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STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
NOTICE OF RULE WAIVER/MODIFICATION
PURSUANT TO EXECUTIVE ORDER NO. 103 (MURPHY)(MARCH 9, 2020)
COVID-19 STATE OF EMERGENCY

Temporary Rule: **WAIVER/MODIFICATION OF N.J.A.C. 8:41 – ADVANCED LIFE SUPPORT SERVICES; MOBILE INTENSIVE CARE PROGRAMS, SPECIALTY CARE TRANSPORT SERVICES AND AIR MEDICAL SERVICES**, adopted by **DEPARTMENT OF HEALTH**

Date: **April 1, 2020**

Authority: N.J.S.A. App.A:9-45 & App. A:9-47; Executive Order No. 103 (Murphy)(“EO 103”)

Effective Date: **April 1, 2020**

Expiration Date: Concurrent with end of EO 103

This is an emergency adoption of a temporary rule waiver/modification of certain rules governing Advanced Life Support Services, consistent with N.J.A.C. 8:41-1.4(a). Section 6 of EO 103, issued in response to the COVID-19 pandemic, authorizes agency heads to waive any existing rule, where the enforcement of the rule would be detrimental to the public welfare during the emergency, notwithstanding the provisions of the Administrative Procedure Act or any law to the contrary. Pursuant to that authority, and with the approval of the Governor and in consultation with the State Director of Emergency Management, the Commissioner of the Department of Health is waiving its rules as follows:

The rapid and far-reaching spread of COVID-19 throughout the State has resulted in an extremely high number of individuals developing symptoms of this respiratory disease, which includes fever, shortness of breath and cough. While COVID-19 can be serious and even fatal in some cases, for most individuals, symptoms are often mild to moderate and non-life-threatening. Current available evidence indicates that these individuals do not require specialized or emergency care at an acute care hospital and are able to fully recover in their home.

Emergency medical services (EMS) and 911 dispatchers are receiving an overwhelming number of calls from patients complaining of mild symptoms associated with COVID-19. Under current EMS rules, a paramedic is required to ensure that a patient is transported to the nearest,

most appropriate hospital unless the patient signs a refusal of medical care. Transport requirements are referenced in N.J.A.C. 8:41–3.8(b)(11)(v)-(iv), (21), and (22), as well as N.J.A.C. 8:41–3.3(a)(16), which govern the contents of patient care reports and crewmember duties related to the transportation of patients to hospitals. Because of this rule, the emergency departments (EDs) have received an influx of patients with mild symptoms associated with COVID-19. These non-critical patients are placing a growing strain on already over-extended medical resources. Once non-critical patients arrive at the ED, hospital staff must evaluate each patient, consuming personal protective equipment (PPE) such as gloves, masks, and gowns, all of which are in short supply. In most cases, consistent with current available medical evidence, EDs ultimately do not admit these patients, instead recommending that they complete their recovery at home. Additionally, once brought to the ED, individuals with even mild-symptoms of COVID-19 can expose other patients who have not been infected with COVID-19, including high-risk patients such as the elderly and the immunocompromised.

In order to alleviate the volume of non-critical patients in EDs and to avoid unnecessary utilization of scarce PPE, it is necessary to waive/modify the requirement that EMS transport patients with mild, non-life-threatening COVID-19 symptoms to a hospital. This rule waiver/modification is necessary in order to help preserve the scarce resources of our State's health care systems -- including time, staff, and medical supplies -- so they can be dedicated to the care and treatment of the most seriously ill patients with the greatest needs. The benefits that inure from this rule waiver/modification will become even more essential in the coming weeks as the number of individuals diagnosed with COVID-19 is expected to peak and the demand upon our health care system is stretched to capacity. Finally, waiving/modifying this mandatory transport rule will also help protect patients in EDs from exposure to the virus.

Pursuant to this rule waiver/modification, all patients complaining of symptoms associated with COVID-19 must be screened according to the COVID-19 Triage Protocol for EMS Providers. If the patient meets the criteria for triaging to home, then the paramedic shall consult with hospital medical command to confirm that the patient should be triaged to home. If the medical authority agrees that the patient should be triaged to home, then the patient may remain at home and does not have to be transported to an emergency department. If the medical authority disagrees with the paramedic's assessment and advises that the patient should be taken to the hospital, then the paramedic shall ensure that the patient is transported to the closest, most appropriate emergency department. The paramedic shall document in the patient's electronic patient care report his or her contact with medical command and medical command's determination on whether the patient should be triaged at home. When triaged to home, the paramedic shall provide the patient with the COVID-19 Home Care Guide. All patient care reports shall be documented electronically. For all other patients complaining of symptoms not associated with COVID-19, the provisions set forth in N.J.A.C. 8:41–3.8(b)(11)(v)-(iv), (21), and (22), as well as N.J.A.C. 8:41–3.3(a)(16), remain in effect.

Full Text of the affected regulations follows, with additional terms and conditions indicated in boldface:

8:41-3.8 Patient Care Reports

(b) Each patient care report shall be multi-copy, shall be typed, printed or written in ink and shall contain the following information:

11. Date and times as follows:

v. The time the patient is en route to the receiving health care facility; and

iv. The time the patient arrived at the receiving health care facility.

21. The name of the receiving health care facility and the time that care was transferred to the receiving health care facility; and

22. The receiving health care facility's disposition of the patient to include admission or discharge diagnosis and type of admission.

8:41-3.3 Crewmember Duties

(a) The collective duties of the crewmembers staffing a MICU, SCTU or AMU shall include, but are not limited to:

16. Reporting verbally and leaving a complete copy of the patient care report with an authorized representative of the receiving health care facility no later than 24 hours after completion of the call. Additions to the original report shall not be made once a copy has been delivered to the receiving health care facility, unless such changes are initialed and dated by the person making the change and the receiving health care facility is provided with a copy of the changes.

The above-referenced rules are hereby subject to the following additional terms and conditions:

- 1. All patients must be screened according to the COVID-19 Triage Protocol for EMS Providers, which is attached hereto and incorporated herein by reference.**
- 2. If the patient meets the criteria for triaging to home, as set forth in the COVID-19 Triage Protocol for EMS Providers, then the paramedic shall consult with hospital medical command to confirm that the patient should be triaged to home.**
 - a. If the medical authority agrees that the patient should be triaged to home, then the patient may remain at home and does not have to be transported to an emergency department.**
 - b. If the medical authority disagrees with the paramedic's assessment and advises that the patient should be taken to the hospital, then the paramedic shall ensure that the patient is transported to the closest, most appropriate emergency department.**

- c. The paramedic shall document in the patient's electronic patient care report his or her contact with medical command and medical command's determination on whether the patient should be triaged at home.
3. When triaged to home, the paramedic shall provide the patient with the COVID-19 Home Care Guide, which is attached hereto and incorporated herein by reference.
 4. All patient care reports shall be documented electronically.
 5. Complying with this waiver/modification shall not constitute patient abandonment, pursuant to N.J.A.C. 8:41A-5.2(b)(5).
 6. For all other patients not complaining of symptoms associated with COVID-19, the provisions set forth in N.J.A.C. 8:41-3.8(b)(11)(v)-(iv), (21), and (22), as well as N.J.A.C. 8:41-3.3(a)(16) remain in effect .

I find that waiver/modification of the rules above is necessary because enforcement of the existing rules would be detrimental to the public welfare during this emergency.

**JUDITH M. PERSICHILLI, RN, BSN, MA
COMMISSIONER
DEPARTMENT OF HEALTH**

4/5/2020
DATE

BY: Terry Clancy
Terry Clancy, PhD, NRP
Acting Director
Office of Emergency Medical Services

WAIVER CONTROL NUMBER: 20 – N.J.A.C. 8:41-3.8(b)(11)(v)-(iv), (21) & (22) and -
3.3(a)(16)

COVID-19 Triage Protocol for EMS Providers

Version 1.0 (updated 3/25/2020)

During a pandemic, ALL patients must be screened using the below protocol. Screening shall occur from a safe distance of six (6) feet.

Does the patient have signs/symptoms of Influenza-like Illness (ILI)?

- Fever > 100.4°F (38°C)
- Cough
- Shortness of breath



**FOLLOW
STANDARD ALS &
BLS EMS
TREATMENT
PROTOCOLS**

YES

DON PPE BEFORE INITIATING CLOSE CONTACT WITH THE PATIENT

- N95 or surgical mask, gloves, gown, and eye protection
- Limit close contact* to as few providers as possible. Other personnel should remain 6 feet away from the provider and patient.
- Only providers wearing proper PPE should perform a close patient assessment

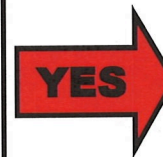
* Close contact means being within 6 feet of a potential COVID-19 case for a prolonged period of time

NEXT

PERFORM AN ASSESSMENT

Age > 65	Heart Rate > 110 BPM
Temperature > 100.4°F	Systolic BP < 100 mmHg
Respirations > 22	Altered mental status
SpO ₂ < 95%	

Refer to BLS protocols for pediatric vital signs



**FOLLOW
STANDARD ALS &
BLS EMS
TREATMENT
PROTOCOLS**

NO

OBTAIN PATIENT MEDICAL HISTORY

- Is the patient a diabetic?
- Is the patient pregnant?
- Does the patient have heart or lung disease?
- Is the patient immunocompromised?
- Does the patient have any other secondary or underlying medical conditions?



**IF INDICATED,
TRANSPORT
PATIENT IN
ACCORDANCE
WITH NJDOH OEMS
POLICY**

NO

THIS PATIENT MEETS CRITERIA FOR NON-TRANSPORT AND/OR TREATMENT IN PLACE

Direct the patient to follow up with their healthcare provider if symptoms worsen. Provide the patient with the 2-1-1 number and refer them to the N.J. Department of Health website (www.nj.gov/health) for additional information and guidance.

Care Instructions - Treatment at home

COVID-19, or Coronavirus, causes mild symptoms in most patients. We have determined that you are at low risk for having the virus or, if you do have it, that you have a low risk for serious complications at this time. This is best treated at home.

The symptoms of a viral respiratory infection often start quickly. They include a fever, sore throat, and runny nose. Also, you may not feel well or you may not want to eat.

Antibiotics are not prescribed because they will not help cure a viral illness. In some cases, antiviral medicine can help your body fight a serious viral infection.

How can you care for yourself at home?

- Rest as much as possible until you feel better. **STAY HOME FROM WORK OR SCHOOL AS LONG AS YOU ARE SICK.** Do not return to work until your symptoms are better or until 14 days have passed since you were possibly exposed to COVID-19.
- Take an over-the-counter pain medicine, such as acetaminophen (Tylenol), as needed for pain and fever. Read and follow all instructions on the label. Do not give aspirin or any products containing aspirin to anyone younger than 18 without consulting your physician first.
- Take over-the-counter cold medications to help with cough, congestion, or sore throat. Follow the directions as indicated on the label.
- Drink plenty of fluids. Hot fluids, such as tea or soup, may help relieve congestion in your nose and throat. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- Gargle with warm salt-water once an hour. This can help reduce swelling and throat pain. Use 1 teaspoon of salt mixed in 1 cup of warm water.

To avoid spreading the virus

- The elderly, people on certain medications, and people with serious chronic health conditions and/or immunocompromised are at greater risk of serious complications, even death, from COVID-19. Stay away from people at high risk.
- If you visit a healthcare facility, ask for a mask as soon as you enter the facility.
- Avoid large gatherings of people such as church, festivals, and sporting events.
- Cough or sneeze into a tissue, then throw the tissue away.
- If you don't have a tissue, use your sleeve or elbow as a cover.
- Wash your hands often. Use soap and warm water. Wash for 20 seconds each time.
- If you don't have soap and water near you, you can clean your hands with alcohol (at least 60%) wipes or gel.

When should you call for help?

Call your doctor, call 911, or get to the Hospital Emergency Department if:

- You have a new or higher fever.
- Your fever lasts more than 48 hours without responding to over the counter fever medicine such as acetaminophen (Tylenol).

Care Instructions - Treatment at home

- You have trouble breathing.
- You have a fever with a stiff neck or severe headache.
- You are sensitive to light.
- You feel very sleepy or confused.

Before going to your medical appointment or calling 911, notify your healthcare provider that you may have been exposed to COVID-19.

Watch closely for changes in your health and be sure to contact your doctor if you do not get better.

These are all general recommendations. As always, contact your healthcare provider with any questions you may have.