

**CHAPTER 40**

**MANUAL OF STANDARDS FOR LICENSURE OF MOBILITY ASSISTANCE VEHICLE AND AMBULANCE SERVICES**

**Authority**

N.J.S.A. 26:2H-5(b), 30:4D-6.6.

**Source and Effective Date**

R.1998 d.107, effective January 23, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

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

Chapter 40, Manual of Standards for Licensure of Mobility Assistance Vehicle and Ambulance Services, expires on January 23, 2003.

**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 Chapter 40 was repealed by R.1983 d.202, effective June 6, 1983, because of superseding regulation of abortion procedure at N.J.A.C. 8:43A-8.1.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, Manual of Standards for Licensure of Invalid Coach and Ambulance Services, 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, Manual of Standards for Licensure of Invalid Coach and Ambulance Services, was readopted as R.1997 d.4, effective December 6, 1996. See: 28 N.J.R. 4198(a), 29 N.J.R. 128(a).

Pursuant to Executive Order No. 66(1978), Chapter 40, Manual of Standards for Licensure of Mobility Assistance Vehicle and Ambulance Services, was readopted as R.1998 d.107, effective January 23, 1998. See: Source and Effective Date. See, also, section annotations.

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### 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.

“Certification,” when applied to training credentials, means documentation that an individual has completed all required course work, and has successfully completed all requirements of the course, as determined by the entity issuing the documentation. No person shall be deemed certified beyond the recommended renewal date, or certification expiration date, listed on the documentation.

“Cleaning” means the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming, of matter from surfaces in and on the vehicle, and in the interior of the vehicle.

“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, specifically including, but not limited to, those pathogens defined in the Federal bloodborne pathogen standards found at 29 C.F.R. 1910.1030, and 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 (EMT)” means an individual trained and currently certified or recognized by the Commissioner as an emergency medical technician or emergency medical technician-defibrillation in accordance with the provisions of N.J.A.C. 8:40A.

“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 air medical 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 Emergency Medical Services Helicopter Response Program pursuant to N.J.S.A. 26:2K-36 et seq.

“Impervious” means not allowing liquids or dirt to penetrate the surface of the material. For the purposes of this chapter, impervious surfaces do not include coverings made of or containing carpet, velour or cloth.

“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, or otherwise on-duty and ready to accept and perform EMS duties.

“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 or health care facilities, and upon arrival within those facilities.

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

“JEMS communications 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, PO Box 360, Trenton, NJ 08625-0360.

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

“Mobility Assistance Vehicle 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 physi-

cian 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. (This service was formerly know as invalid coach service prior to the enactment of P.L. 1997, c.102).

“Out-of-service” means the removal of the authorization of a vehicle to be utilized for the provision of mobility assistance, transport ambulance or emergency ambulance services. This may be accomplished by the provider by placarding the vehicle with a sign indicating the vehicle is out-of-service, or by the Department in accordance with N.J.A.C. 8:40-2.3.

“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 in accordance with the provisions of N.J.A.C. 8:41.

“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, PO Box 360, Trenton, New Jersey 08625-0360.

“Positive latching mechanism” means a latching mechanism that requires the manual release of the latching device by a staff member of the vehicle. This does not include magnetic or friction-type latches.

“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 Mobility Assistance Vehicle 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., and includes those services which are provided where there would be a reasonable expectation of a 9-1-1 type of response (for example, mass gatherings, special events and stadium/arena EMS services).

“Valid” means current, up-to-date, in effect or not past the renewal date recommended by the issuer of the certificate or license.

“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”.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section.

## SUBCHAPTER 2. AUTHORITY AND LICENSURE PROCEDURES

### Subchapter Historical Note

Public Notice: Invalid Coach Provider Enrollment Moratorium.  
See: 30 N.J.R. 3339(a).

### 8:40-2.1 Authority

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

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

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

#### 8:40-2.2 Application of regulations

(a) This chapter shall apply to all Ambulance and Mobility Assistance Vehicle 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 Mobility Assistance Vehicle 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).

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(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.

(c) Each licensee providing or seeking to provide "Street EMS" services shall document that it is an approved EMT-D agency, as defined by N.J.A.C. 8:41A.

1. The licensee shall have approved semi-automatic defibrillators for each licensed vehicle which is specifically obligated by contract or other obligation to provide "Street EMS" services, except in the following circumstances:

i. This paragraph shall not be construed to require that an emergency ambulance used when a primary

ambulance is not available must be equipped with a defibrillator;

ii. In instances where the licensee has documented that prehospital defibrillation is available through another agency (other than an approved MICU) for the municipal jurisdiction; and

iii. In instances where the licensee has arranged for alternate delivery of the defibrillator (for example, in a supervisor's vehicle) if such delivery can be accomplished in a timely manner, and is simultaneously dispatched with the emergency ambulance.

(d) Each licensee providing or seeking to provide "Street EMS" shall develop a plan for continuous quality monitoring of the services which it provides. This plan shall include quality indicators such as, but not limited to, dispatching of vehicles, safe driving, quality of medical care provided, documentation, use of advanced life support services, triage of patients and other areas the licensee identifies as necessary. This plan shall include an identified person responsible for the quality monitoring, the identification of outside resources (if necessary), and provision for feedback to the staff.

(e) Each licensee accepting a contract to provide "Street EMS" to a jurisdiction shall notify the Department of which jurisdictions are to be serviced at least seven days prior to the starting date of service. Except when cessation of service is the result of the termination of a contract by a municipal government, the licensee shall also comply with the provisions of N.J.A.C. 8:40-2.3.

(f) Each licensee providing "Street EMS" shall maintain at least one additional licensed back-up emergency ambulance, which can be utilized to provide "Street EMS" as defined by 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 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).  
Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Added (c) through (f).

#### 8:40-2.4 Licensing requirements

(a) No person, public or private institution, agency or business concern, shall provide Mobility Assistance Vehicle Service or Ambulance Service until the provider, and each of the provider's vehicle(s), is licensed to do so by the Department.

1. Each vehicle operated by the licensee shall be licensed for the class of service which is provided by the vehicle, in accordance with this chapter.

(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. Mobility Assistance Vehicle 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. Mobility Assistance Vehicle 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. Mobility Assistance Vehicle Services; or
- 2. Transport Ambulance Services; or
- 3. Emergency Ambulance Services; or
- 4. Helicopter Ambulance Services.

(d) Vehicles licensed to provide Mobility Assistance Vehicle Services may be utilized to provide only that service.

(e) Vehicles licensed to provide Transport Ambulance Services may be utilized to provide Mobility Assistance Vehicle Services, provided:

- 1. The provider is licensed to provide Mobility Assistance Vehicle Services, and
- 2. The vehicle, equipment, supplies and staffing comply with the requirements for Transport Ambulance Service.

(f) Vehicles licensed to provide Emergency Ambulance Services may be utilized to provide Mobility Assistance Vehicle Services provided:

- 1. The provider is licensed to provide Mobility Assistance Vehicle 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.  
Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added 1.

#### 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 26:2H-1 et seq. this chapter shall not apply to Mobility Assistance Vehicle Services or Ambulance Services provided by volunteer first aid, rescue and ambulance squads as defined in the "New Jersey Highway Traffic 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 United States government contracts are not exempt from licensure unless the provider only provides services within an area of exclusive Federal jurisdiction.

(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).

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (c), rewrote the second sentence.

#### 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 inservice 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 Mobility Assistance Vehicle 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 Department of Health and Senior Services

PO Box 360

Trenton, NJ 08625-0360

New applications to provide Mobility Assistance Vehicle or Ambulance Services should be submitted between March 1 and October 31 of each year. Applications submitted after October 31 may be subject to delay in processing due to the annual relicensure of providers and vehicles.

(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 in each class of service for which the applicant has applied for licensure (for example, mobility assistance vehicle, emergency ambulance, or both).

(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 trade names beginning with the letters A-L will be issued two-year licenses which shall expire in even years (for example, 1998). Providers with trade names beginning with the letters M-Z will be issued two-year licenses which shall expire in odd years (for example, 1997), provided that no vehicle license shall extend beyond the expiration date of the provider license. 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.

(m) The Department shall charge a nonrefundable fee of \$250.00 to process a change of trade name for a provider license where no change of ownership has occurred.

(n) The Department shall charge a nonrefundable fee of \$20.00 to process a change of vehicle license in the event the provider shall change the trade name, license plate or vehicle recognition number, provided that the licensee shall be issued to the same vehicle bearing the exact vehicle identification number as issued by the manufacturer.

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.

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), changed the mailing address, and added a concluding paragraph; rewrote (c); in (f), substituted references to trade names for references to names, and added an exception at the end of the second sentence; and added (m) and (n).

#### 8:40-2.8 Provider licensing procedure

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

(b) A temporary provider permit, valid for six months, shall be issued to an applicant who demonstrates substantial compliance with the provisions of this chapter, but which may be in noncompliance with provisions which do not pose a threat to the public health, safety or welfare. The applicant may provide services licensed under this chapter during the period that the permit is valid. The applicant shall fully meet all the requirements of this chapter by the expiration date of the permit. Failure to meet all requirements by the expiration date of the permit shall cause the application for licensure to be rejected, and no further services may be provided by the applicant. A new application and fee will be required for further consideration for licensure.

(c) A full license, valid for a period of 24 months or less, shall be issued upon the expiration of the temporary permit, if periodic surveys by the Department have determined that the licensee is in full compliance with this chapter. A full license shall also be issued if the applicant has demonstrated full compliance at the time of initial licensure.

(d) The full license, unless sooner suspended, cancelled 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 fully comply with this chapter as determined by periodic surveys conducted by the Department.

(e) All provider licenses shall be prominently displayed at the licensee's principal place of business.

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Rewrote the section.

#### 8:40-2.9 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.  
Recodified from N.J.A.C. 8:40-2.10 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Section was "Full provider license".

**8:40-2.10 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 to part(s) of this chapter shall apply in writing to:

Office of Emergency Medical Services  
PO Box 360  
Trenton, NJ 08625-0360

Recodified from N.J.A.C. 8:40-2.12 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), changed the mailing address. Former N.J.A.C. 8:40-2.10, Vehicle licenses, recodified to N.J.A.C. 8:40-2.9.

**8:40-2.11 Nontransferability**

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. Rights afforded to a licensee under this chapter are not assignable to any other corporation, entity or person unless the transferee is duly licensed by the Department for that class of service and is in full compliance with the provisions of this chapter.

Recodified from N.J.A.C. 8:40-2.13 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Added a third sentence. Section was "Vehicle recognition number".

**8:40-2.12 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.

Recodified from N.J.A.C. 8:40-2.14 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-2.12, Waiver, recodified to N.J.A.C. 8:40-2.10.

**8:40-2.13 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).

Recodified from N.J.A.C. 8:40-2.15 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-2.13, Non-transferability, recodified to N.J.A.C. 8:40-2.11.

**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).

**8:40-2.14 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 be convicted of a crime, including Medicare or Medicaid fraud, relating adversely to the person's capability of owning or operating the service, action will be taken to revoke the license of the provider.

(e) In accordance with the provisions of N.J.S.A. 26:2H-14, the Department shall impose monetary penalties for violations of these rules as follows:

1. Violations of these rules which are the cause or proximate cause of a patient or staff member injury shall result in the maximum fine permissible by law;

2. Violations which result from the fraudulent procurement of credentials, licenses or permits; and violations which result from the false filing of reports or tampering with official or required records shall result in the maximum fine permissible by law, and shall result in an action to revoke the license(s) of the provider. Further, the Department may refer the matter to the appropriate authorities for further investigation and prosecution;

3. Violations of the staffing, staff training and certification requirements found at N.J.A.C. 8:40-3.7 shall result in a fine of \$500.00 per violation per day;

4. Violations of patient restraint rules, wheelchair/stretchers restraint rules or rules pertaining to the safe transport of patients which do not result in patient injury, but have a potential to cause patient injury shall result in a fine of \$500.00 per violation per day;

5. Violations of the licensure requirement for vehicles found at N.J.A.C. 8:40-2.4, or use of a vehicle ordered or placed out-of-service in accordance with N.J.A.C. 8:40-2.13 shall result in a fine of \$500.00 per vehicle, per day;

6. Violations of the remaining portions of these rules may result in a fine of \$250.00 per violation, per day, a warning or order to correct deficiencies, an order to cease prohibited activities, or any combination thereof; and

7. Subsequent violations which occur within one calendar year of the previous violation of the same type shall be subject to incremental penalties in accordance with N.J.S.A. 26:2H-14.

(f) In the event a provider is in arrears of any fine or penalty greater than 60 days, the Department may:

1. Refuse to issue any license or renewal;
2. Refer the delinquent account to the Office of the Attorney General for collection; and
3. Take such other action as authorized by law.

Recodified from N.J.A.C. 8:40-2.16 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (d); and added (e) and (f). Former N.J.A.C. 8:40-2.14, Return of vehicle license, recodified to N.J.A.C. 8:40-2.12.

### 8:40-2.15 Hearings

Except as provided in N.J.A.C. 8:40-2.13, no permit or license shall be suspended or revoked and no fine shall be assessed 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. 8:40-2.13, 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.

Recodified from N.J.A.C. 8:40-2.17 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Substituted references to N.J.A.C. 8:40-2.13 for references to N.J.A.C. 8:40-2.15 throughout. Former N.J.A.C. 8:40-2.15, Discontinuance of vehicle use, recodified to N.J.A.C. 8:40-2.13.

## 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 ownership shall be made available to representatives of the Department.

1. Publicly held corporations shall list all owners of the corporation owning 10 percent or more of the available shares of the corporation.

(b) Any corporation which proposes a redistribution of 10 percent or more of its stock, or any change in an individual owner, partnership, or proprietorship of a noncorporation, 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. Any licensee which wishes to change its trade name with no change in ownership shall apply to the Department in accordance with N.J.A.C. 8:40-2.7(m) and (n).

(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, or any person or corporation having had previous ownership of a company which is suspended or disqualified by Medicare or Medicaid.

1. For the purposes of this subsection, stock ownership of 10 percent or greater shall constitute ownership in publicly traded corporations.

(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. 8:40-2.15, shall be eligible to be a principal or owner of a subsequent service licensable under this chapter.

1. For the purposes of this subsection, stock ownership of 10 percent or greater shall constitute ownership in publicly traded corporations.

(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).  
Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added 1; in (b), substituted "or any change in an" for "changes its trade name, or any" and substituted "of a noncorporation" for "which proposes any redistribution of stock whatsoever" in the first sentence, and added a third sentence; in (c), added "or any person or corporation having had previous ownership of a company which is suspended or disqualified by Medicare or Medicaid" at the end of the first sentence, and added 1; and in (d), substituted a reference to N.J.A.C. 8:40-2.15 for a reference to N.J.A.C. 8:40-2.17 in the first sentence, and added 1.

### 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 procedure

(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, patient's rights, vehicle breakdowns, child and elder abuse 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 regardless of the medical condition of the patient, in accordance with N.J.A.C. 8:40-2.3(b), for example, patients with AIDS, TB, hepatitis B or other communicable diseases. 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.

1. Each licensee shall develop a policy to ensure that all patient information, including patient identifiable data, is maintained confidential and private. This policy shall be part of the manual required in (c) above, and shall be provided to each employee of the licensee. No licensee shall have or develop a policy which permits any patient information to be released by any employee, agent or principal of the licensee except:

i. If the patient (guardian, executor or other legally authorized person) has requested in writing that the information be released to a specific person, entity or company;

ii. In compliance with a subpoena, State or Federal law or other judicial order;

iii. To process a claim for insurance, including Medicare or Medicaid, if authorized by the patient or other qualified person;

iv. To members of the Department in the performance of their duties and while conducting a survey or inspection; and

v. To effect the transfer of the patient to another health care professional receiving 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 written policies, procedures and task outlines deleted; text on standard operating procedures added.

Administrative correction.

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

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (c), deleted a reference to patient confidentiality and inserted a reference to child and elder abuse in the first sentence, rewrote the second sentence, and added 1.

#### 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 notify the Department by telephone no later than the next business day, followed by written confirmation within 14 days, 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 Mobility Assistance Vehicle 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), rewrote the introductory paragraph.

#### 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 license which allows operation at that level of service.

(c) Mobility Assistance Vehicle Service 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 Mobility Assistance Vehicle 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 "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) No service shall advertise any telephone number for emergency ambulance service other than 9-1-1, in accordance with N.J.A.C. 13:81-10.3.

(g) 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-7 et seq. or is otherwise authorized by the Department to provide such services.

(h) 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).

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (b); in (e), deleted " 'emergency' "; inserted a new (f); recodified former (f) as (g), and substituted "or is otherwise authorized by the Department to provide such services" for "under N.J.A.C. 8:33N" at the end; and recodified former (g) as (h).

#### 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 by Title 39 of the Revised Statutes of New Jersey.

(b) Each required staff person, as defined by this chapter, who staffs or operates a vehicle licensed under this 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.

(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.

(f) While in service, each Mobility Assistance Vehicle shall be staffed by at least one person who shall meet the requirements of (a) and (b) above. A second Mobility Assistance 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.

1. If oxygen administration devices are not carried in the vehicle, the required staff person(s) shall possess valid certification in:

- i. Passenger Assistance Techniques issued by Transportation Management Associates, Fort Worth, Texas, or a course which is similar in content and curriculum, developed by the licensee and approved by the Department; and
- ii. Adult CPR, issued by the American Heart Association, American National Red Cross or the National Safety Council.

2. If oxygen administration devices are carried in the vehicle, the required staff person(s) shall possess valid certification as an Emergency Medical Technician, issued or recognized by the Department, in addition to the training required in (f)1i and ii above.

(g) When in-service, including any time the vehicle is used as a Mobility Assistance Vehicle, each Transport Ambulance shall be staffed by at least two persons who shall meet the requirements of (a) and (b) above. Staff persons of a hospital or of another agency who accompany a patient need not meet the requirements of (a) and (b) above.

1. Each of the required staff persons shall possess current valid certification as an Emergency Medical Technician, issued or recognized by the Department.

2. Each of the required Emergency Medical Technicians 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.

(h) When in-service, each Emergency Ambulance vehicle shall be staffed by at least two persons (including anytime the vehicle is used as a Mobility Assistance Vehicle) who shall meet the requirements of (a) and (b) above. Staff persons of a hospital or of another agency who accompany a patient need not meet the requirements of (a) and (b) above.

1. Each of the required staff persons shall possess current valid certification as an Emergency Medical Technician, issued or recognized by the Department.

i. If the vehicle is utilized to provide Street EMS, at least one of the two required emergency medical technicians shall be certified as an emergency medical technician-defibrillation in accordance with N.J.A.C. 8:41A;

2. Each of the required Emergency Medical Technicians 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).

Age, appearance and operating requirements amended.  
Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted a reference to Title 39 of the Revised Statutes of New Jersey for a reference to N.J.S.A. 39:3-10 at the end; in (b), substituted "required staff person, as defined by this chapter," for "person" in the introductory paragraph; in (d), deleted "or is not eligible to provide on that service" at the end; and added (f) through (h).

#### 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 employee'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 by this chapter. No required record shall be falsified, altered or destroyed. Records may be stored in a computer format, provided that adequate safeguards are in place to prevent unauthorized access and tampering, and adequate provisions for back-up data are in place. These provisions shall be incorporated into the required policy manual and submitted to the Department for approval prior to implementing the data storage system.

(b) The licensee shall keep a copy of each required record at its principal place of business. The records shall be made immediately 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added the third and fourth sentences; and in (b), inserted "made immediately" in the second sentence.

#### 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 a motor vehicle 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 Vehicle, or by an authorized Reinspection Station. No vehicle shall provide services under this chapter while it bears an expired inspection sticker or 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 a safe operating condition. The vehicle and 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 positive latching mechanism which will hold the seat closed.

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.

8. Any items (stored outside of closed cabinets) shall be stored in a crashworthy manner. Use of rubber "shock cords" and Velcro®-type closures shall not constitute crashworthy storage.

(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).

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), inserted a reference to expired inspection stickers in the third sentence; in (d), added a reference to vehicles at the beginning of the second sentence; and in (e), deleted former second sentences in 6 and 7, and substituted "shall not constitute crashworthy storage" for "are prohibited" at the end of 8.

#### 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.

(i) Each vehicle shall have a vehicle recognition number. The licensee shall, with the approval of the Department, permanently assign a unique nonduplicated one, two, three or four digit Arabic number, or a combination of six letters and Arabic numbers not to exceed four Arabic numbers or four Arabic letters per recognition number, 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).

Exhaust requirements changed at (d).

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Added (i).

#### 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 ambient patient compartment temperature of 68 degrees to 72 degrees Fahrenheit when the outside temperature is below 65 degrees Fahrenheit;

2. The air conditioner shall, within 45 minutes after engine start up, provide an inside ambient patient compartment temperature:

i. Of 68 degrees to 72 degrees Fahrenheit when the outside temperature is between 75 degrees and 85 degrees Fahrenheit; and

ii. At least 13 degrees Fahrenheit below the outside temperature when the outside temperature is over 85 degrees Fahrenheit.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted references to inside ambient patient compartment temperature for references to inside temperature throughout.

#### 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 or noxious 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 or noxious 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b) and (c), inserted references to noxious gases in the first sentences.

#### 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, dirt, debris 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 the current guidelines of the Federal Centers for Disease Control, Atlanta, Georgia, as amended and supplemented, incorporated herein by reference. Precautions shall be taken to insure adequate staff and patient protection in accordance with applicable standards set forth by the Occupational Health and Safety Administration.

(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) Clean linen, or disposable sheets and pillow cases, 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 and respiratory protection masks which are effective in filtering airborne pathogens (in compliance with applicable OSHA and CDC standards) shall be available for staff use. They shall be properly maintained and stored and shall be properly disposed of after use.

(k) Any supplies which have sterility or expiration dates shall not be carried after the date the manufacturer or processor has affixed as the expiration date for the item.

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), inserted a reference to dirt and debris in the third sentence; in (d), added a second sentence; rewrote (j); and added (k).

#### 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 null and 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 a mobility assistance vehicle 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 arrange for the insurance carrier or agent 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 provider licensure survey. 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), inserted "arrange for the insurance carrier or agent" following "required to" in the first sentence.

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

(a) All respiratory equipment used to provide services licensed under this chapter shall be pneumatically tested by the licensee at least every six months and, if required by the manufacturer, at more frequent intervals. Standards for performance of all required and optional respiratory equipment are as follows:

1. 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 nongravity dependent. Flowmeters shall be accurate to within 1.0 lpm when at a setting equal to or less than 5.0 lpm, 1.5 lpm when at a setting between 6.0 lpm and 10 lpm and within 2.0 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. If oxygen administration equipment is carried, there shall be at least three clear adult size nonbreathing valve inhala-

tion masks with oxygen reservoir of the single service type as approved for prehospital use and two single service cannulas. If oxygen humidifiers (or nebulizers) are utilized, a new, unused, single service humidifier (or nebulizer) shall be used for each patient.

2. Any installed oxygen system shall be capable of safely storing and supplying a minimum of 3,000 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.

3. Any portable oxygen system shall be capable of safely storing and supplying 300 liters of medical oxygen. Cylinder opening handles or 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, incorporated herein by reference.

4. Any oxygen-powered resuscitator shall provide:

- i. 100 percent oxygen;

- ii. An instantaneous flow rate between 35 and 45 liters per minute;

- iii. Inspiratory pressure between 55 and 65 cm water pressure; and

- iv. 15/22 mm fittings.

5. Any bag-valve-mask resuscitator shall meet the following criteria:

- i. Have a self-refilling bag without sponge rubber inside;

- ii. Adult size bags shall be capable of deflating/refilling at least 20 times per minute at room temperature, and a volume of at least 1,600 ml. Child/infant-size bags shall be capable of deflating/refilling at least 40 times per minute at room temperature, and shall have a volume of 450 ml to 750 ml. Premature infant size bags shall be capable of deflating/inflating at least 40 times a minute at room temperature, and shall have a minimum volume of 250 ml;

- iii. Any bag-valve-mask device shall have an oxygen reservoir. Adult bags shall have a reservoir of at least 1,000 ml, and child/infant bags shall have a reservoir of at least 450 ml;

- iv. Any bag-valve-mask resuscitator carried shall have no "pop-off" or pressure relief valve, or such valve shall be easily defeatable; and

v. Valve shall be a true nonbreathing valve and have 15/22 mm fittings.

6. Each oxygen cylinder carried or used shall:

- i. Contain only medical grade oxygen;
- ii. Be color coded green;
- iii. Have a current hydrostatic test date; and
- iv. Be tagged (Full, In Use, Empty) or have a pressure indicating gauge attached to the cylinder.

7. No resuscitation device shall be carried in the vehicle unless it:

- i. Is suitable for use by an Emergency Medical Technician and meets the criteria in this section; or
- ii. Is prescribed by a physician for a patient being transported and is operated by a licensed physician, nurse, paramedic, respiratory therapist or inhalation therapist.

(b) Standards for any required suction unit/aspirator shall be as follows:

1. For any installed aspirator (installed suction unit), the unit shall be 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)3 below during the entire normal range of vehicle operation.

2. For any portable aspirator (portable suction unit), the unit shall be powered by an integral battery. The device shall meet the criteria contained in (b)3 below for at least 20 minutes.

3. Any suction device shall provide:

- i. A flow rate of at least 30 liters per minute at the end of the suction tube; and
- ii. A vacuum pressure of at least 300 mm mercury suction within four seconds and a final vacuum pressure of at least 400 mm.

4. Each suction device shall be equipped with a non-breakable collection bottle, and at least three feet of transparent or translucent noncollapsible suction tubing with an interior bore of at least one quarter inch. Three-eighths of an inch bore is recommended. There shall be at least one Yankauer-type suction instrument 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 shall also be carried.

5. No suction device shall be carried in the vehicle unless it:

- i. Is suitable for use by an Emergency Medical Technician and meets the criteria contained in this subsection; or

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

(c) 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 available from the Department.

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

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

(f) Pneumatic testing, to the standards established by this section, shall be a part of any annual or biannual inspection for the purpose of licensure of a vehicle, and shall be performed prior to the initial licensure of any vehicle. Pneumatic testing may also be a part of any spot-check or unannounced inspection, at the discretion of Department staff.

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section.

#### 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 in accordance with the manufacturer's recommendations or in compliance with Federal standards, whichever is more frequent. Any biomedical equipment or device shall comply with all applicable provisions set forth by the Federal Food and Drug Administration for safe care, use and maintenance of medical devices.

(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);
- 5. A recognized independent laboratory; or
- 6. Staff of the licensee who have been qualified to perform such required testing and maintenance by the manufacturer of the device or equipment.

(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.  
Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Rewrote (a); and in (c), added 6.

**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. A copy of the report shall be provided to the staff at the receiving facility.

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

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (d), added a second sentence; deleted a former (e); and recodified former (f) as (e), and made an internal reference change.

**8:40-3.19 Required safety equipment**

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

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

New Rule, R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

**SUBCHAPTER 4. SPECIFIC MOBILITY ASSISTANCE VEHICLE REQUIREMENTS**

**8:40-4.1 Patient restrictions**

(a) Except as prohibited in (b) below, nonemergency health care transportation by Mobility Assistance 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 unless:
  - i. The device is totally self-sufficient, including medication supply and patient interface devices;
  - ii. The device requires no interaction or intervention by staff of the vehicle; and
  - iii. The device is of the type approved by the FDA for home administration of medications; or
5. An automatic ventilator or whose breathing is ventilator assisted unless:
  - i. The device is totally self-sufficient (including gas supply and power source);
  - ii. The device requires no monitoring or interaction by staff of the licensee; and
  - iii. The device is of the type approved for home use on patients; 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 a set appointment, 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.

(c) Notwithstanding the provision of N.J.A.C. 8:40-3.7(f)2, a patient who requires oxygen and is receiving oxygen from a portable supply routinely used by the patient may be transported in a mobility assistance vehicle without an emergency medical technician, provided that there is no need for the attendant to monitor, regulate or control the oxygen 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 added at (a)5 and (d).

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), rewrote 4 and 5, and inserted a reference to set appointments in 7; and added (c).

#### 8:40-4.2 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. Each vehicle shall meet any applicable requirements set forth by the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101), as amended, or Federal regulations promulgated under its authority.

(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. The two doors shall not be adjacent to each other. Permissible configurations shall include one door on the passenger (or curb) side of the vehicle within the front half of the body of the vehicle, and the second door either at the rear of the vehicle, or on the drivers side of the vehicle, opposite the curb side door.

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

3. The wheelchair access to any patient compartment 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 standard passenger car doors 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 a mobility assistance vehicle prior to March 1, 1993; or
2. The vehicle has been surveyed for the first time as a mobility assistance vehicle to that provider prior to March 1, 1993; and
3. The vehicle continues to meet all criteria for licensure as a mobility assistance vehicle, as listed in the balance of 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" mobility assistance vehicle.)

(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. Vehicles licensed after February 17, 1998 shall only have forward-facing wheelchair positions and patient seats. Vehicles first licensed before February 17, 1998 shall continue to be licensed with their configuration as of February 17, 1998.

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. The seatbelt shall be properly secured on the patient whenever the patient is in the wheelchair and under the care of the staff of the vehicle, including moving the patient in and out of the vehicle, and transferring the patient to his or her destination.

(g) Each vehicle licensed after February 17, 1998 shall have an integral roll cage or roll bar which is secured to the floor of the vehicle, or is otherwise certified by the manufacturer to provide occupant protection in the event of a roll-over type collision.

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.

Recodified from N.J.A.C. 8:40-4.3 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added a second sentence; in (c), rewrote 1, inserted "the doorway with the lift or ramp shall be" in 2, substituted a reference to patient compartment doorways for a reference to doorways in 3, and inserted "standard passenger car doors" in 4; in (f), added the second and third sentences in the introductory paragraph, and added a third sentence in 3; and added (g). Former N.J.A.C. 8:40-4.2, General vehicle requirements, repealed.

#### 8:40-4.3 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, be structurally sound, free from defects and provide a rigid interlocking 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.

(d) There shall not be any seat belt interlock device on the lift.

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).

Recodified from N.J.A.C. 8:40-4.4 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), inserted “; be structurally sound, free from defects” following “surface”; and added (d). Former N.J.A.C. 8:40-4.3, Patient compartment requirements and dimensions, recodified to N.J.A.C. 8:40-4.2.

#### 8:40-4.4 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 eight inches high on the rear and the two sides of the vehicle.

(d) Signs shall appear in the patient compartment which clearly indicate that smoking is 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).  
Recodified from N.J.A.C. 8:40-4.5 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (c), substituted “eight inches” for “12 inches” following “less than”. Former N.J.A.C. 8:40-4.4, Ramp or lift required, recodified to N.J.A.C. 8:40-4.3.

#### 8:40-4.5 Emergency warning devices prohibited

No Mobility Assistance Vehicle shall be equipped with, or appear to be equipped with, audible or visible emergency vehicle warning devices as defined and regulated by the Director of Motor Vehicles in accordance with N.J.A.C. 13:24.

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.  
Recodified from N.J.A.C. 8:40-4.6 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-4.5, Vehicle markings, recodified to N.J.A.C. 8:40-4.4.

#### 8:40-4.6 Litters and stretchers prohibited

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

Recodified from N.J.A.C. 8:40-4.7 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-4.6, Emergency warning devices prohibited, recodified to N.J.A.C. 8:40-4.5.

#### 8:40-4.7 Oxygen administration devices

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

(b) Each vehicle shall have a pocket-mask device or some other approved barrier protection device for use in the event that CPR must be performed on 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).

Oxygen storage and flowmeter requirements added at (c) and (e).  
Recodified from N.J.A.C. 8:40-4.9 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-4.7, Litters and stretchers prohibited, recodified to N.J.A.C. 8:40-4.6.

#### 8:40-4.8 Duties of staff

(a) The collective duties of each person who staffs a Mobility Assistance 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. 8:40-4.2(f). Wheelchair patients are to be restrained with the lap belt described in N.J.A.C. 8:40-4.2(f) until the patient is transferred from the wheelchair at the patient's destination;

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).

Recodified from N.J.A.C. 8:40-4.13 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a)2, substituted a reference to N.J.A.C. 8:40-4.2(f) for a reference to N.J.A.C. 8:40-4.3(f) at the end of the first sentence, and added a second sentence. Former N.J.A.C. 8:40-4.8, General equipment and supplies requirement, repealed.

#### 8:40-4.9 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; however, a separate call report is required for each patient transported. 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/or any unusual occurrences; 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.

Recodified from N.J.A.C. 8:40-4.14 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added an exception at the end of the second sentence, and inserted a reference to unusual occurrences in 2. Former N.J.A.C. 8:40-4.9, Oxygen administration devices, recodified to N.J.A.C. 8:40-4.7.

#### 8:40-4.10 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, mobility assistance vehicles:

1. Any of the UHF radio frequencies know as "Med 1" through "Med 10" and "MED A" through "MED X";
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) No licensee shall engage in any communications activity which causes harmful interference with the EMS communications system. 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 Department or the FCC 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.

Recodified from N.J.A.C. 8:40-4.15 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b)1, added a reference to MED A through MED X; deleted a former (c); and recodified former (d) as (c), added the first sentence, and rewrote 2. Former N.J.A.C. 8:40-4.10, Safety equipment, repealed.

### 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 an appointment for routine, non-emergency, follow-up care of a previously diagnosed 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).

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

### 8:40-5.3 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. The seatbelt shall be properly secured on the patient whenever the patient is in the wheelchair and under the care of the staff of the vehicle, including moving the patient in and out of the vehicle, and transferring the patient to his or her destination.

(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. Recodified from N.J.A.C. 8:40-5.4 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (f)3, added a third sentence. Section was "General vehicle requirements".

#### 8:40-5.4 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.

Recodified from N.J.A.C. 8:40-5.5 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-5.4, Patient compartment requirements, recodified to N.J.A.C. 8:40-5.3.

#### 8:40-5.5 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. Except as provided for in (d) below, 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, be structurally sound, free from obvious defects 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. There shall not be any seat belt interlock on the lift.

(d) Portable ramps may be utilized, provided that:

1. Any portable ramp utilized shall be certified by the manufacturer for the type of duty the ramp is used for (for example, loading isolette stretchers not to exceed a total of 300 pounds);

2. The ramp shall be attached to the vehicle body by a mechanism which would prohibit the ramp from moving or dislodging when the ramp is in use; and

3. The ramp shall be stored in compliance with the standards for crashworthy storage of equipment in accordance with N.J.A.C. 8:40-3.10(e)8.

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.

Recodified from N.J.A.C. 8:40-5.6 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added an exception at the beginning of the second sentence; in (b), inserted ", be structurally sound, free from obvious defects" following "surface"; in (c), added a third sentence; and added (d). Former N.J.A.C. 8:40-5.5, Patient compartment dimensions, recodified to N.J.A.C. 8:40-5.4.

#### 8:40-5.6 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 clearly indicates that smoking is 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. 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.

(j) Any markings on the vehicle which indicate a number to call for an emergency shall indicate that the caller should dial 9-1-1 for an emergency, in accordance with N.J.A.C. 13:81-10.3.

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.  
Recodified from N.J.A.C. 8:40-5.7 and amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (f)1, deleted a former ii and recodified former iii as ii; and added (j). Former N.J.A.C. 8:40-5.6, Ramp or lift, recodified to N.J.A.C. 8:40-5.5.

#### 8:40-5.7 Emergency warning devices

Each transport ambulance approved in accordance with this chapter shall be equipped with emergency warning devices, including red lights and a siren, so that it meets the definition of an emergency vehicle, as defined at N.J.S.A. 39:1-1 et seq. and N.J.A.C. 13:24. Emergency warning devices shall be used in strict compliance with N.J.A.C. 13:24-2.8(h).

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.  
Recodified from N.J.A.C. 8:40-5.8 and amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-5.7, Vehicle markings, recodified to N.J.A.C. 8:40-5.6.

#### 8:40-5.8 General equipment and supplies requirements

(a) When in-service, the vehicle shall be equipped with all the required equipment and supplies. Expended supplies and/or damaged equipment shall be replaced as soon as possible after its use. Equipment may be temporarily left on/with a patient, when medically necessary.

(b) 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 amended replacement and storage requirements.

Recodified from N.J.A.C. 8:40-5.10 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (a); and in (b), deleted the former first sentence. Former N.J.A.C. 8:40-5.8, Emergency warning devices, recodified to N.J.A.C. 8:40-5.7.

#### 8:40-5.9 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 commercially manufactured stretcher mattress. 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 or on the ambulance stretcher, as medically appropriate for the patient's condition. 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. All children shall be restrained in the vehicle in compliance with the State's seat belt laws, including N.J.S.A. 39:3-76.2 et seq.

(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. Recodified from N.J.A.C. 8:40-5.11 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted "commercially manufactured stretcher mattress" for "mattress at least two inches thick" at the end of the third sentence; and rewrote (e). Section was "Use of emergency warning devices".

#### 8:40-5.10 Oxygen administration devices

(a) The vehicle shall have an installed oxygen system and a portable oxygen system which meet the standards for such oxygen equipment as set forth at N.J.A.C. 8:40-3.16(a).

(b) The vehicle may carry, but need not carry, an installed and/or portable positive pressure oxygen powered resuscitator. Any positive pressure oxygen powered resuscitator carried on any licensed vehicle shall meet the standards for positive pressure oxygen powered resuscitators as set forth at N.J.A.C. 8:40-3.16(a).

(c) The vehicle shall be equipped with an adult size, a child size and an infant size bag-valve-mask resuscitator which meet the standards for bag-valve-mask resuscitators as set forth at N.J.A.C. 8:40-3.16(a).

(d) There shall be at least three transparent domed resuscitation face masks (one each in large adult, medium adult and child size) with 22 mm fittings for use with the bag-valve-mask and/or positive pressure oxygen powered resuscitators.

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.

Recodified from N.J.A.C. 8:40-5.12 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-5.10, General equipment and supplies requirement, recodified to N.J.A.C. 8:40-5.8.

#### 8:40-5.11 Aspirator/suction devices

There shall be an installed aspirator (installed suction unit) powered by the vehicle's electrical system. There may be, but need not be, a portable suction device. Any suction unit shall comply with the standards set forth at N.J.A.C. 8:40-3.16(b).

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.

Recodified from N.J.A.C. 8:40-5.14 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-5.11, Standard patient transport devices, recodified to N.J.A.C. 8:40-5.9.

#### 8:40-5.12 Airway maintenance supplies

There shall be 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. Recodified from N.J.A.C. 8:40-5.15 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-5.12, Oxygen administration devices, recodified to N.J.A.C. 8:40-5.10.

#### 8:40-5.13 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.

Recodified from N.J.A.C. 8:40-5.16 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Section was "Resuscitation devices".

#### 8:40-5.14 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. Clip-on straps may be substituted for backboards with matching pin-type connectors. Commercial spine board restraints may also be substituted (for example, Spider Straps®).

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.

Recodified from N.J.A.C. 8:40-5.17 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a)2, added a second sentence. Former N.J.A.C. 8:40-5.14, Aspirator/suction devices, recodified to N.J.A.C. 8:40-5.11.

#### 8:40-5.15 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.

Recodified from N.J.A.C. 8:40-5.18 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-5.15, Airway maintenance supplies, recodified to N.J.A.C. 8:40-5.12.

#### 8:40-5.16 Poison treatment supplies

(a) The following poison treatment supplies may be, but need not be, carried in the vehicle:

1. Syrup of Ipecac; and
2. 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.

Recodified from N.J.A.C. 8:40-5.19 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (a). Former N.J.A.C. 8:40-5.16, External cardiac compression support, recodified to N.J.A.C. 8:40-5.13.

#### 8:40-5.17 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. At least one box of examination gloves which are impervious to bodily fluid and provide adequate barrier protection in accordance with 29 C.F.R. 1910.1030; 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.

Recodified from N.J.A.C. 8:40-5.20 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), rewrote 6. Former N.J.A.C. 8:40-5.17, Spine boards, recodified to N.J.A.C. 8:40-5.14.

#### 8:40-5.18 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.

Recodified from N.J.A.C. 8:40-5.24 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-5.18, Wound dressing and burn treatment supplies, recodified to N.J.A.C. 8:40-5.15.

#### 8:40-5.19 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; and
6. Whether or not emergency warning devices were used at the scene or in transit to 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).

Department approval required for call report form.

Recodified from N.J.A.C. 8:40-5.25 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), deleted a former 7. Former N.J.A.C. 8:40-5.19, Poison treatment supplies, recodified to N.J.A.C. 8:40-5.16.

#### 8:40-5.20 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" and "MED A" through "MED X";

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) No licensee shall engage in any communications activity which causes harmful interference with the EMS communications system. 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 Department or FCC 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.

Recodified from N.J.A.C. 8:40-5.26 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), inserted a reference to MED A through MED X in 1; deleted a former (c); recodified former (d) as (c), added the first sentence, and rewrote 2. Former N.J.A.C. 8:40-5.20, Other patient care equipment, recodified to N.J.A.C. 8:40-5.17.

## 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 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. The curbside door shall be within the front half 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. The seatbelt shall be properly secured on the patient whenever the patient is in the wheelchair and under the care of the staff of the vehicle, including moving the patient in and out of the vehicle, and transferring the patient to his or her destination.

(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.

Recodified from N.J.A.C. 8:40-6.3 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b)1, added a second sentence; and in (f)3, added a fourth sentence. Former N.J.A.C. 8:40-6.2, General vehicle requirements, repealed.

**8:40-6.3 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.

Recodified from N.J.A.C. 8:40-6.4 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-6.3, Patient compartment requirements, recodified to N.J.A.C. 8:40-6.2.

**8:40-6.4 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, except that vehicles utilized to provide "Street EMS" shall be equipped with at least one spotlight, which may be handheld;
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 meet the standards of this chapter; 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).

Recodified from N.J.A.C. 8:40-6.5 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b)7, added an exception; and rewrote (c)3. Former N.J.A.C. 8:40-6.4, Patient compartment dimensions, recodified to N.J.A.C. 8:40-6.3.

#### 8:40-6.5 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, be structurally sound, free from obvious defects 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.

(d) Portable ramps may be utilized, provided that:

1. Any portable ramp utilized shall be certified by the manufacturer for the type of duty the ramp is used for (for example, loading isolette stretchers not to exceed a total of 300 pounds);
2. The ramp shall be attached to the vehicle body by a mechanism which would prohibit the ramp from moving or dislodging when the ramp is in use; and
3. The ramp shall be stored in compliance with the standards for crashworthy storage of equipment in accordance with N.J.A.C. 8:40-3.10(e)8.

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.

Recodified from N.J.A.C. 8:40-6.6 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), inserted ", be structurally sound, free from obvious defects" following "surface"; and added (d). Former N.J.A.C. 8:40-6.5, Certification to Federal specifications, recodified to N.J.A.C. 8:40-6.4.

#### 8:40-6.6 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.

1. Providers which contract with a hospital or similar health care facility to provide a vehicle for the exclusive use of a program or service provided by that hospital may place the name of the facility on the vehicle dedicated to that program or service, subject to the following:

- i. The vehicle is used exclusively for the health care facility;
- ii. The name of the facility appears in letters no larger than three inches high
- iii. The name appears on the lower half of the vehicles; and

iv. The name of the facility is preceded by the words "associated with" or similar language which permit the public to identify which entity is the licensee.

(b) The vehicle recognition number shall be permanently affixed 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" or "emergency medical services" 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" or "emergency medical services" 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" or "emergency medical services" 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 clearly indicates that smoking is 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 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," "Mobile Intensive Care," "Intensive Care," "MICU," "Critical Care Transport Unit," "CCTU," "Coronary Care" or "Special Care," or abbreviations of such words, shall appear only when the provider is authorized to provide Mobile Intensive Care Unit Services in accordance with N.J.S.A. 26:2K-7 et seq. or is otherwise authorized by the Department to provide such services.

(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.

Recodified from N.J.A.C. 8:40-6.7 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added 1; in (b), substituted "be permanently affixed" for "appear" following "shall"; in (c), inserted "or 'emergency medical services'" throughout 1 and 4; rewrote (d); in (f), rewrote 1; and rewrote (g). Former N.J.A.C. 8:40-6.6, Ramp or lift, recodified to N.J.A.C. 8:40-6.5.

#### 8:40-6.7 Emergency warning devices

Each emergency ambulance approved in accordance with this chapter shall be equipped with emergency warning devices, including red lights and a siren, so that it meets the definition of an emergency vehicle as defined by N.J.S.A. 39:1-1 et seq. and N.J.A.C. 13:24. Emergency warning devices shall only be used in strict compliance with N.J.A.C. 13:24-2.8(h).

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.

Recodified from N.J.A.C. 8:40-6.8 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-6.7, Vehicle markings, recodified to N.J.A.C. 8:40-6.6.

#### 8:40-6.8 General equipment and supplies requirements

(a) When in-service, the vehicle shall be equipped with all the required equipment and supplies. Expended supplies and/or damaged equipment shall be replaced as soon as possible after its use. Equipment may be temporarily left on/with a patient, when medically necessary.

(b) 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.

Recodified from N.J.A.C. 8:40-6.10 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (a); and in (b), deleted the former first sentence. Former N.J.A.C. 8:40-6.8, Emergency warning devices, recodified to N.J.A.C. 8:40-6.7.

#### 8:40-6.9 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 commercially manufactured stretcher mattress. 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. Reeves®-type stretchers are required on emergency ambulances which provide "Street EMS."

(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 or on the ambulance stretcher, as medically appropriate. 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. Emergency Ambulances used to provide "Street EMS" shall have a Federally approved child carrier available on the vehicle. All children shall be restrained in the vehicle in compliance with the State's seat belt laws, including N.J.S.A. 39:3-76.2 et seq.

(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.  
Recodified from N.J.A.C. 8:40-6.11 and amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted "commercially manufactured stretcher mattress" for "mattress at least two inches thick" at the end of the third sentence; in (b), added a third sentence; and in (e), rewrote the first sentence, and added the fourth and fifth sentences. Former N.J.A.C. 8:40-6.9, Use of emergency warning devices, repealed.

#### 8:40-6.10 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.

Recodified from N.J.A.C. 8:40-6.12 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-6.10, General equipment and supplies requirements, recodified to N.J.A.C. 8:40-6.8.

#### 8:40-6.11 Oxygen administration and resuscitation devices

(a) The vehicle shall have an installed oxygen system and a portable oxygen system in accordance with the standards for such oxygen equipment and supplies as set forth at N.J.A.C. 8:40-3.16(a).

(b) The vehicle may carry, but need not carry, an installed and/or portable positive pressure oxygen powered resuscitator. Any positive pressure oxygen powered resuscitator carried on any licensed vehicle shall meet the standards for positive pressure oxygen powered resuscitators as set forth at N.J.A.C. 8:40-3.16(a).

(c) The vehicle shall be equipped with an adult size, a child size, and an infant size bag-valve-mask resuscitator which meet the standards of N.J.A.C. 8:40-3.16(a).

(d) There shall be at least three transparent domed resuscitation face masks (one each in large adult, medium adult and child size) with 22 mm fittings for use with the bag-valve-mask and/or positive pressure oxygen powered resuscitators.

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.  
Recodified from N.J.A.C. 8:40-6.13 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-6.11, Standard patient transport devices, recodified to N.J.A.C. 8:40-6.9.

#### 8:40-6.12 Aspirator/suction devices

There shall be an installed aspirator and a portable aspirator which shall comply with the standards for such suction or aspiration equipment as set forth at N.J.A.C. 8:40-3.16(b).

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.

Recodified from N.J.A.C. 8:40-6.15 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-6.12, Special patient transport devices, recodified to N.J.A.C. 8:40-6.10.

**8:40-6.13 Airway maintenance supplies**

(a) There shall be at least four oropharyngeal airways in each of the large adult, adult, child and infant sizes.

(b) Vehicles utilized to provide "Street EMS" shall carry at least five nasopharyngeal airways in assorted sizes, and a water-soluble lubricant for use with the airways.

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.

Recodified from N.J.A.C. 8:40-6.16 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-6.13, Oxygen administration devices, recodified to N.J.A.C. 8:40-6.11.

**8:40-6.14 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.

Recodified from N.J.A.C. 8:40-6.17 by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Former N.J.A.C. 8:40-6.14, Resuscitation devices, repealed.

**8:40-6.15 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. A commercially available vest-type upper spinal immobilization device (for example, K.E.D.®), approved by the FDA for use by EMTs, may be substituted;

3. Two straps, two inches wide by nine feet long with quick release type metal buckles. ("Slide-through" type strongly recommended.) Velcro®-type closures are prohibited. The vehicle may substitute three clip-on type straps in place of the required straps if the vehicle is equipped with a long spine board which uses such straps. A commercial backboard restraint may also be substituted for the straps (for example, Spider Straps®);

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 FDA for prehospital use by EMTs (for example, Stif-Neck® 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 FDA for prehospital use by EMTs. Sandbags are prohibited for use as spinal immobilization devices;

7. A minimum of six splinting devices (for example, padded board splints which are impervious to bodily fluids and/or blood, 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 approved by the FDA for prehospital use by EMTs, 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.

Recodified from N.J.A.C. 8:40-6.18 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (a). Former N.J.A.C. 8:40-6.15, Aspirator/suction devices, recodified to N.J.A.C. 8:40-6.12.

**8:40-6.16 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. Three 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 FDA for prehospital use by EMTs; 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).

Stock requirements changed.

Recodified from N.J.A.C. 8:40-6.19 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted "Three" for "Six" at the beginning of 3, substituted "FDA for prehospital use by EMTs" for "Commissioner" in 7, and substituted "One liter" for "Two liters" at the beginning of 8. Former N.J.A.C. 8:40-6.16, Airway maintenance supplies, recodified to N.J.A.C. 8:40-6.13.

#### 8:40-6.17 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. One pair sterile scissors or a sterile scalpel; and
7. At least 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.

Recodified from N.J.A.C. 8:40-6.20 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), deleted a former 6, recodified former 7 as 6, and recodified former 8 as 9 and substituted "At least one" for "One". Former N.J.A.C. 8:40-6.17, External cardiac compression support, recodified to N.J.A.C. 8:40-6.14.

#### 8:40-6.18 Poison treatment supplies

(a) The following poison treatment supplies may be, but need not be, carried in the vehicle:

1. Syrup of Ipecac; and
2. 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.

Recodified from N.J.A.C. 8:40-6.21 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-6.18, Spine boards, orthopedic litter and splints, recodified to N.J.A.C. 8:40-6.15.

#### 8:40-6.19 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. Two cloth blankets at least 60 inches by 80 inches in size;

5. Two penlights suitable for patient examination;

6. One set of eye protection or goggles for each of the required staff on the vehicle (including any set used in the obstetrical kit);

7. Four towels;

8. At least six plastic bags in assorted sizes, at least two of which shall be red "biohazard" type bags used for disposal of regulated medical waste and/or biohazardous waste. The "biohazard" bags shall only be used for biohazardous waste materials and shall be disposed of in accordance with all applicable Federal and State laws and regulations;

9. At least one box of examination gloves which are impervious to bodily fluid and provide adequate barrier protection in accordance with 29 C.F.R. 1910.1030; and

10. Two sets of personnel protection isolation garments, including gowns and masks.

(b) The licensee may 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-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.

Recodified from N.J.A.C. 8:40-6.22 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), rewrote 4, 6, 8 and 9; and in (b), substituted "may" for "shall" following "licensee" in the first sentence, and deleted a reference to the Emergency Medical Technician-Intermediate level in the second sentence. Former N.J.A.C. 8:40-6.19, Wound dressing and burn treatment supplies, recodified to N.J.A.C. 8:40-6.16.

#### 8:40-6.20 Extrication equipment

(a) Each vehicle licensed as an emergency ambulance used to provide "Street EMS" shall carry equipment which would permit the EMTs to access entrapped patients of motor vehicle collisions in the event the agency responsible for vehicle extrication for the jurisdiction has not arrived on the scene. At a minimum, the vehicle shall carry:

1. A spring-loaded center punch;
2. At least one standard and one phillips-type screwdriver;
3. A prying lever or "crow bar";

4. Protective outer garments for the required staff, which shall include head and eye protection and gloves; and
5. A seat belt cutter, or similar tool.

(b) Any provider of "Street EMS" that is not also the provider of vehicle extrication services in the municipal jurisdiction that it serves shall identify the provider of extrication services, and shall develop policies to adequately permit the safe interaction of staff of the provider and the other agencies at the scene of an emergency.

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.

Recodified from N.J.A.C. 8:40-6.23 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section. Former N.J.A.C. 8:40-6.20, Obstetrical kit, recodified to N.J.A.C. 8:40-6.17.

#### 8:40-6.21 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) in accordance with the standards adopted at N.J.A.C. 8:40A and 8:41A;
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. All children shall be restrained in the vehicle in compliance with the State's seat belt laws, including N.J.S.A. 39:3-76.2 et seq.;
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. Complying with all laws and rules pertaining to universal precautions and body substance isolation procedures;

11. Entering data into and signing the required call report; and

12. 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.

Recodified from N.J.A.C. 8:40-6.27 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), added "in accordance with the standards adopted at N.J.A.C. 8:40A and 8:41A" at the end of 1, added a third sentence in 5, inserted a new 10, and recodified former 10 and 11 as 11 and 12. Former N.J.A.C. 8:40-6.21, Poison treatment supplies, recodified to N.J.A.C. 8:40-6.18.

#### 8:40-6.22 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 this chapter for emergency ambulances; 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 this chapter for emergency ambulances; 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" health care facility who has been specifically assigned by the health care facility to care for the patient who is receiving intravenous therapy. It is the health care facility's responsibility to ensure that any assigned employee is certified, or otherwise qualified, to oversee intravenous therapy.

(c) Nothing in this section shall be construed to permit any provider to provide a service which is not otherwise permitted by law.

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.

Recodified from N.J.A.C. 8:40-6.28 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a)1 and (b)1, substituted "this chapter for emergency ambulances" for "N.J.A.C. 8:40-6.25"; in (b)2iv, substituted references to health care facilities for references to hospitals; and rewrote (c). Former N.J.A.C. 8:40-6.22, Other patient care equipment, recodified to N.J.A.C. 8:40-6.19.

### 8:40-6.23 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, including a description of the patient's chief complaint and at least one set of vital signs;
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;
  - i. For vehicles which provide Street EMS, times when the call was received, the vehicle was dispatched, the vehicle reported going en route to the call, the vehicle reported on location, the vehicle reported en route to a hospital and when the vehicle arrived at the hospital;
5. The vehicle recognition number, date, full names of staff, including special staff and their affiliation (including the identification of any responding MICU or helicopter service); and
6. Whether or not emergency warning devices were used responding to the scene, at the scene, or in transit to the medical facility.

(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.

Recodified from N.J.A.C. 8:40-6.29 and amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), rewrote 2, inserted 4i, rewrote 5, and deleted a former 7. Former N.J.A.C. 8:40-6.23, Extrication equipment, recodified to N.J.A.C. 8:40-6.20.

### 8:40-6.24 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" and "MED A" through "MED X" 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 for any purpose other than access to a regional coordinating center to obtain mutual aid or mobile intensive care services, or for the dispatch of ambulances providing "Street EMS" to a municipal jurisdiction (other business uses are prohibited);
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) No licensee shall engage in any communications activity which causes harmful interference with the EMS communications system. For the purpose of this section, harmful interference is defined as:

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. A finding by the Department or the FCC that the provider's radio operations are causing harmful interference.

(d) (Reserved)

(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 FCC;
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 "Street EMS" 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 in carrier squelch mode (ambulance-to-hospital Emergency Department);
3. 155.280 MHz in carrier squelch mode (statewide EMS coordination); and
4. 153.785 MHz in carrier squelch mode (statewide public safety coordination for police, fire and EMS).

(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 in carrier squelch mode 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 "Street EMS" 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.
4. If the provider has a dispatcher on duty 24 hours-a-day, seven days-a-week, the provider may substitute a portable radio which transmits directly to the provider's dispatcher in lieu of the requirements listed in (h)1 through 3 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.

(j) Any radio carried or installed in compliance with this chapter shall either have a succinct list of frequencies attached (if portable) or in the immediate proximity (if installed), or shall have an alpha-numeric display of the frequency selected either by listing the frequency or the common name (for example, "JEMS 2" may be substituted for 155.340 Mhz).

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.

Recodified from N.J.A.C. 8:40-6.30 and amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Rewrote the section. Former N.J.A.C. 8:40-6.24, Safety equipment, repealed.

#### 8:40-6.25 (Reserved)

Repealed by R.1998 d.109, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Section was "Required staff".

#### 8:40-6.26 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 once 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.

(d) All vehicles which provide "Street EMS" or which routinely respond to motor vehicle accidents shall be equipped with the then-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).

Text deleted and replaced with new.  
Recodified from N.J.A.C. 8:40-6.31 and amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted "once" for "twice" following "at least" in the third sentence, and added (d). Former N.J.A.C. 8:40-6.26, Required training of staff, repealed.

### SUBCHAPTER 7. SPECIFIC HELICOPTER AMBULANCE REQUIREMENTS

#### 8:40-7.1 Patient restrictions

(a) Emergency and interfacility medical 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted a reference to emergency and interfacility medical care for a reference to emergency aeromedical care in the introductory paragraph.

#### 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), including the manufacturer's approved manuals and instructions.

(c) The helicopter shall be in an airworthy condition, as defined by the FAR, and all medical equipment 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 air medical ambulance service shall be approved and licensed by the Department prior to use as an air ambulance.

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (b), added "; including the manufacturer's approved manuals and instructions" at the end; in (c), inserted "an airworthy condition, as defined by the FAR, and all medical equipment shall be in" in the first sentence; and rewrote (d).

#### 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, high intensity searchlight or 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

#### 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. 8:40-3.16, except that the on-board system may not provide less than 1,500 liters capacity. Liquid oxygen systems are permitted, provided the system is capable of meeting all other standards with regard to oxygen flow rates and pressures.

(e) There shall be at least one portable oxygen system meeting the requirements of N.J.A.C. 8:40-3.16.

(f) There shall be at least one reserve oxygen cylinder of at least 300 liters capacity.

(g) Any protruding outlets and flowmeters must be padded, flush mounted or located so as to prevent the injury of crew and patients, or other catastrophic failure of the outlet port.

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.

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).  
Rewrote (d); and added (e) through (g).

**8:40-7.10 Resuscitation devices**

(a) The required oxygen system may be, but need not be, equipped with a positive pressure oxygen powered resuscitator.

(b) The aircraft shall be equipped with bag-valve-mask resuscitation devices in accordance with N.J.A.C. 8:40-6.11.

(c) Each advanced life support helicopter ambulance shall have a portable, automatic transport ventilator, of the type approved by the FDA for prehospital use, which meets the minimum standards of the American Heart Association, as described in the Textbook of Advanced Cardiac Life Support, pages 2-14 and 2-15 (1994 edition), and incorporated herein by reference.

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.

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted "may be, but need not be," for "shall" following "system"; in (b), substituted a reference to bag-valve-mask resuscitation devices for a reference to resuscitation devices, and substituted a reference to N.J.A.C. 8:40-6.11 for a reference to N.J.A.C. 8:40-6.14(c) through (f); and added (c).

**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. 8:40-3.16 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. 8:40-3.16. Aspirators which have field replaceable batteries shall carry a sufficient supply of batteries to permit the unit to operate continuously 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.

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted a reference to N.J.A.C. 8:40-3.16 for a reference to N.J.A.C. 8:40-6.15(c) and (d); and in (b), substituted "N.J.A.C. 8:40-3.16" for "N.J.A.C. 8:40-6.15(c) and (d) for at least 20 minutes" at the end of the second sentence, and inserted a new third sentence.

**8:40-7.12 Advanced life support equipment required**

(a) Each helicopter ambulance licensed under this chapter and authorized to provide advanced life support in accordance with N.J.S.A. 26:2H-2, 26:2K-12(a) and/or 26:2K-36, et seq., shall carry the following advanced life support equipment:

1. A cardiac monitor that shall have a DC defibrillator that can provide both defibrillation and synchronized cardioversion, and shall have the capability of producing a paper recording of cardiac rhythms;
2. An external pacemaker;
3. Assorted needles, syringes and intravenous supplies to include:
  - i. Blood tubes for laboratory specimens;
  - ii. Intravenous (IV) tubing and catheters;
  - iii. Phlebotomy equipment; and
  - iv. Needle and syringe disposal containers;
4. Pediatric equipment to include:
  - i. Pediatric airway management materials including:
    - (1) Airways, endotracheal tubes and stylets;
    - (2) Pediatric and infant laryngoscope blades; and
    - (3) Pediatric and infant sized oxygen masks and bag-valve-masks;
  - ii. Pediatric-sized electrodes and paddles for the monitor/ defibrillator;
  - iii. Pediatric and infant-sized IV catheters and/or winged infusion sets;
  - iv. Intraosseous infusion sets; and
  - v. Pediatric and infant sized blood pressure cuffs;
5. Adult airway management equipment to include:
  - i. Oropharyngeal and nasopharyngeal airways of various sizes;
  - ii. Laryngoscope blades, handles, endotracheal tubes, and stylets;
  - iii. PEEP valves for use with the required bag-valve-mask resuscitators;
  - iv. Needle cricothyrotomy equipment to permit transtracheal catheter ventilation;
  - v. Pulse-oximeters; and
  - vi. End-tidal CO<sub>2</sub> monitors; and
6. Medications and solutions which are required on mobile intensive care units in accordance with N.J.A.C. 8:41-8.1. Medications other than those listed in that section must be approved, in writing, by the Commissioner as part of the licensure process.

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote the section.

**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 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; and

2. Aneroid type blood pressure manometer and adult and pediatric sized cuffs.

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), deleted a former 3.

#### 8:40-7.17 Required staff

When in service, each Helicopter Ambulance shall be staffed by at least two persons in accordance with N.J.S.A. 26:2K-36(b), not including the pilot(s).

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Inserted "in accordance with N.J.S.A. 26:2K-36(b)" following "persons".

#### 8:40-7.18 Required training of staff

(a) Each of the required air medical staff persons shall be either a registered professional nurse or a certified paramedic who has received additional specialized training in air medical care and has successfully passed an examination administered by the Department and has been approved or recognized by the Commissioner.

(b) Additional specialty staff, such as physicians, nurses or respiratory therapists, may be part of the air medical 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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), inserted "or recognized" following "approved".

#### 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. 8:40-6.21 (excluding N.J.A.C. 8:40-6.21(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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a)1, substituted a reference to N.J.A.C. 8:40-6.21 for a reference to N.J.A.C. 8:40-6.27, and substituted a reference to N.J.A.C. 8:40-6.21(a)6 for a reference to N.J.A.C. 8:40-6.27(a)6.

#### 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" and "MED A" through "MED X", shall be used aboard the aircraft without specific approval of the Office of Emergency Health Services of the Department for any purpose other than contacting the ground MICU staff or medical command at the time of the incident to which the helicopter ambulance is responding.

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.

Amended by R.1998 d.107, effective February 17, 1998.

See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

Rewrote (c).

**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 in violation of any Federal or State law or regulation;
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, unless properly padded and vented;
5. Any patient care or other equipment which causes electromagnetic interference to the aircraft equipment; and
6. Protruding intravenous hooks or holders in patient or air medical crew head-strike areas, unless such hooks or holders conform to N.J.A.C. 8:40-7.9(g).

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.

Amended by R.1998 d.107, effective February 17, 1998.  
See: 29 N.J.R. 4416(a), 30 N.J.R. 648(a).

In (a), substituted "in violation of any Federal or State law or regulations" for "the responsible FAA controller" at the end of 1, added an exception at the end of 4, and added 6.

**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
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