

**ADOPTIONS SECTION**

**HEALTH**

**PUBLIC HEALTH SERVICES BRANCH**

**DIVISION OF PUBLIC HEALTH INFRASTRUCTURE, LABORATORIES, AND**

**EMERGENCY PREPAREDNESS**

**OFFICE OF EMERGENCY MEDICAL SERVICES**

**Notice of Readoption**

**Advanced Life Support Services; Mobile Intensive Care Programs, Specialty Care  
Transport Services, and Air Medical Services**

**Readoption: N.J.A.C. 8:41**

Authority: N.J.S.A. 26:2K-7 through 20 and 35 through 38.

Authorized By: Cathleen D. Bennett, Commissioner, Department of Health.

Effective Date: July 28, 2016.

New Expiration Date: July 28, 2023.

**Take notice** that pursuant to the provisions of N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 8:41 were scheduled to expire on September 1, 2016. The rules establish standards in New Jersey for all forms of advanced life support services. In order to maintain the current rules in effect, the Department of Health has determined that the rules should be readopted without amendment.

The rules continue to establish uniform Statewide licensure and operations standards for the delivery of pre-hospital and interfacility advanced life support services (ALS). Subchapter 1 continues to state the authority, scope and purpose, defined terms and formal waiver procedures for the benefit of ALS providers. Subchapter 2 continues

to provide rules for license applications, including general licensing information, licensure exceptions, licensure and administrative fees, and general vehicle inspection and provider audit information.

Subchapter 3 continues to provide general administrative, crewmember, and vehicle requirements. This includes requirements for the provider's standard operating procedures manual, minimum crewmember competency, duties, and crewmember requirements; basic equipment and supplies for vehicles, insurance requirements, reportable events, patient care reports, quality assurance standards, and other administrative standards.

Subchapter 4 continues to provide specific vehicle requirements for patient transport, including patient compartment safety requirements, vehicle sanitation, vehicle chassis and body requirements, vehicle temperature standards, and treatment of guide dogs.

Subchapter 5 continues to provide requirements for research proposals, including the procedure whereby a licensee may request approval from the Commissioner to conduct research.

Subchapter 6 continues to establish standards for the administration and storage of medications, including procedures for medication control, inventory, and recordkeeping.

Subchapter 7 continues to provide standing orders for adult patients, including the use of interventions, such as endotracheal intubation, intravenous therapy, defibrillation, and cardioversion.

Subchapter 8 continues to establish standing orders for pediatric patients, including the use of interventions, such as pediatric endotracheal intubation and pediatric intravenous/intraosseous therapy, as well as standing orders for pediatric trauma, pediatric cardiac arrest, and pediatric burn management.

Subchapter 9 continues to establish specific mobile intensive care program requirements, including standards for program personnel, such as program director, medical director, required crewmembers, medical command physician, and mobile intensive care nurses. Subchapter 9 also provides standards for operations, such as additional vehicle equipment and supplies, transport restrictions, hours of operation, dispatch, and two-way communications.

Subchapter 10 continues to provide specific specialty care transport service requirements, including additional equipment and supplies, specific minimum crewmember requirements, and medical command and communications requirements.

Subchapter 11 continues to provide specific air medical service requirements, including medical command and crewmember requirements, specific medical equipment requirements, and patient compartment requirements.

Subchapter 12 continues to define the scope of practice of EMT-Basics and EMT-Paramedics, to provide for enforcement actions, including monetary penalties, license suspensions and revocations and to notify providers of hearing procedures.

The rules remain necessary, proper, reasonable, efficient, understandable, and responsive for the purposes for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1) , N.J.A.C. 8:41 is readopted and shall continue in effect for a seven-year period.