

iv. An employee of the "sending" or "receiving" hospital who has been specifically assigned by the hospital to care for the patient who is receiving intravenous therapy. It is the hospital's responsibility to ensure that any assigned employee is certified, or otherwise qualified, to oversee intravenous therapy.

(c) All provisions of this section shall become null and void upon adoption of critical care transport unit regulations, which shall include reference to these situations.

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

Text deleted and replaced at (a)2 and (b)2-4; new (c) added.

#### 8:40-6.29 Call report

(a) A call report approved by the Department shall be completed each time a patient is transported. One call report will suffice for both legs of a round trip. The call report shall be prepared by the staff assigned to the vehicle and shall contain the following information printed in ink:

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

(b) When an emergency patient is brought to a medical facility, a copy of the call report shall be given to the appropriate person at the medical facility.

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

Call report to be approved by the Department.

#### 8:40-6.30 Radio communications

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

(b) Any radio communications shall comply with the radio frequency allocation cited in Table 4 of the JEMS Communications Plan published by the Department, or the appropriate table in any future revision of the JEMS plan. Specifically:

1. None of the UHF radio frequencies known as "Med 1" through "Med 10" shall be used in radio communications to, or from, any Emergency Ambulance vehicle;

2. None of the VHF radio frequencies listed in Appendix A of this chapter shall be used in radio communications to, or from, any Emergency Ambulance vehicle unless the vehicle is operated by a municipality or operated under contract to a municipality to provide emergency medical services to a political subdivision (that is, the vehicle does "street work"), and/or the vehicle responds to motor vehicle accidents, and/or the vehicle responds to nursing homes;

3. The radio frequency 155.340 MHz shall only be used for essential communications between an emergency ambulance and a hospital Emergency Department; and

4. The radio frequency 155.280 MHz shall only be used for essential communications between cooperating emergency ambulances and as a "back-up" dispatch channel for Emergency Ambulance vehicles which serve a political subdivision.

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

1. The provider was issued a Federal Communications Commission license before January 1, 1978 to use one (or more) of the cited frequencies; and

2. The provider is using that same frequency(ies); and

3. Use of that frequency(ies) does not cause harmful interference to other health care providers operating in accordance with the JEMS Plan.

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

1. A written complaint alleging radio interference from a health care provider(s) operating in accordance with the JEMS Plan; and

2. A finding by the New Jersey Office of Frequency Coordination (or, if their services are not available, the Department) that the provider's radio operations are causing harmful interference.

(e) Each Emergency Ambulance shall be equipped with a mobile radio(s) with the following minimum capabilities:

1. Two-way, VHF high-band with Effective Radiated Power (ERP) as approved by the New Jersey Office of Frequency Coordination;

2. Able to select, and to transmit and receive on, each of the required radio frequencies from the driver's compartment;

3. Able to transmit and receive on the selected radio frequency from the patient compartment by suitable means (such as a handset-type microphone); and

4. Functional, dual-tone, multi-frequency ("Touch-tone"® type) encoder in either the driver's or patient compartment.

(f) Each Emergency Ambulance which is used to provide emergency medical services to a political subdivision (whether it is operated directly by a municipality or under contract with a municipality to do "street work") or which responds to motor vehicle accidents shall have the following four operating radio frequencies and functional continuous tone coded squelch system (CTCSS) in its mobile radio, in addition to the mobile radio capabilities listed in (e) above:

1. 155.xxx MHz (local EMS frequency and CTCSS as listed in Appendix A);
2. 155.340 MHz (ambulance-to-hospital Emergency Department);
3. 155.280 MHz (statewide EMS coordination); and
4. 153.785 MHz (statewide public safety coordination for police, fire and EMS), or;

(g) All other Emergency Ambulances (that is, those which do not provide any of the services listed in (f) above) shall have at least the two following operating radio frequencies and functional continuous tone coded squelch (CTCSS) in their mobile radios, in addition to the other mobile radio capabilities listed in (e) above:

1. 155.340 MHz (ambulance-to-hospital Emergency Department); and
2. 155.280 MHz Statewide EMS coordination.

(h) Each in-service Emergency Ambulance which provides service to a political subdivision ("street EMS") either directly or under contract, and which responds to motor vehicle accidents shall be equipped with at least one portable radio with the following minimum capabilities:

1. Two-way, four-frequency, VHF high-band;
2. Able to select, and to transmit and receive on, each of the four required radio frequencies; and
3. The same four operating radio frequencies and CTCSS as required in (f) above.

(i) A licensee which is part of a local, county, or regional disaster plan must have the appropriate radio communications elements which would enable it to carry out its role under the plan.

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Use of radio revised; (f)-(i) added.

#### 8:40-6.31 Disaster planning required

(a) Each licensee which provides service to a political subdivision or a government installation shall participate, in conjunction with the applicable office of emergency management, in the development of an emergency medical services plan or an annex to a basic disaster plan. The emergency medical services plan/annex shall be reviewed and tested at least once a year. Employees shall be informed of their responsibilities under the plan at least twice a year. The licensee shall conduct an analysis of equipment and personnel at least twice a year to determine its capabilities to respond to emergencies which can reasonably be expected to occur in its service area.

(b) The licensee shall describe in the plan/annex the specific means that will be used to summon off-duty personnel and mutual aid ambulances.

(c) Each Emergency Ambulance which serves a political subdivision or government installation or which responds to motor vehicle accidents shall carry one package (50) medical emergency triage tags (METTAG®) for use in patient identification and triage during mass casualty incidents.\*

Amended by R.1992 d.16, effective January 6, 1992.  
See: 23 N.J.R. 2566(a), 24 N.J.R. 119(a).  
Text deleted and replaced with new.

### SUBCHAPTER 7. SPECIFIC HELICOPTER AMBULANCE REQUIREMENTS

#### 8:40-7.1 Patient restrictions

(a) Emergency aeromedical care and transportation in a helicopter ambulance shall be provided to a patient who:

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

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

#### 8:40-7.2 General helicopter requirements

(a) When in service, the aircraft shall meet the requirements of this chapter.

(b) Each helicopter approved under this chapter shall be licensed and operated in accordance with applicable portions of the Federal Aviation Regulations (FAR).

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