

5. Use of apparatus for cardio-respiratory support and control;
6. Postural drainage;
7. Chest percussion;
8. Vibration;
9. Breathing exercises;
10. Respiratory rehabilitation;
11. Performance of cardio-pulmonary resuscitation;
12. Maintenance of natural and mechanical airways;
13. Insertion and maintenance of artificial airways; and
14. Testing techniques to assist in diagnosis, monitoring, treatment and research including, but not limited to:
 - i. Measurement of cardio-respiratory volumes, pressure and flow;
 - ii. Drawing and analyzing of samples of arterial, capillary and venous blood; and
 - iii. Establishment and maintenance of arterial lines, provided the licensee is appropriately trained in this procedure.

(b) For purposes of this subchapter, "under the direction of a physician" means that respiratory care shall not be rendered unless one of the following conditions is met:

1. The licensee has obtained a written order or prescription from a plenary licensed physician or from such other health care practitioner authorized by law to prescribe or order respiratory care;
2. The licensee has documented the physician's clearance for treatment of the patient, which may include the physician's countersigning of the respiratory care practitioner's proposed plan of treatment; or
3. The licensee has received a verbal order or prescription, in person or by telephone. In an outpatient setting, the verbal order or prescription shall be memorialized by the prescriber in writing within two weeks. In an inpatient setting, the verbal order or prescription shall be memorialized by the prescriber within 24 hours.

(c) In no case will physician direction be construed to have been provided on the basis of a patient's representation that he or she has obtained a physician's clearance.

(d) For the purposes of this subchapter, "under the supervision of a physician" means that respiratory care shall not be rendered unless a physician is constantly accessible, either on-site or through electronic communication, and available to render physical assistance when required.

13:44F-3.2 Practice by trainees

(a) A trainee may perform those duties essential for completion of his or her clinical service, without having to obtain a license, provided the duties are performed under the direction of a physician, as defined in N.J.A.C. 13:44F-3.1(b)1 and 2, and the supervision of a physician as defined in N.J.A.C. 13:44F-3.1(d), or under the direct supervision of a licensed respiratory care practitioner, as defined in N.J.A.C. 13:44F-5.1.

(b) The trainee shall, when performing duties pursuant to (a) above, wear a badge which identifies the person as a trainee. Additionally, the supervising licensee or physician shall inform the patient that the person rendering care is a trainee.

Amended by R.1997 d.260, effective June 16, 1997.
See: 29 N.J.R. 1253(b), 29 N.J.R. 2665(b).

In (a), substituted "trainee" for "person enrolled in a Board-approved respiratory care training program" and amended N.J.A.C. references; and in (b), inserted reference to physician in second sentence.

13:44F-3.3 Delegation by a respiratory care practitioner to unlicensed persons

(a) For the purposes of this section, the following words shall have the following meanings unless the context clearly indicates otherwise and except as otherwise expressly provided:

"Assistant" means a respiratory assistant, respiratory aide, equipment technician or any other unlicensed person to whom a licensed respiratory care practitioner delegates tasks as set forth in (b) below.

"Inpatient setting" means residential care facilities, hospitals, subacute care facilities and skilled nursing care facilities.

"Outpatient setting" means assisted living facilities and home care.

(b) Activities which a licensed respiratory care practitioner may delegate to individuals employed as assistants are limited to the following routine tasks which relate to the cleanliness and maintenance of equipment:

1. Disassembling equipment;
2. Cleaning equipment;
3. Preparing equipment for sterilization;
4. Maintaining oxygen cylinder and other specialty gas cylinders; and
5. Making oxygen checks and charges.

i. An assistant who has received a level of training to ensure that the assistant can satisfactorily complete activities set forth in (b) above may set up, test, exchange and demonstrate equipment relating to oxygen delivery systems, except that a licensed respiratory care

practitioner shall not permit an assistant to set up, test, exchange or demonstrate the equipment when oxygen is to be used on any life support system. This includes mechanical ventilation, either positive or negative pressure, with or without artificial airways, in use continuously or intermittently.

ii. In performance of the tasks enumerated in (b)5i above, the assistant is limited to basic oxygen delivery devices and shall not perform these duties in conjunction with any other respiratory therapy equipment.

(c) A licensed respiratory care practitioner shall ensure that an assistant who performs the activities set forth in (b) above shall first receive a level of training to ensure that the assistant can satisfactorily complete the outlined activities.

1. The licensed respiratory care practitioner shall ensure that training records are completed and kept in the employee's file. The training records shall include the following:

- i. The dates upon which each training session occurred;
- ii. The length of each training session;
- iii. The topics addressed during each training session; and
- iv. Whether the employee demonstrated satisfactory skill in each task.

(d) A licensed respiratory care practitioner shall not authorize or permit an unlicensed person to engage in direct patient care.

(e) A licensed respiratory care practitioner shall be responsible for any activities which an assistant performs pursuant to (b) above.

(f) The licensed respiratory care practitioner who delegates tasks as set forth in (b) above in an inpatient setting shall, prior to patient use, conduct an in-person assessment of the equipment and its application to the patient to ensure that the assistant has performed the delegated setup tasks such that the equipment and other devices are safe for patient care.

(g) The licensed respiratory care practitioner who delegates tasks set forth in (b) above in an outpatient setting shall ensure that a follow-up visit from a licensee or a person exempt from licensure takes place within 24 hours of the delivery of the equipment to the patient for the purpose of conducting an in-person assessment of the equipment.

1. The follow-up visit shall be documented in writing.
 - i. The documentation shall be maintained for all patients during the course of respiratory care, and for a period of one year following the termination of respiratory care services.

ii. The documentation shall be available for the Board's inspection on the business premises of the licensee or person exempt from licensure who conducts the follow-up visit within 12 hours of the Board's request.

Amended by R.1997 d.260, effective June 16, 1997.
See: 29 N.J.R. 1253(b), 29 N.J.R. 2665(b).

Inserted new (a) and (c); recodified former (a) and (c) as (b) and (d); deleted former (b), relating to use of titles "respiratory aide" and "equipment technician"; in (b), deleted reference to respiratory aide and equipment technician, and added 5i and 5ii; and added (e) through (g);

SUBCHAPTER 4. APPLICANT QUALIFICATIONS; BOARD-APPROVED EXAMINATION

13:44F-4.1 Eligibility for licensure

(a) Applications for licensure may be obtained from the office of the Board of Respiratory Care.

(b) An applicant shall submit, with the completed application form and the required fee, satisfactory proof that the applicant:

1. Has a high school diploma or its equivalent as approved by the Board;
2. Has successfully completed a training program accredited by the Joint Review Committee for Respiratory Care Education (JRCRCE) of the Council on Allied Health Education and Accreditation, or its successor; and
3. Has passed the examination specified in N.J.A.C. 13:44F-4.2.

Amended by R.1997 d.260, effective June 16, 1997.
See: 29 N.J.R. 1253(b), 29 N.J.R. 2665(b).

In (b)1, added "as approved by the Board:"; and in (b)3, deleted examination exception for persons pursuing licensure under N.J.A.C. 13:44F-5.

13:44F-4.2 Nature of examination; passing grade

(a) The examination shall be the National Board for Respiratory Care Entry Level Examination or the substantial equivalent thereof.

1. Applications for examination should be obtained from the National Board for Respiratory Care.
2. Examinations shall be held within the State at least twice per year at a time and place to be determined by the Board. The Board shall give adequate written notice of the examination to applicants for licensure and examination.