



State of New Jersey

DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
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MARY E. O'DOWD, M.P.H.
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 Units, Air Medical Units,
Speciality Care Transport Units**

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

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1 Medications and therapeutic agents

The revision shall read:

(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:

1. Acetylsalicylic acid;
2. Adenosine;
3. Atropine Sulfate;
4. At least one of the following:
 - i. Ativan;
 - ii. Versed;
 - iii. Valium;
6. Dextrose (50 percent in water, or 25 percent in water);
7. Dextrose (5 percent in water, or 10 percent in water);
8. Diphenhydramine Hydrochloride;

9. Dopamine Hydrochloride
(Levophed to be used for substitution only when Dopamine is unavailable)
10. Epinephrine 1:1,000 solution;
11. Epinephrine 1:10,000 solution;
12. Furosemide;
13. Amiodarone;
(Lidocaine Hydrochloride to be substituted only when Amiodarone is unavailable)
14. Magnesium Sulfate;
15. Morphine Sulfate
(Fentanyl to be substituted only when Morphine Sulfate is unavailable)
16. Naloxone Hydrochloride;
17. Nitroglycerin;
18. Normal saline solution;
19. Oxygen;
20. Ringer's lactate solution; and
22. At least one of the following:
 - i. Albuterol solution for inhalation;
 - ii. Albuterol and Ipratropium Bromide solution for inhalation;

(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.

1. Activated charcoal;
2. Ipratropium Bromide
3. Lidocaine Hydrochloride
4. Bumetanide;

5. Reglan;
6. Cyanide poisoning kit or CYANOKIT
7. Dexamethasone sodium phosphate;
8. Diltiazem hydrochloride;
9. Levophed;
10. Etomidate;
11. Flumazenil;
12. Glucagon;
13. Haloperidol;
14. Heparin sodium;
15. Insulin;
16. Fentanyl;
17. Ipratropium Bromide;
18. Thiamine;
19. Ketamine;
20. Calcium Chloride;
21. Metoprolol Tartrate;
22. Methylprednisolone sodium succinate;
23. Midazolam hydrochloride;
24. Xylocaine Jelly;
25. Nalmefene (to be utilized when Naloxone Hydrochloride is unavailable);
26. Labetalol;
27. Ondansetron;

28. Pralidoxine chloride (or DuoDot);
29. Procainamide hydrochloride;
30. Sodium Bicarbonate;
31. Sodium Thiosulfate;
32. Dobutamine Hydrochloride;
33. Terbutaline;
34. Vasopressin;
35. Rocuronium; (*AMU/ SCTU or RSI Approved MICU Only*)
36. Succinylcholine; (*AMU/ SCTU or RSI Approved MICU Only*)
37. Vecuronium; (*AMU/ SCTU or RSI Approved MICU Only*)

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

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

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

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