

CHAPTER 41A

CERTIFICATION AND OPERATION OF EMERGENCY MEDICAL TECHNICIAN—DEFIBRILLATION PROGRAMS

Authority

N.J.S.A. 26:1A-15 and 26:2K-39 et seq.

Source and Effective Date

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Chapter 41A, Certification and Operation of Emergency Medical Technician-Defibrillator Programs, expires on February 18, 1997.

Chapter Historical Note

Chapter 41A, Certification and Operation of Emergency Medical Technician-Defibrillator Programs, became effective on February 18, 1992. See: Source and Effective Date.

See section annotations for additional rulemaking activity.

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SUBCHAPTER 1. GENERAL PROVISIONS

8:41A-1.1 Scope and applicability

These rules shall apply to agencies which utilize individuals certified at the level of EMT-D or individuals of higher training, including, but not limited to, paramedics and registered nurses, who are authorized to function as EMT-Ds under these rules.

8:41A-1.2 Definitions

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

“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 and which is provided by paramedics and/or mobile intensive care nurses on a mobile intensive care unit approved under provisions of N.J.S.A. 26:2K-7 et seq. and N.J.A.C. 8:41.

“Agency” means an organization, including, but not limited to, volunteer first aid squads, proprietary EMS providers, fire departments, police departments and industry, which is staffed with trained and certified EMT-Ds and is equipped with a semi-automatic defibrillator to support the functions of an EMT-D project at the time the service is provided.

“Commissioner” means the Commissioner of the State Department of Health.

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

“Department” means the New Jersey State Department of Health.

“Emergency Medical Technician-Ambulance (EMT-A)” means an individual trained and currently certified 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 Safety Act of 1966 (amended), 23 U.S.C. 401 et seq., 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.

“Emergency Medical Technician–Defibrillation (EMT–D)” means a currently certified Emergency Medical Technician, who has completed an approved training program and who is certified by the Commissioner to treat out-of-hospital cardiac arrest by semi-automatic defibrillation, in accordance with this chapter.

“Medical director” means a physician licensed in New Jersey who provides off-line medical direction to prehospital providers.

“Office of Emergency Medical Services” means the lead office within the Department which is responsible for monitoring and coordinating various aspects of New Jersey’s emergency medical services system, including the approval, monitoring and inspection of projects and the issuance of certifications.

“Off line medical control” means medical direction provided to EMT–Ds by a medical director or his or her designee, in the training and support of EMT–Ds before and after defibrillations, but not necessarily providing direct medical control during an actual defibrillation.

“Pre-hospital ALS provider” means a paramedic certified by the Commissioner, or a registered nurse approved to operate on an authorized mobile intensive care unit.

“Project sponsor” means a licensed New Jersey hospital which has been approved by the Office of Emergency Medical Services to coordinate the activities of EMT–Ds.

“Protocol” means general standards for emergency medical services practice within the EMS system.

“Semi-automatic defibrillator” means a defibrillator:

1. Which will electronically detect the presence of ventricular fibrillation and rapid ventricular tachycardia;
2. Which requires the user to deliver an electrical countershock; and
3. Which is capable of the production of event summaries which shall include ECG and defibrillation activity with the times the defibrillations were administered as part of the summary.

“Standing orders” means medical orders authorized by the Commissioner to be used by EMT–Ds in the treatment of cardiac arrest due to ventricular fibrillation or pulseless ventricular tachycardia, and adopted from the American

Heart Association Guidelines, Textbook of Advanced Cardiac Life Support, 1987, incorporated herein by reference.

SUBCHAPTER 2. PROJECT ORGANIZATION

8:41A-2.1 Project approval requirements

No agency, group, organization, hospital or other entity shall serve as part of an EMT–D project, or engage in training of EMT–D personnel, unless approved and authorized by the Commissioner, pursuant to the requirements of this chapter.

8:41A-2.2 Project sponsor requirements

(a) To be recognized as an EMT–D project sponsor, the following criteria shall be met and supporting documentation shall be submitted to the Department’s Office of Emergency Medical Services:

1. The primary choice for an EMT–D project sponsor shall be a mobile intensive care (MICU) hospital, licensed pursuant to N.J.A.C. 8:43G;
2. If the MICU hospital chooses not to participate in EMT–D activities in its primary MICU service area, then the project sponsor shall be a hospital licensed pursuant to N.J.A.C. 8:43G, capable of caring for patients treated by the EMT–Ds, 24 hours-a-day;
3. The project sponsor shall provide a medical director who meets all requirements specified in N.J.A.C. 8:41A-2.3;
4. The project sponsor shall provide EMT–D training to all eligible individuals;
5. The project sponsor shall provide a letter of agreement to provide off-line medical control, quality assurance, continuing education and skills documentation to all EMT–Ds sponsored by the project and to maintain documentation and training files for all EMT–Ds sponsored by the project; and
6. Each project sponsor shall permit authorized representatives from the Department to review call reports and training documentation.

(b) The Department’s Office of Emergency Medical Services shall receive applications from potential project sponsors, shall evaluate each application for compliance with the criteria in (a) above, and shall notify the applicant of approval or denial of its status as an EMT–D project sponsor. The applicant shall not undertake any EMT–D activities until approval is granted.

8:41A-2.3 Project medical director requirements

(a) The medical director shall:

1. Be licensed as a physician by the New Jersey Board of Medical Examiners, pursuant to N.J.A.C. 13:35;

2. Be on the staff of the project sponsor's hospital and actively involved in the delivery of emergency care or critical care; and

3. Maintain current Advanced Cardiac Life Support certification pursuant to the requirements of the American Heart Association.

(b) The roles and responsibilities of the medical director are as follows:

1. The medical director shall review and endorse agency applications to provide EMT-D service. This endorsement shall accompany each agency's application for approval to the Department;

2. The medical director shall insure that all training conducted by the project sponsor complies with the training program approved by the Department's Office of Emergency Medical Services;

3. The medical director, or his or her designee, shall forward a quarterly report to the Department's Office of Emergency Medical Services regarding EMT-D activity of the project sponsor, including call review documentation;

4. The medical director, or his or her designee, shall review all applications for admission to the EMT-D training program and approve all candidates, based on the criteria outlined in N.J.A.C. 8:41A-4.3;

5. The medical director, or his or her designee, shall conduct recertification training, as required by N.J.A.C. 8:41A-4.6;

6. The medical director shall advise the Department's Office of Emergency Medical Services whenever an EMT-D's authorization to practice in the project sponsor's area should be suspended for violations of N.J.A.C. 8:41A; and

7. The medical director shall insure compliance with all medical standing orders and protocols, as approved by the Department's Office of Emergency Medical Services.

SUBCHAPTER 3. AGENCY APPROVAL AND OPERATION

8:41A-3.1 Agency approval and operation requirements

No agency, group, individual or entity shall operate as an EMT-D agency, or provide services of an EMT-D, without first obtaining approval from the Department's Office of Emergency Medical Services.

8:41A-3.2 Approval criteria

(a) No agency shall be approved as an EMT-D provider agency, unless the following criteria are met. Appropriate

documentation shall be provided to the Department's Office of Emergency Medical Services, as required.

1. Each agency interested in applying for approval as an EMT-D provider shall send to the project sponsor hospital in its area:

i. A signed letter of agreement that:

(1) Each patient transported after defibrillation shall be accompanied by at least one EMT-D in the patient compartment of the vehicle. Pre-hospital ALS providers of an approved mobile intensive care program are deemed to meet this requirement;

(2) It will abide by all rules, regulations and policies set forth in this chapter, and as promulgated by the Department and the project sponsor;

(3) EMT-D and advanced life support will be simultaneously dispatched for all potential EMT-D calls; however, the inability to deploy an Advanced Life Support MICU due to unavailability or non-covered areas shall not preclude utilization of EMT-D services; and

(4) If this agency is not capable of transporting the patient immediately after initial care has been provided, the applying agency shall submit documentation that such transport is available.

ii. A completed application to become an EMT-D provider agency, which includes, but is not limited to:

(1) Agency identification (name, address, telephone);

(2) Service classification (public, volunteer, private);

(3) Staffing;

(4) Primary service area;

(5) Communication (dispatch and radio capability);

(6) Project affiliation (sponsoring agency and medical director);

(7) Verification of information; and

(8) Medical director's approval.

(b) The Department's Office of Emergency Medical Services shall receive applications for EMT-D agency approval from the project sponsor hospitals, shall evaluate each application for compliance with the criteria in (a) above, and shall notify each applicant and its corresponding project sponsor of approval or denial of its status as an EMT-D provider agency. The applicant agency shall not undertake any EMT-D activities until approval is granted.

8:41A-3.3 Required equipment

All agencies shall be equipped with a semi-automatic defibrillator, as outlined in the American Heart Association Guidelines and adopted from the Textbook of Advanced Cardiac Life Support, 1987, and as defined by this chapter.

8:41A-3.4 Documentation/quality assurance

(a) All calls involving the defibrillation of a patient by an EMT-D shall be documented as follows:

1. At the conclusion of the call, the EMT-D shall complete a patient run report; and
2. An event summary shall be printed from the memory of the semi-automatic defibrillation device.

(b) The project medical director, or his or her designee, shall review all call documentation. The medical director shall address any discrepancies or deviation from protocols, and shall take corrective action.

(c) Documentation shall remain on file with the EMT-D project sponsor for a minimum of 10 years for run forms and defibrillation event summaries. The project sponsor shall present these items to authorized representatives of the Department for audit and review, as requested.

8:41A-3.5 Interface with advanced life support

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

8:41A-3.6 Advanced life support personnel as EMT-Ds

A pre-hospital ALS provider of a licensed mobile intensive care program may perform as an EMT-D, provided he or she has first obtained an orientation to the EMT-D program from the project sponsor's medical director.

**SUBCHAPTER 4. TRAINING, CERTIFICATION
AND CONTINUING EDUCATION**
8:41A-4.1 Training, certification and continuing education approval requirements

No agency, group, individual or entity shall operate as an EMT-D training program, or engage in the training of EMT-Ds, without first obtaining the approval of the Department.

8:41A-4.2 Instructor qualifications/responsibilities

(a) All instructors in the EMT-D program shall be under the sponsorship of an approved EMT-D project sponsor and medical director and must be licensed or certified by the State of New Jersey as physicians, registered nurses and/or paramedics.

(b) All instructors in the EMT-D program shall be currently certified by the American Heart Association in Advanced Cardiac Life Support.

8:41A-4.3 Student qualifications

(a) Students desiring to enter an EMT-D training program shall meet the following criteria:

1. Be, at a minimum, 18 years of age;
2. Be currently certified as an EMT-A by the Department;
3. Be currently certified in CPR to a professional rescuer status by either the American Heart Association or the American Red Cross;
4. Be affiliated with an approved EMT-D agency;
5. Have written approval to enter training from the project sponsor's medical director and the affiliated agency; and
6. Be physically capable of performing all basic life support and defibrillation skills, as outlined in the EMT-D curriculum.

8:41A-4.4 Curriculum development

(a) The Department's Office of Emergency Medical Services shall develop the curriculum for training EMT-Ds. The curriculum shall be consistent with the National Standards for EMT-D, as developed by the National Council of State Emergency Medical Services Training Coordinators, in care of the Council of State Governments, P.O. Box 11910, Iron Works Pike, Lexington, KY 40578 and the American Heart Association, National Center, 7320 Greenville Avenue, Dallas, TX 75231.

(b) The EMT-D curriculum shall include, but not be limited to:

1. Course introduction and required documentation;
2. Standing orders;
3. Use of the semi-automatic defibrillator;
4. Cardiac arrest and airway management;
5. Medical control;
6. Troubleshooting the semi-automatic defibrillator;
7. Physical assessment;
8. Overview of the EMS system;
9. Incident documentation;

10. Small group practice; and
11. Evaluation.

8:41A-4.5 Certification

(a) No person shall be certified as an EMT-D until the following criteria are met:

1. Completion of an approved EMT-D training program;
2. Successful completion of a written exam; and
3. Successful completion of a practical exam, as outlined in the EMT-D curriculum.

(b) Certification as an EMT-D shall be valid only as long as certification as an EMT-A is maintained.

(c) The certification period for an EMT-D shall be one year from the date of certification. Recertification shall be done on an annual basis as provided for in N.J.A.C. 8:41A-4.6.

8:41A-4.6 Recertification

(a) In order to be recertified, the EMT-D shall:

1. Maintain current EMT-A and CPR certifications;
2. Complete a minimum of four hours of continuing education per year. This continuing education must relate to the EMT-D curriculum and does not include the time spent in annual CPR certification and/or the annual performance/practical skills evaluation. These continuing education hours may also be accredited to the EMT-A recertification requirements under elective hours;
3. Successfully complete an annual performance/practical skills evaluation, as conducted by the project medical director, or his or her designee; and
4. Receive an annual recommendation from the EMT-D project sponsor's medical director, and shall have

his or her certification endorsed annually by the project medical director if he or she has successfully completed these recertification requirements.

(b) An EMT-D whose certification lapses shall regain certification by completing the recertification requirements given in (a) above and attending an update program conducted by the EMT-D project sponsor's medical director.

SUBCHAPTER 5. ENFORCEMENT**8:41A-5.1 Enforceability**

The Department shall have the power to enforce the provisions of this chapter, in accordance with N.J.S.A. 26:2K-39 et seq.

8:41A-5.2 Penalties

Any person, agency, individual, or group which violates the provisions of this chapter shall be subject to the fines and penalties as set forth in N.J.S.A. 26:2K-44.

8:41A-5.3 Right to hearing

(a) Informal hearings may be held in cases where approvals or certifications may be suspended or revoked, or if entrance into an approved training program is refused. At the conclusion of the informal hearing, any EMT-D who shall be subject to suspension or revocation shall be entitled to a formal hearing by the Department under the Administrative Procedures Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(b) Application shall be made to the Department for any hearing, and the plaintiff shall be entitled to bring legal representation to any informal or formal hearing.