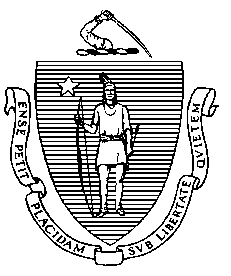
The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619



MARYLOU SUDDERS

Secretary

MARGRET R. COOKE

Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

To: Commissioner Margret Cooke and Members of the Public Health Council

From: Elizabeth Kelley, Bureau Director, Bureau of Health Care Safety and Quality

Date: October 12, 2022

RE: Informational Briefing on Proposed Amendments to 105 CMR 171.000, *Massachusetts First Responder Training*

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**I. Introduction**

The purpose of this memorandum is to provide the Public Health Council (PHC) with information about proposed amendments to 105 CMR 171.000, *Massachusetts First Responder Training.*

This regulation establishes training standards in first aid and cardiopulmonary resuscitation (CPR) for certain police officers, firefighters and lifeguards, defined under statute to be "first responders.” The first responder training statute, MGL c. 111, section 201, mandates this regulation, as the statute defers to the Department to define the standards of this critical training. Because police officers, firefighters and state and municipal lifeguards are often the very first people on the scene of a medical or trauma-related emergency, the purpose of this regulation is to ensure that first responders have adequate baseline training to provide immediate medical care.

**II. Summary of Proposed Changes**

**171.050 (Definitions)** – The Department proposes amending the following definitions:

* Removing the definitions for “appropriate health care facility,” “chief executive officer,” and “program director,” as these terms *are not used* in the regulation.
* Adding definitions for “Emergency Medical Technician,” “National EMS Education Standards,” and “Statewide Treatment Protocols” as these terms *are used* in the regulation.
* Amending the definition of “trip record” to “patient care report” to align with 105 CMR 170.000, *Emergency Medical Services System*.

**171.120 (Refresher Training Deadlines) –** The Department proposes amending the regulation to require first responders to complete a refresher CPR course every two years, as opposed to the current regulatory requirement for every year, to align with current practices of the national organizations that offer CPR training, such as the American Heart Association (AHA). For nearly the past 30 years, these organizations have offered trainings only every two years; these amendments update the regulation to reflect this.

**171.130 (Initial and Refresher Training in First Aid)** – In order to align with current practices for national CPR training (which does not have a distinction between initial and refresher courses) and to streamline the regulation, the Department proposes consolidating the sections on initial training and refresher training into one section, as the requirements for both trainings are the same.

**171.150 (Initial and Refresher Training in Cardiopulmonary Resuscitation)** –

* Similarly, to align with current practice for national CPR training and to streamline the regulation, the Department proposes consolidating the sections on initial training and refresher training into one section, as the requirements for both trainings are the same.
* In the past, a committee within AHA set national CPR standards. However, since 2015, Consensus on Science with Treatment Recommendations (CoSTR), a committee within the International Liaison Committee on Resuscitation (ILCOR), has set these standards. Accordingly, the Department proposes to update this section to reflect these updates and to align the standards within these regulations with ILCOR’s (105 CMR 170.000 was also updated in this way in 2016).

**171.165 (Approval of Programs for Training First Responders in Administration of Medications as Approved by the Department); 171.227 (Documentation Required for Optional Administration of Medications Approved by the Department) –** The Department proposes eliminating specific references to the administration of epinephrine and naloxone, and instead make reference to medications approved by the Department, in accordance with Drug Control Program (DCP) regulations as well as the Statewide Treatment Protocols. This provides more flexibility, if in the future DPH broadens the scope of what medications first responders can administer.

**171.180 (Optional Utilization of Automatic/Semi-automatic Defibrillation); 171.225 (Documentation Required for Use of Automatic/Semi-automatic Defibrillation)** – The Department proposes removing this section because for at least the past 30 years, utilization of automated external defibrillators (AEDs) has been covered in the CPR training/certification and is required of all first responders. This section is obsolete.

**171.223 (Appointment of Designated Infection Control Officer)** – The Department proposes clarifying in this section that unprotected exposures of first responders must be reported, in accordance with 105 CMR 172.000, as well as updating the name of the 105 CMR 172.000 regulations, which were updated earlier this year (April 2022).

**III. Next Steps**

The Department intends to conduct a public comment hearing and will then return to the PHC to report on testimony and any recommended changes to the proposed amendments. Following final action by the PHC at a future meeting, the Department will be able to file the final amendments with the Secretary of the Commonwealth.

The proposed amendments to 105 CMR 171.000 are attached to this memorandum.