

**STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
NOTICE OF RULE WAIVER/MODIFICATION
PURSUANT TO EXECUTIVE ORDER NO. 103 (MURPHY)(MARCH 9, 2020) AND
EXECUTIVE ORDER NO. 119 (MURPHY)(APRIL 7, 2020)
COVID-19 STATE OF EMERGENCY**

**REVISED TEMPORARY RULE WAIVER/MODIFICATION OF N.J.A.C. 8:40-3.6 and
6.4 MOBILITY ASSISTANCE VEHICLE AND BASIC LIFE SUPPORT AMBULANCE
SERVICES, adopted by DEPARTMENT OF HEALTH**

Date: April 15, 2020

Authority: N.J.S.A. App.A:9-45 & App. A:9-47; Executive Order No. 103 (Murphy)(“EO 103”); Executive Order No. 119 (Murphy)(“EO 119”)

Effective Date: April 15, 2020

This Revised Temporary Rule Waiver/Modification Supersedes the Notice of Rule Waiver/Modification of N.J.A.C. 8:40-3.6 and 6.4 Issued on April 1, 2020.

Expiration Date: Concurrent with the end of the Public Health Emergency.

This is an emergency adoption of a temporary rule waiver/modification of certain rules governing Basic Life Support Services, consistent with N.J.A.C. 8:40-1.4(a). Section 6 of EO 103, issued in response to the COVID-19 pandemic, authorizes agency heads to waive, modify or suspend any existing rule, where the enforcement of the rule would be detrimental to the public welfare during the emergency, notwithstanding the provisions of the Administrative Procedure Act or any law to the contrary. This authority was extended by EO 119. Pursuant to that authority, and with the approval of the Governor and in consultation with the State Director of Emergency Management, the Commissioner of the Department of Health is waiving its rules as follows:

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

Emergency medical services (EMS) and 911 dispatchers are receiving an overwhelming number of calls from patients complaining of mild symptoms associated with COVID-19. Under current EMS rules, an EMT is required to transport a patient to the nearest, most appropriate hospital unless the patient signs a refusal of medical care. This mandatory transport requirement is referenced in N.J.A.C. 8:40-3.6 and N.J.A.C. 8:40-6.4, which require that patient care reports include information describing how and when each patient is transported to a general hospital or receiving health care facility. Because of this rule, the emergency departments (EDs) have received

an influx of patients with mild symptoms associated with COVID-19. These non-critical patients are placing a growing strain on already over-extended medical resources. Once non-critical patients arrive at the ED, hospital staff must evaluate each patient, consuming personal protective equipment (PPE) such as gloves, masks, and gowns, all of which are in short supply. In most cases, consistent with current available medical evidence, EDs ultimately do not admit these patients, instead recommending that they complete their recovery at home. Additionally, once brought to the ED, individuals with even mild-symptoms of COVID-19 can expose other patients who have not been infected with COVID-19, including high-risk patients such as the elderly and the immunocompromised.

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

Pursuant to this rule waiver/modification, all patients complaining of symptoms associated with COVID-19 must be screened according to the COVID-19 Triage Protocol for EMS Providers. If the patient meets the criteria for triaging to home, then the emergency medical technician (EMT) shall consult with their BLS provider's medical director, their pre-designated medical command physician, or otherwise arranged hospital medical command. If the medical authority agrees that the patient should be triaged to home, then the patient may remain at home and does not have to be transported to an emergency department. If the medical authority disagrees that the patient should be triaged to home, then the EMT shall transport the patient to the closest, most appropriate emergency department. The EMT shall document in the patient's electronic patient care report (ePCR) the EMT's contact with the medical authority and the medical authority's determination as to whether the patient should be triaged at home. When triaged to home, the EMT shall provide the patient with the COVID-19 Home Care Guide. All patient care reports shall be documented electronically. For all other patients complaining of symptoms not associated with COVID-19, the provisions set forth in N.J.A.C. 8:40-3.6 and N.J.A.C. 8:40-6.4 remain in effect. Additionally, this triage protocol shall not apply to calls for emergency medical services initiated by a healthcare provider, such as health providers in long-term care facilities, institutional settings, and assisted living facilities. For healthcare provider initiated emergency medical services calls, responding EMTs shall transport the patient to the closest, most appropriate acute care hospital and shall not use the COVID-19 Triage Protocol.

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

8:40-3.6 Patient Care Reports

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

4. The time when, and location where, the patient was picked up and was discharged;
 - i. For BLS ambulances utilized to provide emergency response, times when the call was received, when the vehicle was dispatched, when the vehicle reported going en route to the call, when the vehicle reported on location, when the vehicle reported en route to a general hospital and when the vehicle arrived at that hospital;

8:40-6.4 Crewmember Duties

(a) The collective duties of the crewmembers staffing a BLS ambulance shall include, but are not limited to:

14. Reporting verbally and leaving a complete copy of the patient care report with the appropriate personnel when the patient is delivered to the receiving health care facility.

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

1. **All patients must be screened according to the COVID-19 Triage Protocol for EMS Providers, which is attached hereto and incorporated herein by reference.**
2. **If the patient meets the criteria for triaging to home, as set forth in the COVID-19 Triage Protocol for EMS Providers, then the EMT shall consult with their BLS provider's medical director, their pre-designated medical command physician, or otherwise arranged hospital medical command. Any agency that does not have a medical director, a pre-designated medical command physician, or otherwise arranged hospital medical command may not implement this protocol.**
3. **If the medical authority agrees that the patient should be triaged to home, then the patient may remain at home and does not have to be transported to an emergency department.**
4. **If the medical authority disagrees that the patient should be triaged to home, then the EMT shall transport the patient to the closest, most appropriate emergency department.**
5. **The EMT shall document in the patient's ePCR the EMT's contact with the medical authority and the medical authority's determination as to whether the patient should be triaged at home.**

6. When triaged to home, the EMT shall provide the patient with the COVID-19 Home Care Guide, which is attached hereto and incorporated herein by reference.
7. All patient care reports shall be documented electronically.
8. Complying with this waiver shall not constitute patient abandonment pursuant to N.J.A.C. 8:40A-10.2(b)(5).
9. For all other patients complaining of symptoms not associated with COVID-19, the provisions set forth in N.J.A.C. 8:40-3.6 and N.J.A.C. 8:40-6.4, remain in effect.
10. This triage protocol shall not apply to calls for emergency medical services initiated by a healthcare provider, such as health providers in long-term care facilities, institutional settings, and assisted living facilities.
 - a. For healthcare provider initiated emergency medical services calls, responding EMTs shall transport the patient to the closest, most appropriate acute care hospital and shall not use the COVID-19 Triage Protocol.

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

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

4/15/20
DATE

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

WAIVER CONTROL NUMBER: 20 – N.J.A.C. 8:40 – 3.6(a)(4)(i) and 6.4(a)(14)

COVID-19 Triage Protocol for EMS Providers

This protocol is applicable for patients presenting with symptoms of suspected influenza-like illness or viral syndrome including fever (measured or subjective), chills, cough, sore throat, body aches, malaise, fatigue, or are asymptomatic/ or seeking testing/guidance.

This protocol **DOES NOT APPLY** if patient meets criteria for any state or local guidelines for treatment by ALS, (e.g. suspected cardiac chest pain, wheezing due to bronchoconstriction, etc.)

All Criteria Met?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Criteria #1: Medical History <ul style="list-style-type: none"> <input type="checkbox"/> Age between 13 and 64 <input type="checkbox"/> NOT pregnant <input type="checkbox"/> NOT immunocompromised/suppressed (including cancer with active chemo/radiation therapy, history of organ transplant, HIV, autoimmune or rheumatological disorders, or taking immunosuppressive medications including high dose steroids) <input type="checkbox"/> NO heart disease, chronic lung disease (COPD, pulmonary fibrosis), uncontrolled DM, chronic renal disease (ESRD on HD)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Criteria #2: Physical Assessment and Vital Signs <ul style="list-style-type: none"> <input type="checkbox"/> Heart rate less than or equal to 120 bpm: <input type="checkbox"/> Systolic blood pressure greater than or equal to 100 mmHg <ul style="list-style-type: none"> <input type="checkbox"/> For pediatric patients greater than or equal to 90 mmHg or consult with appropriate medical direction <input type="checkbox"/> Oxygen saturation at least or greater than 94% on room air <input type="checkbox"/> Respiratory rate between 8 – 22 breaths per minute <input type="checkbox"/> NO respiratory difficulty/distress on exam <input type="checkbox"/> NO drop in pulse oximetry to below 94% on movement/walking (if capable at baseline) <input type="checkbox"/> NO alteration in mentation or new confusion
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Criteria #3: Capability for Home Care <ul style="list-style-type: none"> <input type="checkbox"/> Patient (or caregiver) has capacity, has access to caregiver(s) and/or healthcare, and is agreeable to Home Care <input type="checkbox"/> Patient or caregiver has access to food, water, medications, and other basic necessities (shelter, heat/cooling)
Home <input type="checkbox"/>	Transport <input type="checkbox"/>	Triage to Home Eligible? <ul style="list-style-type: none"> <input type="checkbox"/> If all 3 criteria marked YES, then patient is eligible for Triage to Home after medical command contact <input type="checkbox"/> If any criteria are marked as NO then follow standard BLS and ALS EMS treatment protocols and Transport
<p>For Triage to Home eligible patients, contact your designated medical direction for confirmation and approval. Provide patient and/or caregiver(s) with Home Care Instructions.</p>		

More cases of the novel coronavirus (COVID-19) are being identified in NJ. As per the NJ Department of Health guidance, individuals with mild symptoms are recommended to self-isolate and monitor their symptoms at home. This sheet is designed to provide information on caring for the symptoms at home as well as provide guidance on when to seek further medical attention.

COVID-19 Symptoms and Treatment

- Symptoms of COVID-19 infection are similar to infections with other viruses and may include cough, runny nose, fevers, chills, body aches, sore throat, nausea, vomiting, and diarrhea.
- While there is no specific treatment yet for COVID-19, most people with mild COVID-19 illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications.
- Stay home except to get medical care. (See Home Isolation instructions below)
- **Seek prompt medical attention** if the illness is worsening including persistent nausea or vomiting, weakness, and/or dizziness. **Call 911** if any emergency warning signs develop including trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips or face.
- If you need follow-up care, contact your primary care provider and have a phone discussion before making an appointment to be seen in the office. You can also use available Telehealth options.

Remain in Home Isolation

- Unless instructed otherwise by your healthcare provider, it's currently advised that people who are diagnosed with COVID-19 should remain on "Home Isolation" until 7 days since the start of symptoms and 72 hours after your fever ends (without the use of fever reducing medication like acetaminophen or ibuprofen) and significant improvement in their other symptoms (including cough). This means that if you still have a fever and symptoms after 7 days you need to wait another 3 days after your fever ends and your symptoms improve before stopping isolation.
- Home Isolation means you should remain at home and not attend any social gatherings or events.
- If there are multiple people in the home who are positive for COVID-19, it is okay to isolate together. However, you should separate yourself from persons who do not have symptoms or who have tested negative for COVID-19.

How to Prevent the Spread of COVID-19

- Distance yourself from other people and pets in your home.
- If you live with others, limit your contact with them as much as possible until you meet the above criteria.
- Limit your use of common spaces.
- If you continue to have symptoms, wear a facemask (if you are able) during interactions with household contacts or use of common spaces.
- Prohibit visitors who do not have an essential need to be in the home.
- Do not share household items like utensils, cups, dishes, towels, and bedding.
- Thoroughly wash these items after use.
- Clean common spaces frequently with household cleaners.

For Additional Information and References:

www.nj.gov/health/cd/topics/covid2019_community.shtml#4
www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.
- Also, clean any surfaces that may have blood, stool, or body fluids on them
- Cover your cough or sneeze. Cough into a tissue then throw that tissue in the garbage. Wash your hands immediately. If tissues are not readily available, cough into your elbow.
- Wash your hands frequently with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

Follow-up Visits with Your Healthcare Provider

- If you must leave your home during this time, it should only be to seek medical care. If possible, call your provider and ask if you can follow-up by phone.
- If you are asked to follow-up in person, call ahead to let them know you’re coming. Wear a facemask when entering the facility if you still have symptoms.
- Drive alone if possible and avoid using public transportation, ride-sharing, or taxis.

What to Do if Symptoms Worsen

- Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face, weakness, dizziness, passing out, or unable to keep down any fluids).
- Before seeking care, call your healthcare provider and tell them that you may have COVID-19.
- Put on a facemask before you enter the facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed.
- If you have a medical emergency and need to call 9-1-1, notify the dispatch personnel that you may COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing Home Isolation

- You do not need to be cleared from home isolation by your doctor or local health department.
- However, if your employer requires clearance to return to work, you should contact your employer’s Occupational Health office, your primary care provider, or use the Telehealth service.
- Household contacts should follow precautions, quarantine and monitor themselves for signs and symptoms of COVID-19 for 14 days after you end your home isolation.

Specific Additional Medical Command instructions: