

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 170.000: EMERGENCY MEDICAL SERVICES SYSTEM

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170.001: Purpose

105 CMR 170.000 is issued for the purpose of establishing a statewide, community-based Emergency Medical Services (EMS) system, in order to reduce death and disability from illness and injury through the coordination of local and regional emergency medical services resources. It is designed to ensure that properly trained and certified EMS personnel, operating under medical oversight, provide emergency medical care to patients at the scene of their illness or injury, and during transport to appropriate health care facilities. It establishes standards for EMS vehicles and equipment, and standards to ensure safe, adequate transport to an appropriate health care facility in the shortest practicable time. 105 CMR 170.000 also provides for scheduled, routine transport of non-emergent patients to appropriate destinations.

170.002: Authority

105 CMR 170.000 is adopted under the authority of M.G.L. c. 111C and M.G.L. c. 30A, § 2.

170.003: Citation

105 CMR 170.000 shall be known and may be cited as 105 CMR 170.000: *Emergency Medical Services System*.

170.010: Scope

105 CMR 170.000 governs the EMS system, as defined in St. 2000, c. 54, § 1, M.G.L. c. 111C and 105 CMR 170.020.

170.020: Definitions

The definitions set forth in 105 CMR 170.020 shall apply for the purpose of 105 CMR 170.000, unless the context or subject matter clearly requires a different interpretation.

Accreditation means the process by which a certificate is issued by the Department pursuant to 105 CMR 170.946 through 170.950 indicating that the holder has met the requirements for providing Department-approved training for EMTs and EMT-candidates.

Administrative Requirements (A/R) means requirements issued by the Department's Office of Emergency Medical Services to interpret, clarify and further define the application of certain provisions of 105 CMR 170.000.

170.020: continued

Advanced EMT means the level of EMS personnel that has replaced "EMT-Intermediate" as set forth, at a minimum, in the U.S. Department of Transportation's National Highway Traffic Safety Administration's *National EMS Scope of Practice Model* and as used in its *National EMS Education Standards*. The Advanced EMT's clinical practice is defined by the Statewide Treatment Protocols.

Advanced Life Support (ALS) means the pre-hospital use of medical techniques and skills defined by the Statewide Treatment Protocols by EMTs certified pursuant to 105 CMR 170.000.

Ambulance means any aircraft, boat, motor vehicle, or any other means of transportation, however named, whether privately or publicly owned, which is intended to be used for, and is maintained and operated for, the response to and the transportation of sick or injured individuals.

Ambulance Service means the business or regular activity, whether for profit or not, of providing emergency medical services, emergency response, primary ambulance response, pre-hospital emergency care, with or without transportation, to sick or injured individuals by ambulance.

Appropriate Health Care Facility means an emergency department, either physically located within an acute care hospital licensed by the Department pursuant to 105 CMR 130.000: *Hospital Licensure* to provide emergency services, or in a satellite emergency facility approved by the Department pursuant to 105 CMR 130.821: *Approval*, that is closest geographically or conforms to a Department-approved point-of-entry plan.

Authorization to Practice means approval granted to an EMT by his or her employing EMS service's affiliate hospital medical director, which enables that EMT to work as an EMT and receive medical control pursuant to the employing service's affiliation agreement and in conformance with the Statewide Treatment Protocols.

Basic Life Support (BLS) means the pre-hospital use of techniques and skills defined by the Statewide Treatment Protocols by EMTs certified pursuant to 105 CMR 170.000.

Certificate of Inspection means the formal acknowledgment, issued pursuant to 105 CMR 170.415, that the EMS vehicle meets the standards applicable to its type or class of vehicle.

Certification of EMTs means a process by which a certificate is issued by the Department indicating that the holder has met the requirements for an EMT at a specified level of training established by the Department.

Chief Examiner means a person appointed by the Department who is responsible for the organization and operation of a Department-approved EMT examination at a specific site.

CMED means the medical communications subsystem within the statewide EMS communications system.

Commission on Accreditation of Allied Health Education Programs (CAAHEP) means the national accrediting organization for educational programs in allied health professions, which reviews and accredits EMS programs in collaboration with its Committee on Accreditation of Emergency Medical Services Professions (COAEMSP).

Commission on Accreditation of Medical Transport Systems (CAMTS) means the national accrediting organization for air medical and ground transport systems providing critical care services.

Commissioner means the Commissioner of Public Health.

Company means a corporation, a partnership, a business trust, an association, or an organized group of persons, whether incorporated or not; or any receiver, trustee, or other liquidating agent of any of the foregoing while acting in such capacity.

170.020: continued

Critical Care Services means the provision by an ambulance service of prehospital or interfacility patient care, stabilization, and transport services to critically ill and injured patients, using medical techniques, pharmacology, and technological life support systems that exceed those in the Statewide Treatment Protocols, including the ALS Interfacility Transfer Protocol, and as set out by the ambulance service and approved by the Department.

Continuing Education means instructional courses for certified EMS personnel to meet training requirements for maintenance of certification.

Department means the Department of Public Health.

Diversion Status System shall mean a web-based application established by the Department to allow hospitals, CMED centers and ambulance services access to real-time information regarding the diversion status of all appropriate health care facilities in Massachusetts licensed to provide emergency services.

Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by the individual, a bystander or an emergency medical services provider.

Emergency Medical Services (EMS) means the pre-hospital assessment, treatment and other services utilized in responding to an emergency or provided during the emergency or inter-facility transport of patients to appropriate health care facilities.

EMS First Responder (EFR) means a person certified pursuant to 105 CMR 170.000 who has, at a minimum, successfully completed a course in emergency medical care approved by the Department pursuant to M.G.L. c. 111, § 201 and 105 CMR 171.000: *Massachusetts First Responder Training* and who provides emergency medical care through employment by or in association with a licensed EFR service.

EMS First Response means the dispatch and response by the closest, most appropriate EMS personnel or EMS vehicle in the shortest practicable amount of time by a qualified EMS first response service.

EMS First Response Service (EFR Service) means the business or regular activity, whether for profit or not, by a licensed EMS provider, designated as a service zone provider pursuant to a Department-approved service zone plan for the purpose of providing rapid response and EMS.

EMS First Response Vehicle (EFR Vehicle) means any aircraft, boat, motor vehicle or any other means of transportation, whether privately or publicly owned, that is intended and is maintained and operated for the rapid response of EMS personnel, equipment and supplies to emergencies by an EFR service or by an ambulance service and is not utilized for patient transport.

EMS Personnel means EFRs and EMTs.

EMS Plan means a plan that includes an inventory and assessment of EMS resources and a plan for the optimal maintenance, coordination and utilization of those resources:

- (1) to improve the EMS system and its component elements; and
- (2) to coordinate with all state and municipal public safety agencies' mass casualty and other public emergency plans.

EMS Provider means the following:

- (1) an EFR service, an ambulance service, or a hospital or facility approved by the Department to provide EMS, including, without limitation, a trauma center, or
- (2) any individual associated with an EFR service, an ambulance service, or a hospital or facility approved by the Department to provide EMS, who is engaged in providing EMS. Such individuals include, without limitation, an EMT, an EFR, a medical communications system operator and a medical control physician, to the extent such physician provides EMS.

170.020: continued

EMS System means all EMS providers and equipment; communications systems linking them to each other; training and education programs; the Regional EMS Councils and all of their operations; EMS plans, protocols, statutes, regulations, administrative requirements and guidelines; and all other components of such system, and their interaction with each other and with patients, providing equally for all patients quality care, operating under the leadership and direction of the Department.

EMS Vehicle means an ambulance or an EMS first response vehicle.

Emergency Medical Technician (EMT) means a person who has successfully completed a full course in emergency medical care approved by the Department, and who is certified by the Department in accordance with 105 CMR 170.000 to provide emergency medical services to sick or injured persons in accordance with the Statewide Treatment Protocols. The term EMT shall include EMT-basic, Advanced EMT, and Paramedic.

Emergency Response means the dispatch and response of the closest appropriate ambulance, EMS personnel and other EMS vehicle to an emergency in the shortest practicable amount of time in conformance with the service zone plan.

EMT-basic means the level "Emergency Medical Technician," or "EMT" as set forth, at a minimum, in the U.S. Department of Transportation's National Highway Traffic Safety Administration's *National EMS Scope of Practice Model* and as used in its *National EMS Education Standards*. The term also includes EMT-basics who are taking the supplemental training required to meet the EMT level of the *National EMS Scope of Practice Model*, in accordance with administrative requirements of the Department. The EMT-basic's clinical practice is defined by the Statewide Treatment Protocols.

EMT-intermediate means the level of EMS personnel that has been replaced by "Advanced EMT" and is being transitioned out of use in Massachusetts, in accordance with administrative requirements of the Department.

First Responder means a member of any of the following entities: a police or fire department; state police participating in highway patrol; an emergency reserve unit of a volunteer fire department or fire protection district, and any persons appointed permanent or temporary lifeguards by the Commonwealth or any of its political subdivisions. A first responder shall not mean a police officer, firefighter or person engaged in police and fire work whose duties are primarily clerical or administrative. First responders are required to successfully complete, at a minimum, the course of emergency medical care that meets the standards of M.G.L. c. 111, § 201 and 105 CMR 171.000: *Massachusetts First Responder Training*.

First Responder Agency means a police department, a fire department, the state police participating in highway patrol, an emergency reserve unit of a volunteer fire department or fire protection district, or the Commonwealth or any of its political subdivisions that appoints permanent or temporary lifeguards. A first responder agency shall not mean a service that is a licensed EFR service.

Headquarters means the principal place of business of an EMS provider.

Hospital means a hospital that is licensed or certified by the Department pursuant to M.G.L. c. 111, § 51 or other applicable law, with an emergency department, and the teaching hospital of the University of Massachusetts Medical School.

Initial Training means an educational program that meets or exceeds the current U.S. Department of Transportation's *National EMS Education Standards and Instructional Guidelines for EMT-Basic, Advanced EMT or Paramedic*, and any additional standards established by the Department, and consists of didactic, clinical and field training, to prepare students to become certified EMTs at the applicable level of care.

170.020: continued

Immediate Dispatch means dispatching, or toning out or calling for an ambulance, to be sent out, without any delay, when a call to respond to an emergency is received. Immediate dispatch includes the toning out for on-call or volunteer personnel to respond to and staff an ambulance.

Instructor/Coordinator (I/C) means a person approved by the Department to organize and teach the Basic EMT course.

License means an authorization to provide ambulance or EMS first response service, pursuant to the provisions of 105 CMR 170.000.

Local Jurisdiction means an entity empowered by the legislative body within a city, town, fire district or water district to select service zone providers, including, but not limited to, a city council, board of selectmen, board of aldermen, mayor or town manager.

Massachusetts Emergency Medical Care Advisory Board (EMCAB) means the EMS System Advisory Board established under M.G.L. c. 111C, § 13.

Medical Control means the clinical oversight by a qualified physician to all components of the EMS system, including, without limitation, the Statewide Treatment Protocols, medical direction, training of and authorization to practice for EMS personnel, quality assurance and continuous quality improvement.

Medical Direction means the authorization for treatment established in the Statewide Treatment Protocols provided by a qualified medical control physician to EMS personnel, whether on-line, via direct communication or telecommunication, or off-line, via standing orders.

National Registry of Emergency Medical Technicians (NREMT) means the national organization that tests and provides NREMT certification to EMTs at all levels, on the basis of which EMTs apply to states for state certification or licensure to work as an EMT.

Paramedic means the level of EMS personnel that has replaced "EMT-paramedic" as set forth, at a minimum, in the U.S. Department of Transportation's *National Highway Traffic Safety Administration's National EMS Scope of Practice Model* and as used in its *National EMS Education Standards*. Paramedic also includes EMT-paramedics who are taking the supplemental training required to meet the Paramedic level of the *National EMS Scope of Practice Model*, in accordance with administrative requirements of the Department. The Paramedic's clinical practice is defined by the Statewide Treatment Protocols.

Patient means an individual who is sick or injured and requires EMS and/or transportation in an ambulance.

Patient Care Report means a report or other written record, such as a dispatch record, generated by all services to document every response to an EMS call, including each time an EMS vehicle is dispatched, whether or not a patient is encountered or ultimately transported by an ambulance service.

Person means an individual, a company, or an entity or an agency or political subdivision of the Commonwealth.

Place of Business means the locations owned, leased or used pursuant to an agreement by an EMS provider for EMS purposes, including headquarters, branch offices and garages.

Point-of-entry Plan means a plan that is designed to ensure that EMTs transport a patient(s) in their care to the closest appropriate health care facility.

Primary Ambulance Response means first-line ambulance response, pre-hospital treatment and transportation by an ambulance service designated as a service zone provider or recognized in the service zone plan to provide first-line ambulance response, pre-hospital treatment and transportation pursuant to a provider contract.

170.020: continued

Primary Ambulance Service means the business or regular activity, whether for profit or not, by a licensed ambulance service, designated under a service zone plan for the purpose of providing rapid response and pre-hospital EMS, including, without limitation, patient assessment, patient treatment, patient preparation for transport and patient transport to appropriate health care facilities, in conformance with the service zone plan.

Provider Contract means an agreement, written or verbal, with an ambulance service to provide primary ambulance response to facilities with health care professionals on site, or to special events or functions with a dedicated ambulance on site. This definition shall not preclude any other category of provider contract that is recognized by the local jurisdiction in the service zone plan.

Region means a geographic area of the state defined by the Department as an EMS planning area.

Regional EMS Council means an entity created pursuant to M.G.L. c. 111C, § 4 and designated by the Department to assist the Department in establishing, coordinating, maintaining and improving the EMS system in a region.

Regular Operating Area means any local jurisdiction or part thereof in which the ambulance service:

- (1) is the designated primary ambulance service;
- (2) has an agreement with the primary ambulance service;
- (3) has an agreement to provide backup service;
- (4) has a provider contract; or
- (5) has a base location.

Service means an EFR service or an ambulance service.

Service Zone means a geographic area defined by and comprised of one or more local jurisdictions, in which a local jurisdiction may select, and the Department shall designate, an EFR service and an ambulance service to provide EMS first response and primary ambulance response to the public within that defined geographic area, pursuant to M.G.L. c. 111C, § 10.

Service Zone Provider means an EMS provider, selected by a local jurisdiction and designated by the Department to provide primary ambulance service or EMS first response, or both, to the public within a service zone. A service zone provider shall be staffed and equipped to be available for primary ambulance service or EMS first response 24-hours-a-day, seven-days-a-week.

Special Population means any person or group of persons with unique medical, physical or social problems that require other than customary emergency medical care.

Statewide Treatment Protocols means the Emergency Medical Services Pre-hospital Treatment Protocols approved by the Department for application statewide.

Training Institution means a school or other entity that offers initial training and/or continuing education, and refers to such school or other organization only with regard to its provision of EMS training programs.

Training Program means an EMS instructional course, offered either as initial training, or continuing education.

Trip Record means a patient care report.

Transportation means the conveyence of a patient by ambulance because of medical necessity or extenuating circumstances to prevent significant aggravation or deterioration of the patient's condition, or because the condition of the patient is unknown and could reasonably be suspected to warrant the use of an ambulance, or because the patient could not be moved by any other means.

170.020: continued

Trauma means tissue injury due to the direct effects of externally applied mechanical, thermal, electrical, electromagnetic or nuclear energy, as further defined in the Statewide Treatment Protocols. Trauma shall not mean toxic ingestion, poisoning or foreign body ingestion.

Unique Population means the population of a state institution, an industrial plant or a university.

170.050: The State EMS Plan

(A) The Department shall develop and implement the state EMS plan, in consultation with the Regional EMS Councils. The state EMS plan shall be updated at least every three years. The state EMS plan shall:

- (1) identify goals and specific, measurable objectives for each component of the delivery of statewide EMS services, listed at 105 CMR 170.050(B);
- (2) identify methods to be used in achieving the stated objectives;
- (3) identify a method for evaluating achievement of the stated objectives;
- (4) include an estimate of costs for achieving each of the stated objectives, with projected funding sources.

(B) The components to be addressed in the state EMS plan include, but are not limited to, the following:

- (1) EMS resources, their costs and distribution throughout the state;
- (2) Accessible hospitals, including trauma centers and other health care facilities;
- (3) Inter-facility transport of patients to hospitals, or other programs or facilities for follow-up care and rehabilitation;
- (4) Training, continuing education and certification of EMS personnel, licensure of EMS services and needs of special populations, including children;
- (5) Communications systems for EMS, including but not limited to CMEDs;
- (6) Medical control and medical direction, including the Statewide Treatment Protocols;
- (7) Standardized patient data collection systems;
- (8) Evaluation and continuous quality improvement;
- (9) Research studies;
- (10) Mass casualty incidents, natural disasters, large scale events and declared states of emergency;
- (11) The status of local service zone planning, including a complete list of communities that are not yet covered by a Department-approved service zone plan. This list shall be included in the Department's annual report filed with the Legislature; and
- (12) Programs for public education and prevention of injury and illness.

(C) All regional EMS plans developed pursuant to 105 CMR 170.104 shall be consistent with the state EMS plan, and shall be updated as frequently as the state plan is updated.

170.101: Regional Boundaries

The Department recognizes five geographic regions, as they existed on March 30, 2000. In each of these regions, the Department shall designate for a three-year renewable term a single Regional EMS Council to assist in the development of regional emergency medical services systems. Any regional group seeking designation must apply for designation on forms provided by the Department and submit all documents required by the Department for evaluation pursuant to 105 CMR 170.103.

170.102: Process for Department Designation of Regional EMS Councils

(A) Designation of Regional EMS Councils shall be made by the Department after appropriate evaluation and investigation of applicants and after a review of documentary evidence which demonstrates that the applicant has met the criteria and conditions for designation as set forth in 105 CMR 170.103. In addition, the Department shall consult with the Massachusetts Emergency Medical Care Advisory Board.

(B) In the event that two applicants from the same region apply for designation, the Department shall designate the applicant who most completely fulfills the designation criteria.

170.103: Criteria and Conditions for Department Designation of Regional EMS Councils

Each applicant for designation as a Regional EMS Council shall be evaluated on the basis of all of the following criteria and conditions:

(A) Evidence of support for designation as a Regional EMS Council from a substantial number of municipal governments, hospitals, and ambulance services geographically distributed within the area covered by the proposed Regional EMS Council;

(B) A commitment to cooperate with the Department in its effort to carry out its authority and responsibility as defined in M.G.L. c. 111C;

(C) A commitment to adopt a regional EMS plan within one year of adoption of the state EMS plan, pursuant to 105 CMR 170.050.

(D) Regional Council Membership and Meetings.

(1) Each Council shall be established through a fair and open selection process. It shall be structured so as to reflect equitably the entire geographic region, as well as the interests of the component entities of the EMS system. The Council shall be made up of at least ten persons, but no more than 35 members. At minimum, the Council shall have the following representation:

- (a) one representing local governments;
- (b) one designated by a hospital;
- (c) one designated by a fire suppression service;
- (d) one designated by a primary ambulance service;
- (e) one designated by a law enforcement agency;
- (f) one of whom is a licensed practicing physician with regular and frequent involvement in the provision of emergency care;
- (g) one of whom is an emergency care nurse;
- (h) one of whom is an EMT;
- (i) one of whom is designated by an EMS first response service; and
- (j) one of whom is a consumer.

(2) Council membership shall reflect fairly and equitably representation from each geographic area throughout the region.

(3) Meetings shall be held with sufficient frequency to ensure execution of duties and functions and to ensure that adequate information is transmitted to and from the organizations, groups, professions, occupations, services, and/or disciplines and consumers represented by the respective Council members.

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(4) All meetings, whether held separately or in conjunction with the Regional EMS Council, at which the business of the Council or Councils is conducted, shall be held as required by, and in conformance with M.G.L. c. 30A, § 11A, the open meeting law.

(E) Bylaws: Each Regional EMS Council shall draft and maintain updated bylaws. Bylaws shall be submitted to the Department, as updated, for its review and evaluation, and shall at minimum address the following:

- (1) A selection process for Council members and officers;
- (2) Enumerated duties and responsibilities of Council members and officers, including requirements for fair and equitable representation of the entire region and all component entities of the EMS system therein served by the Regional EMS Council, and periodic and regular reports to the Council; and
- (3) A committee structure designed to facilitate duties and functions, and the achievement of the regional EMS plan.

(F) Regional EMS Councils, their members, officers and agents shall comply with M.G.L. c. 268A, the conflict of interest law, and conflict of interest provisions set out in their contracts with the Department.

170.104: Duties and Functions of Regional EMS Councils

Regional EMS Councils shall carry out the following duties and functions:

(A) Assist, support and cooperate with the Department in its efforts to carry out the provisions of M.G.L. c. 111C to coordinate, maintain and improve the EMS system;

(B) Assist the Department, upon the Department's request, in collecting and maintaining data and information as required by the Department, subject to and in compliance with the confidentiality requirements of the Department;

(C) Serve as the central administrative body to provide information, education and technical assistance on EMS system planning and coordination to local jurisdictions and EMS system providers and users in their region;

(D) Establish a liaison with other regional health care organizations or institutions such as local Boards of Health;

(E) Establish a liaison with other Regional EMS Councils, as necessary;

(F) Submit to the Department all EMS-related proposed policies, procedures and studies for review and approval prior to implementation. The Department shall act on the proposed policies, procedures and studies within 90 days of receipt;

(G) Assess and coordinate EMS within the region, by evaluating distribution, accessibility and quality of basic and advanced life support services with the goal of fostering improvement where necessary to assure the availability of competent basic and advanced life support services throughout the region.

(H) Develop, submit to the Department for its approval, and implement Department-approved point-of-entry plans that are in conformance with the Statewide Treatment Protocols and other relevant regulations, policies, interpretative guidelines and administrative requirements of the Department. Such point-of-entry plans shall reflect and include, as appropriate, Department designations of hospitals for specialty care services, pursuant to 105 CMR 130.000: *Hospital Licensure*.

170.104: continued

- (I) Assist the Department in assuring quality educational programs for EMS personnel by:
  - (1) Assessing the need for and availability of educational programs in their region;
  - (2) Evaluating the quality of educational programs;
  - (3) Serving as a central clearinghouse for available training equipment and supplies including equipment and supplies owned by the Department or purchased with funds obtained from the Department; and
  - (4) Reviewing training programs for EMS personnel for the purpose of making recommendations for approval to the Department.
  
- (J) Assist the Department in establishing, coordinating and maintaining communications systems that are compatible with established Department policies and plans;
  
- (K) Forward to the Department all information regarding possible violations of 105 CMR 170.000 for investigation and enforcement by the Department. The Department may, in its discretion, request that Regional EMS Councils, under the direction of the Department, assist in certain investigations and enforcement;
  
- (L) Develop a regional EMS plan that is consistent with the state EMS plan pursuant to 105 CMR 170.050, within one year of completion of the state EMS plan. Regional plans shall be amended as frequently as the state EMS plan is updated. The Regional EMS Council shall submit the plan to the Department for review and approval prior to its implementation. The plan shall contain at a minimum:
  - (1) A statement of goals and specific, measurable objectives for each component of the plan for delivery of emergency medical services, consistent with the format of the state EMS plan and its components;
  - (2) Methods to be used in achieving the stated objectives;
  - (3) A schedule for achievement of the stated objectives;
  - (4) A method for evaluating achievement of the stated objectives; and,
  - (5) Estimated and itemized costs for achieving each of the stated objectives, with projected funding sources.
  
- (M) Perform the following functions with respect to service zone planning in their regions:
  - (1) Develop an inventory of EMS resources in the region, and make the inventories available to local jurisdictions for service zone planning;
  - (2) Provide planning and technical assistance to local jurisdictions in their region in identifying, coordinating and making optimal use of all available EMS resources within the service zone;
  - (3) Pursuant to M.G.L. c. 111C, § 10(b), consult with the local jurisdiction(s) comprising each service zone in their region and review and recommend their local service zone plans to the Department, for the Department's review and approval;
  - (4) Develop a regional service zone plan, pursuant to 105 CMR 170.520, and submit it to the Department for approval; and
  - (5) Update and keep current information in local and regional service zone plans.
  
- (N) Appoint a Regional Medical Director who is a qualified emergency physician;
  
- (O) Prepare and submit annual reports to the Department for its review and evaluation, prior to the commencement of each fiscal year;
  
- (P) Prepare and maintain records relating to Regional EMS Councils' responsibilities pursuant to M.G.L. c. 111C, 105 CMR 170.000 and contracts with the Department, and make such records available to the Department in full for inspection upon request; and
  
- (Q) Carry out the duties and functions required by the scope of services in Regional EMS Council contracts with the Department.

170.105: Allocation of Department Funding to Regional EMS Councils

- (A) All five Regional EMS Councils shall be awarded on an equal basis a baseline annual appropriation to carry out their core duties and functions pursuant to 105 CMR 170.104 and their contracts with the Department.

170.105: continued

(B) The Department may allocate additional funds to selective Regional EMS Councils, on the basis of factors indicating their different resource requirements and volume of duties, including but not limited to the following:

- (1) number of cities and towns;
- (2) number of service zones;
- (3) number of health care facilities requiring designation; or
- (4) unmet communications needs.

170.106: Distribution and Use of Department Funds by Regional EMS Councils

(A) Regional EMS Councils may distribute and use Department funds, consistent with their contracts with the Department, for purposes defined in 105 CMR 170.000, including:

- (1) maintaining and operating the Regional EMS Councils;
- (2) maintaining and operating CMED centers; or
- (3) carrying out their duties and functions under 105 CMR 170.104 and contracts with the Department.

(B) Commencing in FY 2002, except as provided by the requirements set out in the Councils' contracts with the Department, Regional EMS Councils shall not distribute and use Department funds to provide training for EMS personnel, if such training:

- (1) conflicts with the Councils' duties and responsibilities under 105 CMR 170.104 or their contracts with the Department; or
- (2) is provided by any educational or other entity with which the Councils would directly compete in the marketplace.

(C) Effective December 31, 2006, any Department funds distributed to local jurisdictions by Regional EMS Councils, in accordance with 105 CMR 170.106, shall be distributed to only those local jurisdictions covered by a Department-approved service zone plan.

170.107: Grounds for Denial of Designation

(A) The Department may deny or refuse to issue designation in the following circumstances:

- (1) If the applicant fails to meet or conform to the designation criteria and conditions of 105 CMR 170.103; or
- (2) If a competing application for designation was already granted.

(B) An applicant denied designation may reapply when the designation criteria and conditions have been met, providing no other applicant has been designated in the interim.

(C) Denial of designation may be appealed in accordance with 105 CMR 170.760.

170.108: Grounds for Revocation or Refusal to Renew Designation

(A) The Department may revoke or refuse to renew the designation of a Regional EMS Council in the following circumstances:

- (1) Failure to maintain the standards required by the designation criteria and conditions of 105 CMR 170.103;
- (2) Failure to fulfill duties and functions as set forth in M.G.L. c. 111C, 105 CMR 170.000 and contracts with the Department;
- (3) Engaging in fraud or deceit to obtain or maintain designation, or in carrying out duties and functions under 105 CMR 170.000 and contracts with the Department;
- (4) Any action or omission that endangers the health or safety of the public;
- (5) Violation of a correction order; or
- (6) Failure to comply with a plan of correction.

(B) Revocation or refusal to renew designation may be appealed in accordance with 105 CMR 170.760.

170.200: Licensure of Ambulance and EFR Services

(A) No person shall establish, operate or maintain an ambulance or EFR service without a valid license or in violation of the terms of a valid license. All services shall be licensed as provided in 105 CMR 170.000. Any person who proposes to establish or operate a service shall apply for and obtain from the Department a license before initiating service.

(B) Ambulance services may be licensed at the BLS, ALS, or critical care service level, and EFR services may be licensed at the EMS first response, BLS or ALS level. Licensure as an ambulance service at a particular level of service includes licensure to provide ambulance or EFR service at the same or lower level of service.

(C) Ambulance and EFR service licenses shall identify and reflect the number of EMS vehicles to be operated, the classification of each certified EMS vehicle to be operated and maintained, and the level of service at each place of business. No service shall operate at a level of service above that for which it is licensed.

(D) To be eligible for licensure at the critical care services level, the applicant must document the following:

- (1) Current licensure from the Department as an ambulance service at the ALS-Paramedic level;
- (2) Current written affiliation agreement between a hospital and the applicant, meeting the requirements of 105 CMR 170.300, under which the hospital shall provide oversight of the delivery of critical care services and designate a medical director to have authority over the clinical and patient care aspects of critical care services; and
- (3) (a) As of December 1, 2006, current accreditation, in good standing, from the CAMTS, its successor(s), or an accreditation program the Department approves as substantially equivalent to CAMTS, or  
(b) Prior to December 1, 2006, current CAMTS accreditation or pending application for accreditation by CAMTS or an accreditation program the Department approves as substantially equivalent to CAMTS, provided, however, that the applicant must achieve such accreditation and notify the Department of such accreditation no later than December 1, 2006.

170.215: Service License and Vehicle Inspection Fee

A non-refundable fee established by the Department, pursuant to M.G.L. c. 111C, § 3(b)(21), shall be submitted (1) with the completed application for license form, and (2) upon acquisition of any additional vehicles during the licensure period. The fees are as follows:

(A) Service License.

- (1) Ambulance BLS: \$400.00 biennially
- (2) Ambulance ALS: \$600.00 annually
- (3) Ambulance Critical Care Services: \$750 annually
- (4) EFR service at EMS first response level only: \$100.00 biennially
- (5) EFR service BLS: \$150.00 biennially
- (6) EFR service ALS: \$200.00 annually

(B) Ambulance Vehicle and EFR Service Equipment Inspection.

- (1) Ambulance, BLS and ALS: \$200.00 per vehicle, for each inspection.
- (2) EFR service, ALS: \$50.00 for inspection of each EFR vehicle's EMS equipment and supplies.

170.220: Finding of Responsibility and Suitability for Service Licensure

(A) Upon receipt and review of a complete application or reapplication for ambulance or EFR service licensure, the Department shall make a finding concerning the responsibility and suitability of each applicant. Findings may be based upon information concerning persons with a significant financial or management interest in the service. Factors that have significant bearing in determining the responsibility and suitability of an applicant include, but are not limited to, the following:

170.220: continued

- (1) The applicant's history of prior compliance with 105 CMR 170.000, 105 CMR 171.000; applicable administrative requirements issued by the Department pursuant to 105 CMR 170.000 and M.G.L. c. 111C;
- (2) The familiarity and experience of the applicant in operating ambulance services, other emergency medical services or first response services, including compliance history in other states in which the applicant has operated a licensed ambulance service;
- (3) The applicant's ability to provide and sustain on an ongoing basis, sufficient quality and quantity of ambulance or EMS first response service in a service zone or portion thereof, in accordance with a service zone plan, or, prior to the existence of an approved service zone plan, in a geographic area;
- (4) Any willful or deliberate failure to provide ambulance or EMS first response service to a person for reasons of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability;
- (5) Any willful or deliberate failure to provide ambulance or EMS first response service to any patient experiencing an emergency;
- (6) The ability and willingness to take corrective action when notified by the Department of violations of 105 CMR 170.000 or 171.000: *Massachusetts First Responder Training*;
- (7) The ability of service administrators to operate the service in a manner sufficient to satisfy the requirements of 105 CMR 170.000 or 171.000: *Massachusetts First Responder Training* and administrative requirements of the Department issued thereunder;
- (8) Whether the applicant has a past history of patient abuse, mistreatment, or neglect;
- (9) Whether the financial resources of the applicant are deemed adequate to provide ambulance or EMS first response service sufficient to meet the requirements of 105 CMR 170.000 and the applicable service zone plan, as demonstrated by a current budget or a current annual financial statement;
- (10) Whether the applicant is of sufficient moral character to allow the Department, acting in good faith, to permit the applicant to render ambulance or EMS first response services. Presumptions of unsuitability will be made against:
  - (a) An applicant convicted of Medicare or Medicaid fraud.
  - (b) An applicant convicted of a crime relating to the operation of the service.
  - (c) An applicant convicted of drug abuse, rape, assault or other violent crimes against a person.
  - (d) An applicant who has been the subject of an order or judgment granting damages or equitable relief in an action brought by the Attorney General concerning the operation of the applicant's ambulance service, other emergency medical services or first response services.
- (11) The adequacy of the service's legal capacity to operate, as demonstrated by such documents as articles of incorporation and corporate by-laws;
- (12) Any attempt to impede the work of a duly authorized representative of the Department or the lawful enforcement of any provisions of M.G.L. c. 111C or 105 CMR 170.000; and
- (13) Any attempt to obtain a license or certificate of inspection by fraud, misrepresentation, or the submission of false information.

(B) If the Department is unable to make a finding of responsibility and suitability due to the existence of any of the factors listed in 105 CMR 170.220(A)(1) through (13), the applicant will then have the burden of persuasion to prove the applicant's responsibility or suitability.

170.225: Inspection

- (A) Ambulance Service Inspection. Agents of the Department may visit and inspect an ambulance service at any time, including:
- (1) The premises of the ambulance service, including the headquarters, garage or other locations;
  - (2) The storage space for linen, equipment and supplies at any premises of the ambulance service;
  - (3) All records of the ambulance service, including but not limited to, employee application forms, policies and procedures; dispatch reports, incident and accident reports, patient care reports; information relating to complaints registered with the service, and all other records, memoranda of agreement and affiliation agreements required by 105 CMR 170.000; and
  - (4) Any vehicle used by the service.

170.225: continued

(B) EFR Service Inspection. Agents of the Department may visit and inspect an EFR service at any time, including:

- (1) All records pertaining to the provision of EMS services including, but not limited to, employee records, policies and procedures for EMS personnel; dispatch and EMS response reports; incident and accident reports and patient care reports; memoranda of agreements and affiliation agreements required by 105 CMR 170.000; and information relating to complaints regarding provision of EMS by the service; and
- (2) The EMS-related equipment used by the service.

(C) If upon inspection deficiencies are found to exist a service may at the discretion of the Department be licensed upon presentation of a timely written acceptable plan of correction, as described in 105 CMR 170.710.

170.230: Processing of Service License Applications

(A) The Department shall issue a license to those applicants meeting the requirements of 105 CMR 170.000. The Department shall act on applications for original licensure within 60 days of receipt of the completed forms and fees.

(B) Applicants for license renewal must submit to the Department the completed forms and fees required by the Department at least 60 days prior to the expiration of their current license.

(C) If the complete renewal application is timely filed with the Department the license shall not expire until the Department makes a determination on the renewal application. If, however, an application is not submitted in a timely fashion in accordance with 105 CMR 170.230, then the service may not continue to operate after expiration of its license without written permission by the Department.

(D) A license shall not be renewed if there are any outstanding assessments issued pursuant to 105 CMR 170.730.

(E) A license at the BLS or ALS level shall remain in effect for a period of up to 24 months, at the discretion of the Department.

(F) A license to provide critical care services shall be coterminous with the period of CAMTS or Department-approved substantially equivalent accreditation on which it is based. If a service's accreditation, upon which critical care service licensure is issued, has not been maintained, lapses, or expires, the service's critical care license from the Department shall expire immediately, and the service shall not continue to provide critical care services.

(G) A service licensed to provide critical care services that loses its CAMTS or Department-approved substantially equivalent accreditation on which its licensure at this level is based, shall notify the Department immediately. A service that plans to change its status as accredited, or take action that will result in loss of its accreditation, by CAMTS or an accreditation program approved by the Department as substantially equivalent, shall notify the Department 60 days prior to the proposed effective date of such change.

170.235: Provisional Service License

(A) Pursuant to M.G.L. c. 111C, § 6(c), the Department may issue a provisional license to an applicant for renewal of a license when it does not meet the requirements of 105 CMR 170.000, provided that:

- (1) the applicant has demonstrated to the Department's satisfaction a good faith intention to meet all such requirements;
- (2) the Department finds the applicant provides adequate emergency medical care; and
- (3) the Department finds the applicant evidences a potential for full licensure within a reasonable period, not to exceed six months.

(B) The applicant shall submit, on a form required by the Department, a written plan for meeting the appropriate requirements and the plan must be approved by the Department.

170.235: continued

(C) A provisional license shall expire six months after issuance. The Department shall in no case issue more than two consecutive provisional licenses to the same service.

(D) An initial license application may be required by the Department at the conclusion of the provisional licensure period at the discretion of the Department or after issuance of two consecutive provisional licenses.

170.240: Modification of a Service License

(A) Pursuant to M.G.L. c. 111C, § 8(a), any service seeking to modify any term of its license shall obtain the approval of the Department prior to making any modification. A service shall request approval to modify on forms provided by the Department.

(B) Approval for a license modification shall be required for, but not limited to, the following:

- (1) When a new certificate of inspection for an EMS vehicle is issued or when a certificate of inspection is revoked by the Department or deleted by the service;
- (2) When a change is made in the level of service; or
- (3) When a service adds or deletes a place of business from which services are provided.

(C) The Department shall not grant approval for a license modification unless it finds that the modification requested is in the public interest. If the modification requested involves a substantial change in the nature and scope of services, the Department shall also find that such change serves a need for emergency medical care before approving the modification.

170.245: Transfer or Assignment of a Service License

Pursuant to M.G.L. c. 111C, § 8(b), no licensee shall transfer or assign in any manner, voluntarily or involuntarily, directly or indirectly, or by transfer of control of any company or of any asset or any equity interest in any entity, the license issued to the licensee or any rights thereunder, without first applying in writing to the Department for permission to transfer or assign the license. The Department shall grant or deny the request in writing within 60 days of the filing of the request. No transfer of a license shall be effective without written prior approval by the Department.

(A) In order to grant written permission to transfer or assign, the Department shall make the following findings:

- (1) That the transferee or assignee is responsible and suitable to maintain a service, pursuant to 105 CMR 170.220; and
- (2) That the transferee meets the applicable requirements for licensure, as provided in 105 CMR 170.000.

(B) Pursuant to M.G.L. c. 111C, § 8(b), if an application for transfer or assignment is denied, the Department shall issue a denial order. Such an order shall include a statement of the reasons for denial and provisions of the law relied upon, and shall be subject to judicial review through a petition for a writ of certiorari brought within 30 days under the provisions of M.G.L. c. 249, § 4.

(C) A transferee shall provide such information as requested by the Department to update the Department's records following transfer.

(D) The terms of the license shall not be altered, amended, or modified by a transfer of the license. Upon approval of the transfer, the new licensee may apply for a modification of the transferred license pursuant to 105 CMR 170.240.

(E) Upon the Department's approval of a transfer of the license, the licensee shall turn over to the transferee, prior to the effective date of the transfer, all records of the service subject to the inspection of the Department pursuant to 105 CMR 170.225.

170.247: Notification of Termination or Other Change of Service

(A) A service shall give written notice in accordance with 105 CMR 170.247(B) of the following types of changes with regard to its service delivery:

- (1) Termination of services;
- (2) Change in the level of service delivered to a service zone or local jurisdiction;
- (3) Temporary cessation of services; or
- (4) Sudden event that interferes with the level of service it can provide.

(B)(1) Notice of changes in 105 CMR 170.247(A) must be provided in writing to the following entities:

- (a) the Department;
  - (b) the appropriate Regional EMS Council; and
  - (c) the service zone in which it operates or in which it is a designated provider, and prior to the existence of service zones, the appropriate local jurisdiction(s).
- (2) Notice of changes in 105 CMR 170.247(A)(1) and (2) must be provided at least 90 days prior to the effective date of the change, or as soon as the service is aware of the need for the termination or change.
- (3) Notice of changes in 105 CMR 170.247(A)(3) and (4) must be provided as soon as the service is aware of the need for the change.
- (4) A notice of changes in service delivery shall be accompanied by a plan to prevent a disruption in EMS service, subject to the approval of the Department.

170.248: Notification of Provider Contract to Respond to Emergencies

All services shall provide written notification to the appropriate local jurisdiction(s) of all provider contracts they have for primary ambulance response within the service zone. Services shall provide notice to the local jurisdiction(s), at minimum, when an initial provider contract is established, a provider contract is terminated or renewed, or any changes are made to the provisions of a provider contract relating to emergency calls. For contracts to provide coverage at special events, including multi-jurisdictional special events, at venues with which the service does not have a prior existing provider contract for primary ambulance response on a regular basis, advance written notice shall be provided to all local jurisdictions implicated by the events.

170.249: Service Zone Agreements

(A) The local jurisdiction shall ensure that the designated primary ambulance service executes a service zone agreement with each ambulance service that notifies it, in accordance with 105 CMR 170.248, that the ambulance service has a provider contract for primary ambulance response in the service zone. The service zone agreement shall, at a minimum:

- (1) Coordinate and optimize the use of resources for primary ambulance response, and ensure an appropriate response to emergencies;
- (2) Reflect the service zone's performance standards for primary ambulance response that the ambulance service with a provider contract must meet; and
- (3) Define the process for notification of an EFR service, if any, of primary ambulance response calls received by the ambulance service with a provider contract. Such process shall comply with the provisions of 105 CMR 170.355(B)(1) and 105 CMR 170.510(I)(3)(f).

(B) Copies of the service zone agreements shall be included in the service zone plan.

(C) Specific provider contracts for one-time special events may not be known at the time the service zone plan is developed. Such contracts and performance standards applicable to them may be referenced generally in the plan, provided that the ambulance service with a provider agreement gives written notice of the contract to the local jurisdiction(s), prior to the event.

170.250: Display of Service License

Each service shall publicly display its license to operate in its headquarters, and shall publicly display a copy of its license in all of its other places of business.

170.255: Out-of-state Ambulance Services

(A) Ambulance services located in and licensed in another state are not required to be licensed in accordance with 105 CMR 170.000 if they are transporting patients from locations outside of Massachusetts to locations within Massachusetts.

(B) No ambulance service shall regularly operate in Massachusetts unless the ambulance service is licensed in accordance with the provisions set forth in 105 CMR 170.000. An out-of-state ambulance service shall be deemed to be regularly operating in Massachusetts if:

- (1) the service advertises in Massachusetts, or otherwise solicits business in Massachusetts;
  - (2) the service has a contractual agreement to provide ambulance service in Massachusetts;
- or
- (3) the service transports persons from locations within Massachusetts on a routine or frequent basis.

(C) Out-of-state ambulance services which provide only backup service to Massachusetts ambulance services are exempt from the requirements of 105 CMR 170.255(B). However, such a service must be in compliance with all applicable licensing laws and regulations in the state in which the backup ambulance service is based.

(D) If an out-of-state ambulance service regularly operates in Massachusetts, within the meaning of 105 CMR 170.255(B), that service shall either maintain a place of business within Massachusetts or make acceptable provisions for Department inspection of the service's vehicles and records. Such service shall meet all requirements imposed by M.G.L. c. 111C and 105 CMR 170.000, including being subject to enforcement and penalties for failure to comply, pursuant to 105 CMR 170.710 through 170.730, unless such requirements are waived by the Department.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

170.260: Grounds for Denial of a Service License

- (A) Grounds for license denial include, but are not limited to, the following:
- (1) Failure to submit a license application in accordance with the requirements of 105 CMR 170.000.
  - (2) Failure to satisfy the Department as to any of the grounds for determining the responsibility and suitability of the applicant under 105 CMR 170.220.
  - (3) Failure to meet the applicable requirements for licensure, as specified in 105 CMR 170.000.
  - (4) Failure to comply with 105 CMR 170.303 regarding registration in accordance with M.G.L. c. 94C.
  - (5) Fraud, deceit or knowing submission of inaccurate or incomplete data to the Department, either orally or in writing.
- (B) Denial of a service license may be appealed in accordance with 105 CMR 170.760.

170.265: Grounds for Revocation, Suspension, or Refusal to Renew a Service License

- (A) Grounds for license revocation, suspension, or refusal to renew a license include, but are not limited to, the following:
- (1) Violation of any applicable requirement prescribed under M.G.L. c. 111C;
  - (2) Violation of a correction order;
  - (3) Engaging in, or aiding, abetting, causing, or permitting any act prohibited under M.G.L. c. 111C;
  - (4) Failure to allow the Department to inspect the service or parts thereof;
  - (5) Use of EMS personnel who are not certified or not qualified to carry out the required level of patient care;
  - (6) Failure to comply with a plan of correction;
  - (7) Operation or maintenance of an EMS vehicle, EMS equipment or service in a manner that endangers the public health or safety;
  - (8) Failure to meet the licensure requirements of 105 CMR 170.000;
  - (9) Conviction of the licensee or a person with a significant financial or management interest in the service of Medicare or Medicaid fraud or other criminal offense related to the operation of the service;
  - (10) Conviction of the licensee or a person with a significant financial or management interest in the service of a criminal offense such as drug abuse, rape, assault, or other violent crime against a person, which indicates that continued operation of the service may endanger the public health or safety;
  - (11) Failure to comply with 105 CMR 170.303 regarding M.G.L. c. 94C registration;
  - (12) Failure to submit an acceptable plan of correction as required under 105 CMR 170.710;
  - (13) Failure to pay a deficiency assessment levied in accordance with 105 CMR 170.730;
  - (14) Failure to provide certification of compliance with all laws relating to taxes, or to provide a certificate of good standing from the Commissioner of Revenue, in accordance with M.G.L. c. 62C, § 49A;
  - (15) Any attempt to impede the work of a duly authorized representative of the Department or the lawful enforcement of any provisions of M.G.L. c. 111C or 105 CMR 170.000; or
  - (16) Any attempt to obtain or maintain a license or certificate of inspection by fraud, misrepresentation or the submission of false information.
- (B) Revocation, suspension, or refusal to renew a service license may be appealed in accordance with 105 CMR 170.760.

170.270: Effect of Suspension, Revocation or Refusal to Renew a Service License

Pursuant to M.G.L. c. 111C, § 16, suspension or revocation of a license or refusal to renew a license shall result in the simultaneous revocation of the certificate(s) of inspection or refusal to renew certificate(s) of inspection for the service's EMS vehicles.

170.275: Waiver

An applicant for a license, or a licensee under 105 CMR 170.000, may apply to the Department for a temporary waiver of those requirements with which the service is unable to comply. A temporary waiver may be renewed, in accordance with administrative requirements of the Department.

- (A) An applicant for a waiver shall submit the following in writing:
- (1) Evidence of a prior good faith effort to comply with each requirement for which a waiver is requested;
  - (2) A statement documenting why the service cannot comply with each requirement for which a waiver is requested, including any financial or other significant hardship resulting from efforts to comply;
  - (3) A statement documenting why non-compliance with each requirement will not cause the service to be unable to render adequate care;
  - (4) Reasons why compliance with each requirement is not possible for a given period of time; and
  - (5) A plan for compliance with each requirement within the period requested by the waiver.
- (B) The Department may grant a waiver of one or more requirements upon satisfactory documentation by the applicant for the waiver and a finding by the Department that the applicant:
- (1) Has made a good faith effort to comply with the requirements for which waiver is requested;
  - (2) Would suffer undue hardship if compliance were required;
  - (3) Has adopted alternative procedures or features that are functionally equivalent to the requirement to be waived; and
  - (4) Has instituted the alternative procedures or features, which adequately protect the health and safety of the patients served by the service and do not limit the service's ability to provide adequate services.
- (C) Pursuant to M.G.L. c. 111C, § 9, the Department may grant a licensee a temporary waiver of the EMT certification requirement set forth in 105 CMR 170.910 for an individual who has completed the Department-approved EMT training course requirements, or Department-approved equivalent training, in accordance with provisions set out in the Department's administrative requirements for temporary waivers. Application for such a waiver shall be submitted on a form provided by the Department and shall include:
- (1) a copy of the individual's current training card in basic life support cardiopulmonary resuscitation, as required in 105 CMR 170.810(C)(1); and
  - (2) a copy of the individual's valid motor vehicle operator's license.
- (D) The application for a waiver shall be granted or denied within 30 days of receipt of the completed application. The Commissioner or his/her designee shall evaluate the waiver request and consider whether or not it is in the public interest to grant the waiver. The decision of the Commissioner or his/her designee shall be final.
- (E) All waivers granted pursuant to 105 CMR 170.275 are subject to revocation by the Department if the licensee or applicant for a license fails to abide by the requirements of the waiver. A licensee or applicant for a license whose waiver is revoked by the Department may appeal that action, in accordance with 105 CMR 170.760.

170.285: Certification of Vehicles and Personnel

Each service shall:

- (A) Ensure that the EMS vehicle(s) it operates and maintains comply with all applicable standards for certification set forth in 105 CMR 170.000, applicable motor vehicle standards under M.G.L. c. 90 and other relevant laws and regulations;
- (B) Ensure that the EMS personnel who work for it comply with the applicable standards set forth in 105 CMR 170.000;
- (C) Ensure that EMS personnel carry on their person or in the EMS vehicle on which they are working, documentation (in electronic or print format) of their current certification level and current cardiopulmonary resuscitation training, and a valid motor vehicle operator's license; and
- (D) Verify its EMTs' credentials by examining all required documentation (in electronic or print format) of current status. In the case of an EFR service at the EMS first response level, it shall be responsible for current certification of its EFRs who are not EMTs, and for verifying these EFRs' current credentials by examining all required documentation of current status.

170.290: Places of Business

Each service's places of business shall meet the requirements of 105 CMR 170.000 applicable to its level of service.

170.295: Levels of Advanced Life Support

A service may provide only those advanced life support services that are consistent with the level of service for which the service is licensed. Licensure at any ALS level includes licensure for the provision of BLS-level services. The levels of licensure for ALS services are:

- (A) Advanced Level: services related to airway and circulatory maintenance pursuant to the Statewide Treatment Protocols and any other procedure which is consistent with Department-approved training for Advanced EMT.
- (B) Paramedic Level: services related to the treatment of cardiac or respiratory arrest, poisoning, drug overdose or other major trauma or illness pursuant to the Statewide Treatment Protocols and any other procedure which is consistent with Department-approved training for Paramedics.

170.300: Affiliation Agreements

(A) To be licensed to provide ALS services, each ambulance or EFR service must have a current written contract, called an affiliation agreement, with one or more hospitals licensed by the Department to provide medical control, in accordance with 105 CMR 170.300(D). This agreement shall contain a reasonable and effective plan for medical control and include the following features:

- (1) Treatment protocols and point-of-entry plans using regional guidelines that are in conformance with the Statewide Treatment Protocols, and other relevant regulations, policies and administrative requirements of the Department;
- (2) Designation of an affiliate hospital medical director, who shall have authority over the clinical and patient care aspects of the affiliated EMS service, including but not limited to the authorization to practice of its EMS personnel;
- (3) Provision of on-line medical direction in accordance with the Statewide Treatment Protocols 24 hours a day, seven days a week, by a hospital-based physician;
- (4) Operation of an effective quality assurance/quality improvement (QA/QI) program coordinated by the affiliate hospital medical director and with participation of on-line medical direction physician(s) and service medical director, if different from the affiliate hospital medical director, that includes, but is not limited to, regular review of patient care reports and other statistical data pertinent to the EMS service's operation, in accordance with the hospital's QA/QI standards and protocols;

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- (5) Operation of a program for skill maintenance and review for EMS personnel;
- (6) Ensuring EMS personnel have access to remediation, training and retraining, as necessary, under the oversight of the affiliate hospital medical director or his or her designee;
- (7) Regular consultation between medical and nursing staffs and EMS personnel providing ALS services, including but not limited to attendance at morbidity and mortality rounds and chart reviews;
- (8) A procedure by which a physician can maintain recorded direct verbal contact with the EMS personnel regarding a particular patient's condition and order, when appropriate, the administration of a medication or treatment for a patient, to which such physician or his or her designee shall sign the patient care report documenting the patient's care and transport by the EMS personnel;
- (9) Policies and procedures for obtaining medications, in accordance with the level of licensure of the EMS service, from the hospital's pharmacy;
- (10) A procedure by which the service shall notify its affiliate hospital medical director within 72 hours of Department action against any EMT's or EFR's certification (denial, suspension, revocation or refusal to renew certification), or other Department disciplinary action (letter of reprimand, letter of clinical deficiency, advisory letter) against any of its EMS personnel; and
- (11) If the service has more than one affiliation agreement, in accordance with 105 CMR 170.300(D), the identity of all hospitals with which the service has affiliation agreements and policies and procedures that set forth the duties and responsibilities of each affiliate hospital.

(B) Effective July 1, 2016, to be licensed to provide BLS services, each ambulance or EFR service must have a current written contract, called an affiliation agreement, with one hospital licensed by the Department to provide medical control; except that more than one ambulance or EFR service at the BLS level that each averages less than 200 calls per year may be covered by the same written contract for medical control. BLS affiliation agreements shall meet all the requirements of 105 CMR 170.300(A), in accordance with these services' licensure level.

(C) An affiliation agreement, shall be kept current, be reviewed and updated or renewed at intervals of no more than every two years.

(D) A service that has bases of operation in more than one EMS region shall maintain an affiliation agreement in each of the EMS regions in which it operates. A service that maintains more than one place of business within a single EMS region may maintain more than one affiliation agreement provided that the Department approves the additional agreement. No service that maintains a single place of business may enter into more than one affiliation agreement.

(E) On-line medical direction may be delegated by the affiliate hospital to physicians at another hospital licensed by the Department to provide medical control. If on-line medical direction is routinely delegated to physicians at another hospital, then such hospital may be a party to the affiliation agreement between the service and the affiliate hospital.

170.303: Registration with the Department's Drug Control Program

Each service that possesses controlled substances and instruments for administration of controlled substances, in accordance with its level of service and the Statewide Treatment Protocols, shall be registered with the Commissioner, in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*. For the purpose of applying for licensure, it shall be sufficient for the service to document that a complete application for registration was submitted to the Commissioner.

170.305: Staffing

(A) Each ambulance and EFR service shall at all times maintain an adequate number of EMS personnel to staff EMS vehicles to ensure compliance with the requirements of 105 CMR 170.385 and to carry out its responsibilities of service under the applicable service zone plan(s).

170.305: continued

(B) BLS Staffing. When a Class I, II or V ambulance transports a patient receiving care at the BLS level, the ambulance must be staffed with at least two EMTs, who are at a minimum certified at the EMT-basic level, as set forth in 105 CMR 170.810. When an EFR service licensed at the BLS level responds to a call, it shall be staffed with a minimum of one EMT certified at a minimum at the EMT-basic level.

(C) ALS Staffing.

(1) When a Class I, II or V ambulance transports a patient receiving care at the Advanced level of ALS, the ambulance must be staffed with a minimum of two EMTs, at least one of whom is certified at the EMT-advanced, or higher, level.

(2) When a Class I, II, or V ambulance transports a patient receiving care at the Paramedic level of ALS, the ambulance must be staffed with a minimum of two EMTs, at least one of whom is certified at the Paramedic level, provided that the conditions set forth in 105 CMR 170.305(C)(2)(a) through (f) are met. For ambulance transports of patients receiving care at the Paramedic level in which the conditions set forth in 105 CMR 170.305(C)(2)(a) through (f) are not met, the ambulance must be staffed with a minimum of two EMTs, both of whom are certified at the Paramedic level.

(a) The ambulance service's dispatching entity must implement emergency medical dispatch (EMD) in accordance with State 911 Department standards, or otherwise have policies in place, provided by the ambulance service as approved by its affiliate hospital medical director, for screening of calls requesting an ambulance for patient acuity, to ensure dispatch of appropriate EMS staff;

(b) The ambulance service must implement criteria, approved by its affiliate hospital medical director and in accordance with administrative requirements of the Department, for determining those EMS calls when two Paramedics would be required to provide appropriate care, based on the patient's medical condition and acuity;

(c) The ambulance service must implement a procedure to ensure a second Paramedic is immediately dispatched if the EMTs determine appropriate care of the patient's medical condition and needs requires a second Paramedic;

(d) The ambulance service must provide appropriate training, in accordance with administrative requirements of the Department, including orientation and mentoring to its EMTs who work in Paramedic/Basic or Paramedic/Advanced staffing configurations, so that each EMT understands his or her role, consistent with his or her certification level, in caring for patients receiving paramedic-level care;

(e) The ambulance service, in conjunction with its affiliate hospital medical director and in accordance with administrative requirements of the Department, must establish minimum experience levels and skill competencies for each of its Paramedics/Advanced and EMT-basics working in Paramedic/Basic or Paramedic/Advanced staffing configurations, as assessed by the affiliate hospital medical director, which shall include having had previous experience caring for emergency patients while working at their current levels of EMT certification on an ambulance;

(f) The ambulance service must ensure that all paramedic-level responses staffed by EMTs who work in Paramedic/Basic and Paramedic/Advanced staffing configurations are reviewed through the quality assurance/quality improvement (QA/QI) program under the service's affiliation agreement, pursuant to 105 CMR 170.300(A)(4).

(3) When a Class IV ambulance transports a patient being provided advanced life support services, the ambulance must be staffed with at least two EMTs and one pilot. One EMT must be a registered nurse certified, at a minimum, as an EMT-basic. The second EMT shall, at a minimum, be a certified Paramedic. Both EMTs shall have additional training in the emergency care services to be used on the aircraft. However, in cases in which there exist special patient needs, such as during an inter-hospital intensive care transport, another registered nurse, a physician's assistant or a physician may be substituted in place of the Paramedic.

(4) When an ALS-level EFR service responds to a call, it shall send a minimum of one EMT certified at the Advanced or Paramedic level, in accordance with its level of ALS licensure. Minimum staffing during transport shall be ensured pursuant to 105 CMR 170.307.

170.305: continued

(D) Critical Care Service Staffing. Each critical care service transport must be staffed with the following personnel:

- (1) An appropriately licensed driver or pilot, meeting CAMTS or Department-approved substantially equivalent accreditation requirements; and,
- (2) A medical crew, consisting of at least two persons, as follows:
  - (a) One of whom at a minimum is licensed in Massachusetts as a registered nurse, and certified as an EMT-Basic, and meets CAMTS or Department-approved substantially equivalent accreditation requirements for personnel credentials; and
  - (b) One of whom is licensed in Massachusetts as a physician, or, at a minimum, is certified as a Paramedic and meets CAMTS or Department-approved substantially equivalent accreditation requirements for personnel credentials.

(E)(1) Persons providing advanced life support services may employ only those techniques for which they have been certified under 105 CMR 170.000, unless such persons qualify as additional personnel in accordance with 105 CMR 170.310.

- (2) If ALS care is initiated by an EMT associated with an ambulance service or an ALS-level EFR service, an EMT certified at least at the same level as the EMT who initiated care must attend the patient on the ambulance with appropriate equipment and continue ALS-level care until transport is concluded.
- (3) The EMT functioning at the highest level of training and certification for their service must attend a patient requiring ALS service at the scene and during transport.
- (4) EMTs staffing a critical care service transport shall use those techniques, medications and patient care procedures that comply with their critical care service's clinical practice protocols and standing orders that meet the requirements of CAMTS or an accreditation program the Department approves as substantially equivalent to CAMTS.

#### 170.307: Memorandum of Agreement for ALS-level EFR Services

- (A) An ALS-level EFR service must maintain a current memorandum of agreement with either:
- (1) the primary ambulance service designated in its service zone, provided that it is at the same level of ALS licensure or higher; or
  - (2) another transporting ALS ambulance service at the same or higher level of ALS licensure, provided that the agreement is coordinated through the primary ambulance service.
- (B) The memorandum of agreement shall establish protocols for:
- (1) medical control and medical direction that include, at a minimum, confirmation of the ALS-level EFR service's current affiliation agreement that complies with 105 CMR 170.300;
  - (2) interaction of EMS personnel;
  - (3) direct communication between the EFR vehicle and the transporting ambulance and its dispatch center; and
  - (4) assuring continuity of ALS care, begun at the scene, throughout transport.

#### 170.310: Requirements for Additional Personnel on Ambulances

Additional personnel, beyond the minimum staffing requirements for ambulances under 105 CMR 170.305, may function on an ambulance according to the provisions listed in 105 CMR 170.310(A) and (B).

(A) Such personnel must be currently certified in Basic Life Support cardiopulmonary resuscitation through completion of a course provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR), or successor body. Their function may include the operation of a Class I, II or V ambulance if permitted by the written policies and procedures of the ambulance service; provided, however, that additional personnel may operate the vehicle only if the supervising EMT on the ambulance makes a determination that the care of the patient will be significantly improved by having both EMTs remain with the patient during transport;

(B) A registered nurse, physician or other health care professional may render care to a patient during the transport of a patient(s) by an ambulance from a hospital or other transferring facility when designated to do so by the transferring facility.

170.315: Insurance

(A) No original or renewal license shall be issued, except in the case of services owned or operated by an agency or political subdivision of the Commonwealth, to an applicant for an original or renewal license, which operates its EMS vehicles in direct connection with a place of business in Massachusetts, unless the applicant has satisfied the insurance requirements necessary to register each of its Class I, II, and V ambulances and its applicable EFR vehicles as a motor vehicle with the Massachusetts Registrar of Motor Vehicles, pursuant to M.G.L. c. 90, § 3 and §§ 34A through 34O, and in addition, has satisfied the minimum limits set out in 105 CMR 170.315(B).

(B) Each service shall carry the following insurance coverage for each of its EMS vehicles:

- (1) A minimum of \$100,000 on account of injury to or death of any one person;
- (2) Subject to the limit as respects injury to or death of one person, a minimum of \$500,000 on account of any one accident resulting in injury to or death of more than one person; and
- (3) A minimum of \$25,000 because of injury to or destruction of property of others in any one accident.

(C) Each service shall file with the Department proof of contracts of insurance. The proof of contracts of insurance shall disclose that at least the minimum levels of insurance coverage set out in 105 CMR 170.315(B) are carried by the service for each of its EMS vehicles.

170.320: Public Access

(A) Every ambulance service shall have a telephone with a publicly listed number to accept calls from the public within its regular operating area.

(B) Every ambulance service licensed to operate a Class I, IV, and Class II ambulances used as backup for a Class I shall have a telephone number that is publicly listed. The service shall provide that the telephone will be answered on a 24-hour-a-day basis either by the service or its first backup as required in 105 CMR 170.385. The service must have telephone capability for receiving two phone calls simultaneously.

(C) Exception: An ambulance service that, according to its written policy, does not respond to calls from the general public but responds only to calls from a unique population is exempt from the requirements of 105 CMR 170.320(A) and (B). However, the ambulance service shall have a telephone number made known to the unique population it serves and the telephone must be answered either by the service or its first backup as required in 105 CMR 170.385 during the period when that population might require service.

170.323: Diversion Status System Access

Effective November 1, 2001, all ambulance services shall have the ability to access the Department's web-based diversion status system either directly or indirectly through the service's dispatch center, or communication with a CMED, other dispatch center or through any entity connected to the diversion status system.

170.325: Advertising

(A) No person shall advertise by any means, including but not limited to, signs or symbols on the vehicle, that he or she operates or maintains a service, unless the service is licensed and its EMS personnel and EMS vehicles are certified as required in 105 CMR 170.000.

(B) No person shall engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS vehicles are certified and for which it is placed in service.

(C) Prior to transfer of ownership of an EMS vehicle, a licensed service, if it knows that the vehicle will be removed from service and will no longer be certified, shall ensure that all vehicle markings and emblems required by 105 CMR 170.000 are removed.

170.330: Written Policies and Procedures for Services

(A) Each ambulance service shall have written policies and procedures consistent with 105 CMR 170.000, the accepted standards of care for EMTs and applicable laws. These policies shall set out guidelines for operating and maintaining the service and ambulances, and shall be provided to EMTs. These policies shall be comprehensive, reflect current day-to-day operations, and address at minimum the following:

- (1) Certification and recertification of EMTs;
- (2) Orientation of all ambulance service employees;
- (3) Responsibility to dispatch, treat and transport in accordance with 105 CMR 170.355;
- (4) Duties of transportation and policies relating to delivery of patients to appropriate health care facilities in accordance with 105 CMR 170.020;
- (5) Non-discrimination;
- (6) Backup services, including provisions for when such services are to be used and timely dispatch in accordance with standards set out in the applicable Department-approved service zone plan, to backup services when needed;
- (7) Arrangements for securing additional EMS personnel at appropriate certification levels, in order to staff ambulances in accordance with 105 CMR 170.305;
- (8) Dispatch;
- (9) Communications;
- (10) Stocking of supplies;
- (11) Use of lights and warning signals;
- (12) Staffing of ambulances;
- (13) Conduct of personnel;
- (14) Mechanical failures;
- (15) Inspection authorities;
- (16) Infection control procedures, including designated infection control officer;
- (17) Compliance with the Statewide Treatment Protocols;
- (18) Training and skill competency assurance of EMS personnel for new or updated equipment; changes and updates to 105 CMR 170.000, the Statewide Treatment Protocols; administrative requirements, advisories and memoranda issued by the Department; and as otherwise required by any provision of 105 CMR 170.000 or the Statewide Treatment Protocols;
- (19) Rights of parents of patients who are minors, including the right to accompany the patient in the ambulance in accordance with M.G.L. c. 111C, § 17;
- (20) Mandated reporting; and
- (21) EMT use of patient restraints.

(B) Each EFR service shall have written policies and procedures consistent with 105 CMR 170.000 and 171.000: *Massachusetts First Responder Training*, the accepted standards of care for EMTs and EFRs and applicable laws. The policies shall establish guidelines for operating and maintaining the EFR service and shall be made available to all EMTs and EFRs working for or with the service. These policies shall address the following:

- (1) Certification and recertification of EMTs;
- (2) Orientation of all EMTs and EFRs;
- (3) Service's responsibility for its EFRs meeting certification and recertification requirements;
- (4) Transfer of patient care and patient care information from the EFR service to the transporting ambulance service;
- (5) Dispatch;
- (6) Communications;
- (7) Stocking of supplies;
- (8) Conduct of EMS personnel;
- (9) EMS inspection authorities;
- (10) Infection control procedures;
- (11) EMT compliance with the Statewide Treatment Protocols;
- (12) Maintenance of biomedical equipment and devices according to manufacturers' recommendations; and
- (13) Use of visible and audible warning signals.

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(C) Until it enters into an affiliation agreement in accordance with 105 CMR 170.300 by no later than July 1, 2016, each BLS ambulance or EFR service that does not already have an affiliation agreement pursuant to 105 CMR 170.300 and that has its EMS personnel administer medications authorized by and in accordance with the Statewide Treatment Protocols shall maintain a current memorandum of agreement with a hospital or hospital consortium. The memorandum of agreement shall address acquisition and replacement of each of the medications used by service EMS personnel, quality assurance, treatment protocols, training, record keeping, shelf life of the medication and proper storage, security and disposal conditions.

(D) Each ALS service must maintain comprehensive ALS operating procedures and policies, in addition to those required of all services, pursuant to 105 CMR 170.330(A) and (B). ALS operating procedures and policies must include at a minimum the following:

- (1) arrangements for securing additional appropriately trained personnel to assist EMTs providing ALS services in accordance with 105 CMR 170.305(C);
- (2) the hours during which ALS service will be provided, if the service is not yet operating 24 hours a day, seven days a week, in accordance with 105 CMR 170.385(C); and
- (3) the acquisition, security and disposal of controlled substances and other drugs, in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*.

(E) In addition to the policies and procedures required of ALS-level services, under 105 CMR 170.330(D), each service licensed at the critical care services level must maintain comprehensive critical care services policies, procedures, protocols and standing orders for patient care, as required by CAMTS or an accreditation program the Department approves as substantially equivalent to CAMTS. All clinical policies, procedures, protocols and standing orders must be:

- (1) Developed in conjunction with, and approved by, the affiliate hospital medical director providing oversight for the critical care services provided by the service;
- (2) Reviewed and updated as appropriate, with at minimum an annual review and approval of the affiliate hospital medical director, and
- (3) Submitted to the Department on an annual basis.

(F) Standards for the contents of the procedures and policies are established separately by the Department as administrative requirements.

170.333: Duty to Operate in Accordance with Laws, Regulations, Protocols and Other Requirements

Each service shall operate, and shall ensure that its agents operate, in accordance with M.G.L. c. 111C, 105 CMR 170.000, all other applicable laws and regulations, the Statewide Treatment Protocols, where relevant, administrative requirements of the Department, and the service's established policies and procedures that are consistent with 105 CMR 170.000.

170.335: Non-discrimination

In accordance with requirements of federal and state anti-discrimination statutes, no person shall discriminate on the grounds of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability in any aspect of the provision of ambulance or EMS first response service or in employment practices.

170.340: Appointment of Designated Infection Control Officer

Each service shall ensure that its EMS personnel are informed of the requirements relating to the reporting of exposures to the infectious diseases set forth in 105 CMR 172.000: *Implementation of Massachusetts General Laws C. 111, § 111C, Regulating the Reporting of Infectious Diseases Dangerous to the Public Health*, and shall appoint one official of the service to act as a designated infection control officer to:

- (A) Receive notifications and responses from health care facilities regarding exposures to infectious diseases dangerous to the public health, as defined in 105 CMR 172.001: *Definitions*;
- (B) Report said exposures to EMS personnel; and
- (C) Make requests on behalf of EMS personnel.

170.345: Records

Each service shall prepare and maintain records that are subject to, and shall be available for, inspection by the Department at any time upon request. Records shall be stored in such a manner as to ensure reasonable safety from water and fire damage and from unauthorized use, for a period of not less than seven years. Services shall also store and maintain the records of any service(s) they acquire, in the same manner.

(A) Records for services shall include at a minimum, as applicable, the following:

- (1) EMS personnel and employment files and records;
- (2) documentation of EMS personnel's current CPR training, EMT or EFR certification and valid motor vehicle operator's license, including when and by whom verification required by 105 CMR 170.285 was completed;
- (3) For services licensed at the critical care service level, documentation of compliance with all CAMTS or Department-approved substantially equivalent accreditation standards, including, but not limited to, continuous quality improvement (CQI); training and orientation of critical care transport personnel; continuing clinical education, skills maintenance and requirements for ongoing demonstration of clinical competency of its critical care medical crews.
- (4) preventive maintenance and repair records for ambulances and biomedical equipment and devices;
- (5) current vehicle registrations;
- (6) current Federal Aviation Administration (FAA) certifications and licenses for Class IV ambulances and pilots; and
- (7) Federal Communications Commission (FCC) licenses.

(B) Patient Care Report Preparation and Contents. Each service shall maintain dispatch records, in either computer-aided (CAD) or handwritten form, and patient care reports, for every EMS call including, but not limited to, cases in which no treatment is provided, the patient refuses treatment or there is no transport. Each patient care report shall be accurate, prepared contemporaneously with or as soon as practicable after, the EMS call that it documents, and shall, at a minimum, include the data elements pertaining to the call as specified in administrative requirements of the Department. All EMS personnel on the ambulance transporting the patient are responsible for the accuracy of the contents of the patient care report, in accordance with their level of certification. In addition, an ambulance service that does not transport must include in the patient care report the reasons for not transporting, including, if applicable, the signed informed refusal form from the patient(s). All baseline printouts from equipment used in the care of the patient, and those parts of printouts that correspond to clinical interventions or clinically relevant changes in the patient's condition, shall be available as part of the patient care report

(C) Patient Care Reports and Unprotected Exposure Form Submission.

- (1) EMS personnel at the scene who are not transporting the patient shall keep the original patient care reports, and ensure that a copy of such patient care report is timely delivered to the health care facility to which the patient is transported, in accordance with service zone plan procedures. The receiving health care facility shall keep such patient care reports with the patient's medical record.
- (2) The EMTs on each transporting ambulance shall leave a copy of the patient care reports at the receiving health care facility with the patient at the time of transport. The receiving health care facility shall keep such patient care reports with the patient's medical record.
- (3) EMS personnel at the scene who are not transporting the patient shall ensure that an unprotected exposure form, as defined in 105 CMR 172.001: *Definitions*, when appropriate, is timely delivered to the receiving health care facility, in accordance with service zone plan procedures. The EMTs on each transporting ambulance shall also submit an unprotected exposure form, as appropriate, to the receiving health care facility.

(D) Personal and medical information, whether oral or written, obtained by EMS personnel or services in the course of carrying out EMS shall be maintained confidentially. Such information contained in communications and records maintained by services pursuant to 105 CMR 170.345 shall be released as required in 105 CMR 170.345(C), and additionally only as follows:

- (1) To the patient or the patient's attorney or legally authorized representative upon written authorization from the patient or the patient's legally authorized representative;

## 170.345: continued

- (2) To the Department in connection with a complaint investigation pursuant to 105 CMR 170.795;
- (3) Upon proper order in connection with a pending judicial or administrative proceeding, and as otherwise required by law; or,
- (4) Pursuant to the requirements of M.G.L. c. 111C, § 3(15).
- (5) Exceptions: No provision of 105 CMR 170.345(D) shall be construed to:
  - (a) Prevent any third-party reimbursor from inspecting and copying, in the ordinary course of determining eligibility for or entitlement to benefits, records relating to treatment, transport or other services provided to any person, including a minor or incompetent, for which coverage, benefit or reimbursement is claimed, so long as the policy or certificate under which the claim is made provides that such access to such records is permitted, or
  - (b) Prevent access to any such records in connection with any peer review procedures applied and implemented in good faith.

170.347: Data Reports to the Department

Each ambulance service shall comply with all requirements established by the Department for submission of data to the Department, including but not limited to data pertaining to prehospital care and transport of trauma patients to appropriate health care facilities. Data submission requirements shall be specified in administrative requirements of the Department. Such administrative requirements and amendments thereto shall be circulated to all ambulance services for review and comment at least 60 days prior to adoption.

170.350: Accident Reports and Serious Incident Reporting Requirements

- (A) Each licensed service shall file a written report with the Department within five days of the following incidents involving its service, personnel or property:
  - (1) fire affecting an EMS vehicle or service place of business;
  - (2) theft of an EMS vehicle;
  - (3) a motor vehicle crash involving an EMS vehicle reportable under M.G.L. c. 90, § 26 relating to the mandatory reporting of any crash involving a motor vehicle resulting in personal injury, death, or property damage. For the purpose of 105 CMR 170.350(A)(3), the written report shall be a copy of the approved Registry of Motor Vehicles' "Operator's Report of Motor Vehicle Accident," or in the case of a Class IV ambulance, a copy of the approved report form submitted to the FAA.
- (B)(1) Each licensed service shall file a written report with the Department within seven business days of other serious incidents involving its service, personnel or property. Serious incidents are incidents that result in injury to a patient not ordinarily expected as a result of the patient's condition. An injury is harm that results in exacerbation, complication or other deterioration of a patient's condition. Such reportable incidents include, but are not limited to, the following:
  - (a) Medication errors resulting in injury;
  - (b) Failure to provide treatment in accordance with the Statewide Treatment Protocols resulting in injury;
  - (c) Medical or communications device failure, or other equipment failure or user error resulting in injury or delay in response or treatment;
  - (d) Undue delay in response or treatment for any reason, resulting in injury.
- (2) Within 30 calendar days of filing a serious incident report, the service shall file with the Department the following:
  - (a) an investigation report of the incident, including the service's findings about the causes of the incident; and
  - (b) a plan of correction and preventability, reflecting participation of, and review by, the affiliate hospital medical director, addressing the corrective measures the service took upon discovery and investigation of the incident, both with respect to the specific personnel and equipment involved in the incident, as well as to policies, procedures, training, orientation, and other such changes to prevent such incident from recurring in the future, if the incident is preventable.

170.355: Responsibility to Dispatch, Treat and Transport

(A) No service, or agent thereof, including but not limited to its EMS personnel, shall refuse in the case of an emergency to dispatch an available EMS vehicle and to provide emergency response, assessment and treatment, within the service's regular operating area, in accordance with the Statewide Treatment Protocols, at the scene or during transport, or to transport a patient to an appropriate health care facility in accordance with the applicable service zone plan.

(B) Primary Ambulance Response.

(1) Upon receipt of a call to respond to an emergency, the service zone's primary ambulance service, or a service operating pursuant to a service zone agreement, and the closest appropriate designated EFR service(s), if any, shall be immediately notified and dispatched in accordance with the applicable service zone plan and 105 CMR 170.510(I)(3)(f).

(2) When the primary ambulance service receives a call, it shall ensure that the closest ambulance is immediately dispatched, in accordance with the service zone plan. If the primary ambulance service dispatcher believes at the time the call is received that an ambulance is not available for immediate dispatch, or believes that another ambulance service has the capacity to reach the scene in a significantly shorter period of time, the dispatcher shall immediately contact the ambulance service with the closest ambulance, in accordance with the service zone plan.

(3) When an ambulance service with a provider contract providing primary ambulance response pursuant to a service zone agreement receives a call for primary ambulance response, if it believes at the time the call is received that it cannot meet the service zone standards for primary ambulance response, the ambulance service must immediately refer the call to the primary ambulance service, unless otherwise provided in the service zone plan.

(4) When an ambulance service other than the primary ambulance service receives a call to provide primary ambulance response that is not pursuant to a provider contract and a service zone agreement, it must immediately refer the call to the primary ambulance service.

(C) Prior to the approval of a service zone plan, and until no later than December 31, 2006:

(1) No service, or agent thereof, including but not limited to its EMS personnel, shall refuse in the case of an emergency to dispatch an available ambulance and to provide emergency response, assessment and treatment, within the service's regular operating area, in accordance with the Statewide Treatment Protocols, at the scene or during transport, or to transport a patient to an appropriate health care facility.

(2) Upon receipt of a call to respond to an emergency, the ambulance service shall immediately dispatch a Class I ambulance.

(3) If the ambulance service dispatcher believes at the time a call is received that a Class I ambulance is not available for immediate dispatch, the dispatcher shall immediately contact the ambulance service's backup service pursuant to 105 CMR 170.385. If the ambulance service dispatcher believes that another ambulance service has an ambulance that can reach the scene in a significantly shorter period of time, the dispatcher shall immediately notify:

- (a) The other ambulance service, which shall immediately dispatch an ambulance, and
- (b) Police or fire in the town in which the emergency has occurred.

(D) No later than December 31, 2006, or as soon as there is a Department-approved service zone plan, no ambulance service shall provide primary ambulance response in a service zone, unless:

- (1) It is the designated primary ambulance service; or
- (2) It is acting pursuant to a service zone agreement, in accordance with a Department-approved service zone plan and 105 CMR 170.249.

(E) Each service whose regular operating area includes all or part of the service zone in which a mass casualty incident occurs must immediately dispatch available EMS resources upon request by the primary ambulance service.

170.357: Point-of-entry Plans

Each ambulance service shall ensure that its EMTs deliver patients in accordance with regional point-of-entry plans approved by the Department. No ambulance service shall develop a point-of-entry plan independent of a Department-approved regional point-of-entry plan.

170.360: Responsibility to Provide Appropriate Personnel During Transfer

(A) No ambulance service or agent thereof shall transport a patient between health care facilities who is receiving medical treatment that is beyond the training and certification capabilities of the EMTs staffing the ambulance unless an additional health care professional with that capability accompanies the patient. For this purpose, medical treatment received by a patient includes, but is not limited to, intravenous therapy, medications, respirators, cardiac monitoring, advanced airway support, or other treatment or instrumentation.

(B) Exception: 105 CMR 170.360(A) shall not apply in the case of transport between buildings on the grounds of a health care facility.

170.365: Transport of a Deceased Person

An ambulance shall not be used to transport a dead body except in special circumstances where it is in the interest of public health and/or safety to do so. Each ambulance service shall develop policies in accordance with 105 CMR 170.000 and in accordance with accepted standards of medical practice.

170.370: Transport of a Person in a Wheelchair

Disabled persons in wheelchairs shall not be transported in an ambulance unless required by medical necessity. In each such instance the disabled person must be transferred to an ambulance cot and the patient care report shall contain the nature of the person's illness or injury requiring transport by ambulance.

170.373: EMT Use of Patient Restraints

(A) EMTs may restrain a patient who presents an immediate or serious threat of bodily harm to himself or others, in accordance with administrative requirements or protocols of the Department.

(B) Documentation. EMTs shall thoroughly document all uses of restraints on their patient care report, and at a minimum include the following: reason for restraint use, time of application, types of restraints used, patient position, number of EMS personnel and first responders used to restrain the patient, and issues encountered during transport.

170.375: Dispatch Communications

Each service shall provide two-way radio communications between each of its EMS vehicles and a dispatcher.

170.380: Medical Communications

(A) Each ambulance service licensed to operate Class I, IV, and/or V ambulances and Class II ambulances, if they are used as backup for Class I ambulances, shall, at a minimum, provide for the relay of medical information through a dispatcher to appropriate health care facilities to which the ambulance service routinely transports patients.

(B) Each BLS ambulance service licensed to operate a Class I ambulance shall provide its Class I ambulances with equipment for direct two-way radio contact between its Class I ambulances and those appropriate health care facilities similarly equipped to which the ambulance routinely transports patients.

(C) Each service licensed at the ALS level must have adequate portable two-way radio communications equipment to utilize the system of medical direction, including a portable radio that can be transported to the scene of the emergency.

(D) All BLS and ALS services' communications and communications equipment must comply with the standards and requirements of the Massachusetts Emergency Medical Services Communications Plan.

170.385: Service Availability and Backup

(A)(1) Each EFR service at the EMS first response and BLS levels shall ensure that the level of service for which it is licensed is available to the public within the service's regular operating area 24 hours a day, seven days a week, by providing the service's own personnel and EMS vehicles, or by written agreement(s) with other service(s).

(2) Each ambulance service licensed to operate and maintain Class I or IV ambulances shall ensure that BLS emergency ambulance service is available to the public within the service's regular operating area 24 hours a day, seven days a week, by providing the service's own personnel and EMS vehicles, or by written agreement(s) with other service(s).

(3) Adequate backup for ambulance services shall consist of, at a minimum, both first and second backup as defined in 105 CMR 170.385(A)(3)(a) and (b), and shall meet any additional requirements of the applicable service zone plan. First and second backup vehicles shall be at least two separate ambulances.

(a) First Backup.

1. First backup for a Class I ambulance shall be either a Class I or II ambulance;

2. First backup for a Class IV air ambulance shall be another Class IV air ambulance, a Class I ambulance, or a Class II ambulance.

(b) Second Backup.

1. Second backup for a Class I ambulance shall be either a Class I, II, or V ambulance.

2. Second backup for a Class IV air ambulance shall be either a Class IV, a Class I ambulance, a Class II ambulance, or a Class V ambulance.

(B) Exception: An ambulance service that responds only to calls from a unique population is exempt from the requirements of 105 CMR 170.385(A). However, the ambulance service shall provide service either with its own personnel and ambulance(s) or by written arrangements for adequate backup during the hours when the unique population it serves might require service.

## 170.385: continued

- (C)(1) Each service licensed to provide advanced life support service shall ensure that ALS service is available to the public within the service's regular operating area, in accordance with the applicable service zone plan, 24 hours a day, seven days a week, by providing the service's own personnel and EMS vehicles, or by written agreement(s) with other service(s).
- (2) Adequate ALS backup for ambulance services shall consist of the following minimum requirements, and shall meet any additional requirements of the applicable service zone plan.
- (a) For a Class I ambulance, a Class I or II ambulance, operated by an ALS licensed ambulance service staffed and equipped to provide ALS at a level of service equal to or greater than the ALS service being backed up;
  - (b) For a Class IV ambulance, another Class IV ambulance, a Class I ambulance or a Class II ambulance operated by an ALS licensed ambulance service staffed and equipped to provide ALS at a level of service equal to or greater than the ALS service being backed up.
- (3)(a) Each service applying for an initial ALS license shall have three years from the date the ALS license is first issued, and each service already licensed at the ALS level as of February 28, 2001, shall have three years from that date, within which to meet the standards of ALS service delivery in 105 CMR 170.385(C)(1).
- (b) Each ALS-Intermediate service applying for an upgrade in license to the ALS-Paramedic level shall have three years from the date the ALS-Paramedic license is issued within which to meet the standards of 105 CMR 170.385(C)(1) as it applies to ALS-Paramedic service.
- (c) In the interim period, each service included in 105 CMR 170.385(2)(a) or (b) shall ensure that ALS service at the level of licensure for which it is applying is available to the public within its regular operating area at a minimum eight hours a day, seven days a week.
- (4) Exceptions:
- (a) An ambulance service that responds only to calls from a unique population is exempt from the requirements of 105 CMR 170.385(C)(1) and (2). However, the ambulance service shall provide service either with its own personnel and ambulance(s) or by written arrangements for adequate backup during the hours when the unique population it serves might require service.
  - (b) If no ALS ambulance service exists in an adjacent city or town, the ambulance service is exempt from the ALS backup requirements of 105 CMR 170.385(C)(1) and (2).

170.390: EMS Vehicle Readiness

Each service shall ensure that each of its EMS vehicles that are in current operation and needed to comply with the applicable service zone plan, are ready to respond to a call at any time. Each service shall ensure the following:

- (A) Each EMS vehicle in current operation and needed to comply with the applicable service zone plan is housed in a secured, temperature-controlled garage owned or operated by the service, whenever the vehicle's expected time between calls would compromise vehicle performance and readiness or when its EMS personnel need facilities only available at a garage;
- (B) EMS vehicles, their interior and all equipment, are kept clean and sanitary, in accordance with standards established in administrative requirements of the Department;
- (C) EMS vehicles' temperature controls are functioning correctly, so that all drugs and equipment are maintained in conformance with manufacturers' recommendations and in proper condition for immediate use, and that the patient compartment is heated or cooled, depending on the season; and
- (D) EMS vehicles are kept in a secured area, free of debris and hazards.

170.395: Storage Space

Adequate and clean enclosed storage space for linens, equipment and supplies shall be provided and accessible to EMTs at each place of business. These storage spaces shall be so constructed to ensure cleanliness of equipment and supplies and to permit thorough cleaning.

170.400: Supplies

An adequate amount of medical supplies, as described in the Department's administrative requirements, and linen for stocking EMS vehicles shall be stored wherever EMS vehicles are garaged, unless a service obtains all medical supplies and linen from a hospital pursuant to a written agreement with the hospital.

170.405: Waivers for Special Projects

At the discretion of the Department, regulations established in this chapter may be waived for special projects which demonstrate innovative delivery of emergency medical care services. Proposals for special projects must be submitted to the Department in writing and no regulatory standards will be waived without explicit Department approval. Special projects will be considered experimental in nature and will be reviewed and renewed at such time periods as the Department shall establish.

170.410: General Requirements Regarding EMS Vehicles

Each service shall ensure that each EMS vehicle for which the service is licensed to operate is certified and conforms to the applicable standards set forth in 105 CMR 170.000. No EMS vehicle shall be operated or maintained except by a licensed service that meets the applicable requirements of 105 CMR 170.000.

(A) Ambulances. The Department shall, prior to certification, inspect the ambulance, equipment and supplies for conformance with the standards set forth in 105 CMR 170.000 and the Department's administrative requirements. Authorized personnel of the Department may inspect, at any time and without prior notice, any ambulance, equipment and supplies. For the purposes of 105 CMR 170.410(A), such inspection includes, but is not limited to, ambulances, equipment, supplies, the garage, records and files.

(B) EFR Vehicles. Each EFR service shall submit to the Department a written affirmation that its EFR vehicles, owned or operated by the EFR service, have passed safety inspection(s) as required by federal, state or local law. Prior to certification, the Department may inspect each vehicle's EMS equipment and supplies for conformance with the standards set forth in 105 CMR 170.000 and the Department's administrative requirements. Authorized personnel of the Department may inspect at any time and without prior notice, the EMS equipment and supplies in the vehicles, and audit EFR vehicle records and files, as well as other records and files as set forth in 105 CMR 170.225.

170.415: Certificate of Inspection Required

(A) No person shall operate, maintain, or otherwise use any aircraft, boat, motor vehicle, or any other means of transportation as an EFR vehicle without a valid certificate of inspection.

(B) Exception. Uncertified vehicles may be used to render emergency medical transportation in the case of a major catastrophe when the number of certified ambulances capable of emergency dispatch in the locality of the catastrophe is insufficient to render the required emergency medical transportation services, pursuant to a statewide mass casualty incident plan.

170.420: Certification Procedure

(A) To request a certificate of inspection, the applicant must complete and submit forms supplied by the Department, provided that a service license application has been filed.

(B) The applicable inspection fee established in 105 CMR 170.215(B) shall be submitted with a completed application form for certification.

170.425: Renewal of Certification

(A) Pursuant to M.G.L. c. 111C, § 7, certification for each EMS vehicle shall terminate on the same date that the license for the service expires. Renewal applications shall be submitted to the Department no later than 60 days prior to the date of the expiration of the certificate. An applicant for renewal of a certificate of inspection shall follow the procedures set forth in 105 CMR 170.420. A renewal certificate shall not be issued if there are any outstanding assessments.

(B) If the applicant has applied for a renewal of a certificate of inspection and the Department is unable to inspect the vehicle, the current certificate of inspection shall remain in full force and effect until such time as the Department takes action on the renewal application, which shall ordinarily be within 30 days after the date the certificate expires.

170.430: Temporary Certification for EMS Vehicles

(A) Replacement Vehicle for Those Already Certified. To certify a replacement vehicle for one of its certified EMS vehicles, the licensee shall notify the Department and apply for a temporary certificate.

(1) The Department must receive notice within three business days of the date that the replacement EMS vehicle is put into operation.

(2) The licensee shall include a statement:

(a) describing the EMS vehicle (and for ambulances, indicating the class) for which the replacement is to be certified;

(b) attesting that the replacement EMS vehicle conforms to the applicable standards for that vehicle under 105 CMR 170.000; and

(c) describing the reasons for replacement.

(3) The Department may issue a temporary certificate of inspection for the EMS vehicle that the licensee describes in the statement. This temporary certificate shall expire on the date that the licensee receives the regular certificate of inspection or the denial of the certificate of inspection.

(a) The licensee shall return the temporary certificate of inspection to the Department immediately upon receipt of the regular certificate.

(b) If the regular certificate of inspection is for a class other than that of the replaced EMS vehicle, the service's license shall be modified to reflect the change, as provided in 105 CMR 170.240.

(4) If upon inspection, it is found that the temporary certificate of inspection was issued for a type or class whose requirements the EMS vehicle did not meet, the applicant may be liable for a fine of up to \$1,000.00 under 105 CMR 170.790.

(B) Additional Vehicles to Those Already Certified. If the EMS vehicle is an addition to those authorized under the service license, the Department may issue a temporary certificate for 90 days upon application and compliance with all other applicable sections of 105 CMR 170.000.

170.435: Grounds for Denial, Suspension and Revocation of a Certificate of Inspection

(A) The Department may deny, suspend, revoke, or refuse to renew a certificate of inspection for the following grounds, including:

(1) Failure of an ambulance to comply with vehicle specifications for the appropriate class established in 105 CMR 170.000 and the Department's administrative requirements;

(2) Failure of an EFR vehicle to comply with the applicable requirements of 105 CMR 170.000 and the EFR service's written statement that it has met all safety and other vehicle inspection standards required by law;

(3) Failure to comply with the equipment requirements of 105 CMR 170.000 and the Department's administrative requirements;

(4) Failure to comply with a Department-approved plan of correction;

(5) Failure of a service to allow the Department to inspect, as provided for in 105 CMR 170.410; or

(6) Lack of sufficient certified and qualified EMS personnel to staff the EMS vehicle as required by 105 CMR 170.000 and the applicable service zone plan.

(B) The Department may refuse to issue or renew a certificate of inspection if the Department has initiated action to suspend or revoke the license of the service.

170.440: Safety Inspections

Each EMS vehicle shall be kept in good repair and operating condition, as demonstrated by, at a minimum, a valid inspection sticker from the appropriate registering agency for the type of vehicle. Periodic inspection of ambulances by the Department shall be in addition to other federal, state or local safety inspections required for the vehicle under law or ordinance. A violation of required safety inspections shall be a violation of 105 CMR 170.000.

170.445: Registration

Each EMS vehicle shall be registered with the appropriate registering agency for the type of vehicle.

170.450: All Ambulances Subject to Classification

All ambulances shall conform to the minimum standards of one of the classes set out in 105 CMR 170.455, 170.460, 170.465 and 170.470, and shall be certified accordingly as provided in 105 CMR 170.415 and 170.420. There are three classes of ground ambulances (Class I, II and V), and one class of air ambulance (Class IV).

170.455: Class I

A Class I ambulance shall be used primarily for emergency dispatch to and transport of sick and injured persons from the scene of an emergency. A Class I ambulance may also be used for scheduled transportation by prior appointment of persons having known and non-emergent medical condition. It shall meet the following minimum requirements:

(A) Vehicle Design and Construction.

(1) An ambulance service may put into operation a Class I vehicle which conforms with the specifications set out in administrative requirements of the Department which are in effect at the date of vehicle production. In the case of municipal services, standards are those in effect at the date of acceptance of a manufacturer's bid.

(2) The Commissioner or his designee may waive specific requirements included in the specifications referenced in 105 CMR 170.455(A)(1) where alternatives provide comparable protection of the public health and safety. Requests for waivers or variations must be filed and approved by the Department before the bid or order process is undertaken. Such requests for waiver or variations are not subject to the general waiver requirement set forth in 105 CMR 170.275.

(B) Vehicle Equipment. A Class I ambulance shall be equipped at a minimum with the vehicle equipment specified in the administrative requirements entitled *Vehicle Equipment Guidelines - Class I*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

(C) Medical Equipment and Supplies. A Class I ambulance shall be equipped at a minimum with medical equipment and supplies as specified in the administrative requirements entitled *Medical Equipment and Supplies - Class I*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

(D) Equipment to Gain Access to Patient. A Class I ambulance shall carry at a minimum the equipment to gain access as specified in the administrative requirements entitled *Equipment to Gain Access - Class I*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

170.460: Class II

A Class II ambulance shall be used for scheduled transportation by prior appointment of persons having known and non-emergent medical conditions. In addition it may be used as a backup ambulance in emergency situations when a Class I ambulance is not available. It shall meet the following minimum requirements:

170.460: continued

(A) Vehicle Design and Construction.

(1) A Class II vehicle shall meet or exceed the specifications set out in administrative requirements of the Department. In the case of municipal services, standards are those in effect at the date of acceptance of a manufacturer's bid.

(2) The Commissioner or his designee may waive specific requirements included in the specifications referenced in 105 CMR 170.460(A)(1) where alternatives provide comparable protection of the public health and safety. Requests for waivers of variations must be filed and approved by the Department before the bid or order process is undertaken. Such requests for waiver or variation are not subject to the general waiver requirement set forth in 105 CMR 170.275.

(B) Vehicle Equipment. A Class II ambulance shall be equipped at a minimum with the vehicle equipment specified in the administrative requirements entitled *Vehicle Equipment Guidelines - Class II*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

(C) Medical Equipment and Supplies. A Class II ambulance shall be equipped at a minimum with medical equipment and supplies as specified in the administrative requirements entitled *Medical Equipment and Supplies - Class II*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

(D) Class II ambulances shall not be dispatched to the scene of an emergency, except as a backup when a Class I ambulance is demonstrably unavailable, according to the provisions of 105 CMR 170.385.

170.465: Class IV

A Class IV air ambulance is an aircraft used to provide safe air transportation of sick or injured persons. A Class IV air ambulance shall meet the following minimum requirements:

(A) Aircraft Design and Construction.

(1) The aircraft shall conform to all applicable Federal Aviation Administration standards.

(2) The aircraft shall be capable of carrying a patient(s), on a stretcher, in a horizontal position. The stretcher shall be firmly secured with quick-release fasteners.

(3) The patient(s) cabin area shall provide a minimum of 30 inches of clear space over the torso half of the stretcher, measured along the centerline of stretcher.

(4) The patient(s) cabin area shall provide sufficient room for an EMT to care for a patient(s). At a minimum, the EMT shall have free access to the torso half of the stretcher.

(5) The aircraft door(s) must be of sufficient size as to allow for easy loading of a stretcher(s) in a horizontal or any elevated position.

(6) The aircraft cabin must be of sufficient size to allow for effective use of medical equipment. All life support equipment and supplies must be easily available to the EMT from within the cabin.

(B) Medical Equipment and Supplies. A Class IV air ambulance shall be equipped at a minimum with medical equipment and supplies as specified in the administrative requirements entitled *Medical Equipment and Supplies - Class IV*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

170.470: Class V

A Class V ambulance is a vehicle that does not meet the minimum vehicle design and construction standards of any other class of ambulance, but which may be used to carry a patient in the horizontal position, with sufficient room for an EMT to accompany the patient in the patient compartment. A Class V ambulance may be dispatched to the scene of an emergency to bring trained personnel and appropriate equipment and supplies. It shall meet the following minimum requirements:

170.470: continued

(A) Vehicle Equipment. A Class V ambulance shall be equipped at a minimum with the vehicle equipment specified in the administrative requirements entitled *Vehicle Equipment Guidelines - Class V*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

(B) Medical Equipment and Supplies. A Class V ambulance shall be equipped at a minimum with medical equipment and supplies as specified in the administrative requirements entitled *Medical Equipment and Supplies - Class V*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 days prior to adoption.

(C) A Class V ambulance shall not be used to transport a patient to a hospital or other appropriate health care facility except as a backup ambulance when the Class I ambulance and its first back-up, as set forth in 105 CMR 170.385, are demonstrably unavailable.

(D) A service licensed to operate and maintain a Class V ambulance, must also be licensed to operate and maintain a Class I ambulance, or provide evidence of a written cooperative arrangement by which a Class I ambulance, and its first backup as required in 105 CMR 170.385, are readily available to provide emergency medical transportation in the regular operating area of the service.

170.475: ALS Ambulances

Only certified Class I and Class IV ambulances shall be used for transport of patients receiving ALS care, except that a certified Class II or Class V ambulance may be used as a backup ambulance according to pre-arranged agreement, if the vehicle meets all other ALS requirements contained herein and is in accordance with 105 CMR 170.470(C).

170.480: Equipment and Supplies

(A) All EMS vehicles shall be equipped and staffed to provide care at the level of service for which the EMS vehicle is put into service, in accordance with the Statewide Treatment Protocols and the applicable service zone plan. When responding to a call, each EMS vehicle shall carry the equipment and supplies required by the Department's administrative requirements for its type or classification.

(B) All equipment on EMS vehicles shall be maintained in good working order at all times, in accordance with the manufacturer's recommendations and/or specifications.

170.485: Display of Certificate of Inspection

Each ambulance service shall display the Department-issued certificate of inspection in the ambulance for which it was issued, in a manner so that the certificate is readily visible to any person in the patient compartment of the ambulance.

170.490: Ambulance Identification

(A) All ambulance services shall comply with the requirements for vehicle markings, emblems, and warning devices in the specifications set out in administrative requirements of the Department with regard to their Class I and Class II ambulances.

(B) Each certified ambulance shall be equipped with emergency warning lights and audible warning devices as provided for in the class for which the vehicle is certified.

(C) The use of emergency warning lights and/or audible warning devices is permitted only as needed when an ambulance is on a call for the purpose of an emergency transport of a sick or injured person or at the scene or en route to the scene of an emergency.

(D) Each certified and temporarily certified Class I or Class II ambulance shall have the name under which the ambulance service is licensed prominently lettered on the back and sides of the vehicle.

170.490: continued

(E) No ambulance may display any words, markings or lettering which indicate or represent a special care ambulance, unless the use of each such identifier has been approved by the Department.

170.500: Service Zone Plans

(A) Pursuant to M.G.L. c. 111C, § 10, each local jurisdiction shall be covered by a service zone plan approved by the Department that:

- (1) identifies and makes optimal use of all available EMS resources;
- (2) sets out how emergency response is coordinated and carried out; and
- (3) ensures the dispatch and response of the closest, appropriate, available EMS resources.

(B) Service zone plans shall be developed by the local jurisdiction(s), with technical assistance, review and recommendation for approval by the applicable Regional EMS Council. The local jurisdiction(s) shall develop the service zone plan with input from the following, at a minimum:

- (1) first responder agencies operating in the service zone, including municipal fire and rescue departments;
- (2) emergency first response (EFR) services operating in the service zone;
- (3) all ambulance services providing primary ambulance response pursuant to provider contracts in the service zone;
- (4) all other ambulance services operating in the service zone; and
- (5) the health care facilities, including nursing homes, that appear in the service zone inventory pursuant to 105 CMR 170.510(A)(5).

(C) A service zone plan may cover a single local jurisdiction or multiple local jurisdictions. If a plan covers more than one local jurisdiction, it must be approved by each of the local jurisdictions covered by the plan. If a service zone plan covers local jurisdictions in more than one EMS region, it must be reviewed by each of the applicable Regional EMS Councils.

170.510: Elements of the Service Zone Plan

Local jurisdictions shall ensure that each service zone plan contains, at a minimum, the following elements:

(A) A current inventory of EMS and public safety providers and resources, including but not limited to:

- (1) the designated primary ambulance service;
- (2) ambulance services that have service zone agreements with the designated primary ambulance service for primary ambulance response in the service zone, in accordance with 105 CMR 170.249;
- (3) all other ambulance services whose regular operating area includes in whole or in part any local jurisdiction in the service zone;
- (4) designated EFR service(s), if any;
- (5) health care facilities, including nursing homes;
- (6) first response agencies and locations of trained first responders;
- (7) others in the community trained to provide emergency response, such as ski patrols, and EMTs at schools or senior citizens' centers;
- (8) emergency medical dispatch and public safety answering point (PSAP); and
- (9) automatic/semi-automatic defibrillators and their locations.

(B) An open, fair and inclusive process for the selection and changing of EMS service delivery or designated service zone providers.

(C) Criteria for the selection of designated service zone providers. Potential service zone providers shall be evaluated on their ability to meet local standards for specific EMS performance criteria. Local standards shall at minimum meet any and all relevant standards in 105 CMR 170.000. Specific EMS performance criteria include, but are not limited to, the following:

- (1) response time;
- (2) adequate backup;
- (3) deployment of resources;

170.510: continued

- (4) level of service and level of licensure of designated service zone providers;
- (5) medical control; and
- (6) appropriate health care facility destinations, in accordance with the applicable Regional EMS Council's point-of-entry plan, as approved by the Department.

(D) Recommended service zone providers, chosen in accordance with the process and criteria established in the service zone plan, pursuant to 105 CMR 170.510(B) and (C). The local jurisdiction shall recommend for designation one primary ambulance service, and may recommend one or more EMS first response services as service zone providers.

(E) Service zone agreements, pursuant to M.G.L. c. 111C, § 10(d) and 105 CMR 170.249.

(F) A process for monitoring compliance with the service zone's local standards for specific EMS performance criteria.

(G) A medical control plan, which shall at a minimum, consist of collection, review and monitoring of current affiliation agreements, consistent with 105 CMR 170.300, of EMS services operating in the service zone.

(H) Operational plan for coordinating the use of all first responder agencies in the service zone that are not EMS first response services, and others trained as first responders, and voluntarily providing first response services, including the location of each of these agencies and persons.

(I) Operational plan for ensuring dispatch and response to emergencies of the closest, appropriate, available EMS services, in accordance with 105 CMR 170.355, including:

- (1) Coordination and optimal use of all licensed services for emergency response, including the following:
  - (a) primary ambulance service;
  - (b) ambulance services with service zone agreements with the primary ambulance service, pursuant to 105 CMR 170.249;
  - (c) ambulance services who have backup agreements with services referenced in 105 CMR 170.510(I)(1)(a) and (b); and
  - (d) EFR services, if any.
- (2) Location of all licensed EMS services; and
- (3) Clear criteria for determining which ambulance service has the closest appropriate ambulance, and when EFR services, if any, should be dispatched, based on factors including, but not limited to, the following:
  - (a) type of emergency or patient condition;
  - (b) base locations of services;
  - (c) hours of operation;
  - (d) number, hours and location of EMS personnel;
  - (e) services' capabilities; and
  - (f) No service zone plan may include criteria for the notification and dispatch of a designated EFR service to a facility licensed pursuant to M.G.L. c. 111, § 71 or certified pursuant to M.G.L. c. 19D, where there is a licensed health care professional on site 24 hours per day seven days per week, and where there is a provider contract in place to provide primary ambulance response, unless a licensed health care professional at such facility requests primary ambulance response by dialing the emergency telephone access number 911, or its local equivalent. Nothing herein shall bar any person from dialing 911 or its local equivalent.

(J) Procedures for delivery of patient care reports and unprotected exposure forms to receiving health care facilities.

170.520: The Regional Service Zone Plan

Each Regional EMS Council shall adopt a regional service zone plan, subject to the approval of the Department, which includes:

- (A) A compilation of the service zone plans covering all the local jurisdictions in the region; and

170.520: continued

(B) Regional plans for the following:

- (1) point-of-entry;
- (2) accessing specialty services, such as air ambulance services; and
- (3) responding to special situations, such as mass casualty incidents.

170.530: Review and Approval of Service Zone Plans

(A) Regional EMS Council Review. Local jurisdictions shall submit service zone plans to their Regional EMS Council. By December 31, 2006, each local jurisdiction must be covered by a service zone plan approved in accordance with 105 CMR 170.530.

170.530: continued

(1) The Regional EMS Council shall review each service zone plan. The Council shall verify that all elements of 105 CMR 170.510 are addressed, and all local EMS and public safety resources are identified and optimally used in the operational plans. If the service zone plan meets these criteria, the Regional EMS Council shall recommend approval of the plan to the Department.

(2) If the Regional EMS Council finds that a service zone plan has not adequately addressed all elements of 105 CMR 170.510, it shall return the plan to the local jurisdiction(s) with a letter identifying the deficiencies and notify the Department. The Council shall provide technical assistance to the local jurisdiction(s), as needed. After the plan's revision, if the Regional EMS Council finds that the service zone plan continues to be deficient, the Council shall recommend to the Department that the plan be denied.

(3) Within six months of the submission of a service zone plan to a Regional EMS Council, the Council shall forward its recommendation regarding that plan to the Department.

(B) Department Review and Approval. The Department shall review all local service zone plans submitted by Regional EMS Councils. The Department shall assess each service zone plan in accordance with the elements of 105 CMR 170.510. The Department shall have ultimate authority to approve a service zone plan. It shall issue its decision to the local jurisdiction and the appropriate Regional EMS Council within six months of the plan's submission to the Department.

170.540: Grounds for Denial of Approval of a Service Zone Plan

(A) The Department may deny approval of a service zone plan if:

- (1) the applicant fails to meet each of the elements of 105 CMR 170.510; or
- (2) the applicant submits inaccurate or incomplete information to obtain service zone plan approval or designation of a service zone provider.

(B) A local jurisdiction(s) may appeal the Department's denial of approval of a service zone plan, in accordance with 105 CMR 170.760.

170.550: Update of Service Zone Plans and Redesignation of Providers

(A)(1) Each local jurisdiction shall promptly report to its Regional EMS Council any changes to its approved service zone plan.

(2) Regional EMS Councils shall ensure that local service zone plans are updated, so that regional service zone plans are updated accordingly.

(3) Regional EMS Councils shall regularly report updates in local and regional service zone plans to the Department.

(B) The local jurisdiction(s) covered by an approved service zone plan shall carry out the plan's selection process for service provider and service delivery changes, at a minimum, when:

- (1) the local jurisdiction(s) propose(s) to change a designated service provider;
- (2) the local jurisdiction(s) propose(s) an upgrade in level of service that a service zone provider is unable to provide;
- (3) the local jurisdiction(s) propose(s) a downgrade in the level of services; or
- (4) a designated service zone provider informs the local jurisdiction(s) of its intention to make changes to its delivery of services so that it no longer conforms to the requirements of the approved service zone plan.

(C) Each time a service zone begins a selection process, it shall notify its Regional EMS Council and the Department.

170.560: Grounds for Revocation of Service Zone Approval

(A) The Department may revoke the approval for a local jurisdiction(s)'s service zone plan for:

- (1) Failure to adhere to the approved service zone plan;
- (2) Failure to carry out its selection process for EMS service delivery and service zone provider designation changes, pursuant to 105 CMR 170.550;
- (3) Knowingly making an omission of a material fact or false statement orally or in any application or document filed with or obtained by the Department or Regional EMS Council;

170.560: continued

- (4) Violation of a correction order; or
- (5) Failure to comply with a plan of correction.

(B) A local jurisdiction(s) covered by a service zone plan may appeal the Department's revocation of approval for its service zone plan, in accordance with 105 CMR 170.760.

(C) If approval of a service zone plan is revoked, the Department may designate an interim service zone provider(s) under a temporary service zone plan to ensure continuation of EMS services. An interim plan will remain in effect until the local jurisdiction(s)' subsequent service zone plan is approved.

170.705: Deficiencies

(A) A deficiency means non-compliance with 105 CMR 170.000 for any person certified, licensed, designated or otherwise approved by the Department pursuant to M.G.L. c. 111C. The Department may find that a deficiency exists upon inspection or other information, such as information that may come through the complaint procedure, as set forth in 105 CMR 170.795.

(B) A deficiency may result in the following:

- (1) an advisory letter, a letter of clinical deficiency, a notice of serious deficiency, a cease and desist order, or a letter of reprimand;
- (2) a correction order as set forth in 105 CMR 170.720;
- (3) an assessment as provided in 105 CMR 170.730; or
- (4) a denial, suspension, revocation or refusal to renew a license, certification, certificate of inspection, designation or other form of approval.

170.710: Plan of Correction

(A) The Department may require any person certified, licensed, designated or otherwise approved by the Department pursuant to M.G.L. c. 111C to submit a written plan of correction for each existing deficiency.

(B) The person shall specify in the plan of correction the manner in which the correction shall be made and the date by which the deficiency shall be corrected.

(C) The plan of correction must be submitted to the Department no later than ten days after written notice of deficiencies and request by the Department for submission of a plan. The person or his or her agent may be required to submit a plan of correction immediately at the completion of the inspection if deficiencies are found upon inspection which threaten health and safety.

(D) The Department shall attempt to approve or deny the plan of correction within ten days of receipt of the plan. Failure to respond to a submitted plan of correction shall not be deemed to be an acceptance of the plan of correction.

(E) Failure to submit an acceptable and timely plan of correction or failure to correct in accordance with the plan are grounds for enforcement action including suspension or revocation of a license, certification, certificate of inspection, designation or other form of approval.

170.720: Correction Orders

The Department may order any person certified, licensed, designated or otherwise approved by the Department pursuant to M.G.L. c. 111C, to correct a deficiency by issuing a correction order. Pursuant to M.G.L. c. 111C, § 15, each correction order shall contain the following:

- (A) A description of the deficiency or deficiencies;

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(B) The period within which the deficiency must be corrected, which shall be reasonable under the circumstances. In the case of a deficiency that endangers the public health or safety, which is identified in the course of an inspection or investigation, the Department or its agent may suspend a certificate, license, designation or other form of approval effective immediately, provided that the person affected shall be promptly afforded an opportunity for a hearing pursuant to M.G.L. c. 111C, § 16;

(C) The provisions of the law and regulations relied on in citing the deficiency.

(1) With respect to orders other than immediate suspensions, within seven days of receipt of the correction order, the affected person may file a written request with the Department for administrative reconsideration of the order or any portion thereof. Such request shall contain sufficient information to allow the Department to adequately reconsider the issuance of the order. Failure of the Department to act upon the written request within seven days of the filing of the request shall be deemed a denial of the request.

(2) If the Department makes a finding in writing that the person has made a good faith effort to correct the deficiency within the period prescribed for correction and that the correction cannot be completed by the prescribed date, the Department may permit the person to file a plan of correction on a form provided by the Department.

(3) In the event that a plan of correction is not approved by the Department, the Department shall set another date by which the correction shall be made. If the correction is not made by that date, then the Department may follow the procedure for assessment of a deficiency set forth in 105 CMR 170.730.

170.730: Assessment for a Deficiency

Pursuant to M.G.L. c. 111C, § 15, the Department may assess a person ordered to correct deficiencies, \$500.00 per deficiency for each day the deficiency continues to exist beyond the date prescribed for correction in the correction order, as set forth in 105 CMR 170.720 or in such further extension as may be granted, as provided in 105 CMR 170.720(C)(2).

(A) Notice and Opportunity for a Hearing. Pursuant to M.G.L. c. 111C, § 15(b), before making an assessment, the Department shall give the affected person notice of the assessment. The notice shall contain a description of the deficiency, the period for correction, and provision of the law and regulations relied upon. The affected person may file with the Department within 14 days of receipt of notice a written request for an adjudicatory hearing.

(B) Payment of the Assessment. If after hearing, or waiver thereof, the Department determines that it is appropriate to make an assessment, then, in accordance with M.G.L. c. 111C, § 15(c), the assessment shall be due and payable to the Commonwealth on the 30th day after notification to the affected person.

(C) Further Enforcement Procedures. By levying an assessment, the Department does not waive its right to invoke other enforcement procedures, such as modification of a license, as provided in 105 CMR 170.240, suspension of a license, certification or certificate of inspection, as provided in 105 CMR 170.750, or revocation or refusal to renew a license, certification or certificate of inspection, as provided in 105 CMR 170.760.

170.740: Denial

(A) If a license, certification, certificate of inspection, designation or other form of approval is denied on the basis of disputed facts, then the denied applicant may request in writing an adjudicatory hearing within 14 days of notice of denial, provided that the applicant submits written evidence which the applicant would offer at a hearing sufficient to support the applicant's factual allegations.

(B) If a license, certification, certificate of inspection, designation or other form of approval is denied by the Department on the basis of facts over which there is no material dispute, then the applicant shall be notified in writing of the reasons for the denial. Any applicant aggrieved by a denial on the basis of undisputed facts is not entitled to an adjudicatory hearing but may seek judicial review under M.G.L. c. 30A, § 14.

## 105 CMR: DEPARTMENT OF PUBLIC HEALTH

### 170.750: Suspension

- (A) Pursuant to M.G.L. c. 111C, § 16, the Commissioner may, without a hearing, if the Commissioner finds that public health or safety is endangered, suspend a license, certification, certificate of inspection, designation or other form of approval. Written notice of the reasons for the suspension shall promptly be issued by the Department. The affected person shall also be notified in writing of the right to an adjudicatory hearing and shall be promptly afforded an opportunity for a hearing provided that written request for a hearing is submitted within 14 days after notification of suspension.
- (B) After hearing or waiver thereof, the Department may modify a license, certification, certificate of inspection, designation or other form of approval, or suspend, revoke or refuse to renew a license, certification, certificate of inspection, designation or other form of approval.
- (C) Upon receipt of notice of the Department's final decision, the affected person must immediately return for the term of the suspension any license, certification, certificate of inspection, designation or other form of approval previously issued.

### 170.760: Revocation or Refusal to Renew

- (A) If the Department initiates action to revoke or refuse to renew a license, certification, certificate of inspection, designation or other form of approval, the affected person shall be notified in writing of the reasons for the Department's action and of his/her right to an adjudicatory proceeding.
- (B) Written request for a hearing must be submitted within 14 days of receipt of notification of Department action.
- (C) After hearing or waiver thereof, the Department may modify a license, certification, certificate of inspection, designation or other form of approval, revoke or refuse to renew a license, certification, certificate of inspection or other form of approval.
- (D) Upon receipt of notice of the Department's final decision, the affected person must immediately return to the Department any license, certification, certificate of inspection, designation or other form of approval previously issued.

### 170.770: Adjudicatory Proceedings

- (A) All adjudicatory proceedings will be conducted in accordance with M.G.L. c. 30A and the Standard Rules of Practice and Procedure, 801 CMR 1.01 *et seq.*
- (B) The Commissioner shall designate a Presiding Officer to conduct a hearing and render a tentative decision, containing findings of fact and rulings of law. If the Presiding Officer finds any single ground for denial, revocation, suspension, or refusal to renew any license, certification, certificate of inspection, designation or other form of approval, the Presiding Officer shall render a decision affirming the action initiated by the Department.

### 170.780: Nonexclusivity of Enforcement Procedures

None of the enforcement procedures contained in 105 CMR 170.000 are mutually exclusive. With the exception of an assessment, as provided in 105 CMR 170.730, which shall be preceded by a correction order, as provided in 105 CMR 170.720, any enforcement procedures may be invoked simultaneously if the situation so requires.

### 170.790: Criminal Enforcement Provisions

The Department may elect to enforce any section of 105 CMR 170.000 or provisions of M.G.L. c. 111C by seeking to have criminal sanctions imposed. M.G.L. c. 111C, § 19 provides that no person shall:

- (A) Establish, maintain or hold itself out as a service without a valid license or in violation of the terms of a valid license;

## 105 CMR: DEPARTMENT OF PUBLIC HEALTH

### 170.790: continued

- (B) Operate, maintain, otherwise use, or hold out any aircraft, boat, motor vehicle, or other means of transportation as an EMS vehicle without a valid certificate of inspection;
- (C) Provide EMS or hold oneself out as, or use the title of emergency medical technician, paramedic or the acronym EMT, or EMS first responder, or any other title or acronym used by the Department in the certification of EMS personnel in violation of M.G.L. c. 111C, § 9;
- (D) Establish or maintain a trauma center, a service zone provider or any other entity, service or operation requiring designation or approval of the Department pursuant to M.G.L. c. 111C and 105 CMR 170.000, or hold itself out as such, without such valid designation or approval;
- (E) Obstruct, bar, or otherwise interfere with an inspection or investigation undertaken under authority of M.G.L. c. 111C or 105 CMR 170.000;
- (F) Knowingly make an omission of a material fact or a false statement, orally or in any application or other document filed with or obtained by the Department or any other entity in the EMS system; or
- (G) Violate or fail to observe any requirements of 105 CMR 170.000, or of any rule, regulation, administrative requirement, protocol or order under M.G.L. c. 111C or 105 CMR 170.000;
- (H) Whoever engages in, aids, abets, causes, or permits any act prohibited under M.G.L. c. 111C, § 19 and 105 CMR 170.790 shall be punished by a fine of not less than \$100.00 and not more than \$1,000.00 for each offense. A separate and distinct offense shall be deemed to have been committed on each day during which any prohibited act continues after written notice by the Department to the offender. The Commissioner shall report each suspected offense to the Attorney General for investigation and, if appropriate, prosecution in the courts of the Commonwealth.

### 170.795: Complaints

As interest requires, the Department shall investigate every complaint received, including but not limited to reports received pursuant to 105 CMR 130.1503(A)(3) or 105 CMR 170.350, about practices or acts which may violate M.G.L. c. 111C or any provision of 105 CMR 170.000.

- (A) If the Department finds that an investigation is not required because the alleged act or practice is not in violation of M.G.L. c. 111C or 105 CMR 170.000 or any administrative requirement, protocol or order of the Department pursuant thereto, the Department shall notify the complainant of this finding and the reasons on which it is based.
- (B) If the Department finds that an investigation is required, because the alleged act or practice may be in violation of M.G.L. c. 111C or 105 CMR 170.000 or any administrative requirements, protocol or order of the Department pursuant thereto, the Department shall investigate. If a finding is made that the act or practice does constitute such a violation, the Department shall apply whichever enforcement procedure(s), as provided in 105 CMR 170.705 through 170.795, is appropriate to remedy the situation and the Department shall notify the complainant of its action in this matter.
- (C) Investigation of complaints may lead to enforcement actions, including an advisory letter, a letter of clinical deficiency or a letter of reprimand; a cease and desist order; a correction order, as set forth in 105 CMR 170.720; an assessment, as provided in 105 CMR 170.730; or a revocation, suspension or refusal to renew a license, certification, certificate of inspection, designation or other form of approval, or a modification of a license by the Department. The Department may specify in any such enforcement action taken against an EMT or EFR a requirement to undergo and successfully complete remedial training, in accordance with terms set out in the enforcement action.

### 170.800: EMS Personnel: General Provisions

- (A) There shall be four levels of function and training for EMS personnel: EFR, EMT-basic, Advanced EMT and Paramedic.

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(B) No certified EMT or EFR may perform functions for which the individual is not properly trained and certified, except:

- (1) pursuant to and in accordance with the requirements of a waiver for a special project as set forth in 105 CMR 170.405; or
- (2) an EMT-Paramedic serving on a critical care medical crew of a service licensed at the critical care level, operating in compliance with the service's clinical practice protocols and standing orders that meet CAMTS or Department-approved substantially equivalent accreditation standards. However, when working with an EMS service that is not licensed at the critical care level, the EMT-Paramedic shall perform and function in accordance with 105 CMR 170.800(C).

(C) EMS personnel working in connection with a licensed service shall provide care in conformance with the Statewide Treatment Protocols, where relevant, and only up to the level of the license of that service.

(D) EMS personnel shall operate in accordance with M.G.L. c. 111C, 105 CMR 170.000, all other applicable laws and regulations, administrative requirements of the Department, and their service's established policies and procedures that are consistent with 105 CMR 170.000.

170.805: EMS First Responder

(A) The functions of an EFR shall include:

- (1) first aid;
- (2) cardiopulmonary resuscitation, including use of automatic/semi-automatic defibrillation; and
- (3) other intervention(s) approved by the Department.

(B) EFRs shall provide the functions described in 105 CMR 170.805(A) in conformance with Department-approved training.

(C) The minimum training requirement for certification as an EFR includes:

- (1) successful completion of the training required by 105 CMR 171.000: *Massachusetts First Responder Training*;
- (2) Department-approved training in utilization of automatic/semi-automatic defibrillation and other intervention(s) for EFRs approved by the Department;
- (3) within each three-year term of certification, successful completion of a Department-approved EFR continuing education course; and
- (4) any other training designated by the Department in administrative requirements.

170.810: Emergency Medical Technician - Basic

(A) The functions of an EMT-basic include:

- (1) Provision of basic emergency medical care for patients at the scene and/or while in transit in an ambulance;
- (2) Operation of Class I, II, and V ambulances; and
- (3) Other duties as consistent with level of training and certification.

(B) The minimum training requirement for certification as an EMT-basic is successful completion of Department-approved EMT-basic initial training, or successful completion of Department-approved equivalent training.

(C)(1) Successful completion of a course provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR) or successor body, as documented by a current training certificate, renewed biennially, in Basic Cardiac Life Support health care professional CPR. CPR training must be obtained through an instructor-led program or blended learning experience with an in-person hands-on skills evaluation, and must include a cognitive examination; and

170.810: continued

(2) Within the two-year term of the certification, successful completion of continuing education topical hours, and submission of documentation of such completion of training through the Department-designated web-based continuing education tracking platform in accordance with Department standards for the EMT. The Department shall establish standards for continuing education in administrative requirements.

(D) An EMT-basic may administer those controlled substances in Schedule VI that are approved by the Department for administration by an EMT-basic provided that:

(1) The administration is consistent with and provided for in the Statewide Treatment Protocols;

(2) The administration is in accordance with 105 CMR 700.003(D);

(3) The EMT is performing patient care duties;

(4) The EMT has completed Department-approved training for the administration of such controlled substance(s) and administers only those controlled substances for which he or she is trained;

(5) The ambulance or EFR service, or first responder agency that employs the EMT maintains a current memorandum of agreement with a hospital that addresses, at a minimum, quality assurance or as specifically required in 105 CMR 170.330(C); and

(6) The EFR service or first responder agency that employs the EMT maintains an agreement with the transporting ambulance service(s) to ensure continuity of pre-hospital care.

170.820: Advanced Emergency Medical Technician

(A) The functions of an Advanced EMT include:

(1) The functions of an EMT-basic as set forth in 105 CMR 170.810; and

(2) The provision of limited advanced life support related to airway and circulatory maintenance in accordance with the Statewide Treatment Protocols.

(B) The minimum training requirements for certification as an Advanced EMT are as follows:

(1) Successful completion of the requirements for training as an EMT-basic; and

(2) Successful completion of Department-approved Advanced EMT initial training, or successful completion of Department-approved equivalent training.

(C) The supplemental training requirements of a certified Advanced EMT are as follows:

(1) Conformance with the requirements of 105 CMR 170.810(C)(1); and

(2) Within the two-year term of certification, successful completion of continuing education topical hours, and submission of documentation of such completion of training through the Department-designated web-based continuing education tracking platform, in accordance with Department standards for the Advanced EMT. The Department shall establish standards for continuing education in administrative requirements.

(D) An Advanced EMT may initiate Advanced Life Support-Advanced level skills, in accordance with the Statewide Treatment Protocols.

170.840: Paramedic

(A) The functions of a Paramedic include:

(1) The functions of an Advanced EMT as set forth in 105 CMR 170.820; and

(2) The provision of advanced life support related to treatment of cardiac or respiratory arrest, poisoning, overdose, or other major trauma or illness, in accordance with the Statewide Treatment Protocols.

(B) The minimum training requirements for certification of a Paramedic are as follows:

(1) Successful completion of the requirements for training as an EMT-basic or Advanced EMT;

(2) Successful completion of Department-approved Paramedic initial training, or successful completion of Department-approved equivalent training; and

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(3) Successful completion of a course provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR) or successor body, as documented by a current training certificate, renewed biennially, in Advanced Cardiac Life Support CPR. ACLS training must be obtained through an instructor-led program or blended learning experience with an in-person hands-on skills evaluation, and must include a cognitive examination.

(C) The supplemental training requirements of a certified Paramedic are as follows:

(1) Conformance with the requirements of 105 CMR 170.810(C)(1) and 170.840(B)(3), as documented by a current training card for each course, both renewed biennially; and

(2) Within the two-year term of certification, successful completion of continuing education topical hours, and submission of documentation of such completion of training through the Department-designated web-based continuing education tracking platform, in accordance with Department standards for the Paramedic. The Department shall establish standards for continuing education in administrative requirements.

(D) A Paramedic may initiate Advanced Life Support-paramedic level interventions in accordance with the Statewide Treatment Protocols.

170.850: Student Emergency Medical Technician

A person, duly enrolled in a Department-approved Emergency Medical Technician training program, may function as an EMT at the level for which he or she is being trained under the following restrictions:

(A) Any and all patient contact by the student is directly supervised and evaluated by an on-site health care professional authorized to do so by the Department-accredited training institution offering the initial training program, and is in compliance with 105 CMR 170.000 and the Department's administrative requirements.

(B) The student shall have successfully completed any and all non-clinical training requirements prior to patient contact for the type(s) of treatment or care being provided.

(C) The student complies with all policies and procedures of the training program sponsor, the health care facility responsible for the patient's care and the Department.

170.880: Emergency Medical Technicians Trained and/or Certified/Licensed in Other States

(A) A person trained as an emergency medical technician in another state, but who is not certified, licensed or otherwise authorized as an emergency medical technician by another state who applies for Massachusetts certification as an EMT at any level, must document that he or she holds current NREMT certification for the level of EMT certification for which the person is applying for initial certification. The applicant shall be required to meet all other certification requirements of 105 CMR 170.910.

(B) A person currently certified, licensed or otherwise authorized as an emergency medical technician by another state who applies for Massachusetts certification as an EMT based on these out-of-state EMT credentials must document that he or she holds current NREMT certification at their level of certification, licensure or authorization by the other state and meets all the requirements of 105 CMR 170.910.

170.900: Certification of EMS Personnel Required

No person shall use the title Emergency Medical Technician, EMT, EMS first responder or EFR or serve as an EMT or EFR unless the person is currently certified by the Department as an EMT or EFR, respectively; provided, however, that persons may serve as additional personnel who meet the requirements of 105 CMR 170.310.

170.910: Initial Certification

- (A) In order to be eligible to be certified as an EMT, a person must:
- (1) Be 18 years of age or older;
  - (2) Abstain from the abuse of drugs which impair professional judgment and/or practice;
  - (3) Be free of any physical or mental impairment or disease which could reasonably be expected to impair the ability to be an EMT, or which could reasonably be expected to jeopardize the health and safety of the patient;
  - (4) Meet the training requirements applicable to the level of certification for which the person is applying, as specified in 105 CMR 170.800; and
  - (5) Successfully complete a Department-approved psychomotor examination, meeting the requirements of the NREMT; the NREMT cognitive computer-based examination; and obtain NREMT certification.
- (B) To apply for certification as an EMT, a person must:
- (1) Complete and submit an application form provided by the Department, or as otherwise in accordance with Department procedural requirements, and the payment of the nonrefundable certification fee of \$150.00; and
  - (2) Submit documentation of current NREMT certification.
- (C) The Department shall issue certification to applicants who have completed and submitted the documentation required under 105 CMR 170.910(B)(1) and (2), submitted the appropriate fee in accordance with 105 CMR 170.910(B)(1), and met the training, examination, and other requirements set forth in 105 CMR 170.800 and 170.910(A)(1) through (5). Each certification shall be valid for two years.
- (D)(1) EFR Certification. The Department shall issue certification to EFRs based on written submissions by EFR services documenting that their EFRs meet the following requirements:
- (a) completion of the Department's application form;
  - (b) completion of the minimum training requirements for EFRs, pursuant to 105 CMR 170.805 and 171.000: *Massachusetts First Responder Training*; and
  - (c) remain current in all requirements necessary to maintain certification.
- (2) EFR certification shall be valid for three years.
  - (3) Complete records maintained by EFR services pertaining to EFRs' training and certification status shall be subject to periodic audits at any time by the Department.
  - (4) EMTs who work for EFR services do not have to be additionally certified as EFRs.
- (E) No certification shall be valid if it was obtained through fraud, deceit or the submission of inaccurate or incomplete data.

170.920: Grounds for Denial of Certification

- (A) The Department may deny certification on any of the following grounds:
- (1) Failure to meet Department-approved training requirements for a particular level of certification;
  - (2) Failure to conform to the requirements of 105 CMR 170.910;
  - (3) Any actions or omissions which would indicate that the health or safety of the public would be at risk should certification be granted;
  - (4) Any previous violation of M.G.L. c. 111C or 105 CMR 170.000; or
  - (5) Any attempt to serve as an EMT or to obtain certification through fraud, deceit or knowing submission of inaccurate data or omission of a material fact.
- (B) Conditions for reapplication shall be specified by the Department at the time of the denial of certification.

170.930: Renewal of EMS Personnel Certification

- (A) Renewal of EMT Certification.
- (1) All EMTs must renew certification every two years upon expiration of original certification. To be eligible for recertification, all EMTs must:

170.930: continued

- (a) Meet the requirements of 105 CMR 170.810(C), 170.820(C) and 170.840(C), as applicable, with respect to continuing education and completion and submission of documentation through the Department-designated web-based continuing education tracking platform within the time period specified by the Department in administrative requirements;
  - (b) Apply for a renewal of certification on a form provided by the Department, or as otherwise in accordance with Department procedural requirements within the time period specified by the Department in administrative requirements; and
  - (c) Submit a non-refundable fee of \$125.00 with a completed application form, or as otherwise in accordance with Department procedural requirements, for certification.
- (2) NREMT-related Certification Requirements for Renewal.
- (a) EMTs who are currently NREMT certified must submit documentation of current NREMT certification, in accordance with the provisions of 105 CMR 170.930(A)(1)(b);
  - (b) EMTs who were never NREMT certified may apply for NREMT certification. If they do apply for NREMT certification, EMTs shall submit documentation of current NREMT certification with the next renewal of certification after receipt of NREMT certification, in accordance with the provisions of 105 CMR 170.930(A)(1)(b); and
  - (c) All EMTs, whether NREMT and Massachusetts certified, or solely Massachusetts certified, must enter, manage and submit their continuing educational requirements through the Department-designated continuing education tracking platform website, in accordance with Department procedural requirements.
- (3) The Department shall issue a renewed EMT certification to an applicant who documents completion of the requirements of 105 CMR 170.930(A)(1) and (2) and who was not the subject of any prior Department enforcement actions that would preclude their recertification. A person holding an expired certification may not serve as an EMT until properly certified.
- (4) Lapsed Certification and Fee; Hardship Waivers: An EMT whose certification has lapsed for 30 days or less, and who has met their continuing education requirements prior to the expiration of their certification may renew their certification in accordance with procedures specified in Department administrative requirements. The Department may assess a fee of \$50 for renewal of lapsed certification. An EMT whose certification is about to expire, or has lapsed for 30 days or less, and who documents significant hardship, may seek a hardship waiver to renew their certification in accordance with procedures specified in Department administrative requirements.
- (B) Renewal of EFR Certification.
- (1) EFR certification must be renewed every three years. Each EFR service shall ensure that training and documentation requirements for recertification are met for each of its certified EFRs.
  - (2) Each EFR service shall submit to the Department all information required for renewal of EFR certification, as listed in the administrative requirements of the Department.
  - (3) If training and documentation requirements are met for any individual EFR, the Department shall renew certification, provided there are no past actions of the Department with respect to that individual precluding recertification.
  - (4) A person whose certification has expired may not serve as an EFR until properly certified. The EFR service shall not utilize such a person as an EFR.

170.931: Emergency Medical Technicians Engaged in or Recently Discharged from Active Military Service, or Spouses Who Accompanied Personnel Who Are Engaged in or Recently Discharged from Active Military Service

- (A) An EMT who is engaged in, or recently discharged from, active military service in the armed forces of the United States, including the reserve or national guard or who accompanied his or her spouse who is engaged in, or recently discharged from such active military service, may apply for extension of his or her Massachusetts certification, as specified in administrative requirements of the Department.

170.931: continued

(B) An applicant for EMT certification who is engaged in, or recently discharged from, active military service in the armed forces of the United States, including the reserve or national guard, or who accompanied his or her spouse who is engaged in, or recently discharged from, such active military service, may apply to the NREMT for extension of eligibility to take the certification exams.

(C) An EMT who is a member of the reserves or national guard and engages in regularly scheduled annual training for reservists or the spouse of such an EMT, is not eligible for the extensions permitted under 105 CMR 170.931 for such training.

170.935: Reinstatement of Certification

A person whose certification has expired by more than 30 days but less than two years and who has not applied for recertification as required by 105 CMR 170.930 or who has been refused recertification under the provisions of 105 CMR 170.940(A), may apply to the Department for reinstatement of certification in accordance with 105 CMR 170.935(A).

(A) To apply for reinstatement a person must:

- (1) Submit a completed application form provided by the Department within two years of the date of expiration of the certification;
- (2) Submit a non-refundable fee established by the Department with the completed application form for reinstatement of certification;
- (3) Successfully complete 20 hours of continuing education for EMT-Basics, 30 hours of continuing education for Advanced EMTs and 40 hours of continuing education for Paramedics requirements no more than one year prior to the submission of the application for reinstatement;
- (4) Successfully complete the NREMT examinations within one year of the date of the Department's approval of the application for reinstatement; and
- (5) Meet the requirements of 105 CMR 170.910(A)(1) through (5).

(B) The Department shall reinstate certification to an applicant who has properly qualified under 105 CMR 170.935(A). The certification shall be valid for two years.

(C) Previously certified EMTs not qualified for reinstatement under 105 CMR 170.935 but who desire to be certified must comply with all initial certification requirements as specified in 105 CMR 170.910.

170.937: Reporting Obligations of EMS Personnel

(A) Each EMT or EFR shall file a written report with the service in conjunction with which he or she provides EMS, and with the Department within five days of the following:

- (1) The EMT's or EFR's conviction of a misdemeanor or felony in Massachusetts or any other state, the United States, or a foreign country (including a guilty plea, *nolo contendere* or admission to sufficient facts), other than a minor traffic violation for which less than \$1000 was assessed. The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide;
- (2) Loss or suspension of the EMT's or EFR's driver's license;
- (3) Disciplinary action taken by another governmental licensing jurisdiction (state, United States or foreign) or the NREMT, against an EMT or other health care certification or license held by an EMT or EFR; or
- (4) Suspension or revocation of authorization to practice by the EMT's or EFR's affiliate hospital medical director.

(B) Each EMT or EFR shall file a written report with the service in conjunction with which he or she works as an EMT or EFR within five days of notice of proposed Department disciplinary action or final Department action against the EMT's or EFR's certification (letter of reprimand, denial, suspension, revocation or refusal to renew certification), or other Department response to identified deficiency, cease and desist order, letter of clinical deficiency, notice of serious deficiency, advisory letter) against the EMT or EFR.

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(C) The Department shall review and assess the information it receives under 105 CMR 170.937(A) in accordance with procedures established in a written policy. Any Department action to deny, suspend, revoke or refuse to renew an EMT or EFR certification, under 105 CMR 170.940, shall proceed in accordance with 105 CMR 170.740 through 170.780, as applicable to the Department action taken.

170.940: Grounds for Suspension, Revocation of Certification, or Refusal to Renew Certification

The Department may suspend or revoke certification, or refuse to renew certification, of any EMT on the following grounds:

- (A) Failure to meet training requirements for renewal of certification;
- (B) Failure to meet the requirements of 105 CMR 170.800 or 170.900;
- (C) Failure to exercise reasonable care, judgment, knowledge, or ability in the performance of duties or to perform those duties within the scope of his or her training and certification, and in accordance with the Statewide Treatment Protocols;
- (D) Gross misconduct in the exercise of duties;
- (E) Commission of any criminal offense relating to the performance of duties including any conviction relating to controlled substances violations;
- (F) Any condition or action that endangers the health or safety of the public;
- (G) Refusal to surrender a certificate in violation of 105 CMR 170.750(C);
- (H) When conducting training programs, failure to conduct such program(s) in accordance with the provisions of 105 CMR 170.945 through 170.978 and/or the standards and procedures established in the administrative requirements published separately by the Department;
- (I) Violation of a correction order;
- (J) Failure to submit a plan of correction, when required to by the Department in accordance with 105 CMR 170.710;
- (K) Failure to comply with a Department-approved plan of correction, or a Department correction order pursuant to 105 CMR 170.720;
- (L) Failure to pay a deficiency assessment levied in accordance with 105 CMR 170.730;
- (M) Knowingly make an omission of a material fact or a false statement, orally or in any application or other document filed with or obtained by the Department or any other entity in the EMS system;
- (N) Failure to complete a patient care report, as required by 105 CMR 170.345;
- (O) Having been disciplined in Massachusetts or another jurisdiction (state, United States or foreign) by a governmental licensing or certification authority, or by the NREMT, against an EMT or other health care certification or license held by the EMT, for acts or conduct substantially similar to that which would constitute grounds for discipline by the Department;
- (P) Failure to meet reporting obligations in accordance with 105 CMR 170.937; or
- (Q) Any violation of M.G.L. c. 111C or 105 CMR 170.000.

170.941: Written Examination for EMT

The Department shall approve a written examination to be administered to persons who have applied for certification as an EMT. The written examination shall test a person's competence in the cognitive knowledge related to the level of certification for which application is made.

170.942: Examiners and Chief Examiners: Duties and Requirements for Approval

The Department shall approve personnel as Chief Examiners and Examiners, who shall be the sole persons authorized to oversee and administer, respectively, the practical skills examination required pursuant to 105 CMR 170.910(A)(5).

(A) Duties of a Chief Examiner. The duties and responsibilities of a Chief Examiner include, but are not limited to, the following:

- (1) Overseeing the administration of the psychomotor examination as the Department's and NREMT's representative, to ensure that exam administration conforms to Department's and NREMT's standards, including use of current NREMT skill sheets at all EMT levels;
- (2) Complying with conflict of interest requirements set out in the Department's Examiner's Manual;
- (3) Monitoring Examiners and regularly evaluating in writing their competency and effectiveness; and
- (4) Functioning in accordance with the procedures set forth in the Department's Examiner's Manual.

(B) Persons seeking Department approval as a Chief Examiner shall submit an application on a form provided by the Department. The minimum requirements for approval as a Chief Examiner are as follows:

- (1) Current certification as an EMT at a level equal to or greater than the EMT level for which the test is administered;
- (2) Successful completion, documented by a current training certificate, renewed biennially, of an instructor's course in Basic Life Support cardiopulmonary resuscitation provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR) or successor body;
- (3) At least two years of experience in providing pre-hospital emergency medical care as an EMT at a level equal to or greater than the EMT level for which the test is administered;
- (4) Successful completion of Chief Examiner training, orientation and internship requirements of the Department;
- (5) Current Department approval as an Examiner or successful completion of supplemental Chief Examiner training, in addition to that required under 105 CMR 170.942(B)(4), as required by the Department;
- (6) A favorable evaluation by the Department; and
- (7) For ALS Chief Examiners currently credentialed by NREMT as an Advanced Level Representative. For BLS Chief Examiners, currently credentialed by NREMT in accordance with any NREMT requirements for BLS-level psychomotor examinations.

(C) Duties of an Examiner. The duties and responsibilities of an Examiner include, but are not limited to, the following:

- (1) Administering the psychomotor examination in accordance with the Department's and NREMT standards, including providing a fair, impartial, accurate and knowledgeable assessment of each candidate's performance of required practical skills;
- (2) Complying with conflict of interest provisions set out in the Department's Examiner's Manual;
- (3) Working at the direction of the Chief Examiner on site; and
- (4) Functioning in accordance with the procedures set forth in the Department's Examiner's Manual.

(D) Persons seeking Department approval as an Examiner shall submit an application on a form provided by the Department. The minimum requirements for approval as an Examiner are as follows:

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- (1) Current certification as an EMT at a level equal to or greater than the EMT level for which the test is administered;
- (2) Successful completion, documented by a current training certificate, renewed biennially, of an instructor's course in Basic Life Support cardiopulmonary resuscitation provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR) or successor body;
- (3) At least two years' experience in providing pre-hospital emergency medical care as an EMT at a level equal to or greater than the EMT level for which the test is administered;
- (4) Successful completion of an Examiner training and orientation provided by the Department;
- (5) Successful completion of an internship under a Chief Examiner;
- (6) A favorable evaluation by the Department; and
- (7) Currently credentialed by NREMT in accordance with any NREMT requirements for psychomotor examiners, as applicable to EMT level for which test is administered.
- (8) Exception: The Department may waive any of the requirements listed in 105 CMR 170.942(D)(1) through (5) for Examiners who administer psychomotor examinations for EMTs at the Advanced EMT or Paramedic level. Requirements may be waived for a person seeking such approval if:
  - (a) The person is a registered nurse or physician and has clinical training and experience the Department determines is appropriately suited for administering a particular type(s) of station(s) for the practical portion of an examination; or
  - (b) The person is, or has been, an instructor in a Department-approved Intermediate or Paramedic training program and the Department determines the person's expertise and familiarity with the education and performance of ALS personnel qualified him or her to administer examinations.

(E) The Department may issue approval as a Chief Examiner or Examiner to an applicant who has successfully met all the requirements of 105 CMR 170.942 applicable to the requested level of approval. The term of such approval shall run concurrently with the term of the applicant's EMT certification.

170.943: Renewal of Approval as a Chief Examiner and Examiner

The Department may renew approval of a Chief Examiner or Examiner for an additional term to run concurrently with his or her EMT certification. A Chief Examiner or Examiner must apply for renewal or approval on a form provided by the Department, no later than 60 days prior to the expiration of the current approval. A person with an expired approval as a Chief Examiner or Examiner may not oversee or administer, as applicable, the Department's psychomotor examination.

- (A) To be eligible for renewal of approval, a Chief Examiner or Examiner must:
  - (1) Continue to meet the requirements of 105 CMR 170.942 applicable to his or her level of approval; and
  - (2) During the term of the immediate past approval period, have received a favorable evaluation from the Department as a Chief Examiner or an Examiner, as applicable. The Department's evaluation of an Examiner will be based, at a minimum, on evaluations by Chief Examiners.
- (B) The Department shall provide written confirmation of renewed approval as a Chief Examiner or Examiner, as applicable, to an applicant who successfully documents completion of the requirements of 105 CMR 170.943 and against whom there are no past enforcement actions of the Department with respect to that applicant, either as an EMT, a Chief Examiner or an Examiner, precluding renewed approval.

170.944: Grounds for Denial, Suspension, and Revocation of Examiner and Chief Examiner Approval or Reapproval

Approval or reapproval as an Examiner and/or Chief Examiner may be denied, suspended or revoked by the Department on the following grounds:

- (A) Failure to meet the requirements of 105 CMR 170.942 or 170.943;
- (B) Failure to function during an examination for EMT in accordance with Department standards and procedures established separately as administrative requirements and set forth in the Examiner's Manual;
- (C) Interfering with or deviating from the Department examination process for EMT certification so as to improperly influence or attempt to influence the outcome of an examination;
- (D) Failure to exercise reasonable care, judgment, knowledge, or ability in the performance of duties as an EMT, as an Examiner, Chief Examiner and/or in conducting any program regulated by the Department, or to perform those duties within the scope of his or her training and certification and/or approval;
- (E) Gross misconduct in the exercise of duties as an EMT, an Examiner, a Chief Examiner, and/or in conducting any program regulated by the Department;
- (F) Commission of any criminal offense relating to the performance of duties as an EMT, an Examiner, or a Chief Examiner including any conviction relating to controlled substances violations;
- (G) Any condition or action that endangers the health or safety of the public; or
- (H) Any violation of M.G.L. c. 111C or 105 CMR 170.000.

170.945: Department-approved EMT Training

- (A) All initial training programs must be provided by training institutions accredited by the Department pursuant to 105 CMR 170.946.
- (B) All initial paramedic training programs shall have received accreditation from CAAHEP, or, have initiated the process to obtain such accreditation, as documented by a Letter of Review. Paramedic training programs that have received a Letter of Review must maintain their Letter of Review and achieve CAAHEP accreditation in accordance with CAAHEP Letter of Review process.
- (C) All continuing education must either:
  - (1) Be provided by training institutions accredited by the Department pursuant to 105 CMR 170.946, or
  - (2) Have received individual program approvals by the Department pursuant to 105 CMR 170.960.

170.946: Accreditation of Training Institutions: General Provisions

- (A) Eligibility. A training institution seeking Department accreditation shall be an organization capable of providing programmatic and fiscal oversight of, and assuming accountability for, the instruction, operation, performance and evaluation of the training of EMTs and EMT-candidates. To be eligible to apply for accreditation, the training institution must provide, either directly or through contractual arrangements with a Department-accredited training institution or post-secondary educational institution, a basic infrastructure that:
  - (1) Employs quality assurance/quality improvement procedures for assessing the institution's performance;
  - (2) Adequately assesses the performance of instructors and assumes clear accountability for its instructors;
  - (3) Adequately assesses the performance of its students;

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- (4) Provides its students with adequate access to research and learning tools and materials, including, but not limited to, library facilities, computers, audio-visual educational aids and other technology determined to be necessary by the Department;
- (5) Provides adequate classroom facilities and practical skills training areas;
- (6) Provides adequate opportunities for students to complete clinical and field internships in a timely manner;
- (7) Provides adequate administrative support; and
- (8) Institutions providing paramedic training programs must have current CAAHEP accreditation of the paramedic training program, or a Letter of Review. Those that have a Letter of Review must maintain such Letter in accordance with CAAHEP Letter of Review process.

(B) Level of Accreditation. An applicant for accreditation shall specifically seek, and the Department shall grant qualified training institutions accreditation, at either the BLS and/or ALS level(s) of training.

(C) Application Process. An applicant for accreditation shall:

- (1) Complete and submit an application form provided by the Department;
- (2) Undergo an on-site evaluation by the Department;
- (3) Submit a non-refundable accreditation fee of \$1,500.00 for the entire term of accreditation.

(D) The Department shall accredit an applicant training institution in either one of two ways:

(1) Full Review: After receipt of a completed application, the Department makes a finding, based on review of the applicant, that:

- (a) The applicant is eligible, in accordance with 105 CMR 170.946(A);
- (b) The applicant is responsible and suitable, in accordance with 105 CMR 170.948; and
- (c) The applicant is capable of meeting the duties and responsibilities of accredited training institutions, pursuant to 105 CMR 170.950.

(2) Substantially Equivalent Review: The Department confirms a training institution has current accreditation in good standing that meets Department approval as substantially equivalent to the Department's process.

(a) A training institution may submit to the Department a letter of intent to seek accreditation based on substantially equivalent accreditation and attesting to its capability of, and commitment to, meeting the duties and responsibilities for accredited institutions, pursuant to 105 CMR 170.950, and documentation of its current accreditation.

(b) Accreditation on the basis of substantially equivalent accreditation shall run concurrent with the term of the substantially equivalent accreditation. The training institution shall submit documentation of maintenance of such accreditation. If such substantially equivalent accreditation is not maintained, the training institution's Department accreditation expires, unless the training institution submits an application and successfully meets the requirements of 105 CMR 170.946(D)(1) and the Department's administrative requirements.

(E) Term. Accreditation by the Department shall be for a term of no longer than three years. A complete renewal of accreditation application and accreditation fee must be filed with the Department six months prior to the expiration of accreditation.

170.947: Provisional Accreditation

(A) The Department may issue provisional accreditation to an applicant for either accreditation or renewal of accreditation when the applicant does not meet the requirements of 105 CMR 170.946 through 170.950, provided that the applicant has demonstrated to the Department's satisfaction a good faith intention to meet all such requirements and provided that the Department finds the applicant has provided adequate EMT training and evidences a potential for full accreditation within a reasonable period not to exceed one year.

(B) In order to be provisionally accredited, the applicant training institution shall document in writing a plan for meeting all the requirements for full accreditation, and the Department must have approved the plan.

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(C) Provisional accreditation shall expire one year after the date on which it was issued, and may be renewed for one additional year, subject to Department review and approval. The Department shall in no case issue provisional accreditation more than two consecutive times to the same training institution.

(D) During the period of its provisional accreditation, the training institution shall timely submit to the Department documentation and other information as may be required, in accordance with administrative requirements of the Department.

170.948: Finding of Responsibility and Suitability of Applicants for Accreditation

(A) Upon receipt and review of an application for accreditation, the Department shall make a finding concerning the responsibility and suitability of the applicant training institution. Findings may be based upon information concerning persons with a significant financial or management interest in the training institution. A determination of responsibility and suitability shall be based on factors including, but not limited to, the following:

- (1) The applicant's history, if any, of prior compliance with 105 CMR 170.000, 171.000: *Massachusetts First Responder Training*, M.G.L. c. 111C, and 105 CMR 700.000: *Implementation of M.G.L. c. 94C*;
- (2) The familiarity and experience of the applicant in operating an EMS training program approved under 105 CMR 170.000, or in operating adult vocational training or higher educational programs;
- (3) The applicant's ability to provide and sustain quality EMS training programs to serve the needs of students;
- (4) The ability of training institution administrators to operate the program in a manner sufficient to satisfy the requirements of 105 CMR 170.000 and/or 171.000: *Massachusetts First Responder Training*, as applicable;
- (5) Adequate financial resources of the applicant to provide training sufficient to meet the requirements of 105 CMR 170.000, as demonstrated by a current financial statement or current budget;
- (6) The adequacy of the training institution's legal capacity to operate, as demonstrated by articles of incorporation and corporate by-laws;
- (7) The applicant's history, if any, of any of the following:
  - (a) Any willful or deliberate failure to provide training to a person for reasons of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability;
  - (b) Any attempt to impede the work of a duly authorized representative of the Department or the lawful enforcement of any provisions of M.G.L. c. 111C or 105 CMR 170.000;
  - (c) Conviction of a criminal offense, such as drug abuse, rape, assault or other violent crime against a person, or related to the provision of training subject to the Department's approval; or
  - (d) Any attempt to obtain accreditation or training program approval by fraud, misrepresentation, or the submission of false information.

(B) If the Department is unable to make a finding of responsibility and suitability on the basis of any of the factors listed above, the applicant will have the burden of persuasion to prove the applicant's responsibility and suitability.

170.950: Duties and Responsibilities of Accredited Training Institutions

(A) Successfully prepare their students to achieve competency in the cognitive knowledge, psychomotor skills and professional behavior necessary to work effectively, upon Department certification, as EMTs at the level of their training.

(B) Conduct training programs in accordance with M.G.L. c. 111C, 105 CMR 170.000 and administrative requirements for the following:

- (1) Student performance outcome measures;
- (2) Academic and clinical staff;
- (3) Administrative staff;

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- (4) Current training course curricula, including incorporation of the Statewide Treatment Protocols;
  - (5) Supervised clinical and field internships;
  - (6) Ongoing student and instructor evaluation;
  - (7) Classroom space, psychomotor skills training areas and equipment;
  - (8) Timely submission of training program documentation to the Department; and
  - (9) Maintenance of accurate and appropriate records for a minimum of seven years following course completion.
- (C) Cooperate with site visits and inquiries of agents of the Department;
- (D) Upon request, make available to agents of the Department all records relating to the provision of EMS training programs;
- (E) Maintain an effective quality assurance/quality improvement system, which includes collection of data and adequate documentation to evaluate the program and assess its effectiveness in achieving educational goals and objectives;
- (F) Comply with applicable requirements pertaining to use and secure storage of controlled substances and instruments for administration of controlled substances, in accordance with requirements of the Department's Drug Control Program, pursuant to 105 CMR 700.000: *Implementation of M.G.L. c. 94C*;
- (G) Administer, in accordance with the Department's administrative requirements, the Department-approved psychomotor examination meeting NREMT standards for NREMT and state certification for the training institution's eligible students, and for eligible candidates as assigned by the Department; and
- (H) Pay an accreditation fee in the amount of \$1500 for the entire accreditation term upon application.

170.955: Grounds for Denial of Accreditation

- (A) Grounds for denial of accreditation include, but are not limited to, the following:
- (1) Failure to meet the requirements for becoming accredited by the Department, in accordance with 105 CMR 170.946;
  - (2) Failure to submit an application and fee in accordance with 105 CMR 170.946(C);
  - (3) Failure to satisfy the Department as to any of the grounds for determining the responsibility and suitability of the applicant under 105 CMR 170.948; or
  - (4) Fraud, deceit or knowing submission of inaccurate or incomplete data to the Department, either orally or in writing.
- (B) Denial of accreditation may be appealed in accordance with 105 CMR 170.760.

170.957: Grounds for Suspension, Revocation or Refusal to Renew Accreditation

- (A) Grounds for suspension or revocation of accreditation include, but are not limited to, the following:
- (1) Documented record of failure of accredited training institution's students to achieve acceptable performance outcome measures, in accordance with 105 CMR 170.950 and administrative requirements of the Department;
  - (2) Failure to meet the duties and responsibilities for accredited training institutions under 105 CMR 170.950;
  - (3) With respect to accreditation at the paramedic level, failure to maintain current CAAHEP accreditation in good standing;
  - (4) Failure to allow the Department or its agents to observe or evaluate programs, or to provide the Department upon its request, timely and appropriate documentation or information about the accredited training institution's EMS training program, as requested, including but not limited to training program records, personnel, facilities, classes, clinical practice sessions and field internships;

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- (5) Violation of a correction order;
- (6) Failure to submit an acceptable plan of correction as required under 105 CMR 170.710;
- (7) Failure to comply with a plan of correction;
- (8) Failure to pay a deficiency levied in accordance with 105 CMR 170.730;
- (9) Engaging in, or aiding, abetting, causing or permitting any act prohibited by M.G.L. c. 111C, 105 CMR 170.000 and administrative requirements of the Department;
- (10) Conviction of a criminal offense, such as controlled substances violations, or any crime that endangers the health and safety, or related to the provision of training subject to Department approval; or
- (11) Any attempt to maintain accreditation by fraud, misrepresentation or by omitting material facts or submitting false information to the Department, either orally or in writing.

(B) Suspension or revocation of accreditation may be appealed in accordance with 105 CMR 170.760.

170.960: Approval of Training Programs by Nonaccredited Training Providers

(A) Each training program offered by a nonaccredited training provider must be individually approved by the Department. Nonaccredited training providers may provide only continuing education programs.

(B) Any nonaccredited training provider seeking training program approval shall:

- (1) Submit a complete application on a form provided by the Department; and
- (2) Submit a copy of the application to the appropriate Regional EMS Council(s) or in compliance with Department administrative requirements.

(C) Separate program approval is required for each offering of continuing education training program, even if the same training program was previously approved and/or offered. Blanket approval may be obtained for multiple offerings of the same training program in a single calendar year.

(D) Applicants denied approval may re-apply for approval, but not more than once in the 12 months following denial.

(E) Any publications or advertisements concerning the program shall accurately reflect the education and training being offered.

(F) Prior to receipt of Department approval for a training program pursuant to 105 CMR 170.960(A), no nonaccredited training provider shall:

- (1) Advertise such a training program as approved by the Department;
- (2) Accept applications from prospective students; or
- (3) Conduct any classes for such a training program.

170.964: Standards for Training Programs by Nonaccredited Training Providers

Nonaccredited training providers seeking Department approval for training programs, pursuant to 105 CMR 170.960, shall meet the following requirements:

(A) Training program subject matter must be relevant to the role and responsibilities of the EMT and conform to standards of practice in the Statewide Treatment Protocols.

(B) All training program instructors must have education and experience appropriate to the subject matter and to adult instruction. The nonaccredited training provider shall establish and maintain an effective quality assurance/quality improvement system for oversight and evaluation of instructors' performance, in accordance with administrative requirements of the Department.

(C) All training programs shall be conducted in appropriate classroom space with appropriate educational aids and equipment, in accordance with administrative requirements of the Department. Nonaccredited training providers that offer training programs requiring practice of skills must also provide an appropriate laboratory setting and appropriate equipment for performing such skills, in accordance with the Department's administrative requirements.

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(D) Each training program presented for approval must contain appropriate objectives, content outline, teaching method and instructional media, and measurement/evaluation method, in accordance with administrative requirements of the Department.

(E) The training provided shall be consistent with the approved application.

(F) The nonaccredited training provider shall maintain original attendance rosters or other attendance documentation, in accordance with administrative requirements of the Department for each session of the training program, for seven years.

(G) The nonaccredited training provider shall make available to agents of the Department upon request all records relating to the provision of EMS training programs;

(H) The nonaccredited training provider shall issue course completion documentation to those who have successfully completed the training program, in accordance with administrative requirements of the Department.

170.970: Request for Subsequent Approval of Training Programs by Nonaccredited Training Providers

In addition to the provisions set forth in 105 CMR 170.960 through 170.964, when a nonaccredited training provider that had previously received Department approval for an EMT training program requests approval for a subsequent training program, the Department shall evaluate the request in the light of its conduct of past training programs. This includes, but is not limited to, consideration of the following:

(A) The nonaccredited training provider's history of compliance with 105 CMR 170.000, including but not limited to, submission of complete and timely applications for approval, issuance of course completion documentation to those students who have successfully completed programs and other documentation as requested by the Department; and

(B) The nonaccredited training provider's cooperation with inquiries and site visits by representatives of the Department.

170.976: Grounds for Denial, Suspension, or Revocation of Approval of Training Programs by Nonaccredited Providers

The following reasons constitute grounds for denial, suspension, or revocation of program approval:

(A) Failure, at any time, to allow the Department to inspect, observe, or evaluate a training program, including the training program's personnel, facilities, classes, and practical skills sessions associated with such program;

(B) Use of training or administrative personnel not competent for the type of training offered;

(C) Failure to meet any of the requirements for approval and conduct of training programs as set forth in 105 CMR 170.960 through 170.970 and in administrative requirements of the Department;

(D) Conviction of a criminal offense related to the provision of training that requires Department approval;

(E) Failure to observe recognized professional standards in the course content and operation of the training program;

(F) Any attempt to obtain or maintain training program approval by fraud, misrepresentation or by omitting material facts or submitting false information to the Department, either orally or in writing;

(G) Failure to keep accurate and adequate records, including the names and addresses and type of training completed of all graduates and attendees;

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- (H) Such conduct or actions, including any listed in 105 CMR 170.976(A) through (F), as indicates a lack of suitability or responsibility which may result in harm to the health and safety of the public;
- (I) Failure to submit an application in accordance with the requirements of 105 CMR 170.000 or the Department's application procedures;
- (J) Failure to offer training that is consistent with the approved application; or
- (K) Engaging in, or aiding, abetting, causing or permitting any act prohibited by M.G.L. c. 111C, 105 CMR 170.000 or administrative requirements of the Department.

170.977: Instructor/Coordinators: Duties and Requirements for Approval

The Department shall approve personnel as Instructor/Coordinators (I/Cs), who shall be the sole persons authorized to teach an initial training program at the EMT-basic level.

(A) The duties and responsibilities of an Instructor/Coordinator include, but are not limited to, the following:

- (1) Planning, developing, instructing and coordinating the EMT-basic classes in accordance with 105 CMR 170.810 and the administrative requirements of the Department;
- (2) Managing and ensuring quality of the delivery of EMT-basic classes, whether delivered by personal lecture or practical demonstration, or by specialty and guest lecturers. Such quality assurance shall include, at a minimum, a system that incorporates collection of data and adequate documentation to evaluate the EMT-basic classes and assess their effectiveness in achieving educational goals and objectives, in accordance with the administrative requirements of the Department;
- (3) Remaining current and knowledgeable with regard to all EMT-basic procedures, equipment, training curricula, the Statewide Treatment Protocols, 105 CMR 170.000 and M.G.L. c. 111C pertaining to the provision of prehospital care and the role and responsibilities of the EMT; and
- (4) Making available to agents of the Department upon request all records relating to the provision of EMS training.

(B) Persons seeking Department approval as an Instructor/Coordinator shall submit an application on a form provided by the Department. The minimum requirements for approval by the Department as an Instructor/Coordinator are as follows:

- (1) Current certification as an EMT-basic;
- (2) Current certification as an Instructor in Basic Life Support cardiopulmonary resuscitation;
- (3) A minimum of one year's experience as an EMT certified at the EMT-basic level providing pre-hospital care;
- (4) Successful completion of a Department-approved EMT instructor-training course that includes adult education, psychomotor skills and affective learning components, or Department-approved substantially equivalent training;
- (5) Successful completion of an orientation provided by the Department;
- (6) Competency in teaching and knowledge of the subject matter as demonstrated by a favorable evaluation by the Department.

(C) The Department may issue a certificate of approval to an applicant who has successfully met all requirements of 105 CMR 170.977. The term of such approval shall run concurrently with the term of the applicant's EMT certificate.

170.978: Renewal of Approval as an Instructor/Coordinator

The Department may renew approval of an Instructor/Coordinator. An Instructor/Coordinator must apply for renewal of approval on a form provided by the Department, no later than 60 days prior to the expiration of the current approval. A person with an expired approval as an Instructor/Coordinator may not teach initial training programs at the EMT-basic level.

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- (A) To be eligible for renewal of approval, an Instructor/Coordinator must:
- (1) Continue to meet the requirements of 105 CMR 170.977 and administrative requirements of the Department with respect to Instructor/Coordinators;
  - (2) During the term of the immediate past approval period, have been responsible for fulfilling, and have carried out, all the duties and responsibilities of an Instructor/Coordinator set out in 105 CMR 170.977(A) with respect to a Department-accredited initial EMT training program; and
  - (3) Successfully complete Instructor/Coordinator training updates as required by the Department.
- (B) The Department shall provide written confirmation of renewed approval as an Instructor/Coordinator to an applicant who documents completion of the requirements of 105 CMR 170.978 and against whom there are no past enforcement actions of the Department with respect to that applicant, either as an EMT or as an Instructor/Coordinator, precluding renewed approval.

170.979: Grounds for Denial, Suspension, and Revocation of Instructor/Coordinator Approval or Reapproval

Approval or reapproval as an Instructor/Coordinator may be denied, suspended, or revoked by the Department on any of the following grounds:

- (A) Failure to meet the requirements of 105 CMR 170.977 or 170.978;
- (B) Failure to conduct and/or administer Department-approved training in accordance with Department administrative requirements;
- (C) Interfering with the examination and/or certification process so as to improperly influence or attempt to influence the outcome of the examination;
- (D) Failure to provide evidence of documentation of the requirements of 105 CMR 170.977 to the Department upon request;
- (E) Failure to exercise reasonable care, judgment, knowledge, or ability in the performance of duties as an EMT or as an instructor when conducting any program regulated by the Department, or to perform those duties within the scope of his/her training and certification and/or approval;
- (F) Gross misconduct in the exercise of duties as an Instructor/Coordinator, an EMT, a Chief Examiner or an Examiner, including but not limited to any conviction relating to controlled substances violations;
- (G) Commission of any criminal offense relating to the performance of duties as an Instructor/Coordinator, an EMT, a Chief Examiner or an Examiner, including but not limited to any conviction relating to controlled substances violations;
- (H) Any condition or action that endangers the health or safety of the public; or
- (I) Any violation of M.G.L. c. 111C or 105 CMR 170.000.

170.1000: Severability

If any rule contained herein is found to be unconstitutional or invalid by a Court of competent jurisdiction, the validity of the remaining rules will not be so affected.

REGULATORY AUTHORITY

105 CMR 170.000: M.G.L. c. 111C.