

STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

NOTICE OF RULE WAIVER/MODIFICATION/SUSPENSION

PURSUANT TO EXECUTIVE ORDER NO. 103 (MURPHY)(MARCH 9, 2020)

COVID-19 STATE OF EMERGENCY

Temporary Rule **WAIVER/MODIFICATION OF N.J.A.C. 8:40A-5.8 Program Curriculum, adopted by the DEPARTMENT OF HEALTH**

Date: **June 11, 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"); Executive Order No. 138 (Murphy)("EO 138")

Effective Date: **June 11, 2020**

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

This is an emergency adoption of a temporary rule waiver/modification of N.J.A.C. 8:40A-5.8(e), which requires the Emergency Medical Technician (EMT) program curriculum to include a ten (10) hour clinical experience. Section 6 of EO 103, issued in response to the COVID-19 pandemic, authorizes agency heads to waive/suspend/modify 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 and EO 138. 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/modifying its rules as follows:

COVID-19 is a contagious, and at times fatal, respiratory disease that is responsible for the 2019 novel coronavirus outbreak. The Centers for Disease Control and Prevention expects that additional cases of COVID-19 will be identified in the coming days, including more cases in the United States, and that person-to-person spread is likely to continue to occur. As of June 11, 2020, there were at least 165,816 positive cases of COVID-19 in New Jersey, with at least 12,443 of those cases having resulted in death. The rate of spread of COVID-19 in New Jersey has required the State to increase its number of health care professionals, including EMTs, to properly respond to this public health emergency.

N.J.A.C. 8:40A-5.8(e) currently requires that all EMT-Basic training programs include a 10-hour clinical experience in the emergency department of an acute care hospital, or another area related to pre-hospital care that has been approved by the Department. Because most, if not all, acute care hospitals are discontinuing EMT clinical experience training in their emergency departments during the COVID-19 pandemic, it is necessary and appropriate to relax the

requirement that students complete a 10-hour clinical experience in a hospital emergency department.

Pursuant to his rule waiver and modification, an EMT-Basic training programs with actively enrolled students are eligible to replace the 10-hour clinical experience in the emergency department of an acute care hospital with simulation so long as:

1. High-fidelity manikins which portray simulated patients are used. The high-fidelity manikins shall be moulaged and adapted to appear in the same manner as a trauma and standard medical patient would present in the emergency department;
2. A high-fidelity manikin clinical experience occurs under the direct supervision of a field preceptor designated by the EMT-Basic training program coordinator and medical director;
3. No person shall serve as a field preceptor unless that person is medically qualified to operate at least to the level of an EMT-Basic, and:
 - a. The preceptor must supply all necessary medical and personal information to the student that would normally have been obtained during intake on a live patient;
 - b. The preceptor must develop, implement, and utilize meaningful scenarios surrounding the emergency department and critical care areas;
 - c. The preceptor must limit the clinical experience to procedures and application of skills taught as part of the EMT-Basic training program;
4. Students are neither required nor permitted to perform any skill or procedure that is outside the scope of practice of EMT-Basic training;
5. The EMT-Basic program coordinator must develop, implement, and ensure adherence to policies and procedures for proper:
 - a. social distancing;
 - b. utilization of personal protective equipment (PPE);
 - c. donning and doffing of PPE; and
 - d. decontamination and sanitation procedures before, during, and after clinical time.
6. A copy of a signed consent form for all students and faculty, verifying receipt and acknowledgement of the policies and procedures referenced in paragraph (5) above, shall be distributed and maintained by the EMT-Basic training program;

7. Students must be scheduled for individual clinical windows;
 - a. Sign-in and Sign-out sheets shall be utilized for each clinical window;
8. At all times, students and faculty shall:
 - a. maintain proper social distancing;
 - b. wear PPE;
 - c. properly utilize donning and doffing of PPE techniques; and
 - d. adhere to decontamination and sanitation procedures.
9. All students must complete either a ten (10) hour clinical rotation in an emergency department of an acute care hospital (if permitted by the hospital) or through high-fidelity manikin simulation as outlined above; and
10. Upon successful completion of the above requirements, the EMT-Basic training program shall maintain proof of completion in the student's educational record and submit a "COVID-19 related unusual occurrence report" at www.nj.gov/health/ems/ems-toolbox/.

Full text of the current rule is below, along with the modified rule and additional terms and conditions in boldface:

8:40A-5.8 Program Curriculum

(a) The Department hereby adopts and incorporates by reference the program curriculum as the curriculum for all EMT-Basic training programs conducted in New Jersey.

1. A person must successfully complete each of the program curriculum's seven training modules, and shall not be permitted to move on to the next consecutive module until he or she has successfully passed the examination for the previous module. A person who fails a module examination shall be permitted to re-test following remediation. A person who fails two consecutive examinations for the module shall be automatically expelled from the EMT-Basic training program and shall be required to apply for, and participate in, an entirely new EMT-Basic training program.
- (b)** No training agency shall offer an EMT-Basic training program that provides instruction in material that is beyond the permitted scope of practice for an EMT-Basic, as defined in this chapter, the program curriculum, or any applicable law, rule and/or regulation.

(c) Each lecture portion of an EMT-Basic training program shall comply with the corresponding lesson plan listed in the program curriculum.

(d) Each practical skills session shall comply with the standard of care as defined in the program curriculum or any applicable law, rule and/or regulation.

(e) Each EMT-Basic training program shall include a 10-hour clinical experience in the emergency department of an acute care hospital or another area related to pre-hospital care that has been approved by the Department.

1. The clinical and/or field experiences shall be limited to observation of procedures and patients, and the application of clinical skills that are taught as part of the program curriculum. The clinical experience shall occur under the direct supervision of a Field Preceptor designated by the supervisor of the emergency department staff or other area included as part of the clinical experience.
2. No person shall serve as a field preceptor unless that person is medically qualified to operate at least to the level of an EMT-Basic.
3. Students participating in the clinical experience shall neither be required nor allowed to perform any skill or procedure that is outside the scope of practice for an EMT-Basic, nor shall a student be allowed to replace required emergency department staff.
4. The program coordinator or emergency department staff may permit the student to spend up to five hours of the required clinical experience as an observer on a MICU, subject to the restrictions set forth in (e)1 and 3 above.

(f) The EMT-B Statewide Faculty shall assist the Department in the implementation of the EMT-Basic training program curriculum, and the oversight of the instructional plan.

(g) Training in the utilization of AEDs shall be delivered as part of the EMT-Basic and EMT-Basic Refresher Programs and shall be in accordance with the EMT-Basic training program curriculum.

(h) Notwithstanding the above provisions, during the period of the COVID-19 Public Health Emergency, EMT-Basic training programs with actively enrolled students are eligible to replace the 10-hour clinical experience in the emergency department of an acute care hospital with simulation, so long as:

1. **High-fidelity manikins which portray simulated patients are used. The high-fidelity manikins shall be moulaged and adapted to appear in the same manner as a trauma and standard medical patient would present in the emergency department;**
2. **A high-fidelity manikin clinical experience occurs under the direct supervision of a field preceptor designated by the EMT-Basic training program coordinator and medical director;**

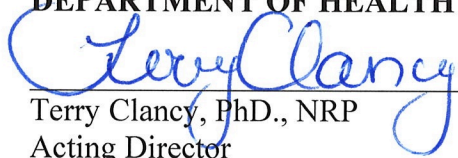
- 3. No person shall serve as a field preceptor unless that person is medically qualified to operate at least to the level of an EMT-Basic, and:**
 - a. The preceptor must supply all necessary medical and personal information to the student that would normally have been obtained during the intake on a live patient;**
 - b. The preceptor must develop, implement, and utilize meaningful scenarios surrounding the emergency department and critical care areas; and**
 - c. The preceptor must limit the clinical experience to procedures and application of skills taught as part of the EMT-Basic training program;**
 - 4. Students are neither required nor permitted to perform any skill or procedure that is outside the scope of practice of an EMT-Basic training;**
 - 5. The EMT-Basic program coordinator shall develop, implement, and ensure adherence to policies and procedures for proper:**
 - a. social distancing;**
 - b. utilization of personal protective equipment (PPE);**
 - c. donning and doffing of PPE; and**
 - d. decontamination and sanitation procedures before, during, and after clinical time;**
 - 6. A copy of a signed consent form for all students and faculty, verifying receipt and acknowledgement of the policies and procedures referenced in (5) above, is distributed and maintained by the EMT-Basic training program;**
 - 7. Students must be scheduled for individual clinical windows;**
 - a. Sign-in and Sign-out sheets shall be utilized for each clinical window;**
 - 8. At all times, students and faculty shall:**
 - a. maintain proper social distancing;**
 - b. wear PPE;**
 - c. properly utilize donning and doffing of PPE techniques; and**
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- d. adhere to decontamination and sanitation procedures;
9. All students must complete either a ten (10) hour clinical rotation in an emergency department of an acute care hospital (if permitted by the hospital) or through high-fidelity manikin simulation as outlined above; and
10. Upon successful completion of the above requirements, the EMT-Basic training program shall maintain proof of completion in the student's educational record and submit a "COVID-19 related unusual occurrence report" at www.nj.gov/health/ems/ems-toolbox/.

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. PERSICILLI, RN, BSN, MA
COMMISSIONER
DEPARTMENT OF HEALTH

6/11/2020
DATE

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

WAIVER CONTROL NUMBER: 20 – N.J.A.C. 8:40A-5.8(e) - 027