State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
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Certificate of Waiver for
Advanced Life Support Services
Pursuant to the Provisions of the New Jersey Administrative Code,
Specifically, N.J.A.C. 8:41, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs and
All New Jersey Air Medical Programs

Granting relief from the approved medications and therapeutic agents set out in N.J.A.C. 8:41-6.1(b)

This waiver grants New Jersey-licensed air medical services and mobile intensive care programs the authority to implement a prehospital whole blood and blood component administration program. It also adds whole blood and blood products to the list of approved medications and therapeutic agents available for use by advanced life support personnel.

Pursuant to N.J.A.C. 8:41-1.4, the New Jersey Office of Emergency Medical Services (OEMS) may waive a rule provision if the waiver would not "[e]ndanger the life of any person;…[e]ndanger the public health, safety or welfare; or… [a]dversely affect the provision of basic life support care." The OEMS has determined that adding whole blood and blood products to the list of approved medications and therapeutic agents will not compromise public health or negatively impact the delivery of advanced life support services. Instead, this waiver is intended to help improve patient outcomes and reduce the need for major interventions. This waiver is subject to the following terms and conditions:

Terms and Conditions:

1. This waiver shall allow all air medical services and mobile intensive care programs to carry and administer whole blood and blood products when treating patients suffering from traumatic injuries with suspect hemorrhage.

2. All participating air medical services and mobile intensive care programs shall establish a written protocol outlining best practices for prehospital whole blood and blood component administration. This should include policies, protocols, educational programs, and procedures specific to the types of whole blood and blood components chosen by the program's physician medical director.

    a. These policies, protocols, and procedures shall be developed in collaboration with the blood bank overseeing the EMS agency's prehospital whole blood and blood component administration program.

    b. Any air medical services or mobile intensive care programs implementing a prehospital whole blood and blood component administration program shall submit their policies,

procedures, protocols, educational programs, collaborative approvals, and intended launch date, to OEMS for reference prior to implementing the program.

3. All participating air medical services and mobile intensive care program staff shall complete a comprehensive education program covering the polices, protocols, and procedures related to prehospital whole blood and blood component administration. This training should include, but is not limited to, indications, actions, routes, dosages, storage, and rotation of blood products. Completion of this program is required before blood products are authorized on the air medical or mobile intensive care unit.
    a. Documentation shall be made available to the Department upon request.
4. All participating air medical services and mobile intensive care programs shall implement a defined stewardship program to prevent waste through the responsible handling and storage of whole blood and blood components.
    a. Documentation shall be made available to the Department upon request.
5. All participating air medical services and mobile intensive care programs shall collect and report monthly outcomes data for each patient receiving whole blood and blood component therapeutics. To ensure quality monitoring and support evidence-based practice the following comprehensive data elements are required:
    a. Mechanism of Injury
    b. Indication for transfusion
    c. Vitals signs and clinical assessment pre-transfusion, 15-minutes into the transfusion, and post transfusion
    d. Volume transfused
    e. Bedside verification of the patient and unit (i.e., signatures and date/time)
    f. Complications or transfusion reactions
    g. Initial resuscitation fluid used (blood, blood product, saline, lactated ringers, other)
    h. Units of blood wasted or not transfused (including any blood sent with the patient to the trauma bay that was not used prehospitally)
    i. Time from arrival on scene to start of infusion
    j. Time from start of infusion to arrival at hospital
    k. Patient disposition
        i. Operating Room
        ii. Admission to Hospital
        iii. Discharge disposition (Facility, Home, Died)

iv. Mortality at 24 hours, 7 days, and 30 days

l. Protocol compliance

m. If available, receiving hospital's trauma surgeon opinion of the need for prehospital transfusion

n. Documentation shall utilize the following NEMSIS fields:

i. eProcedures.03

ii. eRecord.01

iii. eResponse.03

6. All participating air medical services and mobile intensive care programs shall hold a current blood bank license pursuant to N.J.S.A. 26:2A-2 et seq., and maintain compliance with all applicable subchapters of Chapter 8 of Title 8 of the New Jersey Administrative Code.

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

FOR: Kaitlin Baston, MD, MSc, DFASAM
Commissioner

BY: Candace Gardner, Paramedic
Director
Office of Emergency Medical Services

DATE ISSUED: November 21, 2024
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EXPIRES: Infinite