

1. Any 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.

2. On vehicles licensed prior to March 1, 1993, rear wheellock (cam lock) wheelchair restraint systems will be allowed for the life of the vehicle, as long as it is continuously licensed to the same provider. The restraint system must meet all other requirements of this subchapter.

3. Each wheelchair shall have a patient seatbelt which secures the patient into the wheelchair in a configuration similar to an automotive lapbelt. Velcro®-type closures are prohibited. The seatbelt shall attach only to the wheelchair, not to the vehicle, and shall not be part of the wheelchair restraint system.

(g) There shall be sufficient crashworthy cabinets and other storage spaces to safely accommodate all equipment and supplies, as per N.J.A.C. 8:40-3.10(e).

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Standard door handle required at (b)4; text added at (f)1 and 2.

#### 8:40-6.4 Patient compartment dimensions

(a) Vehicles with the following minimum patient compartment dimensions shall be eligible for licensing and use as an ambulance as long as they comply with this chapter.

1. Height: At least 54 inches between the floor and ceiling when measured at, or near, the center of the patient compartment. (A minimum of 60 inches is preferable.)

2. Width: At least 56 inches between the sides when measured at any point 52 inches above the floor. (The width of cabinets, etc. will 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.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Grandfather provision deleted.

#### 8:40-6.5 Certification to Federal specifications

(a) Any vehicle presented for licensure shall be certified to meet the version of Federal Specification KKK-A-1822 which was current at the time the vehicle was manufactured for use as an emergency ambulance. 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. Inclusions of these items on a New Jersey licensed emergency ambulance is optional:

1. Spare Tire and Storage;
2. Tools (tire changing);
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;
11. Color standards and tolerances;

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

1. Ambulance emergency lighting. The licensee may specify emergency lights other than those required in the Federal specifications, but all exterior lighting must be in accordance with standards contained in the New Jersey motor vehicle regulations, N.J.A.C. 13:24;

2. Interior storage accommodations. A trash receptacle is optional. All other items are required;

3. Suction aspirators. The installed and portable aspirators (suction units) shall provide a free airflow of 30 lpm (rather than the 20 lpm specified in KKK-A-1822); and

4. Emblems and markings. The purchaser of the vehicle may specify the location of any additional lettering and markings which may be desired, beyond those required under the federal specifications.

Public Notice: Petition for Rulemaking. Amendments to N.J.A.C. 8:40-6.5(c) concerning the minimum flow rate provided by a portable suction device carried upon an Invalid Coach or ambulance.

See: 18 N.J.R. 1204(d).

Public Notice: Notice of Action on Petition for Rulemaking to amend N.J.A.C. 8:40-6.5(c).

See: 18 N.J.R. 1205(a), 18 N.J.R. 1412(e).

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Exceptions added at (c).

#### 8:40-6.6 Ramp or lift

(a) There may, but need not, be a ramp, lift or other device for the safe exit/entry of occupied standard size wheelchairs. Any such device shall be permanently fastened

to the vehicle and be capable of accommodating a load of at least 500 pounds. When in transit, the device shall be secured in a crashworthy manner and shall be positioned so as not to obstruct both of the required doorways.

(b) Any ramp shall have a slip-resistant surface and provide a rigid interlocked surface when in use.

(c) Any device which 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.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Manual backup specifications added.

#### 8:40-6.7 Vehicle markings

(a) The trade name which appears on the license, issued by the Department, shall appear in a size not less than four inches high on the two exterior sides of the vehicle for any vehicle licensed after March 1, 1992, for the first time.

(b) The vehicle recognition number shall appear in a size not less than three inches high on the rear and the two exterior sides of the vehicle.

(c) The vehicle shall have the following other markings:

1. The word "ambulance" in a size not less than four inches high shall be mirror image, centered above the grill, on the front of the vehicle.

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

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

4. The word "ambulance" in a size not less than six inches high shall appear on each side and on the rear of the vehicle body. The word "ambulance" may be separate from, or may be incorporated in, the trade name required in (a) above.

(d) A sign shall appear in the patient compartment which states: "Smoking Prohibited."

(e) The required markings shall appear in a color and shade which contrasts with the background on which they appear.

(f) The following shall not appear on the vehicle:

1. Symbol(s) consisting of a:

i. Greek Cross, unless the vehicle is operated by or associated with a volunteer first aid or rescue squad; or

ii. Maltese Cross, unless the vehicle is operated by a Fire Department.

2. The following words, or abbreviations of such words: "Coronary Care," "Special Care" or "Intensive Care," "Mobile Intensive Care," or "Paramedic," or any other wording which would imply the provision of advanced life support, unless the service qualifies under (g) below.

(g) The words "Paramedic" or "Mobile Intensive Care," or abbreviations of such words, shall only appear when the licensee is authorized to provide Mobile Intensive Care Unit Service in accordance with N.J.S.A. 26:2K-7 et seq.

(h) The words "Emergency Medical Technician", or abbreviations of such words, shall only appear when the vehicle is staffed by two Emergency Medical Technicians.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Markings six inches high; exception added to (f)1.

#### 8:40-6.8 Emergency warning devices

(a) The vehicle shall be equipped with:

1. Emergency warning lights which provide 360 degrees of visibility during emergency calls and which comply with applicable portions of the emergency lighting standards promulgated by the New Jersey Division of Motor Vehicles in N.J.A.C. 13:24; and

2. An emergency warning siren.

(b) Warning lights or audible signals which are not specifically approved by the Division of Motor Vehicles for uses on New Jersey registered emergency vehicles shall not be used.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Reference to DMV rules added.

#### 8:40-6.9 Use of emergency warning devices

(a) Emergency Warning Devices ("lights and/or siren") shall only be utilized in providing pre-hospital service when:

1. Responding to the location of a patient and:

i. There are reasonable grounds to believe that the patient's condition is serious enough to constitute a medical emergency; and

ii. The use of emergency warning devices is necessary to expedite travel to the patient's location;

2. At the scene of the call, and the use of emergency warning lights is necessary for safety reasons;
3. Transporting a patient to a hospital; and
  - i. The patient's condition is serious enough to constitute a medical emergency; and
  - ii. The use of emergency warning devices is necessary to expedite travel to the receiving hospital in the judgment of the staff person caring for the patient, provided that the use of emergency warning lights and/or siren does not contribute to a worsening of the patient's condition.

(b) Emergency Warning Devices ("lights and/or siren") shall only be utilized in providing inter-hospital transfer when:

1. Responding to the "sending" hospital, and
  - i. The "sending" or "receiving" physician, or his/her designee, clearly states that "emergency response" to the hospital is necessary; and
  - ii. The use of emergency warning devices is necessary to expedite travel to the "sending" hospital;
2. Transporting a patient to the "receiving" hospital, and
  - i. The "sending" or "receiving" physician, or his/her designee, clearly states that "emergency transportation" to the "receiving" hospital is necessary; and
  - ii. The use of emergency warning devices is necessary to expedite travel to the "receiving" hospital;
3. Transporting a patient to another hospital and:
  - i. The patient's condition, suddenly and unexpectedly, worsens to constitute a medical emergency; and
  - ii. The use of emergency warning devices is necessary to expedite travel to a hospital in the judgment of the staff person caring for the patient, provided that the use of emergency warning lights and/or siren does not contribute to a worsening of the patient's condition.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Restriction on warning devices added.

#### 8:40-6.10 General equipment and supplies requirements

(a) When in-service, the vehicle shall be equipped with all the required equipment and supplies at the start of each work shift. Expended supplies and/or damaged equipment shall be replaced whenever the vehicle is returned to its normal storage location. Equipment may be temporarily left on/with a patient, when medically necessary. This equipment must be replaced as soon as the vehicle returns to the location where backup equipment is stored. A record shall be made on the call report (see N.J.A.C.

8:40-6.29) of any equipment left on/with a patient for followup and equipment retrieval purposes.

(b) All equipment and supplies shall be stored within the vehicle in a safe, crashworthy manner, as outlined in N.J.A.C. 8:40-3.10(e). Supplies which are stored shall be clearly visible through the door of the cabinet, or a list of contents shall appear on the door of any interior storage compartment which does not have "see through" doors.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Replacement and storage requirements added.

#### 8:40-6.11 Standard patient transport devices

(a) There shall be a wheeled 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 mattress at least two inches thick. 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 a pillow, pillowcase and sheet on the litter.

(b) There shall be a portable stretcher for the safe transport of stretcher bound patients up and down flights of stairs. The stretcher may be of the "Reeves" (R) type, folding type, orthopedic stretcher type or of the combination stretcher/stairchair type.

(c) There shall be a portable stairchair for the safe transport of patients up and down flights of stairs. A combination stretcher/stairchair device will meet the requirements of both (b) above and this subsection.

(d) Each 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" type stretchers may have other types of buckles.) Each stairchair shall have two sets of two-inch wide safety restraints with quick release metal buckles. Velcro®-type closures are prohibited.

(e) Any children, age five or under, who are transported as patients must be properly restrained in a Federally-approved child restraint system specifically designed for ambulance use, such as the Carrie® Life Seat™ (provided the child does not have spinal injuries), or on the ambulance stretcher. When not in use, the child restraint system may be, but need not be, stored on the vehicle. If not stored on the vehicle, the system must be immediately accessible on the provider's premises.

(f) While the vehicle is in motion, the wheeled litter and any occupied stretcher(s) shall be restrained by a litter fastener(s). The wheeled litter fastener shall be certified by

the manufacturer to comply with AMD Standard 004—Litter Retention System.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Litter, stretcher and child seat requirements added.

#### 8:40-6.12 Special patient transport devices

(a) When necessitated by the patient's medical conditions and required by a physician, a patient may be transported in a special device such as, but not limited to, a "Stryker" (R) frame or specially designed incubator. The special device and patient shall be restrained in a crashworthy manner and in accordance with the intent of AMD Standard 004 and applicable Federal Motor Vehicle Safety Standards.

(b) The patient transport devices required in N.J.A.C. 8:40-6.11 may be removed from the vehicle to make room for the special transport device.

#### 8:40-6.13 Oxygen administration devices

(a) The vehicle shall have an installed oxygen system capable of safely storing and supplying a minimum of 1,200 liters of medical oxygen. (3,000-liter capacity is recommended.) The oxygen cylinder controls shall be accessible from inside the vehicle. Cylinder opening wrench(es) or handles shall be affixed to, or chained and clipped with, the oxygen cylinder(s). Components and accessories for the oxygen system shall include nonferrous piping and low pressure hose suitable for medical oxygen at a flow rate of at least 200 liters per minute. Installed oxygen cylinder(s) shall be retained in an oxygen tank holder(s) certified by the manufacturer to comply with AMD Standard 003—Oxygen Tank Retention System.

(b) There shall be a portable oxygen system capable of safely storing and supplying at least 300 liters of medical oxygen. Cylinder handles/wrenches shall be chained to the regulator or affixed to the cylinder. All oxygen storage arrangements shall comply with applicable provisions of Federal specification KKK-A-1822. There shall be at least one spare cylinder of at least 300-liter capacity.

(c) Each oxygen system shall have a medical oxygen pressure reducing and regulating valve, an excess pressure relief valve set at 200 PSI maximum and a gauge range of 0 to 2,500 PSI (4,000 PSI tested). The regulator shall be preset at  $50 \pm 10$  PSI line pressure.

(d) Each required oxygen system shall have an oxygen flowmeter. Each oxygen flowmeter shall have a gauge or dial with a range of at least 0 to 15 liters per minute in calibrated increments. The flowmeter on the portable oxygen system shall be non-gravity dependent. Flowmeters shall be accurate to within one lpm when at a setting equal to or less than five lpm, 1.5 lpm when at a setting between six lpm and 10 lpm and within two lpm when at a setting equal to or greater than 11 lpm. Non-dial-type flowmeters must take at least one full turn to go from 0 to 15 lpm. Indicators on dial-type flowmeters must be securely seated at each flow rate position.

(e) There shall be at least four clear inhalation masks (two each in adult and child sizes) of the single service, semi-open, non-rebreathing type and two single service type cannulas.

(f) If oxygen humidifiers (or nebulizers) are utilized, a new, unused, single service humidifier (or nebulizer) shall be used for each patient.

(g) Each oxygen cylinder shall:

1. Contain only medical grade oxygen;
2. Be color coded green;
3. Have a current hydrostatic test date; and
4. Be tagged (Full, In Use, Empty).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Oxygen storage and flowmeter requirements added.

#### 8:40-6.14 Resuscitation devices

(a) The installed oxygen system shall be equipped with a positive pressure oxygen powered resuscitator.

(b) Either the required portable oxygen system, or a separate portable oxygen system (which complies with N.J.A.C. 8:40-6.13(b) and (c)), shall be equipped with a positive pressure oxygen powered resuscitator.

(c) The vehicle shall be equipped with an adult size, a child size, and an infant size bag-valve-mask resuscitator.

(d) Any oxygen-powered resuscitator shall provide:

1. 100 percent oxygen;
2. An instantaneous flow rate between 35 and 45 liters per minute;
3. Inspiratory pressure between 55 and 65 on water pressure; and
4. 15/22mm fittings.

(e) Any bag-valve-mask resuscitator shall meet the following criteria:

1. Have a self-refilling bag without sponge rubber inside;
2. Adult size bags shall be capable of deflating/refilling at least 20 times per minute at room temperature. Child-size bags shall be capable of deflating/refilling at least 30 times per minute at room temperature. Infant size bag(s) shall be capable of deflating/refilling at least 40 times per minute at room temperature; and
3. Valve shall be a true non-rebreathing valve and have 15/22mm fittings.

(f) There shall be at least six resuscitation face masks:

1. At least three transparent domed resuscitation face masks (one each in large adult, medium adult and child size) with 22mm fittings for the required oxygen-powered resuscitators;

2. Two transparent domed resuscitation face masks (one each in large adult and medium adult size) with 22mm fittings for the required adult size bag-valve-mask resuscitator; and

3. One transparent domed infant size mask with 22mm fittings for the required infant sized bag-valve-mask resuscitator.

(g) No resuscitation device shall be carried in the vehicle unless it:

1. Is suitable for use by an Emergency Medical Technician and meets the criteria in (d) and/or (e) above; or

2. Is prescribed by a physician for a patient being transported and is operated by a physician, nurse, respiratory therapist or inhalation therapist.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Flow rate, temporary pressure and child-size bag requirements added.

Administrative correction.

See: 24 N.J.R. 1498(a).

#### 8:40-6.15 Aspirator/suction devices

(a) There shall be an installed aspirator (installed suction unit) powered by the vehicle's electrical system. The device shall be securely mounted and located to permit aspiration of a stretcher bound patient. The device shall meet the criteria contained in (c) below during the entire normal range of vehicle operation.

(b) There shall be a portable aspirator (portable suction unit) powered by an integral battery or by gas, such as oxygen. (Battery powered is recommended.) The device shall meet the criteria contained in (c) below for at least 20 minutes.

(c) Any suction device shall provide:

1. A flow rate of at least 30 liters per minute at the end of the suction tube; and

2. A vacuum pressure of at least 300mm mercury suction within four seconds and a maximum vacuum pressure of at least 400mm.

(d) Each suction device 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 one semi-rigid pharyngeal suction adapter and at least eight suction catheters for each device in not less than four assorted adult and child sizes. At least one catheter shall be a size 8 and

one shall be a size 18. An infant bulb syringe and one wide-bore, semi-rigid suction tip shall also be carried.

(e) No suction device shall be carried in the vehicle unless it:

1. Is suitable for use by an Emergency Medical Technician and meets the criteria contained in (c) above or in N.J.A.C. 8:40-6.20(a)4; or

2. Is prescribed by a physician for a patient being transported and is operated by a physician, nurse, respiratory therapist or inhalation therapist.

Public Notice: Petition for Rulemaking. Amendments to N.J.A.C. 8:40-6.15(c)1 concerning the minimum flow rate provided by a portable suction device carried upon an Invalid Coach or ambulance. See: 18 N.J.R. 1204(d).

Public Notice: Notice of Action or Petition for Rulemaking to amend N.J.A.C. 8:40-6.15(c)1.

See: 18 N.J.R. 1205(a), 18 N.J.R. 1414(a).

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Infant bulb syringe and suction tip added.

#### 8:40-6.16 Airway maintenance supplies

(a) There shall be at least the following airway maintenance supplies:

1. Two bite sticks, single-service type; and

2. Fourteen airways in at least four different adult and child sizes.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Supplies increased at (a)2.

#### 8:40-6.17 External cardiac compression support

A short spine board or a specially designed rigid board (such as a "CPR Board"®) shall be immediately available within the patient compartment. It shall not be stored under the benchseat.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Storage of spine board specified.

#### 8:40-6.18 Spine boards, orthopedic litter and splints

(a) The following spine boards, orthopedic litter and splints shall be carried in the vehicle:

1. One long spine board made of wood at least three quarters of an inch thick, or of equivalent inflexible material, 72 inches long by 18 inches wide with associated strap holes and full length three-quarter inch runners, or another configuration which protects the staff's hands from injury during patient movement;

2. One short spine board made of wood at least one half of an inch thick, or of equivalent material, measuring 32 inches to 34 inches high. Body section 16 to 18 inches wide by 20 inches to 22 inches high with associated strap holes. Another commercially available spinal immobiliza-

tion device (for example, K.E.D.®), approved by the Commissioner, may be substituted;

3. Four straps, two inches wide by nine feet long with quick release type metal buckles. ("Slide-through" type strongly recommended.) Velcro®-type closures are prohibited;

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, and be fitted with three sets of two-inch wide restraining straps with quick release (slide through or metal to metal type) metal buckles. Velcro®-type closures are prohibited;

5. Six rigid cervical collars of a type approved by the Commissioner (for example, StifNeck® or Philadelphia-type) in at least three different sizes;

6. One head restraint system, used to immobilize a patient's head while the patient is restrained on a backboard, of a type approved by the Commissioner. Sandbags are prohibited;

7. A minimum of six splinting devices, of the types approved by the Commissioner (for example, padded board splints, 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, either half-ring or padded ischial support type, complete with all associated straps, heel stand windlass, and accessories, or other devices approved by the Commissioner.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Text at (a)5-7 deleted; new text added.

#### 8:40-6.19 Wound dressing and burn treatment supplies

(a) The following wound dressing and burn treatment supplies shall be carried in the vehicle:

1. Twelve conforming roller bandages, at least three inches wide by five yards long;

2. Twelve triangular bandages (cravats) measuring 36 inches by 36 inches by 51 inches when unfolded;

3. Six sterile, individually packed universal (or multi-trauma) dressings measuring at least nine inches by 30 inches when unfolded;

4. Twenty-four sterile, individually packed gauze pads at least four inches by four inches;

5. Two rolls adhesive type tape;

6. Four sterile, individually packed occlusive dressings or one sterilized roll of aluminum foil;

7. Two sterile, individually wrapped burn sheets, or other burn care products approved by the Commissioner; and

8. Two liters sterile saline solution in a plastic container(s) (for flushing injury sites). Saline solution shall be current (not expired).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stock requirements changed.

#### 8:40-6.20 Obstetrical kit

(a) An obstetrical kit shall be carried in the vehicle. The items may be individually wrapped or be contained in a "pack." Any pack shall have an exterior itemized list of contents. Items shall include the following:

1. Four towels;

2. Twelve sterile gauze compresses, four inches by four inches;

3. Four sterile cord clamps;

4. One sterile bulb syringe, soft rubber (for newborn aspiration);

5. One receiving blanket;

6. Four pairs sterile surgeons' type gloves;

7. One pair sterile scissors or a sterile scalpel; and

8. One set of eye protection or goggles.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
OB kit revised.

#### 8:40-6.21 Poison treatment supplies

(a) The following poison treatment supplies shall be carried in the vehicle:

1. Four liquid ounces Syrup of Ipecac; and

2. Four, three- to four-ounce bottles prepackaged liquid activated charcoal.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Activated charcoal supply increased.

#### 8:40-6.22 Other patient care equipment

(a) There shall be the following other minimum patient care equipment:

1. Diaphragm-type stethoscope;

2. Aneroid-type blood pressure manometer and adult size cuff, obese adult size cuff and pediatric cuff;

3. Four sugar packets or one fluid ounce of glucose in form easily ingested by mouth;

4. Four cloth blankets at least 60 inches by 80 inches in size from September 15 to May 1 and two blankets the rest of the year;

5. Two penlights suitable for patient examination;

6. One set of eye protection or goggles to supplement the set in the obstetrical kit;
7. Four towels;
8. At least six plastic bags in assorted sizes;
9. Twelve pairs surgeons' type latex gloves; and
10. Two sets of personnel protection isolation garments, including gowns and masks.

(b) The licensee shall provide such other equipment and supplies as may be necessary, provided no equipment or supplies shall be carried which would permit rendering of care contrary to N.J.S.A. 45:9-1 et seq. (Practice of Medicine and Surgery Act). Equipment which would permit staff to render care at the Emergency Medical Technician-Intermediate level or the Emergency Medical Technician-Defibrillator level may be carried, if the vehicle is approved to operate as part of an approved program authorized by the Commissioner.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Additional equipment required.

#### 8:40-6.23 Extrication equipment

(a) Except as permitted in (b) below, the following minimum extrication and related equipment shall be carried on the vehicle:

1. One wrench, 12-inch size, adjustable open end;
2. One screwdriver, 12-inch size, regular blade;
3. One screwdriver, 12-inch size, Phillips type;
4. One set hacksaw, 12-inch blade capability with three wire carbide blades;
5. One pliers, 10-inch size "vise grip" ® type;
6. One hammer, five pounds with at least a 15-inch handle;
7. One fire axe, butt type, with at least a 24-inch handle;
8. One wrecking bar, at least 24-inch length (Items 6, 7 and 8 can be combined as one tool.);
9. One crow bar, at least 36-inch length with pinch point;
10. One bolt cutter with at least one and a quarter inch jaw opening;
11. One portable hydraulic set consisting of at least one hand operated four-ton or greater capacity hydraulic pump and one ton capacity spreading jaws and at least one spare pint of hydraulic fluid;
12. One shovel, pointed blade, at least 49 inches long when open (either folding or non-folding type acceptable);

13. Two manila, polypropylene, or equivalent material ropes with at least 5,400 pounds tensile strength, at least 50 feet long;

14. One set hand-operated ratchet hoist set ("come along" ® type) two-ton capacity with separate 15-foot long, two-ton capacity chain (one end with grab hook, other end with running hook);

15. A heavy rescue hydraulic tool (for example, "Jaws of Life" ®, Hurst Tool®) with associated attachments may be substituted for items 11 and 14 above;

16. Sheet metal cutting tool;

17. Two pairs safety goggles, clear;

18. Two hard hats. Bump-type or heavier;

19. Two pairs gloves, leather palm with wrist gauntlets; and

20. Two sets protective outer garments (for example, "turnout" coats and trousers).

(b) The extrication and related equipment required in (a) above need not be carried when:

1. The Ambulance does not respond to automobile, industrial or other accidents. However, Ambulances which do not carry extrication equipment may stop and render emergency medical care at an accident scene which they pass by chance; or

2. A rescue vehicle is available and:

i. Operators of the rescue vehicle agree, in writing, to provide extrication services for patients under the licensee's care;

ii. Can respond to an accident location within six minutes; and

iii. The rescue vehicle carries all of the equipment and related material required in (a) above.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Equipment added in (a) and (b)2.

#### 8:40-6.24 Safety equipment

(a) The vehicle shall have the following minimum safety equipment:

1. Three portable red emergency reflective safety triangles or three battery-operated flashers, to be used in cases of onscene assistance or vehicle breakdown;

2. Six flares for use in assisting in aeromedical transports;

3. One flashlight, two D cell size or larger; and

4. One or two fire extinguisher(s), U.L. rated at least 1A 10BC in total. The fire extinguisher(s) shall have

either a gauge indicating it is fully charged or a current inspection tag.

(b) All vehicles which provide "street EMS" or which 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).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Flashers, (b) added.

#### 8:40-6.25 Required staff

(a) When in-service, each Emergency Ambulance vehicle shall be staffed by at least two persons (including anytime the vehicle is used as an Invalid Coach) who shall meet the requirements of N.J.A.C. 8:40-3.7 and this subchapter. All additional staff persons of the licensee shall meet the requirements of N.J.A.C. 8:40-3.7.

(b) Staff persons of a hospital or of another agency who accompany a patient need not meet the requirements of N.J.A.C. 8:40-3.7(a) and (b).

#### 8:40-6.26 Required training of staff

(a) Each of the required staff persons shall possess current valid certification as an Emergency Medical Technician-Ambulance, issued or recognized by the Department.

(b) Each of the required Emergency Medical Technicians-Ambulance shall possess valid current certification in cardiopulmonary resuscitation (CPR) for professional rescuers issued by the American Heart Association, the National Safety Council or the American Red Cross.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text at (b) deleted and reserved; Text added at (c).  
Amended by R.1993 d.594, effective November 15, 1993.  
See: 25 N.J.R. 2663(a), 25 N.J.R. 5163(a).  
Amended by R.1997 d.4, effective January 6, 1997.  
See: 28 N.J.R. 4198(a), 29 N.J.R. 128(a).

In (b), substituted "professional rescuers" for "emergency services personnel" and amended references to issuing entities.

#### 8:40-6.27 Duties of staff

(a) The collective duties of the persons who staff an Emergency Ambulance vehicle shall include, but are not limited to:

1. Providing prompt, efficient and effective emergency medical care to the patient(s);
2. Attending the patient(s) at all times and continually monitoring the patient's condition;
3. If necessary, extricating the patient from confinement;

4. Assisting patients to enter and to leave the vehicle, supervising the well being of patients while in the vehicle, and ensuring the privacy and comfort of patients;

5. Assuring that any stretcher, wheelchair or other patient transport device is safely and properly restrained, patients are restrained and all vehicle occupants wear automotive safety belts. The staff person(s) caring for the patient need not wear a safety belt when providing essential life support such as CPR;

6. Operating the motor vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly and complying with all applicable motor vehicle laws;

7. Reporting verbally (and when required in N.J.A.C. 8:40-6.29(b), in writing) to the appropriate personnel when a patient is brought to a health care facility or other place of medical care;

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

9. Complying with applicable laws and regulations on the handling of the deceased;

10. Entering data into and signing the required call report; and

11. Prohibiting smoking within the vehicle at all times.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Restraint and non-smoking requirements added.

#### 8:40-6.28 Special staff required

(a) When the Emergency Ambulance is utilized to provide an inter-hospital transfer of a neonatal patient, the vehicle shall be staffed by:

1. At least one of the two persons required in N.J.A.C. 8:40-6.25; and
2. Specialist staff consisting of a physician and either a nurse or a respiratory therapist, all of whom have been specially trained to care for neonatal patients.

(b) When the Emergency Ambulance is utilized to transport a patient receiving intravenous fluids and/or medications, the vehicle shall be staffed by:

1. The two persons required in N.J.A.C. 8:40-6.25; and
2. One of the following:
  - i. A physician;
  - ii. A registered professional nurse;
  - iii. A licensed Mobile Intensive Care Unit Paramedic providing medical care as part of a designated Mobile Intensive Care Program operated in accordance with N.J.S.A. 26:2K-7 et seq.; or

iv. An employee of the "sending" or "receiving" hospital who has been specifically assigned by the hospital to care for the patient who is receiving intravenous therapy. It is the hospital's responsibility to ensure that any assigned employee is certified, or otherwise qualified, to oversee intravenous therapy.

(c) All provisions of this section shall become null and void upon adoption of critical care transport unit regulations, which shall include reference to these situations.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text deleted and replaced at (a)2 and (b)2-4; new (c) added.

#### 8:40-6.29 Call report

(a) A call report approved by the Department shall be completed each time a patient is transported. One call report will suffice for both legs of a round trip. The call report shall be prepared by the staff assigned to the vehicle and shall contain the following information printed in ink:

1. The patient's name, age, sex and home address;
2. A description of the patient's condition at the scene and in transit;
3. A description of care given to the patient at the scene and in transit;
4. Time when, and location where, patient was picked up and was discharged;
5. The vehicle recognition number, date, full names of staff, including special staff and their affiliation;
6. Whether or not emergency warning devices were used responding to the scene, at the scene, or in transit to the medical facility; and
7. Any required equipment left on/with a patient.

(b) When an emergency patient is brought to a medical facility, a copy of the call report shall be given to the appropriate person at the medical facility.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Call report to be approved by the Department.

#### 8:40-6.30 Radio communications

(a) Any radio communications shall comply with rules and regulations of the Federal Communications Commission (FCC). The Department shall be provided with a copy of any FCC license(s) issued to the licensee.

(b) Any radio communications shall comply with the radio frequency allocation cited in Table 4 of the JEMS Communications Plan published by the Department, or the appropriate table in any future revision of the JEMS plan. Specifically:

1. None of the UHF radio frequencies known as "Med 1" through "Med 10" shall be used in radio communications to, or from, any Emergency Ambulance vehicle;

2. None of the VHF radio frequencies listed in Appendix A of this chapter shall be used in radio communications to, or from, any Emergency Ambulance vehicle unless the vehicle is operated by a municipality or operated under contract to a municipality to provide emergency medical services to a political subdivision (that is, the vehicle does "street work"), and/or the vehicle responds to motor vehicle accidents, and/or the vehicle responds to nursing homes;

3. The radio frequency 155.340 MHz shall only be used for essential communications between an emergency ambulance and a hospital Emergency Department; and

4. The radio frequency 155.280 MHz shall only be used for essential communications between cooperating emergency ambulances and as a "back-up" dispatch channel for Emergency Ambulance vehicles which serve a political subdivision.

(c) The provisions of (b) above shall not apply if:

1. The provider was issued a Federal Communications Commission license before January 1, 1978 to use one (or more) of the cited frequencies; and

2. The provider is using that same frequency(ies); and

3. Use of that frequency(ies) does not cause harmful interference to other health care providers operating in accordance with the JEMS Plan.

(d) For the purpose of this section, harmful interference is defined as:

1. A written complaint alleging radio interference from a health care provider(s) operating in accordance with the JEMS Plan; and

2. A finding by the New Jersey Office of Frequency Coordination (or, if their services are not available, the Department) that the provider's radio operations are causing harmful interference.

(e) Each Emergency Ambulance shall be equipped with a mobile radio(s) with the following minimum capabilities:

1. Two-way, VHF high-band with Effective Radiated Power (ERP) as approved by the New Jersey Office of Frequency Coordination;

2. Able to select, and to transmit and receive on, each of the required radio frequencies from the driver's compartment;

3. Able to transmit and receive on the selected radio frequency from the patient compartment by suitable means (such as a handset-type microphone); and

4. Functional, dual-tone, multi-frequency ("Touch-tone" ® type) encoder in either the driver's or patient compartment.

(f) Each Emergency Ambulance which is used to provide emergency medical services to a political subdivision (whether it is operated directly by a municipality or under contract with a municipality to do "street work") or which responds to motor vehicle accidents shall have the following four operating radio frequencies and functional continuous tone coded squelch system (CTCSS) in its mobile radio, in addition to the mobile radio capabilities listed in (e) above:

1. 155.xxx MHz (local EMS frequency and CTCSS as listed in Appendix A);
2. 155.340 MHz (ambulance-to-hospital Emergency Department);
3. 155.280 MHz (statewide EMS coordination); and
4. 153.785 MHz (statewide public safety coordination for police, fire and EMS), or;

(g) All other Emergency Ambulances (that is, those which do not provide any of the services listed in (f) above) shall have at least the two following operating radio frequencies and functional continuous tone coded squelch (CTCSS) in their mobile radios, in addition to the other mobile radio capabilities listed in (e) above:

1. 155.340 MHz (ambulance-to-hospital Emergency Department); and
2. 155.280 MHz Statewide EMS coordination.

(h) Each in-service Emergency Ambulance which provides service to a political subdivision ("street EMS") either directly or under contract, and which responds to motor vehicle accidents shall be equipped with at least one portable radio with the following minimum capabilities:

1. Two-way, four-frequency, VHF high-band;
2. Able to select, and to transmit and receive on, each of the four required radio frequencies; and
3. The same four operating radio frequencies and CTCSS as required in (f) above.

(i) A licensee which is part of a local, county, or regional disaster plan must have the appropriate radio communications elements which would enable it to carry out its role under the plan.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Use of radio revised; (f)-(i) added.

#### 8:40-6.31 Disaster planning required

(a) Each licensee which 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 twice a year. The licensee shall conduct an analysis of equipment and personnel at least twice a year to determine its capabilities to respond to emergencies which can reasonably be expected to occur in its service area.

(b) The licensee shall describe in the plan/annex the specific means that will be used to summon off-duty personnel and mutual aid ambulances.

(c) Each Emergency Ambulance which serves a political subdivision or government installation or which responds to motor vehicle accidents shall carry one package (50) medical emergency triage tags (METTAG®) for use in patient identification and triage during mass casualty incidents.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text deleted and replaced with new.

### SUBCHAPTER 7. SPECIFIC HELICOPTER AMBULANCE REQUIREMENTS

#### 8:40-7.1 Patient restrictions

(a) Emergency aeromedical care and transportation in a helicopter ambulance shall be provided to a patient who:

1. Requires, or may require, pre-hospital emergency medical services; or
2. Requires, or may require, emergency inter-hospital transfer.

Amended by R.1992 d.16, effective January 6, 1992.

See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Stylistic changes.

#### 8:40-7.2 General helicopter requirements

(a) When in service, the aircraft shall meet the requirements of this chapter.

(b) Each helicopter approved under this chapter shall be licensed and operated in accordance with applicable portions of the Federal Aviation Regulations (FAR).

(c) The helicopter shall be in safe operating condition. All required equipment shall be functional and operable when the helicopter is in service.

(d) Each helicopter used to provide helicopter aeromedical ambulance service shall be approved by the Department.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

### 8:40-7.3 Patient compartment requirements

(a) The helicopter shall have a patient compartment. If the patient compartment is not separated from the pilot's seating area, the pilot shall be protected, by a partition, bulkhead, or similar device, from the movements of the patient.

(b) The patient compartment shall have at least two exterior doorways.

1. At least one doorway shall be large enough to allow the loading/unloading of an occupied stretcher without rotating it more than:

- i. 30 degrees about the longitudinal (roll) axis; and
- ii. 45 degrees about the lateral (pitch) axis.

2. The other doorway shall be large enough to permit the entrance/exit of an ambulatory person.

3. The door(s) to each doorway shall be capable of being opened and being used from inside the patient compartment and from the exterior of the aircraft. The exterior of each doorway shall be marked with a sign which states how the door can be opened.

(c) The patient compartment shall be provided with a built-in lighting system supplied by the aircraft power supply. The lighting system shall not interfere with the pilot's vision and shall be located so no glare is reflected into the pilot's eyes or lines of vision.

(d) There shall be space and seating for at least two attendants within the patient compartment. Each seat shall be equipped with a safety belt. Velcro®-type closures are prohibited.

(e) There shall be sufficient crashworthy cabinets and other storage spaces to safely accommodate all equipment and supplies.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Staff and restraint added to (d).

### 8:40-7.4 Patient compartment dimensions

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

1. Height: at least 30 inches (40 inches preferable) between the top of the required litter and the ceiling.
2. Width: at least 24 inches from the inboard side of the required litter to the other side of the aircraft.

3. Length: at least long enough to accommodate the required litter.

### 8:40-7.5 Certification to manufacturer/FAA standards

The aircraft shall be certified to the aircraft manufacturer's standards and to FAA standards.

### 8:40-7.6 Special lighting required

Each helicopter licensed under this chapter shall be equipped with a forward-facing, exterior, high-powered floodlight.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

### 8:40-7.7 General equipment and supplies requirement

All equipment and supplies shall be stowed within the aircraft in a safe, crashworthy manner.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Text revised to provide storage requirements only.

### 8:40-7.8 Standard patient transport devices

(a) There shall be a 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.

(b) The litter 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. Velcro®-type closures are prohibited.

(c) While the aircraft is in motion, the litter shall be restrained by a litter fastener. The litter fastener shall be securely fastened to the aircraft, shall be installed under a FAA Supplemental Type Certificate and shall meet the same "g" requirements as those contained in FAR Part 23.561 or FAR Part 25.561 for seats.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Mattress deleted; Velcro prohibited.

### 8:40-7.9 Oxygen administration devices

(a) The aircraft shall have a medical oxygen system which is capable of delivering oxygen to the patient at a rate of at least 15 liters per minute during the entire time the patient is aboard the aircraft.

(b) The oxygen cylinder controls shall be accessible from the required attendant's seat. Cylinder opening wrench(es) or handles shall be affixed to or chained and clipped to the oxygen cylinder(s).

(c) When the aircraft is in motion, each oxygen cylinder shall be secured in a safe, crashworthy manner in oxygen

tank holders affixed to the aircraft frame which meet the same "g" requirements as those contained in FAR Part 23.561 or FAR Part 25.561 for seats.

(d) Each oxygen system shall comply with the requirements of N.J.A.C. 8:40-6.13(c) through (g).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Medical oxygen system specified.

#### 8:40-7.10 Resuscitation devices

(a) The required oxygen system shall be equipped with a positive pressure oxygen powered resuscitator.

(b) The aircraft shall be equipped with resuscitation devices in accordance with N.J.A.C. 8:40-6.14(c) through (f).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

#### 8:40-7.11 Aspirator/suction devices

(a) There shall be an installed suction device powered by the aircraft's electrical system. The device shall be securely mounted and located to permit aspiration of any stretcher bound patient. The device shall meet the criteria contained in N.J.A.C. 8:40-6.15(c) and (d) during the entire normal range of aircraft operation.

(b) There shall be a portable suction device powered by an integral battery. The device shall meet the criteria contained in N.J.A.C. 8:40-6.15(c) and (d) for at least 20 minutes. In recognition of aircraft weight limitations, the portable suction device may also be used as the installed device provided it meets the requirements of (a) above.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

#### 8:40-7.12 Airway maintenance supplies

(a) There shall be at least the following airway maintenance supplies:

1. Two bite sticks single-service type; and
2. At least 14 airways in at least four different adult and child sizes.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Airway supplies increased.

#### 8:40-7.13 External cardiac compression support

A rigid surface shall be immediately available to facilitate external cardiac compressions on a patient requiring cardiopulmonary resuscitation.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Stylistic changes.

#### 8:40-7.14 Wound dressing and burn treatment supplies

(a) The following wound dressing and burn treatment supplies shall be carried in the aircraft:

1. Four conforming roller bandages, at least three inches wide;
2. Four triangular bandages (cravats) measuring 36 inches by 36 inches by 51 inches when unfolded;
3. Four sterile, individually packed universal dressings measuring at least nine inches by 30 inches when unfolded;
4. Twenty-four sterile, individually packed gauze pads at least four inches by four inches;
5. One roll adhesive type tape;
6. Two sterile, individually packed occlusive dressings or one sterilized roll of aluminum foil;
7. Two sterile, individually wrapped burn sheets, or other burn care products approved by the Commissioner; and
8. One liter sterile saline solution in a plastic container(s) (for flushing injury sites). Saline solution shall be current (not expired).

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on spine boards deleted; text on wound dressing and burn supplies recodified from 7.15.

#### 8:40-7.15 Obstetrical kit

An obstetrical kit shall be carried in the aircraft when a patient, known to be pregnant, is being transported. The obstetrical kit shall meet the requirements of N.J.A.C. 8:40-6.20.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on wound dressing and burn supplies recodified to 7.14; text on OB kit recodified from 7.16.

#### 8:40-7.16 Other patient care equipment

(a) There shall be the following other minimum patient care equipment.

1. Doppler type stethoscope. The stethoscope shall not cause electromagnetic interference to aircraft equipment;
2. Aneroid type blood pressure manometer and adult and pediatric sized cuffs; and
3. Four sugar packets or one fluid ounce of glucose in a form easily ingested by mouth.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on OB kit recodified to 7.15; text on other patient care equipment recodified from 7.17.

**8:40-7.17 Required staff**

When in service, each Helicopter Ambulance shall be staffed by at least two persons, not including the pilot.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on other patient care equipment recodified to 7.16; text on required staff recodified from 7.18.

**8:40-7.18 Required training of staff**

(a) Each of the required aeromedical staff persons shall be either a registered professional nurse or a certified paramedic who has received additional specialized training in aeromedical care and has successfully passed an examination administered by the New Jersey State Department of Health and has been approved by the Commissioner.

(b) Additional specialty staff, such as physicians, nurses or respiratory therapists, may be part of the aeromedical crew. If these persons are employees of the "sending" or "receiving" hospital or of the designated aeromedical provider, the hospital or provider shall ensure that the person(s) is certified, or otherwise qualified, to care for the specialty patient being transported.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on required staff recodified to 7.17; text on required training revised and recodified from 7.19.

**8:40-7.19 Duties of staff**

(a) The collective duties of the persons who staff a helicopter ambulance shall include, but are not limited to:

1. The duties cited in N.J.A.C. 8:40-6.27 (excluding N.J.A.C. 8:40-6.27(a)6);
2. Assuring that all ground personnel who may help load/unload the aircraft observe appropriate safety procedures; and
3. Prohibiting smoking within 100 feet of the aircraft at all times.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on required training recodified to 7.18; text on duties of staff recodified from 7.20.

**8:40-7.20 Call report**

(a) A call report approved by the Department shall be completed each time a patient is transported. The call report shall be prepared by the medical staff who provided in-flight patient care and shall contain the information required in N.J.A.C. 8:40-6.29 printed in ink.

(b) A copy of the call report shall be given to the appropriate person at the medical facility which receives the patient.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on duties of staff recodified to 7.19; text on call report recodified from 7.22.

**8:40-7.21 Radio communications**

(a) All radio communications shall comply with rules and regulations of the Federal Communications Commission. The Department shall be provided with a copy of any FCC license(s) issued to the licensee.

(b) Each Helicopter Ambulance shall be equipped with communications equipment, approved by the Office of Emergency Health Services of the New Jersey State Department of Health, to permit direct contact with:

1. Participating hospitals; and
2. Mobile Intensive Care Units; and
3. (Ground) Emergency Ambulances.

(c) In recognition of the potential for harmful radio interference due to aircraft height, no radio equipment, which operates on the UHF radio frequencies known as "Med 1" through "Med 10", shall be used aboard the aircraft without specific approval of the Office of Emergency Health Services of the New Jersey State Department of Health.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on special staff required deleted; text on radio communications recodified from 7.23.

**8:40-7.22 Special prohibitions**

(a) In recognition of the potential hazards of the aircraft environment, the following are specifically prohibited:

1. Conducting a flight contrary to the recommendations of the aircraft pilot or the responsible FAA controller;
2. Refueling an aircraft with a patient aboard the aircraft unless prompt refueling is necessary to sustain human life;
3. Free swinging traction weights;
4. Glass or rigid plastic intravenous containers; and
5. Any patient care or other equipment which causes electromagnetic interference to the aircraft equipment.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on call report recodified to 7.20; text on special prohibitions recodified from 7.25.

**8:40-7.23 (Reserved)**

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on radio communication recodified to 7.21.

**8:40-7.24 (Reserved)**

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).

Text on written agreements deleted.

**8:40-7.25 (Reserved)**

Amended by R.1992 d.16, effective January 6, 1992.  
 See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
 Text on special prohibitions recodified to 7.22.

**APPENDIX A**

**Local EMS Radio Frequency Table**

County (Where licensee provides service)	Required Radio Frequency	Required CTCSS (continuous tone coded squelch system)	Specific area
Atlantic County	155.175 MHz. 155.220 MHz.	118.8 118.8	County, except Atlantic City Atlantic City
Bergen County	155.205 MHz. 155.175 MHz.	* *	Eastern portion Western portion
Burlington County	155.295 MHz.	127.3	Countywide
Camden County	155.235 MHz.	192.8	Countywide
Cape May County	155.295 MHz.	118.8	Countywide
Cumberland County	155.220 MHz.	179.9	Countywide

County (Where licensee provides service)	Required Radio Frequency	Required CTCSS (continuous tone coded squelch system)	Specific area
Essex County	155.295 MHz. 155.400 MHz.	* *	County, except Newark City Newark City
Gloucester County	155.265 MHz.	167.9	Countywide
Hudson County	155.235 MHz.	*	Countywide
Hunterdon County	155.205 MHz.	192.8	Countywide
Mercer County	155.265 MHz.	103.5	Countywide
Middlesex County	155.220 MHz.	103.5	Countywide
Monmouth County	155.175 MHz.	151.4	Countywide
Morris County	155.265 MHz.	241.8	Countywide
Ocean County	155.205 MHz.	186.2	Countywide
Passaic County	155.220 MHz.	*	Countywide
Salem County	155.295 MHz.	186.2	Countywide
Somerset County	155.235 MHz.	*	Countywide
Sussex County	155.295 MHz.	*	Countywide
Union County	155.175 MHz.	*	County, except Elizabeth City
	* MHz.	*	Elizabeth City
Warren County	155.265 MHz.	*	Countywide

\* As assigned by N.J. State Department of Health