

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Clinton First Aid and Rescue Squad
48 Old Hwy 22
Clinton, New Jersey 08809**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Somerville Rescue Squad #54 BLS2, operated by Clinton First Aid and Rescue Squad shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Clinton First Aid and Rescue Squad to use Somerville Rescue Squad Ambulance #54 BLS2, Vin #1FDKE30F3TH [REDACTED], NJ license plate OA1114. This will allow Clinton First Aid and Rescue Squad to provide services to the town of Somerville and conduct business as Clinton First Aid and Rescue Squad.
3. Somerville Rescue Squad, Emergency Ambulance #54 BLS2, operated by Clinton First Aid and Rescue Squad shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by Clinton First Aid and Rescue Squad.

For: Shereef F. Elnahal, Commissioner

BY: Scot Phelps, JD, MPH, Paramedic
Director

Dated issued: July 19, 2018

Waiver Control Number: 18-8:40-6.12(a)021

Expires on: End of contract with Somerville



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 360
TRENTON, N.J. 08625-0360

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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Acting Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-6.1, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, replacing "Diltiazem hydrochloride;" with "Slow Calcium Channel Blocker/Beta Blocker" in Subchapter 6. Administration and Storage of Medication, 8:41-6.1b Medications and therapeutic agents.

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1b Medications and therapeutic agents

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.... 8. ~~Diltiazem hydrochloride~~ Medication for the treatment of rapid atrial fibrillation, e.g., select Calcium Channel Blockers like diltiazem hydrochloride (Cardizem) or verapamil hydrochloride (Calan) and select Beta Blockers (β -blockers) like esmolol (Brevibloc) and metoprolol (Topolol XL) for IV administration.

Justification: 1. The Office of Emergency Medical Services has already approved Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units to carry a several different β -blockers and slow Calcium Channel Blockers, including Metoprolol Tartrate, Diltiazem hydrochloride, and Verapamil hydrochloride. Identification of appropriate classes of agents with an evidence basis for treatment of medical conditions that are commonly encountered in a pre-hospital environment is more effective than identifying specific agents. This practice allows physician medical directors to select the most appropriate agents(s) for their system and individual patients; 2. The American Society of Hospital Pharmacists reports as of February 10, 2018 that diltiazem hydrochloride is currently in "shortage."

Equivalency: All agents of these classes have advantages and disadvantages compared to each other, however, this waiver is based on the specific request to carry 1. Metoprolol Tartrate and Verapamil hydrochloride or 2. Esmolol in place of Cardizem. All three drugs are effective and have advantages and disadvantages compared to Cardizem. Physician medical directors are encouraged to select the medication and/or combination of medications that provide the most benefit and minimize complications in their clinical environment.

Terms & Conditions: All clinical staff shall successfully complete an education program covering the indications, actions, route, dosage, and storage of the medications prior to it being carried on the Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units

For: Shereef F. Elnahal, Acting Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

References:

Hilleman, DE, et. al.. Esmolol Versus Diltiazem in Atrial Fibrillation Following Coronary Artery Bypass Graft Surgery
Curr Med Res Opin. 2003;19(5)

Date issued: *February 21, 2018*

Waiver Control Number: *18-41.6.1-005*

Expiration date: *Until expiration of the current version of N.J.A.C. 8:41*



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SHEREEF M. ELNAHAL, MD, MBA
Acting Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver, replacing Waiver Control Number 14-8:41-6.1(b)-010 issued September 3, 2014 is approved for:

**All New Jersey Mobile Intensive Care Programs, Mobile Aeromedical Programs,
and Mobile Specialty Care Units**

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, replacing the existing waiver that permitted tranexamic acid (TXA) to be added to Subchapter 6. Administration and Storage of Medication, 8:41-6.1b Medications and therapeutic agents.

Waiver:

This waiver shall allow advanced mobile healthcare clinicians to continue carry and administer tranexamic acid.

1. Tranexamic acid may be administered to patients at least 13 years of age, for whom advanced mobile healthcare clinicians reasonably suspect serious hemorrhage.
2. Tranexamic acid should be administered AS SOON AS POSSIBLE after assessment in the Circulation phase of the ABCs during resuscitation.
3. TXA should be used in conjunction with basic maneuvers (e.g. direct pressure, tourniquet, etc.) for hemorrhage control.

Justification: The Office of Emergency Medical Services, in partnership with the Mobile Intensive Care Subcommittee and EMS for Children Subcommittee of the EMS Council, has reviewed the evolving literature for the use of tranexamic acid, and determined that advances in medical knowledge have re-affirmed that tranexamic acid should be administered as soon as possible for patients suffering serious hemorrhage and that tranexamic acid has been shown to be safe for administration to children as young as 13 years of age. These two changes have been reviewed and found to have met the "B" Level of Evidence/"Ila" Quality of Evidence standard utilized by OEMS in reviewing changes in clinical care.

Terms & Conditions: All advanced mobile healthcare clinicians shall successfully complete an education program covering the updated indications for use of this medications prior to it being carried on the Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units

For: Shereef F. Elnahal, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date issued: 06/04/2018
Waiver Control Number: 18-41-1.4-018
Expiration date: Until expiration of the current version of N.J.A.C. 8:41



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Acting Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-6.1, a waiver is issued to:
All New Jersey Mobile Intensive Care Programs

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, replacing "Dopamine Hydrochloride" with "Vasopressor" in Subchapter 6. Administration and Storage of Medication, 8:41-6.1 Medications and therapeutic agents.

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1 Medications and therapeutic agents

(a) The following medications and therapeutic agents are approved for utilization by Advanced Life Support (ALS) crewmembers. Each vehicle shall be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:...

9. Vasopressor drug;

Justification: 1. The Office of Emergency Medical Services has already approved Mobile Intensive Care Units to carry a variety of vasopressor agents, including dopamine hydrochloride, dobutamine, norepinephrine, epinephrine, and neo-synephrine. However, Mobile Intensive Care Units are still mandated to carry dopamine. 2. The American Society of Hospital Pharmacists reports¹ as of January 22, 2018 that dopamine hydrochloride is currently in "insufficient supply." The New England Journal of Medicine² published a study entitled "*Comparison of Dopamine and Norepinephrine in the Treatment of Shock*" which concluded that dopamine hydrochloride was associated with a greater number of adverse events compared to norepinephrine.

Equivalency: All vasopressors have advantages and disadvantages when compared to each other, however, the waiver is based on the specific request to carry norepinephrine and discontinue carrying dopamine. This change allows physician medical directors to utilize the vasopressor they feel is most appropriate for their circumstances while controlling costs by discontinuing less-effective medications, or ones that often expire prior to usage. Moving to a medication class model also allows for more effective vasopressors to be utilized as medical research advances.

Terms & Conditions: All clinical staff shall successfully complete an education program covering the indications, actions, route, dosage, and storage of the products prior to it being carried on the Mobile Intensive Care Units, Mobile Aeromedical Care Units, and Mobile Specialty Care Units.

For: Shereef F. Elnahal, Acting Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

References:

¹American Society of Hospital Pharmacists Shortage of Dopamine Hydrochloride, January 22, 2018. Available at: <https://www.ashp.org/drug-shortages/current-shortages/Drug-Shortage-Detail.aspx?id=1243>

²De Backer, D, et. al., Comparison of Dopamine and Norepinephrine in the Treatment of Shock. *New England Journal of Medicine*. Volume 362, Number 9. March 4, 2010.

Date issued: *February 2, 2018*
Waiver Control Number: *18-41-6.1-004*
Expiration date: *Indefinite*



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SHEREEF M. ELNAHAL, MD, MBA
Commissioner

Certificate of Waiver

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-9.17
this waiver is issued to:



Granting specific permanent relief, waiving requirements for specific Mobile Intensive Care vehicles licensed to, and operated by, [REDACTED] and used specifically for [REDACTED], from the following provisions of Chapter 41 of the New Jersey Administrative Code:

8:41-9.17(a) Each MICU shall bear the following markings:

1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;
2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;
4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and
5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

Justification: Response as part of a law enforcement-led special operations group may require the use of unmarked medical vehicles that can be located close enough to law enforcement activity to provide rapid medical support, but where use of a marked Mobile Intensive Care Unit might undermine law enforcement operations and put officers and the general public at more risk.

Terms & Conditions: 1. A vehicle agreement between [REDACTED] and [REDACTED] must be provided. 2. The vehicle must be inspected and licensed as a Mobile Intensive Care Unit. 3. This waiver does not allow the vehicle to be utilized for regular day-to-day response for mobile intensive care. 4. This waiver does not allow the vehicle to be utilized as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.

Duration: This guidance shall remain in effect indefinitely.

For: Shereef F. Elnahal, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date Issued: 05/25/2018
Waiver Control Number: 18-41-9.17(a)-017
Expiration Date: None



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Acting Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-11, a waiver is issued to:
All New Jersey Mobile Aeromedical Care Programs

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, specifically permitting Mobile Aeromedical Care programs to stock and utilize blood and blood products, by modifying the following chapter to read:

SUBCHAPTER 11. SPECIFIC AIR MEDICAL SERVICE REQUIREMENTS

8:41-11.8 Additional basic equipment and supplies: Aeromedical Units (AMUs)

(c) Clinical flight staff may use medications and solutions not listed at N.J.A.C.8:41-6.1 during the transport of a patient, including blood and blood products. The clinical flight staff shall monitor these agents and shall be knowledgeable of the side effects, contraindications, dosage and therapeutic ranges.

Justification: 1. The Food & Drug Administration has noted critical shortages of isotonic IV solutions since November 2017. 2. Blood products are associated with improved survival (at various endpoints) and reduced coagulopathy for trauma patients compared to isotonic fluids. Transfusion reactions were negligible (<0.01%). 3. The changes from "Registered Nurse" to "Clinical Flight Staff" is required because nursing best practice requires *"that two (clinical flight staff) will check the blood against the order, check the client's identity, check the client's blood type against the type of blood that will be infused, check the expiration of the blood or blood component, and check the client's number against the blood product number. The (clinical flight staff) will also visually inspect the blood for any unusual color, precipitate, clumping and any other unusual signs."*

Equivalency: Blood products are similar but superior to, isotonic IV solutions currently utilized for trauma patients.

Terms & Conditions: All Medical Directors for Mobile Aeromedical Care Programs utilizing blood products shall have written protocols demonstrating best practice for blood product policy and procedure, including specific protocols directing when clinical flight staff may use blood products. Clinical flight staff shall successfully complete an education program covering the indications, actions, route, dosage, storage and rotation of the blood products prior to them being carried on the Mobile Aeromedical Care Unit.

For: Shereef F. Elnahal, Acting Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

References: Fluid Shortages: <https://www.fda.gov/Drugs/DrugSafety/ucm585052.htm>

Best Practices: <https://www.registerednursing.org/nclex/blood-products/>

Date issued: February 2, 2018

Waiver Control Number: 18-41-11.8-003

Expiration date: Indefinite



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SHEREEF M. ELNAHAL, MD, MBA
Commissioner

Certificate of Waiver

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-9.17 this waiver is issued to:



Granting specific permanent relief, waiving requirements for specific Mobile Intensive Care vehicles licensed to, and operated by, [REDACTED] and used specifically for tactical response as part of the [REDACTED] from the following provisions of Chapter 41 of the New Jersey Administrative Code:

8:41-9.17(a) Each MICU shall bear the following markings:

1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;
2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;
4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and
5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

Justification: Response as part of a law enforcement-led special operations group may require the use of unmarked medical vehicles that can be located close enough to law enforcement activity to provide rapid medical support, but where use of a marked Mobile Intensive Care Unit might undermine law enforcement operations and put officers and the general public at more risk.

Terms & Conditions: 1. A vehicle agreement between [REDACTED] and [REDACTED] must be provided. 2. The vehicle must be inspected and licensed as a Mobile Intensive Care Unit. 3. This waiver does not allow the vehicle to be utilized for regular day-to-day response for mobile intensive care. 4. This waiver does not allow the vehicle to be utilized as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.

Duration: This guidance shall remain in effect indefinitely.

For: Shereef F. Elnahal, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date Issued: 05/25/2018
Waiver Control Number: 18-41-9.17(a)-017
Expiration Date: None



State of New Jersey
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Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

August 10, 2018

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

American Legion Ambulance Association
PO Box 187/ 32 Maple Ct.
Woodstown, NJ 08098

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

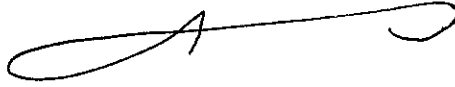
This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Carneys Point Ambulance #11-8 and #11-8A shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Woodstown Ambulance (American Legion) to use Carneys Point Ambulance #11-8, Vin #1FDXF45PX6D [REDACTED], NJ license plate MG74429 and #11-8A, Vin # 1FDXE4FS1HD [REDACTED], NJ license plate OA4445. This will allow Woodstown Ambulance (American Legion) to provide services to Carneys Point and conduct business as American Legion Ambulance Association.
3. Carneys Point Ambulance #11-8 and 11-8A shall have vehicle

markings of not less than 4 inches identifying the ambulances are in partnership with American Legion Ambulance Association.

For: Shereef F. Elnahal, Commissioner

A handwritten signature in black ink, appearing to be 'Scot Phelps', with a stylized, elongated horizontal stroke.

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Dated issued: *July 24, 2018*

Waiver Control Number: *18-8:40-6.12(a)-005*

Expires on: *End of Contract*



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CATHLEEN D. BENNETT
Commissioner

July 27, 2017

Sherwood LaValle Taylor
Atlantic Cape Community College
1535 Bacharach Blvd.
Atlantic City, NJ 08401

Dear Mr. Taylor:

The Department of Health Office of Emergency Medical Services has received your application on behalf of Atlantic Cape Community College to conduct a paramedic education program. After review of your application, the Department has determined a waiver of the mobile intensive care hospital sponsorship for students and the utilization of a mobile intensive care hospital EMS Educator as required by current regulations is necessary. Based upon your application to conduct a Paramedic Science Program and employment of your own EMS Educator this waiver has been approved.

This approval shall remain valid indefinitely, unless sooner suspended or revoked by the Department. Should you have any questions regarding this matter, please contact me at (609) 633-7777 or Candace.Gardner@doh.nj.gov.

Sincerely,

Candace J. Gardner
Education & Certification Manager
Office of Emergency Medical Services

Enclosure
c: OEMS Staff



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CATHLEEN D. BENNETT
Commissioner

**Certificate of Waiver for
Paramedic Certification**
**Pursuant to the Provisions of the New Jersey Administrative Code,
Specifically N.J.A.C. 8:41A, a waiver is issued to:**

Atlantic Cape Community College
Paramedic Science Program
1535 Bacharach Blvd.
Atlantic City, NJ 08401

Granting relief from the following provision(s) of Chapter 8:41A of the Administrative Code:

**N.J.A.C. 8:41A – 2.2(a)5 Student qualifications:
Application, for and receipt of, sponsorship from a mobile intensive care hospital**

**N.J.A.C. 8:41A – 2.4(c) Clinical Training:
Each clinical training site shall employ an EMS Educator**

This waiver is granted based upon the information submitted to the Department. The waiver is subject to the following conditions:

The Atlantic Cape Community College Paramedic Science Program shall develop and implement agreements with clinical and mobile intensive care affiliates for students to complete the program internship and externship requirements. The Atlantic Cape Community College Paramedic Science Program shall employ an EMS Educator to facilitate the paramedic program internship and externship requirements.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Cathleen D. Bennett
Commissioner

BY: Scot Phelps, JD, MPH, Paramedic
Director
Office of Emergency Medical Services

DATE ISSUED: July 27, 2017
WAIVER CONTROL NUMBER: 17 – N.J.A.C. 8:41A – 2.2(a)5 & 2.4(c) – 029
EXPIRES: NONE

Certificate of Waiver Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Alert
1195 Airport Rd
Lakewood, New Jersey 08701**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

8:40-4.4 Vehicle safety

(e) The interior of the vehicle shall be designed for the safety of patients and crewmembers and the patient compartment shall have the following safety features:

4. The floor shall have a flat, even, unbroken and impervious surface and shall be covered with a slip resistant material;

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Alert shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et seq.;
2. This waiver shall apply to initial dually licensed Basic Life Support (BLS)/ Specialty Care Transport Unit (SCTU) vehicles, by the Department, on/after 12/02/2016 for those vehicles with the patient compartments similarly configured with smooth, elongated equipment tie downs on the floor for the purpose of transporting high acuity patients and securing accompanying clinical equipment in a crashworthy manner.

3. Alert shall keep an updated record of these vehicles that includes the recognition number, vehicle identification number, the date of initial licensing and retiring date(s). This record shall be available to the Department upon request.

For: Cathleen Bennett
Commissioner

BY: Nancy Kelly-Goodstein, MAS
Acting Director

Dated issued: February 24, 2017
Waiver Control Number: 17-8:40-4.0(e)4-012
Expires on: *None*



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

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POONAM ALAIGH, MD, MSHCPM, FACP
Commissioner

CERTIFICATE OF WAIVER Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C 8:41-7.16 shall read:

8:41-7.16 Standing orders for allergic reaction/anaphylactic shock

(a) The following standing orders are authorized in the event that an adult patient presents with signs of generalized allergic findings such as urticaria without signs of acute significant respiratory distress and/or profound hypotension (systolic blood pressure less than or equal to 90 mmHg)

1. Assess and secure airway;
2. Administer oxygen at a minimum of 4LPM NC;
3. Establish vascular access
4. Administer 50 mg Diphenhydramine HCL IV;
5. Contact the medical command physician.

(b) The following standing orders are authorized in the event that an adult patient presents with signs of generalized allergic findings such as urticaria with signs of acute significant respiratory distress and /or profound hypotension, (systolic blood pressure less than or equal to 90mmHg) with clinical evidence of shock, (altered mental status; cool clammy or mottled skin; and /or delayed capillary refill).

1. Assess and secure airway;
2. High flow oxygen should be placed;
3. Administer 0.3mg Epinephrine 1:1000 IM/SQ in lateral thigh or deltoid;

4. If wheezing is present, administer 2.5mg Albuterol/3 cc normal saline solution via nebulizer; which may be repeated once at the same dose;
5. Establish IV access and administer normal saline solution and initiate 500 ml fluid bolus. The bolus should be repeated up to one liter if blood pressure remains less than 100 systolic and the patient is not exhibiting new signs of pulmonary edema(developing or increasing rales);
6. Administer Diphenhydramine HCL 50mg IV;
7. Administer an IV Steroid Medication (either Methylprednisone sodium succinate 125 mg IV or Dexamethasone sodium phosphate 10 mg IV). The choice between Methylprednisone or Dexamethasone shall be at the discretion of the program's medical director;
8. Contact the medical command.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for suspected allergic reaction/anaphylactic shock

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner



BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: March 14, 2007
Date Renewed: January 1, 2011
Waiver Control #: 11-8:41-7.16-001
Expires: None



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CATHLEEN D. BENNETT
Commissioner

CERTIFICATE OF WAIVER

Naloxone Administration by Emergency Medical Technicians - Paramedics

This waiver grants relief, in part, from the following provisions of N.J.A.C. 8:41 (Advanced Life Support Services; Mobile Intensive Care Programs; Specialty Care Transport Services; and Air Medical Services), which contain Standing Orders for the administration of Naloxone:

N.J.A.C. 8:41-7.18(a)(5)(iii); (iv) – Standing Orders for Unconscious Person/Altered Mental Status

(a) The following standing orders are authorized in the event that an adult patient is unconscious or presents with altered mental status. The treatment of an unconscious person/altered mental status patient shall be directed by the suspected etiology of the event. Specific orders may be omitted by an ALS crewmember if the order does not pertain to the suspected etiology of the medical emergency:

5. If the blood reagent strip indicates a blood glucose level less than 60 mg/dl;
 - i. Administer 25 gm of 50 percent Dextrose in water intravenously;
 - (1) If unable to establish IV access, administer 1 mg Glucagon intramuscularly, and;
 - ii. Administer 100 mg Thiamine IV;
 - iii. If there is no response to (a)5i and ii above, or if the blood glucose level is greater than 60 mg/dl, administer up to 2 mg Naloxone IV. Start with 1 mg and titrate the dose to reversal of any respiratory depression;
 - iv. If IV access is unobtainable administer Naloxone 2 mg IM; and
6. Contact the medical command physician.

N.J.A.C. 8:41-8.11(a)(7) – Standing Orders for Pediatric Altered Mental Status

- (a) The following standing orders are authorized in the event that a pediatric patient presents with altered mental status:

...

- 7. If no change in the patient's status, administer Naloxone 0.1 mg/kg, with a maximum dose of 2 mg via IV/IO/ET;**

...

9. Contact the medical command physician.

Scope of Waiver:

The Department of Health hereby waives the limit of 2.0 mg of Naloxone in the above-referenced provisions to allow for administration of Naloxone using commercially available devices and to provide the Medical Director of each agency the flexibility to determine appropriate dosing.

Administration of Naloxone by Emergency Medical Technicians (EMTs) continues to be subject to all applicable law, rules, standing orders and protocols.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.



By: Cathleen D. Bennett
Commissioner
Department of Health

DATE ISSUED: September 20, 2017

WAIVER CONTROL NUMBER: 17-8:41-7.8, 8:11-32

EXPIRES: Upon adoption of revised regulations (N.J.A.C. 8:41)



State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
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TRENTON, N.J. 08625-0360

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MARY E. O'DOWD, M.P.H.
Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

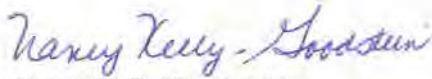
(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants **Calcium Gluconate in all of its forms** be added to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow MICU Programs licensed by the Department to carry and administer **Calcium Gluconate** when treating patients suffering from Hydrofluoric Acid burns. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to **Calcium Gluconate**.

For: Mary E. O'Dowd, MPH
Commissioner

By: 
Nancy Kelly-Goodstein
Acting Director
Office of Emergency Medical Services

Date issued: March 24, 2014
Waiver Control Number: 14-8:41-6.1(b)-005
Expiration date: Indefinite



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SHEILA Y. OLIVER
Lt. Governor

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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

**Certificate of Waiver for
Advanced Life Support Services
Pursuant to the provision of the New Jersey Administrative Code
Specifically, N.J.A.C. 8:41-1.4, a waiver is issued to:**



Granting relief from the following provision(s) of Chapter 8:41 of the New Jersey Administrative Code:

N.J.A.C. 8:41-9.17 Vehicle markings and emergency warning devices

(a) Each MICU shall bear the following markings:

- 1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;**
- 2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;**
- 3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;**
- 4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and**
- 5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.**
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.**

This waiver is subject to the following terms and conditions:

1. [REDACTED] one MICU to provide medical support to the [REDACTED].
2. [REDACTED] must staff the MICU as defined in N.J.A.C. 8:41-9.8.
3. [REDACTED] may not utilize the vehicle to support daily MICU operations and response.
4. [REDACTED] must identify the vehicle being utilized in their vehicle record on the Department of Health's Licensing Platform.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner



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

DATE ISSUED: April 16, 2021
WAIVER CONTROL NUMBER: 21 – N.J.A.C. 8:41-9.17(a)1-5i - 007
EXPIRATION DATE: None



State of New Jersey

DEPARTMENT OF HEALTH

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SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

**Certificate of Waiver for Paramedic Certification
Pursuant to the Provisions of the New Jersey Administrative Code,
Specifically N.J.A.C. 8:41A, a waiver is issued to:**

County College of Morris
Paramedic Program
214 Center Grove Road
Randolph, NJ 07869-2086

Granting relief from the following provision(s) of Chapter 8:41A of the Administrative Code:

N.J.A.C. 8:41A – 2.2(a)5 Student qualifications:

Application, for and receipt of, sponsorship from a mobile intensive care hospital

N.J.A.C. 8:41A – 2.4(c) Clinical Training:

Each clinical training site shall employ an EMS Educator

This waiver is granted based upon information submitted to the Department. The waiver is subject to the following conditions:

The County College of Morris Paramedic Program shall develop and implement agreements with clinical and mobile intensive care affiliates for students to complete the program internship and externship requirements. The County College of Morris Paramedic Program shall employ an EMS Educator to facilitate the paramedic program internship and externship requirements.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner

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

DATE ISSUED: September 10, 2020

WAIVER CONTROL NUMBER: 20 – N.J.A.C. 8:41A – 2.2(a)5 & 2.4(c) – 045

EXPIRES: NONE

CERTIFICATE OF WAIVER
Mobility Assistance and Ambulance Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Atlantic Ambulance Corp
P.O. Box 220, Internal Box: MICU 256
Summit, New Jersey 07902-0220

Granting relief from the following provision(s) of Title 8, Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:41-3.22

(a) Each provider of mobile intensive care and air medical services shall ensure that each of its vehicles has operational biomedical telemetry communications as may be required to meet the requirements of N.J.S.A. 26:2K-10 and this chapter.

Therefore, this waiver entitles Atlantic Ambulance Corp to send 12 lead ECG transmissions in lieu of biomedical telemetry electrocardiograms. The Department is granting this waiver upon request of Atlantic Ambulance Corp and verification to the Department that the following conditions are fulfilled.

This waiver is granted based upon the information submitted to the Department on October 24, 2007. The waiver is subject to the following conditions:

Terms and Conditions:

- Atlantic Ambulance Corp shall assure that there is a working communications base station at each approved medical command site that will permit the receipt of voice communications as well as 12 Lead ECG. Such base stations shall be positioned in the emergency department or a satellite emergency department and shall be readily accessible to the medical command physician.
- A 12 Lead ECG shall be transmitted as necessary in cases such as Cardiac Emergencies, Pronouncements, etc.

This waiver shall remain valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Fred Jacobs, M.D., J.D.
Commissioner

BY: _____
Karen Halupke, R.N., M.Ed., Director
Emergency Medical Services

DATE ISSUED: October 24, 2007
WAIVER CONTROL: 07-8:41 3.22 015
EXPIRATION: None

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Schering-Plough Corporation
556 Morris Avenue
Summit, New Jersey 07901

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Schering-Plough Rescue Squad to use Schering-Ploughs Emergency Ambulance #SU-4, Vin #31FDKE30M9PH [REDACTED].
2. Emergency ambulance #SU-4 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

3. The Schering-Plough emergency ambulance #SU-4 shall have vehicle markings of not less than 4 inches identifying the ambulance operated by Schering-Plough Fire Department when being utilized by Schering-Plough Rescue Squad.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *October 30, 2007*
Waiver Control Number: *05-8:40-6.12-014*

Expires on: *None*



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CATHLEEN D. BENNETT
Commissioner

Certificate of Waiver

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting specific relief, waiving from the following provision(s) of Chapters 41 of the New Jersey Administrative Code:

1. Permitting administration of midazolam as a primary therapeutic agent for pediatric seizures.
2. To make generic the requirement that Mobile Intensive Care Units carry a benzodiazepine.
3. Permitting administration of medication by intranasal and buccal routes.

Specifically, the following changes shall apply:

SUBCHAPTER 8. STANDING ORDERS FOR PEDIATRIC PATIENTS

8:41-8.9 Standing orders for pediatric seizures (2011)

(a) The following standing orders are authorized in the event a pediatric patient presents with active seizures:

1. Assess and secure the airway;
2. Administer oxygen therapy as patient condition indicates;
3. Maintain normal body temperature;
4. Obtain a rapid glucose test;
 - i. If blood glucose is greater than or equal to 60, contact medical command;
 - ii. If blood glucose is less than 60:
 - (1) Establish vascular access with normal saline at a KVO rate.
 - (A) For patients less than one month of age, administer 0.5 g/kg of a 10 percent dextrose solution via IV/IO.
 - (B) For patients greater than or equal to one month of age, administer 0.5 g/kg of a 25 percent dextrose solution via IV/IO.
 - (C) If unable to establish vascular access, administer Glucagon 0.1 mg/kg (0.1 ml/kg) to a maximum of 1 mg IM (1mg=1ml=1 unit);
5. If ALS witnesses the patient actively having a generalized seizure for 2 minutes or greater or having repetitive seizures, then administer ~~either Lorazepam 0.05 mg/kg up to 2mg IV, or Diazepam 0.1 mg/kg up to 5mg IV,~~
~~6. If no vascular access administer~~ Midazolam 0.15 mg/kg up to 5 mg, or Lorazepam 0.05 mg/kg up to 2mg through an approved route of administration;
and
7. Contact medical command.

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1 Medications and therapeutic agents

(a) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. Each vehicle shall be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:...

4. Benzodiazepine agent, ~~either Ativan and/or Valium;~~

SUBCHAPTER 12. SCOPE OF PRACTICE, ENFORCEMENT ACTIONS AND HEARINGS

8:41-12.1 Scope of practice for EMT-Paramedics...

(c) In addition, with medical command authorization or utilizing the standing orders set forth at N.J.A.C. 8:41-7.1 through 7.22 and 8:41-8.1 through 8.16, the persons identified in (b) above may:...

3. Prepare and administer approved medications and solutions (that is, those set forth at N.J.A.C. 8:41-6.1) by intravenous, intramuscular, subcutaneous, intraosseous, intranasal, oral, sublingual, topical, inhalation, rectal, ~~or endotracheal routes,~~ **intranasal, or buccal routes;**

Justification: The body of clinical evidence suggests that midazolam:

- can be administered by more routes than diazepam,
- is shorter-acting than diazepam,
- does not require refrigeration like lorazepam, and
- has a similar time of onset and clinical effect compared to the entire class of benzodiazepines.

Department Review: The Department has reviewed the body of clinical evidence provided to determine both safety and clinical benefit and has determined, on the basis of the evidence provided, that this clinical strategy should be rated:

Class (Strength) of Recommendation:	Class IIA
Level (Quality) of Evidence:	Level B-NR

Terms & Conditions: Prior to implementation of this protocol, all Mobile Intensive Care Paramedics and Mobile Intensive Care Nurses are provided with in-service training on the revised protocol and any new routes of administration that are approved by the program.

Duration: This waiver is shall remain in effect until to the current version of N.J.A.C. 8:41 has been revised.

For: Cathleen D. Bennett, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date issued:

Waiver Control Number: 17-41-8.9,6.1-035

Expiration date: Indefinite



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MARY E. O'DOWD, M.P.H.
Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

- (b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

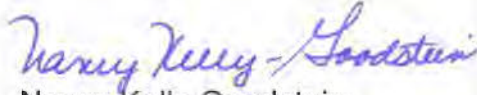
The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants **Transexamic acid (TXA)** be added to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow MICU Programs licensed by the Department to carry and administer TXA when treating patients suffering from traumatic injuries with suspected hemorrhaging. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to TXA. Patients must meet the following criteria in order to be a candidate to receive TXA.
 - a. Transexamic Acid must be administered within three (3) hours of the injury;
 - b. Adults of at least 16 years of age with a systolic blood pressure of less than 90 mmHg with known or suspected hemorrhage after blunt or penetrating injury AND at least one of the following criteria may receive TXA.

- Penetrating injuries of the neck, torso or extremities proximal to the elbow or knee;
 - More than two proximal long bone fractures
 - Amputated, crushed, mangled or pulseless extremity;
 - Falls greater than 20 feet;
 - High risk auto crash which includes:
 - Intrusion of greater than twelve inches at occupant site or greater than 18 inches at any site in the vehicle;
 - Ejection,
 - Death in the same passenger compartment;
 - Auto versus pedestrian with greater than 20 miles per hour speed involved;
 - Motorcycle crash of greater than 20 miles per hour.
2. Any patient receiving TXA treatment shall be transported to a trauma center so treatment can be continued. It is important for MICU programs to pre-identify trauma centers in their particular area that use TXA in house and educate their personnel accordingly.

For: Mary E. O'Dowd, MPH
Commissioner

By: 
Nancy Kelly-Goodstein
Acting Director
Office of Emergency Medical Services

Date issued: September 3, 2014
Waiver Control Number: 14-8:41-6.1(b)-010
Expiration date: Indefinite

CERTIFICATE OF WAIVER
Basic Life Support Services

Pursuant to the provisions of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

Alert Ambulance
1195 Airport Road
Lakewood, NJ 08701

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.10(c)2 Each doorway opening must be at least 28 inches wide and at least 44 inches high;

This waiver is granted based upon the following terms and conditions

Terms and Conditions:

1. This waiver is inclusive of only the following vehicles:
 - a. Vehicle Recognition Number 4819, WD2PD644345
 - b. Vehicle Recognition Number 4820, WD2PD644145
 - c. Vehicle Recognition Number 4821, WD2PD644645
 - d. Vehicle Recognition Number 4822, WD2PD644045
 - e. Vehicle Recognition Number 4824, WD2PD644745
 - f. Vehicle Recognition Number 4825, WD2PD644945
 - g. Vehicle Recognition Number 4827; WD2PD644045
2. A modification such as a pull cord shall be placed on the door to assist in opening the side door when the handle is blocked by shelving;
3. Any future modifications to the waived units listed in condition number one will not impede in anyway the 18 inch minimum clearance.

Alert Ambulance

Waiver Control Number 05-8:40-6.10-13

Page 2

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Fred M. Jacobs, M.D., J.D.
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

DATE ISSUED: **June 1, 2005**

WAIVER CONTROL NUMBER: **05-8:40-6.10-13**

EXPIRES: **None**



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MARY E. O'DOWD, M.P.H.
Commissioner

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting relief from the following provision of Chapter 41 of the New Jersey Administrative Code:

8:41-3.8(b) 19- Patient care report

"For MICUs and AMUs, the signature of the medical command physician within 60 days from the date of service;"

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. MICU Programs licensed by the Department are not required to have the physical signature of the medical command physician on the patient care report when utilizing a NEMSIS compliant electronic Patient Care Report system.
2. All the requirements of N.J.A.C. 8:41-3.15 regarding Quality Assurance are met.
3. The MICU Program licensed by the Department has a written policy and procedure in place which is compliant with current state law and/or regulations, are reviewed at least once every three (3) years (more frequently as needed) and implemented for specifying how verbal orders are verified.

For: Mary E. O'Dowd, MPH
Commissioner

By: Nancy Kelly-Goodstein
Acting Director
Office of Emergency Medical Services

Date issued: December 23, 2014
Waiver Control Number: 14-8:41-3.8(b)19-29
Expiration date: Indefinite

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**American Medical Response
426-440 North 8th Street
Philadelphia, Pa 19123**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Carneys Point Ambulance #11-8 and #11-8A shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

This waiver will allow American Medical Response to use Children's Hospital of Philadelphia Emergency Transport Team Ambulance #2506, Vin #1FDXE4FSOB [REDACTED], #2507 Vin # 1FDXE4FS2BD [REDACTED] #2508, Vin # 1FDXE4FS4BD [REDACTED]

2. This will allow American Medical Response to provide transport services for Children's Hospital of Philadelphia and conduct business as American Medical Response.
3. Carneys Point Ambulance #2506, 2507 and 2508 shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by American Medical Response.

For: Mary E. O'Dowd, M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *July 29, 2011*
Waiver Control Number: *11-8:40-6.12(a)-013*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**American Medical Response
426-440 North 8th Street
Philadelphia, Pa 19123**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Carneys Point Ambulance #11-8 and #11-8A shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow American Medical Response to use Carneys Point Ambulance #11-8, Vin #1HTSLACM3RH [REDACTED], NJ license plate MG8200 and #11-8A, Vin # 1HTSLAAM5SH [REDACTED], NJ license plate MG22738. This will allow American Medical Response to provide services to Carneys Point and conduct business as American Medical Response.
3. Carneys Point Ambulance #11-8 and 11-8A shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by American Medical Response.

For: Heather Howard
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *April 28, 2009*
Waiver Control Number: *06-8:40-6.12(a)-005*
Expires on: *None*



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MARY E. O'DOWD, M.P.H.
Commissioner

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants **Calcium Gluconate in all of its forms** be added to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow MICU Programs licensed by the Department to carry and administer **Calcium Gluconate** when treating patients suffering from Hydrofluoric Acid burns. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to **Calcium Gluconate**.

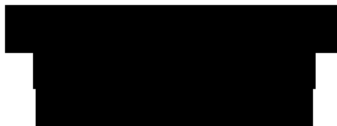
For: Mary E. O'Dowd, MPH
Commissioner

By: Nancy Kelly-Goodstein
Acting Director
Office of Emergency Medical Services

Date issued: March 24, 2014
Waiver Control Number: 14-8:41-6.1(b)-005
Expiration date: Indefinite

Certificate of Waiver Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:



Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

9.17(a) Each MICU shall bear the following markings:

- 1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;*
- 2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;*
- 3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;*
- 4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and*
- 5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.*
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.*

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow [REDACTED] to use unit [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] to provide services for tactical police medical response services.
2. This waiver does not allow unit [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] to be utilized for daily response for advanced life support requests through the regional communication centers.
3. This waiver does not allow unit [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED], to be utilized as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.
4. When unit [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] is not being used for tactical police medical response services, there shall be magnetic signs that can be placed on the vehicle so that it may be recognized as a paramedic unit in association with [REDACTED].

For: Mary E. O'Dowd M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: October 22, 2013

Waiver Control Number: 13-8:41-9.17-020

Expires on: None

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Carteret Fire Department EMS
240 Roosevelt Ave
Carteret, New Jersey 07008**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

3. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high. The words "Ambulance" or "Emergency Medical Services" may be separate from, or may be incorporated in, the trade name required in (a)¹ above;

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Carteret Fire Department EMS-1 Vin # 1FDUF4HTXGE [REDACTED] and EMS-2 Vin # 1FDUF4HT1GE [REDACTED] shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

2. This waiver will allow Carteret Fire Department EMS to have the wording
Emergency Medical Services on both sides of the vehicles of not less than 4".

For: Cathleen D. Bennett
Acting Commissioner

BY: Nancy Kelly-Goodstein, MAS
Acting Director
Office of Emergency Medical Services

Dated issued: *February 29, 2016*
Waiver Control Number: 16-8:40-6.12(a)3-009
Expires on: *None*

**Certificate of Waiver
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the addition of **Hydroxocobalamin (CYANOKIT®)** to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow the MICU Programs the use of **Hydroxocobalamin (CYANOKIT®)**, natural form or vitamer of vitamin B12. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to **Hydroxocobalamin (CYANOKIT®)**.
2. This medication shall only be administered via injection for the treatment of patients suffering from cyanide poisoning.

For: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director, Office of Emergency Medical Services

Date issued: *September 10, 2010*
Waiver Control Number: *10-8:41-6.1(b)-011*
Expiration date: *Indefinite*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**EMS Consulting Services
120 White Horse Pike, Suite 170
Hammonton, NJ 08036**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. EMS Consulting Services and all associated vehicles shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

This waiver will allow EMS Consulting Services to use

Hampton Lakes Emergency Squad # 1781 License Plate NF28551 VIN
1FDXE45P67D [REDACTED]

Hampton Lakes Emergency Squad # 1783 license Plate NF22554 VIN
1FDXE45F83H [REDACTED]

2. All EMS Consulting Services ambulances currently licensed shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by EMS Consulting Services.

3. To maintain their own autonomy and their representative status as a volunteer non for profit 501 3(c) and remain eligible for reimbursement from the EMT Training Fund (N.J.A.C. 8:40A-2.1), each associate squad under the license of EMS Consulting Services cannot receive payment for those services rendered. EMS Consulting Services cannot bill for the associate squad providing the services in a volunteer capacity.
4. Each associate squad providing services as their own entity shall produce patient care reports identifying each entity on whose behalf they are providing care for in accordance with N.J.A.C. 8:40-4.1.
5. Members of each associate squad providing the services as their own entity shall wear identification clearly setting forth his or her first and last name and the name of the provider and dress in clothing of a similar uniform appearance on whose behalf he or she is providing care as per N.J.A.C. 8:40-4.1

For: Kathleen Bennett
Acting Commissioner

By: Nancy Kelly-Goodstein
Director
Office of Emergency Medical Services

Dated issued: *February 26, 2016*
Waiver Control Number: *16-8:40-6.12(a)-013*
Expires on: *None*

CERTIFICATE OF WAIVER
Basic Life Support Services

Pursuant to the provisions of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

Exceptional Medical Transport
301 Allied Parkway
West Berlin, NJ 08091

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.10(c)2 Each doorway opening must be at least 28 inches wide and at least 44 inches high;

This waiver is granted based upon the following terms and conditions

Terms and Conditions:

1. This waiver is inclusive of only the following vehicles:

42	Vin #1FDSS34P65H
43	Vin #1FDSS34P15H
44	Vin #1FDSS34P85H
45	Vin #1FDSS34P15H
46	Vin #1FDSS34P15H

2. Any future modifications to the waived units listed in condition number one will not impede in anyway the 18-inch minimum clearance.

Exceptional Medical Transport
Waiver Control Number 05-8:40-6.10-15
Page 2

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Fred M. Jacobs, M.D., J.D.
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director,
Emergency Medical Services

DATE ISSUED: **June 27, 2005**
WAIVER CONTROL NUMBER: **05-8:40-6.10-15**
EXPIRES: **None**



State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

www.nj.gov/health

CATHLEEN D. BENNETT
Commissioner

Certificate of Waiver

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting specific relief, waiving from the following provision(s) of Chapters 41 of the New Jersey Administrative Code:

1. To make generic the requirement that Mobile Intensive Care Units carry a narcotic analgesic.

Specifically, the following changes shall apply:

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1 Medications and therapeutic agents

- (a) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. Each vehicle shall be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:

15. ~~Morphine Sulfate~~ Narcotic Analgesic

Justification: Because of advances in pharmacology, Mobile Intensive Care Programs should have the flexibility to select the most effective medication within the class, rather than a particular medication. In this specific case, a Mobile Intensive Care Program has requested to discontinue carrying morphine sulfate and only carry Fentanyl (previously approved by Waiver Control Number: 05-8:41-6.1(b)-20. Date issued: November 1, 2005.)

The body of clinical evidence suggests that Fentanyl:

- has fewer side effect than morphine sulfate;
- is shorter-acting than morphine sulfate; and
- carrying fewer narcotic analgesics reduces the chances of medication error and limits opportunities for diversion.

Department Review: The Department has reviewed the body of clinical evidence provided to determine both safety and clinical benefit and has determined, on the basis of the evidence provided, that this clinical strategy should be rated:

Class (Strength) of Recommendation:	Class IIA
Level (Quality) of Evidence:	Level B-NR

Terms & Conditions: Prior to implementation of this protocol, all Mobile Intensive Care Paramedics and Mobile Intensive Care Nurses are provided with in-service training on the revised protocol and any new routes of administration that are approved by the program.

Duration: This waiver is shall remain in effect until to the current version of N.J.A.C. 8:41 has been revised.

For: Cathleen D. Bennett, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date issued:
Waiver Control Number: 17-41-6.1(a) 15-034
Expiration date: Indefinite

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Units

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the addition of Fentanyl to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow the MICU Programs the use of Fentanyl, a narcotic analgesic. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to Fentanyl.

For: Fred M. Jacobs, M.D., J.D.
Commissioner



By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Date issued: *November 1, 2005*
Waiver Control Number: *05-8:41-6.1(b)-20*
Expiration date: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Hackensack University Medical Center
30 Prospect Avenue
Hackensack, New Jersey 07601**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Hackensack Emergency Ambulance #5145 shall meet all the requirements as listed at N.J.A.C. 8:41-1.1 et. seq.
2. This waiver will allow Hackensack University Medical Center to use Ambulance #5145, Vin #1FDWE35P36H [REDACTED], NJ license plate NF25739. This will allow Hackensack University Medical Center to provide services with the name Joseph M. Sanzari Children's Hospital on each side of the vehicle.
3. Hackensack University Medical Center emergency ambulance #5145 shall have vehicle markings of not less than 4 inches identifying the ambulances are operated by Hackensack University Medical Center.

For: Heather Howard
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *September 9, 2008*
Waiver Control Number: *08-8:40-6.12(a)010*
Expires on: *None*

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Units

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the addition of Labetalol to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow the MICU Programs the use of Labetalol, a beta-adrenergic blocking agent. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to Labetalol.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Date issued: *November 1, 2005*
Waiver Control Number: *05-8:41-6.1(b)-20*
Expiration date: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Lenola Fire Company Emergency Unit
229 North Lenola Road
Moorestown, New Jersey 08057**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a)1 which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. The Township of Maple Shade Emergency ambulance #1091 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq.
2. This waiver will allow Lenola Fire Company Emergency Unit to use the Township of Maple Shade Emergency Ambulance #1091, Vin #1FDXE45F11H [REDACTED], NJ license plate MG44133. This will allow Lenola Fire Company Emergency Unit to provide services to the Township of Maple Shade and conduct business as Lenola Fire Company Emergency Unit.
3. The Township of Maple Shade emergency ambulance #1091 shall have vehicle

markings of not less than 4 inches identifying the ambulance operated by Lenola Fire Company Emergency Unit.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *January 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-006*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Lenola Fire Company Emergency Unit
229 North Lenola Road
Moorestown, New Jersey 08057**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a)1 which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. The Township of Maple Shade Emergency Ambulance #1094 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq.
2. This waiver will allow Lenola Fire Company Emergency Unit to use the Township of Maple Shade Emergency Ambulance #1094, Vin #1FDWF36F5YE [REDACTED], NJ license plate MG52714. This will allow Lenola Fire Company Emergency Unit to provide services to the Township of Maple Shade and conduct business as Lenola Fire Company Emergency Unit.
3. The Township of Maple Shade Emergency Ambulance #1094 shall have vehicle

markings of not less than 4 inches identifying the ambulance operated by Lenola Fire Company Emergency Unit.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *December 23, 2005*
Waiver Control Number: *06-8:40-6.12(a)1-009*
Expires on: *None*

Certificate of Waiver Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Lifestar
657 Union Boulevard
Totowa, New Jersey 07512**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12

(a)1 which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high"

(b) Providers that contract with a general hospital or similar health care facility to provide a vehicle for the exclusive utilization of a service provided by that facility may place the name of the facility on the vehicle dedicated to that service, subject to the following:

1. The vehicle is utilized exclusively for the health care facility;
2. The name of the facility appears in letters no larger than three inches high;
3. The name appears on the lower half of the vehicle; and
4. The name of the facility is preceded by the words "associated with" or similar language that allows the public to identify the provider.

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Lifestar shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq. ;
2. Lifestar may place their member hospital name on their vehicles in the upper or lower half of the vehicle;
3. The member hospital name may appear larger than 3 inches high;
4. Lifestar name must be 4 inches high on the two exterior sides of the vehicle with the associated words "Operated By" no less than 2 inches high.
5. Each vehicle shall have only one member hospital's name.
6. Member hospital for this waiver shall be: East Orange General Hospital.

For: Mary E. O'Dowd, M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *July 11, 2012*
Waiver Control Number: *12-8:40-6.12-029*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Lifestar
657 Union Blvd
Totowa, New Jersey 07512**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Lifestar Emergency Ambulance #CC8 shall meet all the requirements as listed at N.J.A.C. 8:41-1.1 et. seq.
2. This waiver will allow Lifestar to use Ambulance #CC8, Vin #1FDXE45F13H [REDACTED], NJ license plate XL229D. This will allow Lifestar to provide services with the name Barnert Hospital on each side of the vehicle along with the hospitals logo with lettering no more than 3.75" high
3. Lifestar emergency ambulance #CC8 shall have vehicle markings of not less than 4 inches identifying the ambulances are operated by Lifestar.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *April 12, 2007*
Waiver Control Number: *07-8:40-6.12(a)007*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Oakhurst EMS
PO Box 173
72 Larkin Place
Oakhurst, New Jersey 07755**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.11 (a) which states (a) Each BLS ambulance shall be certified to meet the version of Federal Specifications for Ambulances, KKK-A-1822, which was current at the time the vehicle was manufactured. The certification shall be made by the vehicle manufacturer or converter in accordance with applicable paragraphs of the Federal KKK-A-1822 specifications.

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Oakhurst EMS Ambulance #37-1-59, Vin # 1FDKF37M9RN [REDACTED] shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

2. This waiver will allow Oakhurst EMS vehicle # 37-1-59, Vin# 1FDKF37M9RN [REDACTED], NJ license plate MG53079, to provide services to Oakhurst and conduct business as Oakhurst EMS.

For: Mary E. O'Dowd, MPH
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: July 26, 2012
Waiver Control Number: 12-8:40-6.11(a)39
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Mansfield Township Ambulance Corps
41 Fieldcrest Drive
Columbus, New Jersey 08022**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Springfield Township EMS Emergency Ambulance #2191 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Mansfield Township Ambulance Corps to use Springfield Township EMS Emergency Ambulance #2191, Vin #1FDLE4056VH [REDACTED], NJ license plate MG54995. This will allow Mansfield Township to provide services to Springfield Township and conduct business as Mansfield Township Ambulance Corps.
3. Springfield Township EMS emergency ambulance #2191 shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by Mansfield Township Ambulance Corps.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *January 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-007*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Mansfield Township Ambulance Corps
41 Fieldcrest Drive
Columbus, New Jersey 08022**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Springfield Township EMS Emergency Ambulance #2192 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Mansfield Township Ambulance Corps to use Springfield Township EMS Emergency Ambulance #2192, Vin #1FDYE45F7YH [REDACTED], NJ license plate NF16806. This will allow Mansfield Township to provide services to Springfield Township and conduct business as Mansfield Township Ambulance Corps.
3. Springfield Township EMS emergency ambulance #2192 shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by Mansfield Township Ambulance Corps.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *April 18, 2007*
Waiver Control Number: *07-8:40-6.12(a)007*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Mansfield Township Ambulance Corps
41 Fieldcrest Drive
Columbus, New Jersey 08022**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Chesterfield Emergency Squad Emergency Ambulance #2691 and #2692 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Mansfield Township Ambulance Corps to use Chesterfield Emergency Squad Emergency Ambulance #2691, Vin #1FDXE45F72H [REDACTED], NJ license plate MG50950 and #2692, Vin # 1FDKE30M4RH [REDACTED], NJ license plate MG50UJ. This will allow Mansfield Township to provide services to Chesterfield Township and conduct business as Mansfield Township Ambulance Corps.
3. Chesterfield Emergency Squad Emergency Ambulance #2691 and 2692 shall have vehicle

markings of not less than 4 inches identifying the ambulances are operated by Mansfield Township Ambulance Corps.

For: Heather Howard
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *December 15, 2008*
Waiver Control Number: *06-8:40-6.12(a)1-012*
Expires on: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Millville Rescue Squad
600 Cedar Street
Millville, New Jersey 08332

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12(a)1 The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Millville Rescue Squad to use MRS/Medical Response Services on all non-SCTU and non-emergency response vehicles in the fleet.
2. Vehicles that are used to provide emergency response shall maintain the Millville Rescue Squad markings.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *June 15, 2005*
Waiver Control Number: *05-8:40-6.12-08*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Oakhurst EMS
PO Box 173
72 Larkin Place
Oakhurst, New Jersey 07755**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.11 (a) which states "(a) Each BLS ambulance shall be certified to meet the version of Federal Specifications for Ambulances, KKK-A-1822, which was current at the time the vehicle was manufactured. The certification shall be made by the vehicle manufacturer or converter in accordance with applicable paragraphs of the Federal KKK-A-1822 specifications."

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Oakhurst EMS Ambulance #37-1-59, Vin # 1FDKF37M9RN [REDACTED] shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

2. This waiver will allow Oakhurst EMS vehicle # 37-1-59, Vin# 1FDKF37M9RN [REDACTED], NJ license plate MG53079, to provide services to Oakhurst and conduct business as Oakhurst EMS.

For: Mary E. O'Dowd, MPH
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: July 26, 2012
Waiver Control Number: 12-8:40-6.11(a)39
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Plumsted Township Emergency Medical Services
121 Evergreen Road
New Egypt, New Jersey 08533**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. New Egypt First Aid & Emergency Squad Emergency Ambulance #305 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Plumsted Township Emergency Medical Services to use New Egypt First Aid & Emergency Squad Emergency Ambulance #305, Vin #1FDXE45P94H [REDACTED], NJ license plate NF23720. This will allow New Egypt First Aid & Emergency Squad to provide services to New Egypt Township and conduct business as Plumsted Township Emergency Medical Services.
3. New Egypt First Aid & Emergency Squad emergency ambulance #305 shall have

Vehicle markings of not less than 4 inches identifying the ambulances are operated by Plumsted Township Emergency Medical Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *February 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-010*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Plumsted Township Emergency Medical Services
121 Evergreen Road
New Egypt, New Jersey 08533**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. New Egypt First Aid & Emergency Squad Emergency Ambulance #306 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Plumsted Township Emergency Medical Services to use New Egypt First Aid & Emergency Squad Emergency Ambulance #306, Vin #1FDXE30F5VH [REDACTED], NJ license plate NF25054. This will allow New Egypt First Aid & Emergency Squad to provide services to New Egypt Township and conduct business as Plumsted Township Emergency Medical Services.
3. New Egypt First Aid & Emergency Squad Emergency Ambulance #306 shall

have vehicle markings of not less than 4 inches identifying the ambulances are operated by Plumsted Township Emergency Medical Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *February 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-011*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Plumsted Township Emergency Medical Services
121 Evergreen Road
New Egypt, New Jersey 08533**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. New Egypt First Aid & Emergency Squad Emergency Ambulance #307 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Plumsted Township Emergency Medical Services to use New Egypt First Aid & Emergency Squad Emergency Ambulance #307, Vin #1FDKE30M1RH [REDACTED], NJ license plate NF11948. This will allow New Egypt First Aid & Emergency Squad to provide services to New Egypt Township and conduct business as Plumsted Township Emergency Medical Services.
3. New Egypt First Aid & Emergency Squad Emergency Ambulance #307 shall

have vehicle markings of not less than 4 inches identifying the ambulances are operated by Plumsted Township Emergency Medical Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *February 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-012*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Plumsted Township Emergency Medical Services
121 Evergreen Road
New Egypt, New Jersey 08533**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. New Egypt First Aid & Emergency Squad Emergency Ambulance #308 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Plumsted Township Emergency Medical Services to use New Egypt First Aid & Emergency Squad Emergency Ambulance #308, Vin #1FDXE45F3YH [REDACTED], NJ license plate NFT183. This will allow New Egypt First Aid & Emergency Squad to provide services to New Egypt Township and conduct business as Plumsted Township Emergency Medical Services.
3. New Egypt First Aid & Emergency Squad Emergency Ambulance #308 shall

have vehicle markings of not less than 4 inches identifying the ambulances are operated by Plumsted Township Emergency Medical Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *February 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-013*
Expires on: *None*

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Units

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the addition of Metoclopramide (Reglan) to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow the MICU Programs the use of Metoclopramide (Reglan), an anti-emetic. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to Reglan.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Date issued: *November 1, 2005*
Waiver Control Number: *05-8:41-6.1(b)-20*
Expiration date: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

Rural Metro
504 Bordentown Avenue
Suite 405
South Amboy, New Jersey 08879

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Rural Metro to use The Childrens Hospital at Saint Peters Hospital Ambulance #804. New Jersey license plate # X3012B, VIN #1FDLE40F5VH [REDACTED]
2. Emergency ambulance #804 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *August 3, 2005*
Waiver Control Number: *05-8:40-6.12-18*
Expires on: *None*

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:



Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

9.17(a) Each MICU shall bear the following markings:

- 1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;*
- 2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;*
- 3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;*
- 4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and*
- 5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support"*

may be located anywhere on the vehicle.

i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow [REDACTED] to use [REDACTED], Vin [REDACTED], NJ license plate [REDACTED] to provide services for tactical police medical response services in [REDACTED].
2. This waiver does not allow [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] to be utilized for daily response for advanced life support requests through the regional communication centers.
3. This waiver does not allow [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED], to be utilized as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.
4. When [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] is not being used for tactical police medical response services, there shall be magnetic signs that can be placed on the vehicle so that it may be recognized as a paramedic unit in association with the [REDACTED].

For: Mary E. O'Dowd M.P.H.
Commissioner

By: Nancy Kelly Goodstein
Acting Director
Office of Emergency Medical Services

Dated issued: June 10, 2015

Waiver Control Number: 15-8:41-9.17-015

Expires on: None

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:



Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

9.17(a) Each MICU shall bear the following markings:

- 1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;*
- 2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;*
- 3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;*
- 4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and*
- 5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support"*

may be located anywhere on the vehicle.

i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow [REDACTED] to use [REDACTED], Vin [REDACTED], NJ license plate [REDACTED] to provide services for tactical police medical response services in [REDACTED].
2. This waiver does not allow [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] to be utilized for daily response for advanced life support requests through the regional communication centers.
3. This waiver does not allow [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED], to be utilized as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.
4. When [REDACTED] Vin # [REDACTED], NJ license plate [REDACTED] is not being used for tactical police medical response services, there shall be magnetic signs that can be placed on the vehicle so that it may be recognized as a paramedic unit in association with the [REDACTED].

For: Mary E. O'Dowd M.P.H.
Commissioner

By: Nancy Kelly Goodstein
Acting Director
Office of Emergency Medical Services

Dated issued: February 5, 2015
Waiver Control Number: 15-8:41-9.17-007
Expires on: None

Certificate of Waiver Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

RWJ Health Network
126 Paterson Street
New Brunswick, NJ 08901

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-9.17 Vehicle markings and emergency warning devices

(a) Each MICU shall bear the following markings in relevant part;

1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;
2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high.

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

RWJ Health Network is seeking to license a Mass Casualty Response Unit (MCRU) as a Mobile Intensive Care Unit (MICU) vehicle.

The MCRU is a registered/insured Spartan fire truck with NF license plates. It has a full crew cab, and is immensely outfitted with fire and rescue equipment (Breathing apparatus, cool down rehab fans, tent shelters, gas powered generator, extrication tools, lights etc.) medical equipment and supplies to care for approximately 100 patients. The cache of equipment is stowed behind locked roll up doors and hinged exterior compartments without any climate controlled features.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. RWJ Health Network shall meet all the requirements as listed at N.J.A.C. 8:41-1.1, et. seq.;
2. The current vehicle markings identify the asset associated with the NJ EMS TASK FORCE, MASS CARE RESPONSE UNIT 5, the URBAN AREAS SECURITY INITIATIVE (UASI). This is comparable to the “participating hospitals” clause in N.J.A.C. 8:41-9.17 (a)1. Lettering of RWJ EMERGENCY MEDICAL SERVICES (Only on Both Sides), and has a RWJ HEALTH NETWORK logo (Trade name is only in two inch letters that is integrated in the official logo).
 - Due to the exclusive, assorted capabilities and original intentions of the vehicle, the markings shall be allowed and not altered without authorization in writing from the Department. Prior to the time of licensing, provide a dated photograph of both sides, the front and rear of the vehicle as an upload to the EMS licensing system.
 - To allow for MCRU staffing (BLS etc.) when not utilized as an MICU, wording associated with advance life support or mobile intensive care services shall not appear on the vehicle in accordance with N.J.A.C. 8:41-9.17 (a)5i.
3. All medications are to be kept in a locked storage box or compartment when not under the direct control of an ALS crewmember. All substances identified in Schedules I through V of the New Jersey Controlled Dangerous Substances Act (N.J.S.A. 24:21-5 through 8.1) shall be kept under a double lock system that requires two separate keys for access, except when under the direct control of an ALS crewmember responsible for their custody. Keys to the medications box or compartment shall be available only to ALS crewmembers or as allowed by applicable law, rule and/or regulation.

- Additionally, all medications and solutions shall be stored so as to ensure that each item meets its respective manufacturer's recommendations for the maintenance of that medication or solution's efficacy.
4. There shall be back-up medications and other equipment needed to provide for uninterrupted service while in service as an MICU.
 5. When in-service as an MICU, the vehicle shall be staffed in accordance with N.J.A.C. 8:41-9.8.

"In-service" in relevant part means; any instance where the mobile intensive care unit is ready to accept patients and perform advanced life support care.

6. All equipment shall be safely and properly stored and/or restrained in a crashworthy manner.

For: Cathleen Bennett
Commissioner

BY: Nancy Kelly-Goodstein, MAS
Acting Director

Dated issued: *November 14, 2016*

Waiver Control Number: *16-8:41-9.17-034*

Expires on: *Retirement of vehicle and/or change of vehicle licensing classification*

A waiver request shall be made for 8:41-9.17 Vehicle markings, (c) 1, 2 and 4.

The passenger side rear tire has some damage with chunks gouged out of several tread spots. 8:41-4. (c)

There are 12 “M” sized oxygen tanks secured with two metal bands/straps as points of contact. The OEMS licensing standard for transported oxygen cylinders of this size is three points of contact.

As a courtesy to the NJ EMS task force committee and the remaining MCRU title holders, the licensing concept will be addressed at the November 15, 2016 meeting.

Upload to the EMS Licensing system a dated photograph of both sides, the front and rear of the vehicle.

To answer a question, this is the paragraph regarding mandatory staffing.

- i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Saint Clare's Health System
400 West Blackwell St.
Dover, NJ 07801

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

9.2(d) Mobile Intensive Care Units (MICU)s may be utilized to provide pre-hospital basic or advanced life support emergency medical care. Except as provided for at N.J.A.C. 8:41-9.16(b), a MICU shall not be utilized to transport patients unless the mobile intensive care program has been granted prior and specific approval, pursuant to the terms of its original certificate of need, to utilize its vehicle as transport vehicles. Under no circumstances shall a MICU be utilized to provide ALS inter-facility transfers.

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Saint Clare's Health System to use a Department licensed Specialty Care Transport Unit (SCTU) to provide MICU and transport services to Saint Clare's Health System (SCHS) from the Sussex Campus Satellite Emergency Department (SED).
2. This waiver only allows transport services to take place during SCHS – Sussex SEDs off hours, which are currently reported to be from 23:00 hours to 08:00 hours.

3. Should the hours of operations change or the SCHS – Sussex SED be closed, this waiver becomes null and void and 9-1-1 services resort to normal operations.

For: Mary E. O'Dowd M.P.H.
Commissioner

By: Nancy Kelly-Goodstein, M.A.S.
Acting Director
Office of Emergency Medical Services

Dated issued: September 10, 2014
Waiver Control Number: 14-8:41-9.2(d)-023
Expires on: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Saint Francis Medical Center
601 Hamilton Avenue
Trenton, New Jersey 08629**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a)1 which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. The Browns Mills Emergency Squad Emergency ambulance #1893 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq.
2. This waiver will allow Saint Francis Medical Center to use the Browns Mills Emergency Squad Emergency Ambulance #1893, Vin #1FDXE40F1XH [REDACTED], NJ license plate MG40252. This will allow Saint Francis Medical Center to provide services to Browns Mills in Pemberton Township and conduct business as Saint Francis Medical Center
3. The Browns Mills Emergency ambulance #1893 shall have vehicle

markings of not less than 4 inches identifying the ambulance operated by Saint Francis Medical Center EMS.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: February 6, 2006
Waiver Control Number: 06-8:40-6.12(a)1-005
Expires on: *None*

Certificate of Waiver Specialty Care Transport Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Saint Barnabas Health Care System
Newark Beth Israel Hospital
201 Lyons Avenue
Newark, New Jersey 07112

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-10.8 (a) When "in-service," each SCTU shall be staffed with a minimum of:

1. One registered nurse who meets the requirements set forth at (d) below, and two EMTs-Basic; or
2. One registered nurse who is also an EMT-Basic and who meets the requirements set forth at (d) below, and one EMT-Basic.

8:41-10.8 (d) No provider shall allow a registered nurse to serve on any of its SCTUs unless that person has:

1. Completed at least one year of full time nursing care performing advanced clinical skills in an acute care hospital's critical care unit or emergency department and possesses valid certification as either a critical care registered nurse and/or a certified emergency nurse;
2. Certification in CPR and ACLS;
3. Certification in PALS or has successfully completed the Emergency Nurse Pediatric Course to the standards of the Emergency Nurses Association;
4. Additional training in endotracheal intubation and has been deemed competent by the medical director; and
5. Documented completion of competencies for ALS equipment, including, but not limited to:
 - i. Cardiac monitor/defibrillator;
 - ii. External pacemaker;
 - iii. IV pump;
 - iv. Ventilator;

- v. Intra-aortic balloon pump;
- vi. Specialized respirators; and
- vii. Incubators.

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall only be in effect when the Specialty Care Transport is being conducted inclusive of a specialized Neonatal retrieval transport team.
2. The SCTU registered nurse may only be replaced with a registered nurse attached to the Neonatal/Pediatric retrieval transport team who has operational knowledge of the SCTU to including: lighting, climate control, suction/aspiration and oxygen/air administration;
3. Once the retrieval is completed and the NICU RN leaves the SCTU, to continue to use the SCTU unit for services other than neonate/pediatric retrieval or transfer, the designated registered nurse must resume their place on the unit along with the second EMT-Basic unless the registered nurse is also trained to the level of EMT-Basic;
4. The requirement for the Registered Nurse to have ACLS may be substituted with a certification specific to Neonatal care (example: PALS, APLS, and NRP). Registered Nurses are required to maintain a valid CPR certification;
5. Registered Nurses operating on the Neonatal retrieval transport team will not be required to hold competencies in endotracheal intubation;
6. Registered Nurses operating on the Neonatal retrieval transport team will not be required to hold competencies for ventilators and IABP therapy as long as a respiratory therapist or perfusionist is on-board the SCTU. Neonatal/Pediatric retrieval transport team that may not have a respiratory therapist or perfusionist complement shall require ventilator and IABP competencies by the registered nurse.
7. The vehicle will only be used as an NICU and never be used as a BLS ambulance.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Fred M. Jacobs, M.D., J.D.
Acting Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *June 29, 2007*
Waiver Control Number: 05-8:41-10.8-01
Expires on: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

St. Francis Medical Center EMS
601 Hamilton Avenue
Trenton, New Jersey 08629

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow St. Francis Medical Center EMS to use Hightstown First Aid Squad Emergency Ambulance #4111, Vin #1FDKE30M2RH [REDACTED].
2. Emergency ambulance #4111 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *June 27, 2005*
Waiver Control Number: *05-8:40-6.12-14*
Expires on: *None*

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Units

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

SUBCHAPTER 7. STANDING ORDERS FOR ADULT PATIENT

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the use of the 2011 Standing Orders for Adult Patient (N.J.A.C. 7.1-7.22). This waiver is subject to the following terms and conditions:

Terms and Conditions:

MICU staff shall be provided with an orientation to the new standing orders prior to utilization. This orientation shall include: a written examination showing competency in new standing orders. There shall be documentation that MICU personnel completed an orientation.

For: Mary E. O'Dowd M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Date issued: *August 5, 2011*
Waiver Control Number: **11-8.41-7.1-22-011**
Expiration date: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Toms River Township EMS
33 Washington Street
Toms River, NJ 08753**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Toms River Township EMS and all associated vehicles shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

This waiver will allow Toms River EMS to use East Dover EMS vehicle #'s 187, 189 and 397, Toms River EMS vehicle #'s 398 and 399 and Pleasant Plains EMS Vehicle #'s 337, 338 and 339

2. All Toms River Township EMS licensed ambulances shall have vehicle markings of not less than 4 inches identifying the ambulances are operated by Toms River Township EMS.
3. All associated volunteer squads shall meet the requirements as listed at N.J.A.C. 8:40-1.1 et. Seq.

4. To maintain their own autonomy and their representative status as a volunteer entity (N.J.A.C.-1.3) as non for profit 501 3(c) and remain eligible for reimbursement from the EMT Training Fund (N.J.A.C. 8:40A-2.1), each associate squad under the license of Toms River Township EMS cannot receive payment for those services rendered. Toms River Township EMS cannot bill for the associate squad providing the services in a volunteer capacity.
5. Each associate squad providing services as their own entity shall produce patient care reports identifying each entity on whose behalf they are providing care for in accordance with N.J.A.C. 8:40-4.1.
6. Members of each associate squad providing the services as their own entity shall wear identification clearly setting forth his or her first and last name and the name of the provider and dress in clothing of a similar uniform appearance on whose behalf he or she is providing care as per N.J.A.C. 8:40-4.1

For: Mary E. O'Dowd, M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *June 12, 2014*
Waiver Control Number: *14-8:40-6.12(a)-013*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Toms River Township EMS
33 Washington Street
Toms River, NJ 08753**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Toms River Township EMS and all associated vehicles shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

This waiver will allow Toms River EMS to use

East Dover EMS # 187 License Plate MG37523 Vin 1FDXE40F6WH
East Dover EMS # 189 License Plate MG53927 Vin 1FDXE45F32H
Toms River EMS # 397 License Plate MG44088 Vin 1FDXE45F2YH
Toms River EMS # 398 License Plate NF12606 Vin 1FDKE30MIRH
Toms River EMS # 399 License Plate MG29607 Vin 1FDLE40F3VH
Pleasant Plains EMS # 337 License Plate NF31989 Vin 1FDXE45P59D
Pleasant Plains EMS # 338 License Plate MG35631 Vin 1FDXE40F8WH
Pleasant Plains EMS # 339 License Plate MG49238 Vin 1FDXE45F41H

Silverton EMS # 367 License Plate NF35920 Vin 1FDLE40F4TH [REDACTED]
Silverton EMS # 368 License Plate H388024 Vin 1FDXE4FS4DD [REDACTED]
Silverton EMS # 369 License Plate NF34874 Vin 1FDLE40F4TH [REDACTED]

2. All Toms River Township EMS ambulances currently licensed shall have vehicle markings of not less than 4 inches identifying the ambulances are operated by Toms River Township EMS.
3. To maintain their own autonomy and their representative status as a volunteer entity (N.J.A.C.-1.3) as non for profit 501 3(c) and remain eligible for reimbursement from the EMT Training Fund (N.J.A.C. 8:40A-2.1), each associate squad under the license of Toms River Township EMS cannot receive payment for those services rendered. Toms River Township EMS cannot bill for the associate squad providing the services in a volunteer capacity.
4. Each associate squad providing services as their own entity shall produce patient care reports identifying each entity on whose behalf they are providing care for in accordance with N.J.A.C. 8:40-4.1.
5. Members of each associate squad providing the services as their own entity shall wear identification clearly setting forth his or her first and last name and the name of the provider and dress in clothing of a similar uniform appearance on whose behalf he or she is providing care as per N.J.A.C. 8:40-4.1

For: Mary E. O'Dowd, M.P.H.
Commissioner

By: Nancy Kelly-Goodstein
Director
Office of Emergency Medical Services

Dated issued: *July 24, 2014*
Waiver Control Number: *14-8:40-6.12(a)-011*
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Township of Middle EMS
33 Mechanic Street
Cape May Court House, New Jersey 08210

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which state each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Middle Township EMS to utilize Rio Grande Rescue Squad Emergency Ambulance #145, Vehicle Identification Number 1FDKE30M7NH [REDACTED], New Jersey license plate NF14610 and Emergency Ambulance #146, Vehicle Identification Number 1FDWE35F82H [REDACTED], New Jersey license plate NF21840.
2. Rio Grande Rescue Squad's emergency ambulance #145 and #146 shall have vehicle markings of not less than 4 inches identifying the ambulances are operated by Middle Township EMS when being utilized by Middle Township EMS.

3. Rio Grande Rescue Squad emergency Ambulances #145 and #146 shall be licensed by OEMS and meet all the requirements as listed at N.J.A.C. 8:40.

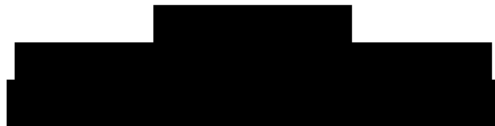
For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *August 18, 2005*
Waiver Control Number: *05-8:40-6.12-19*
Expires on: *None*

Certificate of Waiver Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:



Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

9.17(a) Each MICU shall bear the following markings:

1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;
2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;
4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and
5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow [REDACTED] to use [REDACTED] Vin # [REDACTED], NJ license plate [REDACTED]. This will allow [REDACTED] to provide services for tactical police medical response services.
2. This waiver does not allow [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] to be utilized for daily response for advanced life support requests through the regional communication centers.
3. This waiver does not county [REDACTED], Vin # [REDACTED], NJ license plate [REDACTED] as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.
4. When [REDACTED] Vin # [REDACTED], NJ license plate [REDACTED] is not being used for tactical police medical response services, there shall be magnetic signs that can be placed on the vehicle so that it may be recognized as a paramedic unit in association with [REDACTED].

markings of not less than 4 inches identifying the ambulance operated by Saint Francis Medical Center EMS.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: May 15, 2006

Waiver Control Number: 06-8:41-9.17-015

Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Washington Emergency Services
PO Box 4
Washington, NJ 07882**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Washington Emergency Squad Ambulance #83-52 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Washington Emergency Services to use Washington Emergency Squad Ambulance #83-52, Vin #1FDXE4501H [REDACTED], NJ license plate NF10685. This will allow Washington Emergency Squad to provide services to Washington and conduct business as Washington Emergency Services.
3. Washington Emergency Squad Emergency Ambulance #85-52 shall

have vehicle markings of not less than 4 inches identifying the ambulances are operated by Washington Emergency Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: June 2, 2006
Waiver Control Number: 06-8:40-6.12(a)1-016
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Washington Emergency Services
PO Box 4
Washington, NJ 07882**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Washington Emergency Squad Ambulance #83-53 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Washington Emergency Services to use Washington Emergency Squad Ambulance #83-53, Vin #1FDXE45P55H [REDACTED], NJ license plate NF24444. This will allow Washington Emergency Squad to provide services to Washington and conduct business as Washington Emergency Services.
3. Washington Emergency Squad Emergency Ambulance #85-53 shall

have vehicle markings of not less than 4 inches identifying the ambulances are operated by Washington Emergency Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: June 2, 2006
Waiver Control Number: 06-8:40-6.12(a)1-017
Expires on: *None*

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Washington Emergency Services
PO Box 4
Washington, NJ 07882**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Washington Emergency Squad Ambulance #83-54 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
2. This waiver will allow Washington Emergency Services to use Washington Emergency Squad Ambulance #83-54, Vin #1FDWE30F8WH [REDACTED], NJ license plate NF16351. This will allow Washington Emergency Squad to provide services to Washington and conduct business as Washington Emergency Services.
3. Washington Emergency Squad Emergency Ambulance #85-54 shall

have vehicle markings of not less than 4 inches identifying the ambulances are operated by Washington Emergency Services.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: June 2, 2006

Waiver Control Number: 06-8:40-6.12(a)1-018

Expires on: *None*

Certificate of Waiver Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Washington Township Ambulance and Rescue Association
4 Willow Street P.O. Box 1044
Turnersville, NJ 08012

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a)1 which states:

“The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high”

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. The Borough of Clayton Emergency ambulance #4191 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq.
2. This waiver will allow Washington Township Ambulance and Rescue Association to use the Borough of Clayton Emergency Ambulance #4191, Vin #1FDXE45F42H [REDACTED], NJ license plate MG31521. This will allow Washington Township Ambulance and Rescue Association to provide services to the Borough of Clayton and conduct business as Washington Township Ambulance and Rescue Association
3. The Borough of Clayton emergency ambulance #4191 shall have vehicle markings of not less than 4 inches identifying the ambulance operated by

Washington Township Ambulance and Rescue Association when being utilized
by Washington Township Ambulance and Rescue Association.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *December 21, 2005*
Waiver Control Number: *06-8:40-6.12-4*
Expires on: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Washington Township Ambulance and Rescue Association
4 Willow Street P.O. Box 1044
Turnersville, NJ 08012**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a)1 which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. The Borough of Clayton Emergency ambulance #4192 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq.
2. This waiver will allow Washington Township Ambulance and Rescue Association to use the Borough of Clayton Emergency Ambulance #4192, Vin #1FDXE40F5XH [REDACTED], NJ license plate NF14333. This will allow Washington Township Ambulance and Rescue Association to provide services to the Borough of Clayton and conduct business as Washington Township Ambulance and Rescue Association
3. The Borough of Clayton emergency ambulance #4192 shall have vehicle

markings of not less than 4 inches identifying the ambulance operated by Washington Township Ambulance and Rescue Association.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *January 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-005*
Expires on: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

**Washington Township Ambulance and Rescue Association
4 Willow Street P.O. Box 1044
Turnersville, NJ 08012**

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a)1 which states "The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high"

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. The Borough of Clayton Emergency ambulance #4191 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1, et. seq.
2. This waiver will allow Washington Township Ambulance and Rescue Association to use the Borough of Clayton Emergency Ambulance #4191, Vin #1FDXE45F42H [REDACTED], NJ license plate MG31521. This will allow Washington Township Ambulance and Rescue Association to provide services to the Borough of Clayton and conduct business as Washington Township Ambulance and Rescue Association
3. The Borough of Clayton emergency ambulance #4191 shall have vehicle

markings of not less than 4 inches identifying the ambulance operated by Washington Township Ambulance and Rescue Association.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *January 1, 2006*
Waiver Control Number: *06-8:40-6.12(a)1-004*
Expires on: *None*

Certificate of Waiver Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Washington Township Fire Department
1149 Route 130
Robbinsville, New Jersey 08691

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Washington Township Fire Department to use Hightstown First Aid Squad Emergency Ambulance #4111, Vin #1FDKE30M2RH[REDACTED].
2. Emergency ambulance #4111 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.
3. The Hightstown emergency ambulance #4111 shall have vehicle markings of not less than 4 inches identifying the ambulance operated by Washington Township Fire Department when being utilized by Washington Township Fire Department.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *February 28, 2007*
Waiver Control Number: *05-8:40-6.12-006*
Expires on: *None*

Certificate of Waiver
Basic Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Ridgefield Police EMS
604 Broad Avenue
Ridgefield, New Jersey 07657

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

N.J.A.C. 8:40-6.12 (a) which states each BLS ambulance shall bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver will allow Ridgefield Police EMS to use Ridgefield Volunteer Emergency Ambulance #RFA-2, Vin #1FDXE45F13H [REDACTED].
2. Emergency ambulance #RFA-2 shall meet all the requirements as listed at N.J.A.C. 8:40-1.1 et. seq.

3. The Ridgefield Volunteer emergency ambulance #RFA-2 shall have vehicle markings of not less than 4 inches identifying the ambulance operated by Ridgefield Township Police Department when being utilized by Ridgefield Township Police Department.

For: Fred M. Jacobs, M.D., J.D.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *October 16, 2007*
Waiver Control Number: *05-8:40-6.12-014*

Expires on: *None*



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

www.nj.gov/health

JON S. CORZINE
Governor

HEATHER HOWARD
Commissioner

**CERTIFICATE OF WAIVER
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.11 shall read:

8:41-7.11 Standing orders for suspected acute myocardial infarction/chest pain of suspected cardiac etiology

(a) The following standing orders are authorized in the event that an adult patient presents with acute myocardial infarction/chest pain with systolic blood pressure greater than, or equal to, 110 mmHg:

1. Assess and secure airway;
2. Administer at least 4 lpm nasal oxygen;
3. Administer Acetylsalicylic Acid by mouth. The provider's Medical Director shall notify the Department whether the program will administer 81 mg, 162mg, 243 or 324 mg of Acetylsalicylic Acid (ie. 1-4x81mg acetylsalicylic acid pills);
4. Obtain 12-lead electrocardiogram tracing;
5. Administer 0.4 mg Nitroglycerin sublingually every 5 minutes provided the systolic blood pressure is greater than or equal to 110 mmHg;
6. Establish IV access;

7. If the patient is having an acute myocardial infarction, review patient's eligibility for thrombolytic therapy as determined by the provider's Medical Director;

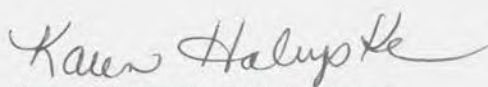
8. Contact the medical command physician.

(b) The sequence of actions 2 to 6 above may be performed simultaneously and does not need to be in specific order.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for suspected acute myocardial infarction / chest pain.

FOR: Heather Howard
Commissioner


BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: September 5, 2008
Waiver Control #: 08-8:41-7.11-007
Expires: Indefinite



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

www.nj.gov/health

JON S. CORZINE
Governor

HEATHER HOWARD
Commissioner

**CERTIFICATE OF WAIVER
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.11 shall read:

8:41-7.11 Standing orders for suspected acute myocardial infarction/chest pain of suspected cardiac etiology

(a) The following standing orders are authorized in the event that an adult patient presents with acute myocardial infarction/chest pain with systolic blood pressure greater than, or equal to, 100 mmHg:

1. Assess and secure airway;
2. Administer at least 4 lpm nasal oxygen;
3. Administer Acetylsalicylic Acid by mouth. The provider's Medical Director shall notify the Department whether the program will administer 81 mg, 162mg, 243 or 324 mg of Acetylsalicylic Acid (ie. 1-4x81mg acetylsalicylic acid pills);
4. Obtain 12-lead electrocardiogram tracing;
5. Administer 0.4 mg Nitroglycerin sublingually every 5 minutes provided the systolic blood pressure is greater than or equal to 100 mmHg;
6. Establish IV access;

7. If the patient is having an acute myocardial infarction, review patient's eligibility for thrombolytic therapy as determined by the provider's Medical Director;

8. Contact the medical command physician.

(b) The sequence of actions 2 to 6 above may be performed simultaneously and does not need to be in specific order.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for suspected acute myocardial infarction / chest pain.

FOR: Heather Howard
Commissioner

A handwritten signature in black ink, appearing to read "Karen Halupke", written in a cursive style.

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: September 15, 2009
Waiver Control #: 09-8:41-7.11-006
Expires: Indefinite



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

www.nj.gov/health

JON S. CORZINE
Governor

HEATHER HOWARD
Commissioner

**Certificate of Waiver for
Emergency Medical Technician-Paramedic Certification
Pursuant to the Provisions of the New Jersey Administrative Code,
Specifically N.J.A.C. 8:41 and 8:41A, a Waiver is issued to:**

Emergency Care and Safety Institute
40 Tall Pine Drive
Sudbury, Massachusetts 01776

Granting relief from the following provision(s) of Chapter 8:41 and 8:41A of the Administrative Code:

N.J.A.C. 8:41A – 1.3 “Advanced Cardiac Life Support” (ACLS)

This waiver is granted based upon the information submitted to the Department. The waiver is subject to the following conditions:

- All subject matter will reflect the most current standards and/or guidelines as set forth by the American Heart Association for ACLS. Successful completion of course work must include a written examination with a score of 84% or greater; successful completion of the skills practical examination, demonstrated by the candidate to an eACLS Course Coordinator; and issuance of a course completion card that shall include one's name, type of training (eACLS), course completion date, renewal date, course location, Course Coordinator's name/signature, and a place for the student's signature as well.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the department.

FOR: Heather Howard
Commissioner

BY: Karen Halupke, RN, M.Ed.

Director

Emergency Medical Services

DATE ISSUED: August 26, 2008

WAIVER CONTROL NUMBER: 08-006

EXPIRES: Indefinite

**DIVISION of PUBLIC HEALTH INFRASTRUCTURE, LABORATORIES and
EMERGENCY PREPAREDNESS**

CERTIFICATE OF WAIVER

**ADVANCED LIFE SUPPORT SERVICES & ADVANCED LIFE SUPPORT
PROVIDERS**

WHEREAS the New Jersey Department of Health and Senior Services (DHSS) is vested with the responsibility of carrying out the provisions of *N.J.S.A. 26:2H-1 et seq., Health Care Facilities Planning Act*, which was enacted, in part, to assure all hospital and related healthcare services rendered in the State of New Jersey are of the highest quality; and,

WHEREAS the DHSS, in accordance with *N.J.S.A. 26:2H-2b*, recognizes that health care services include any pre-hospital care rendered by paramedical personnel; and,

WHEREAS the DHSS has been granted, by the State legislature, the sole responsibility of adopting the administrative rules governing the provision of Emergency Medical Services in New Jersey; and,

WHEREAS the DHSS has a regulatory responsibility to enforce the provisions of *N.J.A.C. 8:41-1.1 et seq.* and *N.J.A.C. 8:41A-1.1 et seq.*; and,

WHEREAS the DHSS has the statutory authority pursuant to *N.J.S.A. 26:1A-15* and the various laws of the State of New Jersey to enter into this Waiver; and

WHEREAS the DHSS finds it in the best interest of protecting the public health, safety and welfare of the citizenry of New Jersey to enter into this Waiver.

NOW, THEREFORE, THE DEPARTMENT HERETO AGREES AS FOLLOWS:

Pursuant to the provisions in *N.J.A.C. 8:41A-1.4*, and *8:41-1.4*, a waiver is issued to Mobile Intensive Care Advanced Life Support Services and Advanced Life Support Providers granting relief from the following provisions:

- *N.J.A.C. 8:41A-2.2(b)*
- *N.J.A.C. 8:41A-2.47(c)3ii*
- *N.J.A.C. 8:41A-4.1(b)3*
- *N.J.A.C. 8:41A-4.3(a)1*
- *N.J.A.C. 8:41A-4.4(a)3i*
- *N.J.A.C. 8:41-3.13(a)5*
- *N.J.A.C. 8:41-9.6(i)2*
- *N.J.A.C. 8:41-9.9(a)3*
- *N.J.A.C. 8:41-10.8(d)3*
- *N.J.A.C. 8:41-11.6(f)2*

In lieu of provisions contained in the administrative codes identified herein above, the following may be substituted:

1. Wherever a *Pediatric Advanced Life Support (PALS)*, or *Pediatric Education for Prehospital Professionals (PEPP)* certification is referenced in *N.J.A.C. 8:41* or *N.J.A.C. 8:41A*, the *Emergency Pediatric Care (EPC) Provider Level Certification* shall be included as a certification option; and
2. Wherever a *Pediatric Advanced Life Support (PALS)*, or *Emergency Nurses Pediatric Course (ENPC)* certification is referenced in *N.J.A.C. 8:41* or *N.J.A.C. 8:41A*, the *Emergency Pediatric Care (EPC) Provider Level Certification* shall be included as a certification option.

This waiver is subject to the following conditions:

1. The Emergency Pediatric Care Provider (EPC) course, offered by the National Association of Emergency Medical Technicians (NAEMT), presently consists of a 16-hour didactic lesson and skills verification. In its present format, this course may be substituted in lieu of the *Pediatric Advanced Life Support (PALS)* course, the *Pediatric Education for Prehospital Professionals Advanced Course (PEPP)* and/or an *Emergency Nurses Pediatric Course*; and
2. The initial course training presently awards 16 continuing education units and shall satisfy the pediatric component required to maintain New Jersey paramedic certification; and

3. The EPC certification is valid for a four (4) year period and shall meet the pediatric certification requirements. However, possession of EPC certification shall not absolve an individual from meeting the minimum pediatric education requirements, enumerated in *N.J.A.C. 8:41A-4.3*, prior to the expiration of the New Jersey Office of Emergency Medical Services Paramedic Certification.
 - a. Any individual completing the initial EPC course training may utilize the sixteen (16) continuing education units solely towards one (1) paramedic recertification cycle.
 - b. Any individual, in current possession of an EPC certification, who successfully completes the refresher program, may utilize the four (4) credits towards a paramedic recertification cycle.
4. The National Association of Emergency Medical Technicians (NAEMT) has agreed to supply the Department with a list of authorized EPC-Provider instructors, for audit purposes.
5. This waiver becomes null and void in the event the NAEMT modifies the EPC content and/or format.

This waiver shall take effect immediately and shall remain in effect until the sunrise of new administrative codes, which will incorporate these options.

For: Mary E. O'Dowd M.P.H

BY: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Date Issued: *Immediately*

Waiver Control Number: 011-8:41-8:41A-019

Expiration Date: *Upon Sunrise of New Administrative Codes*



State of New Jersey
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JUDITH M. PERSICHILLI, RN, BSN, MA
Acting Commissioner

August 26, 2019

Dane M. Fishburn
Union County College Paramedic Program
1033 Springfield Avenue
Cranford, NJ 07016

Dear Mr. Fishburn:

The Department of Health Office of Emergency Medical Services has received your request to waive the requirement for paramedic students to obtain mobile intensive care hospital sponsorship and utilization of the mobile intensive care hospital's EMS Educator as required by current regulations. Based upon your request and employment of your own EMS educator this waiver has been approved.

This approval shall remain valid indefinitely, unless sooner suspended or revoked by the Department. Should you have any questions regarding this matter, please contact me at (609) 633-7777 or Candace.Gardner@doh.nj.gov.

Sincerely,

Candace J. Gardner, Paramedic
Clinical Education & Licensure Manager
Office of Emergency Medical Services

Enclosure
c: OEMS Staff



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Governor

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Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Acting Commissioner

**Certificate of Waiver for
Paramedic Certification
Pursuant to the Provisions of the New Jersey Administrative Code,
Specifically N.J.A.C. 8:41A, a waiver is issued to:**

Union County College
Paramedic Science Program
1033 Springfield Avenue
Cranford, NJ 07016

Granting relief from the following provision(s) of Chapter 8:41A of the Administrative Code:

N.J.A.C. 8:41A – 2.2(a)5 Student qualifications:

Application, for and receipt of, sponsorship from a mobile intensive care hospital

N.J.A.C. 8:41A – 2.4(c) Clinical Training:

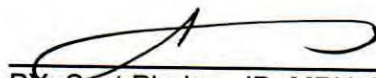
Each clinical training site shall employ an EMS Educator

This waiver is granted based upon the information submitted to the Department. The waiver is subject to the following conditions:

The Union County College Paramedic Program shall develop and implement agreements with clinical and mobile intensive care affiliates for students to complete the program internship and externship requirements. The Union County College Paramedic Science Program shall employ an EMS Educator to facilitate the paramedic program internship and externship requirements.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Judith M. Persichilli, RN, BSN, MA
Acting Commissioner


BY: Scot Phelps, JD, MPH, Paramedic
Director
Office of Emergency Medical Services

DATE ISSUED: August 26, 2019

WAIVER CONTROL NUMBER: 19 – N.J.A.C. 8:41A – 2.2(a)5 & 2.4(c) - 025

EXPIRES: NONE



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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

Certificate of Waiver
Pursuant to the provision of the New Jersey Administrative Code,
specifically, N.J.A.C. 8:41-1.4, a waiver is issued to:



Granting relief from the following provision(s) of Chapter 8:41 of the New Jersey
Administrative Code:

8:41-9.17 Vehicle markings and emergency warning devices

(a) Each MICU shall bear the following markings:

1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;
2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;
4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and
5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

This waiver is subject to the following terms and conditions:

1. [REDACTED] may utilize one MICU to provide medical support to the law enforcement special operations.
2. [REDACTED] must staff the MICU as defined in N.J.A.C. 8:41-9.8.
3. [REDACTED] may not utilize the vehicle to support daily MICU operations and response.
4. [REDACTED] must identify the vehicle being utilized in their vehicle record on the Department of Health's Licensing Platform.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner



BY: Terry Clancy, PhD, RN, NRP
Director
Office of Emergency Medical Service

DATE ISSUED: May 28, 2021

WAIVER CONTROL NUMBER: 21 – N.J.A.C. 8:41 – 9.17(a)1-5i - 010

EXPIRATION DATE: None



State of New Jersey

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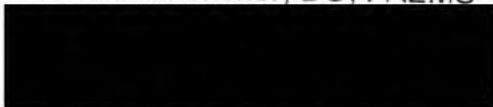
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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

**Certificate of Waiver for
Emergency Medical Technician – Paramedic Certification
Pursuant to the provisional of the New Jersey Administrative Code
Specifically, N.J.A.C. 8:41A, a waiver is issued to:**

Ronald Klebacher, DO, FAEMS


Granting relief from the following provision(s) of Chapter 8:41A of the Administrative Code:

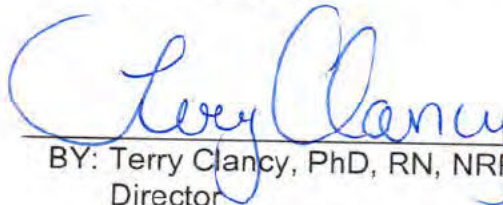
N.J.A.C. 8:41A – 4.4 Expired certifications

This waiver is granted based upon the information submitted to the Department. The waiver is subjected to the following conditions:

Dr. Ronald Klebacher must apply for Paramedic Re-Entry in the Department's learning management system (LMS) at www.njems.us, maintain New Jersey Board of Medical Examiners licensure as a physician, and American Osteopathic Association board certification in Emergency Medicine and Emergency Medical Services. Additionally, Dr. Klebacher must successfully complete the recertification requirements of a New Jersey paramedic by the expiration date of his certification.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner


BY: Terry Clancy, PhD, RN, NRP
Director

Office of Emergency Medical Services

DATE ISSUED: July 16, 2021

WAIVER CONTROL NUMBER: 21 – 8:41A – 4.4(a)3 through 6 – 013

EXPIRES: December 31, 2023



State of New Jersey
DEPARTMENT OF HEALTH
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PHILIP D. MURPHY
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Lt. Governor

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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

July 16, 2021

Ronald Klebacher, DO, FAEMS



Dear Dr. Klebacher:

The Department of Health Office of Emergency Medical Services has received your request to have your New Jersey Paramedic Certification (number 1159) reissued. Based upon your valid license, as a physician, with the New Jersey Board of Medical Examiners and board certification by the American Osteopathic Association in Emergency Medicine and Emergency Medical Services, your request has been approved, with the conditions outlined below:

- You must apply for Paramedic Re-Entry through the Department's learning management system (LMS) at www.njems.us; and
 - Once issued, you will be able to view and print your certification card by:
 - Logging into your account at www.njems.us; and
 - Clicking on "My Latest Credential(s)".
- You must successfully complete the recertification requirements of a New Jersey paramedic by the expiration date on your certification card.

Should you have any questions regarding this matter, please contact Daniel Kazar at (609) 633-7777 or Daniel.Kazar@doh.nj.gov.

Sincerely,

Terry Clancy, PhD, RN, NRP
Director
Office of Emergency Medical Services

Enclosure



State of New Jersey
DEPARTMENT OF HEALTH
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Governor

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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

**Certificate of Waiver for
Advanced Life Support Services
Pursuant to the provision of the New Jersey Administrative Code
Specifically, N.J.A.C. 8:41-1.4, a waiver is issued to:**

All New Jersey Mobile Intensive Care Programs,
Air Medical Services and Specialty Care Transport Services

Granting relief from the following provision(s) of Chapter 8:41 of the New Jersey Administrative Code:

N.J.A.C. 8:41-6.1 Medications and therapeutic agents

- (a) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. Each vehicle shall be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:**

15. Morphine Sulfate

This waiver is subject to the following terms and conditions:

1. The Advanced Life Support Service's Medical Director may substitute Morphine Sulfate with any narcotic analgesic. (i.e. Fentanyl).
2. Prior to implementing the use of a new analgesic, all providers shall attend an in-service to verify education and competency. The in-service shall include, but not be limited to, medication dosing, route(s) of administration, indications, contraindications, and protocol utilization.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner

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

DATE ISSUED: April 16, 2021
WAIVER CONTROL NUMBER: 21 – N.J.A.C. 8:41-6.1(a)15 - 006
EXPIRATION DATE: None



State of New Jersey

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CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

**Certificate of Waiver
Basic Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-6.6

All Licensed Providers

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

8:40-6.6 Oxygen Administration

5. The 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 Specifications for Ambulances, KKK-A-1822, "Portable Oxygen Unit."

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. Each licensed Ambulance must have at least one portable oxygen key per crewmember.
2. The oxygen keys may be affixed to the vehicle's key ring.
3. At least one oxygen key must be accessible at any time.

For: Mary E. O'Dowd, M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: April 13, 2012
Waiver Control Number: 12-8:40-6.6-016
Expires on: None



State of New Jersey

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CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

Certificate of Waiver
Specialty Care Transport Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Atlantic Ambulance
475 South Street
Morristown, NJ 07962

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-10.8 (a) When "in-service," each SCTU shall be staffed with a minimum of:

- 1. One registered nurse who meets the requirements set forth at (d) below, and two EMT-Basics; or*
- 2. One registered nurse who is also an EMT-Basic and who meets the requirements set forth at (d) below, and one EMT-Basic.*

8:41-10.8 (d) No provider shall allow a registered nurse to serve on any of its SCTUs unless that person has:

- 1. Completed at least one year of full time nursing care performing advanced clinical skills in an acute care hospital's critical care unit or emergency department and possesses valid certification as either a critical care registered nurse and/or a certified emergency nurse;*
- 2. Certification in CPR and ACLS;*
- 3. Certification in PALS or has successfully completed the Emergency Nurse Pediatric Course to the standards of the Emergency Nurses Association;*
- 4. Additional training in endotracheal intubation and has been deemed competent by the medical director; and*
- 5. Documented completion of competencies for ALS equipment, including, but not limited to:*
 - i. Cardiac monitor/defibrillator;*
 - ii. External pacemaker;*
 - iii. IV pump;*
 - iv. Ventilator;*

*v. Intra-aortic balloon pump;
vi. Specialized respirators; and
vii. Incubators.*

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall only be in effect when the Specialty Care Transport is being conducted inclusive of the specialized Neonatal/Pediatric retrieval transport team from Saint Peters Hospital;
2. The SCTU registered nurse may only be replaced with a registered nurse attached to the Neonatal/Pediatric retrieval transport team who has operational knowledge of the SCTU including: lighting, climate control, suction/aspiration and oxygen/air administration;
3. Once the retrieval is completed and the NICU/PICU RN leaves the SCTU, to continue to use the SCTU unit for services other than neonate/pediatric retrieval or transfer, the designated registered nurse must resume their place on the unit along with the second EMT-Basic unless the registered nurse is also trained to the level of EMT-Basic;
4. The requirement for the Registered Nurse to have ACLS may be substituted with a certification specific to Neonatal/Pediatric care (example: PALS, APLS, NRP). Registered Nurses are required to maintain a valid CPR certification;
5. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies in endotracheal intubation;
6. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies for ventilators and IABP therapy as long as a respiratory therapist or perfusionist is on-board the SCTU. A Neonatal/Pediatric retrieval transport team that may not have a respiratory therapist or perfusionist complement shall require ventilator and IABP competencies by the registered nurse.

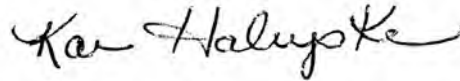
Atlantic Ambulance

Waiver Control Number: 13-8:41-10.8-002

Page 3

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Mary O'Dowd, M.P.H.
Commissioner

A handwritten signature in black ink that reads "Karen Halupke". The signature is written in a cursive, flowing style.

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *March 13, 2013*

Waiver Control Number: 13-8:41-10.8-002

Expires on: *None*



State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
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PHILIP D. MURPHY
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JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

**Certificate of Waiver for
Advanced Life Support Services
Pursuant to the provision of the New Jersey Administrative Code
Specifically, N.J.A.C. 8:41-1.4, a waiver is issued to:**

Saint Clare's Health System
25 Pocono Road
Denville, NJ 07834

Granting relief from the following provision of Chapters 41 of the New Jersey
Administrative Code:

N.J.A.C. 8:41-9.16(a) Transport restrictions

**(a) The transportation of critically ill or injured patient in need of ALS treatment
shall occur in the dispatched BLS vehicle responding or on scene at the time.**

This waiver is subject to the following terms and conditions:

1. Saint Clare's Health System Mobile Intensive Care Unit(s) may provide transportation for critically ill and/or injured patients in units dually licensed as Basic Life Support (BLS) and as a Mobile Intensive Care Unit (MICU).
2. Saint Clare's Health System may utilize this waiver only in regions that they are contracted to provide 911 BLS services and only during the times specified within the contractual agreements.
 - a. The currently contracted areas are: Hamburg Borough, Hardyston Township, Franklin Borough, Vernon Township, Boonton Township, Mount Arlington Borough, Randolph Township, Rockaway Township, City of Passaic, Wharton Borough and Town of Boonton.
3. Saint Clare's Health System shall update the Department of Health Office of Emergency Medical Services licensing database with all 911 BLS contract information.
 - a. Existing contracts shall be updated in the Department's database within 72 hours of this waiver notice.
 - b. New contracts shall be updated in the Department's database within 24 hours of implementation.
 - c. Loss of contract shall be updated in the Department's database within 24 hours of loss.

4. This waiver shall become null and void if Saint Clare's Health System no longer holds a contract to provide BLS services for any region.
5. Saint Clare's Health System shall comply with N.J.A.C. 8:41-9.16(b)5(i) which identifies additional requirements specific to transporting patients.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner



BY: Candace Gardner Paramedic
Chief, Clinical Education & Licensure
Office of Emergency Medical Services

DATE ISSUED: April 16, 2021

WAIVER CONTROL NUMBER: 21 – N.J.A.C. 8:41-9.16(a) - 008

EXPIRATION DATE: None



State of New Jersey

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JON S. CORZINE
Governor

HEATHER HOWARD
Commissioner

**CERTIFICATE OF WAIVER
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.14 shall read:

8:41-7.14 Standing orders for stable narrow complex tachycardia

(a) The following standing orders are authorized in the event that an adult patient presents with a stable narrow complex tachycardia with systolic blood pressure greater than or equal to 110 mmHg:

1. Assess and secure airway;
2. Establish IV access;
3. Perform a patient assessment, including medical history and allergies;
4. Perform a 12-lead electrocardiogram tracing, if applicable, and continue to assess the patient and monitor the cardiac rhythm;
5. Attempt vagal maneuver;
6. Administer 6 mg Adenosine rapid IV push over a period of one to three seconds, followed by a 20 cc bolus of normal saline solution rapid IV push;
 - i. if atrial fibrillation or atrial flutter and no Wolfe-Parkinson-White is known or suspected administer Diltiazem 0.25mg/kg IV over 2 minutes; and
7. Contact the medical command physician.

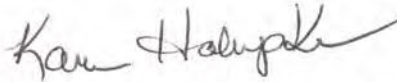
Waiver #09-8:41-7.14-007

Page 2

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for stable narrow complex tachycardia.

FOR: Heather Howard
Commissioner

A handwritten signature in black ink, appearing to read "Karen Halupke", written in a cursive style.

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: September 15, 2009
Waiver Control #: 09-8:41-7.14-007
Expires: Indefinite



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

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JON S. CORZINE
Governor

HEATHER HOWARD
Commissioner

**CERTIFICATE OF WAIVER
Advanced Life Support Services**

Pursuant to the provision of the *New Jersey Administrative Code*, specifically granting relief from N.J.A.C. 8:41-7.8(a) and in order to implement needle chest decompression as authorized by N.J.A.C. 8:41-12.1(c)10 under standing orders, the following standing order is authorized for patients presenting with traumatic injuries:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the recommendation of the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated.

N.J.A.C. 8:41-7.8(a) authorizes standing orders for treatment of adult patients presenting with multiple traumatic injuries, which may include tension pneumothorax. Intervention for this condition includes needle chest decompression, which is within the scope of practice for EMT-Paramedics as provided by N.J.A.C. 8:41-12.1(c)10. Current rules require an EMT-P to contact a medical command physician prior to performing needle chest decompression. In order to permit EMT-Paramedics to perform needle chest decompression under standing orders, the following standing order, supplementing N.J.A.C. 8:41-7.8(a), is authorized for patients presenting with tension pneumothorax:

In the event of a suspected tension pneumothorax, the field treatment of needle chest decompression under standing orders is indicated only in those patient's with progressive severe respiratory distress with cyanosis, hypoxia as defined by a pulse oximetry reading of 90% or less with a non-rebreather mask in place at 12-15 lpm or intubated, diminished or absent breath sounds on the affected side, and hypotension as defined as a systolic blood pressure less than 90 mmHg. If a trauma patient presents with all of these symptoms, an EMT-Paramedic may perform needle chest decompression prior to contacting medical command. After performing needle chest decompression, the EMT-Paramedic shall contact medical command.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for the adult trauma patient.

FOR: Heather Howard
Commissioner


BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: September 5, 2008
Waiver Control #: 08-8:41-7.8.009
Expiration: Indefinite

Certificate of Waiver Specialty Care Transport Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

TransCare
25 14th Street
Brooklyn, NY 11215

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

- 8:41-10.8 (a) When "in-service," each SCTU shall be staffed with a minimum of:*
- 1. One registered nurse who meets the requirements set forth at (d) below, and two EMT-Basics; or*
 - 2. One registered nurse who is also an EMT-Basic and who meets the requirements set forth at (d) below, and one EMT-Basic.*

- 8:41-10.8 (d) No provider shall allow a registered nurse to serve on any of its SCTUs unless that person has:*
- 1. Completed at least one year of full time nursing care performing advanced clinical skills in an acute care hospital's critical care unit or emergency department and possesses valid certification as either a critical care registered nurse and/or a certified emergency nurse;*
 - 2. Certification in CPR and ACLS;*
 - 3. Certification in PALS or has successfully completed the Emergency Nurse Pediatric Course to the standards of the Emergency Nurses Association;*
 - 4. Additional training in endotracheal intubation and has been deemed competent by the medical director; and*
 - 5. Documented completion of competencies for ALS equipment, including, but not limited to:*
 - i. Cardiac monitor/defibrillator;*
 - ii. External pacemaker;*
 - iii. IV pump;*
 - iv. Ventilator;*

*v. Intra-aortic balloon pump;
vi. Specialized respirators; and
vii. Incubators.*

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall only be in effect when the Specialty Care Transport is being conducted inclusive of the specialized Neonatal retrieval transport team from Mt. Sinai;
2. The SCTU registered nurse may only be replaced with a registered nurse attached to the Neonatal/Pediatric retrieval transport team who has operational knowledge of the SCTU including: lighting, climate control, suction/aspiration and oxygen/air administration;
3. Once the retrieval is completed and the NICU RN leaves the SCTU, to continue to use the SCTU unit for services other than neonate/pediatric retrieval or transfer, the designated registered nurse must resume their place on the unit along with the second EMT-Basic unless the registered nurse is also trained to the level of EMT-Basic;
4. The requirement for the Registered Nurse to have ACLS may be substituted with a certification specific to Neonatal care (example: PALS, APLS, NRP). Registered Nurses are required to maintain a valid CPR certification;
5. Registered Nurses operating on the Neonatal retrieval transport team will not be required to hold competencies in endotracheal intubation;
6. Registered Nurses operating on the Neonatal retrieval transport team will not be required to hold competencies for ventilators and IABP therapy as long as a respiratory therapist or perfusionist is on-board the SCTU. A Neonatal/Pediatric retrieval transport team that may not have a respiratory therapist or perfusionist complement shall require ventilator and IABP competencies by the registered nurse.

TransCare

Waiver Control Number: 12-8:41-10.8-015

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This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Mary E. O'Dowd, M.P.H
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *March 19, 2012*

Waiver Control Number: 12-8:41-10.8-015

Expires on: None



State of New Jersey
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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

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SHEREEF M. ELNAHAL, MD, MBA
Commissioner

Certificate of Waiver

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-9.17
this waiver is issued to:



Granting specific permanent relief, waiving requirements for specific Mobile Intensive Care vehicles licensed to, and operated by, [REDACTED] and used specifically for tactical response as part of [REDACTED] from the following provisions of Chapter 41 of the New Jersey Administrative Code:

8:41-9.17(a) Each MICU shall bear the following markings:

1. The name of the mobile intensive care hospital approved to operate the mobile intensive care program. In the event that the mobile intensive care program consists of more than one hospital, all participating hospitals named in the certificate of need shall be identified;
2. The trade name as it appears on the Department issued vehicle license shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
3. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high;
4. The words "Ambulance" or "Emergency Medical Services" shall be in mirror image, centered above the grill, on the front of the vehicle in a size not less than four inches high and on each side and on the rear of the vehicle body in a size not less than six inches high; and
5. The words "Paramedic(s)," "EMT-Paramedic(s)," "Mobile Intensive Care Unit," "MICU," "Emergency Medical Services," "ALS" and/or "Advanced Life Support" may be located anywhere on the vehicle.
 - i. If any wording associated with advance life support or mobile intensive care services is located anywhere on the vehicle, staffing of the vehicle shall be maintained at that level at all times.

Justification: Response as part of a law enforcement-led special operations group may require the use of unmarked medical vehicles that can be located close enough to law enforcement activity to provide rapid medical support, but where use of a marked Mobile Intensive Care Unit might undermine law enforcement operations and put officers and the general public at more risk.

Terms & Conditions: 1. A vehicle lease agreement between [REDACTED] and [REDACTED] must be provided. 2. The vehicle must be inspected and licensed as a Mobile Intensive Care Unit. 3. This waiver does not allow the vehicle to be utilized for regular day-to-day response for mobile intensive care. 4. This waiver does not allow the vehicle to be utilized as a back-up vehicle to the required vehicles as required in N.J.A.C. 8:41-9.20.

Duration: This guidance shall remain in effect indefinitely.

For: Shereef F. Elnahal, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date Issued: 05/25/2018
Waiver Control Number: 18-41-9.17(a)-017
Expiration Date: None



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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Acting Commissioner

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver, replacing Waiver Control Number 14-8:41-6.1(b)-010 issued September 3, 2014 is approved for:

All New Jersey Mobile Intensive Care Programs, Mobile Aeromedical Programs,
and Mobile Specialty Care Units

Granting specific relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code, replacing the existing waiver that permitted tranexamic acid (TXA) to be added to Subchapter 6. Administration and Storage of Medication, 8:41-6.1b Medications and therapeutic agents.

Waiver:

This waiver shall allow advanced mobile healthcare clinicians to continue carry and administer tranexamic acid.

1. Tranexamic acid may be administered to patients at least 13 years of age, for whom advanced mobile healthcare clinicians reasonably suspect serious hemorrhage.
2. Tranexamic acid should be administered AS SOON AS POSSIBLE after assessment in the Circulation phase of the ABCs during resuscitation.
3. TXA should be used in conjunction with basic maneuvers (e.g. direct pressure, tourniquet, etc.) for hemorrhage control.

Justification: The Office of Emergency Medical Services, in partnership with the Mobile Intensive Care Subcommittee and EMS for Children Subcommittee of the EMS Council, has reviewed the evolving literature for the use of tranexamic acid, and determined that advances in medical knowledge have re-affirmed that tranexamic acid should be administered as soon as possible for patients suffering serious hemorrhage and that tranexamic acid has been shown to be safe for administration to children as young as 13 years of age. These two changes have been reviewed and found to have met the "B" Level of Evidence/"Ila" Quality of Evidence standard utilized by OEMS in reviewing changes in clinical care.

Terms & Conditions: All advanced mobile healthcare clinicians shall successfully complete an education program covering the updated indications for use of this medications prior to it being carried on the Mobile Intensive Care Programs, Mobile Aeromedical Programs, and Mobile Specialty Care Units.

For: Shereef F. Elnahal, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

Date issued: 06/04/2018
Waiver Control Number: 18-41-1.4-018
Expiration date: Until expiration of the current version of N.J.A.C. 8:41



State of New Jersey

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Governor

KIM GUADAGNO
Lt. Governor

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MARY E. O'DOWD, M.P.H.
Commissioner

**Certificate of Waiver
Mobility Assistance Providers**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

All New Jersey Mobility Assistance Providers

Granting relief from the following provision(s) of Chapter 40 of the New Jersey Administrative Code:

N.J.A.C. 8:40-4.8(a)

N.J.A.C. 8:40-5.8(b)

The revision of *N.J.A.C. 8:40-4.8(a)* shall read:

a) In order to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle:

1. The vehicle exhaust system, as well as the vehicle exterior, doors, windows and related gaskets shall be in good condition and free of leaks; and
2. The vehicle exhaust system shall extend beyond the body of the vehicle and away from the ramp/lift and the fuel tank filler pipes and doors.

The revision of *N.J.A.C. 8:40-5.8(b)* shall read:

(b) The patient compartment shall have the following 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. shall be included when measurements are made.) When "in-service" and transporting a wheelchair bound patient, all aisles shall be maintained at a width of at least 30 inches; and
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 76 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.

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services.

This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. At no time shall a patient be transported in a scooter or power chair;
2. A scooter or power wheelchair shall not be transported inside a MAV unless it is stored in a crashworthy manner.

For: Mary E. O'Dowd, M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *January 20, 2012*
Waiver Control Number: *12-8:40-4.8-5.8-001*
Expires on: *None*



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CHRIS CHRISTIE
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KIM GUADAGNO
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MARY E. O'DOWD, M.P.H.
Commissioner

Certificate of Waiver
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Units, Specialty Care Transport Units, and Air Medical Units

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

Appendix D -Normal Pediatric Vital Signs

The revision shall read:

Normal Pediatric Vital Signs

Age Group	Respiratory Rate	Heart Rate	Systolic B/P
Newborn	30-50	120-160	>60
Infant (1-12 months)	20-40	80-140	>70
Toddler (1-3 yrs)	20-30	80-130	>70
Preschooler (3-5 yrs)	20-30	80-120	>75
School Age (6-10 yrs)	15-30	70-110	>80
Adolescent (11+ yrs)	12-20	60-105	>90

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the use of the outlined vital signs in using 2011 Standing Orders for the Pediatric Patient. This waiver is subject to the following terms and conditions:

Terms and Conditions:

MICU staff shall be provided with an orientation to the new pediatric vital signs prior to the implementation of the 2011. There shall be documentation that MICU personnel completed an orientation.

For: Mary E. O'Dowd M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Date issued: *December 1, 2011*

Waiver Control Number: **11-8.41-D-024**

Expiration date: *None*

CERTIFICATE OF WAIVER
Mobility Assistance and Ambulance Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

Able Medical Transportation
23 West Main Street
Farmingdale, New Jersey 07727

Granting relief from the following provision(s) of Chapter 40 of the Administrative Code:

N.J.A.C. 3.7(f)2 which states, "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."

This waiver is granted based upon the information submitted to the Department on September 30, 2008. The waiver is subject to the following conditions:

Terms and Conditions:

The employees of Able Medical Transportation that are not certified as an Emergency Medical Technician-Basic shall have the following valid certifications and orientation:

- A certification in Mobility Assistance Vehicle Technician;
- CPR for the Professional Healthcare Provider, including adult, child and infant modules;
- Completion of the American Safety and Health Institute's *Emergency Oxygen* Course;
- Documented hands-on demonstration of proper use of oxygen cylinder, regulator, nasal cannula and non-rebreather mask placement.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed., Director
Emergency Medical Services

DATE RENEWED: April 26, 2010
WAIVER CONTROL: 08-40-3.7(f)2-006
EXPIRES: None

CERTIFICATE OF WAIVER
Mobility Assistance and Ambulance Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

Aero Ambulance Service
52 Hackensack Avenue
Hackensack, New Jersey 07601

Granting relief from the following provision(s) of Chapter 40 of the Administrative Code:

N.J.A.C. 3.7(f)2 which states, "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."

This waiver is granted based upon the information submitted to the Department on September 24, 2009. The waiver is subject to the following conditions:

Terms and Conditions:

The employees of Aero Ambulance Service that are not certified as an Emergency Medical Technician-Basic shall have the following valid certifications and orientation:

- A certification in or Mobility Assistance Vehicle Technician;
- CPR for the Professional Healthcare Provider, including adult, child and infant modules;
- Completion of the American Safety and Health Institute's *Emergency Oxygen* Course;
- Documented hands-on demonstration of proper use of oxygen cylinder, regulator, nasal cannula and non-rebreather mask placement.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Mary E. O'Dowd, M.P.H.
Commissioner

BY: Karen Halupke, R.N., M.Ed., Director
Emergency Medical Services

DATE RENEWED: August 28, 2012
WAIVER CONTROL: 08-40-3.7(f)2-045
EXPIRES On: None

Certificate of Waiver Specialty Care Transport Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Atlantic Ambulance
475 South Street
Morristown, NJ 07962

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

- 8:41-10.8 (a) When "in-service," each SCTU shall be staffed with a minimum of:*
- 1. One registered nurse who meets the requirements set forth at (d) below, and two EMT-Basics; or*
 - 2. One registered nurse who is also an EMT-Basic and who meets the requirements set forth at (d) below, and one EMT-Basic.*

- 8:41-10.8 (d) No provider shall allow a registered nurse to serve on any of its SCTUs unless that person has:*
- 1. Completed at least one year of full time nursing care performing advanced clinical skills in an acute care hospital's critical care unit or emergency department and possesses valid certification as either a critical care registered nurse and/or a certified emergency nurse;*
 - 2. Certification in CPR and ACLS;*
 - 3. Certification in PALS or has successfully completed the Emergency Nurse Pediatric Course to the standards of the Emergency Nurses Association;*
 - 4. Additional training in endotracheal intubation and has been deemed competent by the medical director; and*
 - 5. Documented completion of competencies for ALS equipment, including, but not limited to:*
 - i. Cardiac monitor/defibrillator;*
 - ii. External pacemaker;*
 - iii. IV pump;*
 - iv. Ventilator;*

*v. Intra-aortic balloon pump;
vi. Specialized respirators; and
vii. Incubators.*

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall only be in effect when the Specialty Care Transport is being conducted inclusive of the specialized Neonatal/Pediatric retrieval transport team from Saint Peters Hospital;
2. The SCTU registered nurse may only be replaced with a registered nurse attached to the Neonatal/Pediatric retrieval transport team who has operational knowledge of the SCTU including: lighting, climate control, suction/aspiration and oxygen/air administration;
3. Once the retrieval is completed and the NICU/PICU RN leaves the SCTU, to continue to use the SCTU unit for services other than neonate/pediatric retrieval or transfer, the designated registered nurse must resume their place on the unit along with the second EMT-Basic unless the registered nurse is also trained to the level of EMT-Basic;
4. The requirement for the Registered Nurse to have ACLS may be substituted with a certification specific to Neonatal/Pediatric care (example: PALS, APLS, NRP). Registered Nurses are required to maintain a valid CPR certification;
5. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies in endotracheal intubation;
6. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies for ventilators and IABP therapy as long as a respiratory therapist or perfusionist is on-board the SCTU. A Neonatal/Pediatric retrieval transport team that may not have a respiratory therapist or perfusionist complement shall require ventilator and IABP competencies by the registered nurse.

Atlantic Ambulance

Waiver Control Number: 13-8:41-10.8-002

Page 3

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Mary O'Dowd, M.P.H.
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *March 13, 2013*

Waiver Control Number: 13-8:41-10.8-002

Expires on: *None*

CERTIFICATE OF WAIVER
Mobility Assistance and Ambulance Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

Fuchs EMS
30-40 Broadway
Fairlawn, New Jersey 07410

Granting relief from the following provision(s) of Chapter 40 of the Administrative Code:

N.J.A.C. 3.7(f)2 which states, "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."

This waiver is granted based upon the information submitted to the Department on September June7, 2010. The waiver is subject to the following conditions:

Terms and Conditions:

The employees of Fuchs EMS that are not certified as an Emergency Medical Technician-Basic shall have the following valid certifications and orientation:

- A certification in Mobility Assistance Vehicle Technician;
- CPR for the Professional Healthcare Provider, including adult, child and infant modules;
- Completion of the American Safety and Health Institute's *Emergency Oxygen* Course;
- Documented hands-on demonstration of proper use of oxygen cylinder, regulator, nasal cannula and non-rebreather mask placement.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Poonam Alaigh, MD,MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed., Director
Emergency Medical Services

DATE : June 15, 2010
WAIVER CONTROL: 08-40-3.7(f)2-006
EXPIRES: None

CERTIFICATE OF WAIVER
Mobility Assistance and Ambulance Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

GEM Ambulance
PO Box 5
Lakewood, New Jersey 08701

Granting relief from the following provision(s) of Chapter 40 of the Administrative Code:

N.J.A.C. 3.7(f)2 which states, "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."

This waiver is granted based upon the information submitted to the Department on September January 17, 2011. The waiver is subject to the following conditions:

Terms and Conditions:

The employees of Fuchs EMS that are not certified as an Emergency Medical Technician-Basic shall have the following valid certifications and orientation:

- A certification in Mobility Assistance Vehicle Technician;
- CPR for the Professional Healthcare Provider, including adult, child and infant modules;
- Completion of the American Safety and Health Institute's *Emergency Oxygen* Course;
- Documented hands-on demonstration of proper use of oxygen cylinder, regulator, nasal cannula and non-rebreather mask placement.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed., Director
Emergency Medical Services

DATE : March 3, 2011
WAIVER CONTROL: 08-40-3.7(f)2-006
EXPIRES: None

Certificate of Waiver Specialty Care Transport Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

lifeStar Response of NJ
657 Union Blvd
Totowa, New Jersey 07512

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

- 8:41-10.8 (a) When "in-service," each SCTU shall be staffed with a minimum of:*
- 1. One registered nurse who meets the requirements set forth at (d) below, and two EMT-Basics; or*
 - 2. One registered nurse who is also an EMT-Basic and who meets the requirements set forth at (d) below, and one EMT-Basic.*

- 8:41-10.8 (d) No provider shall allow a registered nurse to serve on any of its SCTUs unless that person has:*
- 1. Completed at least one year of full time nursing care performing advanced clinical skills in an acute care hospital's critical care unit or emergency department and possesses valid certification as either a critical care registered nurse and/or a certified emergency nurse;*
 - 2. Certification in CPR and ACLS;*
 - 3. Certification in PALS or has successfully completed the Emergency Nurse Pediatric Course to the standards of the Emergency Nurses Association;*
 - 4. Additional training in endotracheal intubation and has been deemed competent by the medical director; and*
 - 5. Documented completion of competencies for ALS equipment, including, but not limited to:*
 - i. Cardiac monitor/defibrillator;*
 - ii. External pacemaker;*
 - iii. IV pump;*
 - iv. Ventilator;*

*v. Intra-aortic balloon pump;
vi. Specialized respirators; and
vii. Incubators.*

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall only be in effect when the Specialty Care Transport is being conducted inclusive of the specialized Neonatal retrieval transport team from Saint Peters Hospital;
2. The SCTU registered nurse may only be replaced with a registered nurse attached to the Neonatal/Pediatric retrieval transport team who has operational knowledge of the SCTU including: lighting, climate control, suction/aspiration and oxygen/air administration;
3. Once the retrieval is completed and the NICU/PICU RN leaves the SCTU, to continue to use the SCTU unit for services other than neonate/pediatric retrieval or transfer, the designated registered nurse must resume their place on the unit along with the second EMT-Basic unless the registered nurse is also trained to the level of EMT-Basic;
4. The requirement for the Registered Nurse to have ACLS may be substituted with a certification specific to Neonatal/Pediatric care (example: PALS, APLS, NRP). Registered Nurses are required to maintain a valid CPR certification;
5. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies in endotracheal intubation;
6. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies for ventilators and IABP therapy as long as a respiratory therapist or perfusionist is on-board the SCTU. A Neonatal/Pediatric retrieval transport team that may not have a respiratory therapist or perfusionist complement shall require ventilator and IABP competencies by the registered nurse.

LifeStar Response of NJ
Waiver Control Number: 09-8:41-10.8-001
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This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Heather Howard
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *February 24, 2009*
Waiver Control Number: *09-8:41-10.8-001*
Expires on: *None*

CERTIFICATE OF WAIVER
Mobility Assistance and Ambulance Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:40-1.4, a waiver is issued to:

On Time Transport
135 East Highland Parkway
Roselle, New Jersey 07203

Granting relief from the following provision(s) of Chapter 40 of the Administrative Code:

N.J.A.C. 3.7(f)2 which states, "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."

This waiver is granted based upon the information submitted to the Department on September 30, 2008. The waiver is subject to the following conditions:

Terms and Conditions:

The employees of Easy Carry that are not certified as an Emergency Medical Technician-Basic shall have the following valid certifications and orientation:

- A certification in Mobility Assistance Vehicle Technician;
- CPR for the Professional Healthcare Provider, including adult, child and infant modules;
- Completion of the American Safety and Health Institute's *Emergency Oxygen* Course;
- Documented hands-on demonstration of proper use of oxygen cylinder, regulator, nasal cannula and non-rebreather mask placement.

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Heather Howard
Commissioner

BY: Karen Halupke, R.N., M.Ed., Director
Emergency Medical Services

DATE RENEWED: January 12, 2010
WAIVER CONTROL: 08-40-3.7(f)2-002
EXPIRES: None

Certificate of Waiver Specialty Care Transport Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

Pulse Medical Transportation
264 Lackawanna Avenue
West Paterson, NJ 07424

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

- 8:41-10.8 (a) When "in-service," each SCTU shall be staffed with a minimum of:*
- 1. One registered nurse who meets the requirements set forth at (d) below, and two EMT-Basics; or*
 - 2. One registered nurse who is also an EMT-Basic and who meets the requirements set forth at (d) below, and one EMT-Basic.*

- 8:41-10.8 (d) No provider shall allow a registered nurse to serve on any of its SCTUs unless that person has:*
- 1. Completed at least one year of full time nursing care performing advanced clinical skills in an acute care hospital's critical care unit or emergency department and possesses valid certification as either a critical care registered nurse and/or a certified emergency nurse;*
 - 2. Certification in CPR and ACLS;*
 - 3. Certification in PALS or has successfully completed the Emergency Nurse Pediatric Course to the standards of the Emergency Nurses Association;*
 - 4. Additional training in endotracheal intubation and has been deemed competent by the medical director; and*
 - 5. Documented completion of competencies for ALS equipment, including, but not limited to:*
 - i. Cardiac monitor/defibrillator;*
 - ii. External pacemaker;*
 - iii. IV pump;*
 - iv. Ventilator;*

*v. Intra-aortic balloon pump;
vi. Specialized respirators; and
vii. Incubators.*

The waiver is granted based upon the information submitted to the Department of Health and Senior Services, Office of Emergency Medical Services. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall only be in effect when the Specialty Care Transport is being conducted inclusive of the specialized Neonatal retrieval transport team from Saint Joseph's Medical Center;
2. The SCTU registered nurse may only be replaced with a registered nurse attached to the Neonatal/Pediatric retrieval transport team who has operational knowledge of the SCTU including: lighting, climate control, suction/aspiration and oxygen/air administration;
3. Once the retrieval is completed and the NICU/PICU RN leaves the SCTU, to continue to use the SCTU unit for services other than neonate/pediatric retrieval or transfer, the designated registered nurse must resume their place on the unit along with the second EMT-Basic unless the registered nurse is also trained to the level of EMT-Basic;
4. The requirement for the Registered Nurse to have ACLS may be substituted with a certification specific to Neonatal/Pediatric care (example: PALS, APLS, NRP). Registered Nurses are required to maintain a valid CPR certification;
5. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies in endotracheal intubation;
6. Registered Nurses operating on the Neonatal/Pediatric retrieval transport team will not be required to hold competencies for ventilators and IABP therapy as long as a respiratory therapist or perfusionist is on-board the SCTU. A Neonatal/Pediatric retrieval transport team that may not have a respiratory therapist or perfusionist complement shall require ventilator and IABP competencies by the registered nurse.

Pulse Medical Transportation
Waiver Control Number: 08-8:41-10.8-005
Page 3

This waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

For: Heather Howard
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director
Office of Emergency Medical Services

Dated issued: *June 2, 2008*
Waiver Control Number: *04-8:41-10.8-005*
Expires on: *None*



State of New Jersey

DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

www.nj.gov/health

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

**Certificate of Waiver for
Air Medical Unit (AMU) – Crewmember Requirements
Pursuant to the provisions of the New Jersey Administrative Code
Specifically, N.J.A.C. 8:41, a waiver is issued to:**

Adam Fox, D.P.M., D.O., F.A.C.S.
JEMSTAR Medical Director
Rutgers-NJMA
Department of Surgery
Division of Trauma Surgery and Critical Care

Granting relief from the following provision(s) of Chapter 8:41 of the Administrative Code:

N.J.A.C. 8:41 – 11.7 Required Crewmembers

(a) When “in-service”, each AMU shall be staffed by at least two persons, in addition to the pilot(s), as follows:

- 1. Two registered nurses who meet the standards set forth at N.J.A.C. 8:41-9.9 and who have received additional specialized training in air medical care (that is, persons recognized by the Department as flight nurses); or**
- 2. One registered nurse who meets the standards set forth at N.J.A.C. 8:41-9.9 and one EMT-Paramedic, both of whom have received additional specialized training in air medical care (that is, persons recognized by the Department as flight nurses and flight medics).**

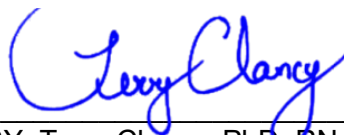
This waiver is subject to the following terms and conditions:

1. The JEMSTAR AMU may utilize:
 - a. One (1) registered nurse who meets the standards set forth at N.J.A.C. 8:41-9.9 and who has received additional specialized training in air medical care and Dr. Adam Fox to meet the minimum staffing for an “in-service” AMU; or
 - b. One (1) paramedic who has received additional specialized training in air medical care and Dr. Adam Fox to meet the minimum staffing for an “in-service” AMU.
2. Dr. Adam Fox:

- a. is utilized to meet crewmember requirements, ONLY, after all other crewmember complements have been exhausted;
 - b. maintains a current Basic Life Support (BLS) certification;
 - c. maintains a current Advanced Cardiac Life Support (ACLS) certification;
 - d. maintains a current Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS) certification(s);
 - e. maintains a current Advanced Trauma Life Support (ATLS) instructorship;
 - i. (c) and (d), above, shall not be required if board certification in emergency medicine is obtained (see N.J.A.C. 8:41-11.4(c)).
 - f. shall document and affix his signature to each electronic patient care report as an official crewmember.
3. No crewmember shall perform any treatment or administer any medication outside their scope of practice.
 - a. Dr. Fox shall not order any crewmember to perform any treatment or administer any medication outside their scope of practice.
4. JEMSTAR shall submit monthly reports, to the Department, identifying the frequency in which this waiver is utilized.

This waiver is valid until the expiration date listed below, unless sooner suspended or revoked by the Department.

FOR: Judith M. Persichilli, RN, BSN, MA
Commissioner



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

DATE ISSUED: March 15, 2022
WAIVER CONTROL NUMBER: 22 – 8:41 – 11.7 – 0010
EXPIRES: January 1, 2023

CERTIFICATE OF WAIVER
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the recommendations of the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.17 shall read:

8:41-7.17 Standing orders for respiratory distress with wheezing due to COPD or bronchoconstriction

(a) The following standing orders are authorized in the event that an adult patient presents with dyspnea where the signs and symptoms are consistent with asthma, COPD or any other dyspnea associated with wheezing or suspected bronchospasm:

1. Assess and secure airway;
2. Administer 2.5 mg Albuterol and Ipratropium Bromide 0.5 mg in normal saline via nebulizer;
3. Establish IV access;
4. Administer a maximum of two additional treatments of 2.5 mg Albuterol/3 cc normal saline solution via nebulizer;
5. Contact the medical command physician.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for respiratory distress with wheezing due to COPD or bronchoconstriction. There shall be documentation that MICU personnel completed an orientation to the new standing orders.

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: September 10, 2010
Waiver Control #: 10-8:41-7.17-013
Expires: Indefinite

CERTIFICATE OF WAIVER
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.21 shall read:

8:41-7.21 Standing orders for cyanide poisoning (optional, at medical director's discretion)

(a) The following standing orders (optional, at the medical director's discretion) are authorized in the event that an adult patient presents with cyanide poisoning:

1. Do not enter or attempt to rescue a person in an area suspected or documented to be contaminated with cyanide poison;
2. Before making patient contact, ensure that appropriate decontamination has been performed;
 - i. If the patient has been exposed to liquid cyanide, ensure that all of the patient's clothing has been removed;
 - ii. No decontamination is needed for pure vapor exposure;
3. Determine the level of exposure;
 - i. If the level of exposure is mild (that is, the patient is conscious and breathing):
 - (1) Assess and secure the airway;
 - (2) Administer high concentration oxygen; and
 - (3) Observe the patient for respiratory distress;

ii. If the level of exposure is severe (that is, the patient is unconscious or if respirations are severely compromised):

- (1) Assess and secure the airway;
- (2) Administer high concentration oxygen;
- (3) Provide suctioning (if necessary);

If using the CYANOKIT® skip to step 7;

(4) If Cyanide kit is available, break and hold an aspirol of Amyl Nitrite in front of the patient's nose for 15 seconds, followed by removal for 15 seconds; use a new aspirol of Amyl Nitrite approximately every three minutes thereafter until IV access has been established. If the patient is unconscious, place the aspirol of Amyl Nitrite in the mask of the bag-valve-mask device or in the bag-valve-mask device itself;

(5) Establish IV access;

(6) Administer Sodium Thiosulfate 12.5 grams IV; and go to step 11,

(7) If CYANOKIT® is available, add 100 mL of 0.9% Sodium Chloride Injection to first CYANOKIT® vial using transfer spike;

(8) Mix CYANOKIT® vial for 30 seconds to mix solution. Do not shake;

(9) Use vented IV tubing to hang and infuse first vial over 7.5 minutes;

(10) Repeat steps 7 through 9 for second vial of CYANOKIT®; and

(11) Contact medical command physician.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for cyanide poisoning.

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: 11/05/2010
Waiver Control #: 10-8:41-7.21-015
Expires: None

CERTIFICATE OF WAIVER
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

Granting relief from the following provision(s) of Chapter 41 of the Administrative Code, specifically N.J.A.C. 8:41-7.4. This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:40-7.4 shall read:

(a) The following standing orders for the initiation of vascular access are authorized in those cases where an emergent or potentially emergent condition exists and current ALS treatment protocols require the initiation of vascular access. In such cases, ALS crewmembers may establish vascular access at keep vein open (KVO) rate or establish IV/IO access with a saline port prior to contacting the medical command physician.

i. If IV/IO access is not available or unsuccessful the patient's Established Vascular Access Device (EVAD) may be accessed if one of the following emergent conditions is present:

1. Cardiac Arrest
2. Unstable patient with systolic blood pressure less than 90 mmHg with signs of shock (chest pain, cardiac arrhythmia, altered mental status, significant dyspnea, anaphylaxis)

ii. EVAD is defined by the given MICU program's protocols and may include:

1. Portacaths
2. PICC lines
3. Dialysis catheters
4. Dialysis shunts

(b) ALS crewmembers shall contact the medical command physician as soon as possible after the establishment of vascular access. Contact with the medical command physician shall not be delayed by, or as a result of, unsuccessful IV attempts in the field.

(c) The time of the initiation of vascular access and the time of contact with the medical command physician shall be recorded on the patient care report.

(d) The provider's medical director shall notify the Department as to the solution to be utilized for vascular access when established under this section.

Terms and Conditions:

All MICU programs shall provide updated material with practical training and education to ensure compliance with new standing order skill set.

FOR: Matthew D'Oria
Acting Commissioner

BY: Karen Halupke, R.N., M.Ed.,
Director
Emergency Medical Services

Date: March 11, 2010
Waiver Control #: 10-8:41-7.4-004
Expires: None

CERTIFICATE OF WAIVER
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C 8:41-7.20 shall read:

8:41-7.20 Standing orders for active seizures

(a) The following standing orders are authorized in the event that an adult patient presents with active seizures:

1. Assess and secure airway;
2. Establish IV access and administer normal saline solution at KVO rate;
3. Follow unconscious protocol as directed by the suspected etiology of the event; and
4. If ALS witnesses the patient actively having a generalized seizure for 2 minutes or greater or having repetitive seizures, then administer either Lorazepam 2mg IV or Diazepam 5mg IV;
 - i. The choice of either Lorazepam or Diazepam will be made by the provider's medical director and shall be declared at the time these standing orders are authorized by the medical director and approved by the Department;

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5. If no vascular access administer 5mg of Midazolam or 2mg of Lorazepam through an approved route of administration.

i. The choice of either Lorazepam or Midazolam will be made by the provider's medical director and shall be declared at the time these standing orders are authorized by the medical director and approved by the Department;

6. Contact the medical command physician.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for an adult patient presents with active seizures:

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: 11/05/2010
Waiver Control #: 10-8:41-7.20-017
Expires: None

CERTIFICATE OF WAIVER
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.14 shall read:

8:41-7.14 Standing orders for stable narrow complex tachycardia

(a) The following standing orders are authorized in the event that an adult patient presents with a stable narrow complex tachycardia with systolic blood pressure greater than or equal to 110 mmHg:

1. Assess and secure airway;
2. Establish vascular access;
3. Perform a patient assessment, including medical history and allergies;
4. Perform a 12-lead electrocardiogram tracing and continue to assess the patient and monitor the cardiac rhythm;
 - i. If Wolff-Parkinson-White is identified go to step 10.
5. Attempt vagal maneuver;
6. Administer 6 mg Adenosine rapid IV push over a period of one to three seconds, followed by a 20 cc bolus of normal saline solution rapid IV push;
 - i. if atrial fibrillation or atrial flutter is identified and no Wolff-Parkinson-White is known or suspected administer Diltiazem 0.25mg/kg IV over 2 minutes and go to step 10.

7. If there is no conversion with 6 mg Adenosine, then administer 12 mg Adenosine rapid IV push followed by a 20 cc bolus of normal saline solution rapid IV push;

- i. if atrial fibrillation or atrial flutter is identified and no Wolff-Parkinson-White is known or suspected administer Diltiazem 0.25mg/kg IV over 2 minutes and go to step 10.

8. If there is no conversion with 12 mg Adenosine, then repeat administration of 12 mg Adenosine rapid IV push followed by a 20 cc bolus of normal saline solution rapid IV push;

9. If there is no conversion with the third dose of Adenosine and no Wolff-Parkinson-White is known or suspected then administer Diltiazem 0.25mg/kg IV over 2 minutes, and;

10. Contact the medical command physician.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for stable narrow complex tachycardia.

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: 11/05/2010
Waiver Control #: 10-8:41-7.14-016
Expires: None

CERTIFICATE OF WAIVER
Advanced Life Support Services

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

New Jersey Mobile Intensive Care Programs

This waiver is granted based upon the decisions enacted by the Medical Directors of the Mobile Intensive Care Unit Advisory Council. This waiver will take effect immediately and remain in effect until new regulations are promulgated with the correct wording.

The revision of N.J.A.C. 8:41-7.14 shall read:

8:41-7.14 Standing orders for stable narrow complex tachycardia

(a) The following standing orders are authorized in the event that an adult patient presents with a stable narrow complex tachycardia with systolic blood pressure greater than or equal to 110 mmHg:

1. Assess and secure airway;
2. Establish IV access;
3. Perform a patient assessment, including medical history and allergies;
4. Perform a 12-lead electrocardiogram tracing, if applicable, and continue to assess the patient and monitor the cardiac rhythm;
5. Attempt vagal maneuver;
6. Administer 6 mg Adenosine rapid IV push over a period of one to three seconds, followed by a 20 cc bolus of normal saline solution rapid IV push;
 - i. if atrial fibrillation or atrial flutter and no Wolfe-Parkinson-White is known or suspected administer Diltiazem 0.25mg/kg IV over 2 minutes and contact medical control.

7. If there is no conversion with 6 mg Adenosine and the underlying rhythm is not atrial fibrillation/flutter, then administer 12 mg Adenosine rapid IV push followed by a 20 cc bolus of normal saline solution rapid IV push;
8. If there is no conversion with 12 mg Adenosine and the underlying rhythm is not atrial fibrillation/flutter, then repeat administration of 12 mg Adenosine rapid IV push followed by a 20 cc bolus of normal saline solution rapid IV push;
9. If there is no conversion with the second round of 12 mg Adenosine and the underlying rhythm is not atrial fibrillation/flutter, then administer Diltiazem 0.25mg/kg IV over 2 minutes;
10. Contact the medical command physician.

Terms and Conditions:

All MICU programs shall provide updated material with training and education to ensure compliance with new standing order for stable narrow complex tachycardia.

FOR: Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

BY: Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

Date Issued: September 10, 2010
Waiver Control #: 10-8:41-7.14-008
Expires: Indefinite



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

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HEATHER HOWARD
Commissioner

**CERTIFICATE OF WAIVER
Advanced Life Support Services**

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting relief from the following provision(s) of Chapter 41 of the New Jersey Administrative Code:

8:41-6.1 Medications and therapeutic agents:

(b) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

The waiver is granted based upon the approval of the MICU Advisory Council Program Medical Directors. This waiver grants the addition of Ondansetron (Zofran) to the optional list. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow the MICU Programs the use of Ondansetron (Zofran), a 5-HT₃ receptor antagonist. MICU staff shall be provided with an orientation prior to placing the medication on the MICU vehicles. This orientation shall include: the drug classification, the dosage, the approved routes for administration, the side effects and the contraindications. There shall be documentation that MICU personnel completed an orientation to Zofran.

For: Heather Howard
Commissioner

By: Karen Halupke, R.N., M.Ed.
Director, Office of Emergency Medical Services

Date issued: September 5, 2008
Waiver Control Number: 08-8:41-6.1(b)-08
Expiration date: Indefinite