

# Mobile Integrated Health Care & Community EMS Programs

## Defined List of Community EMS Services

Department of Public Health  
Bureau of Health Care Safety & Quality  
Office of Emergency Medical Services  
[www.mass.gov/MIH](http://www.mass.gov/MIH)

### ABOUT THE DEFINED LIST OF COMMUNITY EMS SERVICES

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In consultation with state partners and stakeholders, the Department of Public Health (DPH) has defined a list of approved services which applicants may apply to provide as part of a Community EMS (CEMS) program.

#### **CEMS program applicants should consider aligning proposals with the five current EOHHS/DPH Issue Priorities:**

- Supporting youth and adolescents with complex needs
- Investing in economic empowerment and resilience
- Transforming behavioral health
- Preparing for an aging population
- Improving agency front door access

CEMS program applicants may submit a petition to add a new service to the list of approved CEMS services listed below by submitting a written request with appropriate supporting evidence to DPH.

### ADDITIONAL RESOURCES

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More information about CEMS, the CEMS application, and the approved CEMS services is available on the MIH website at [www.mass.gov/MIH](http://www.mass.gov/MIH). Visit the MIH website today to:

- **Download and complete the CEMS application:**  
<https://www.mass.gov/how-to/apply-to-operate-a-community-ems-program>
- **Learn more about the Defined List of Community EMS Services, including additional resources for several of these services:**  
[www.mass.gov/info-details/approved-community-ems-services](http://www.mass.gov/info-details/approved-community-ems-services)
- **Access the Petition Form to request the approval of a new CEMS service to add to the Defined List of Community EMS Services:**  
<https://www.mass.gov/how-to/apply-to-operate-a-community-ems-program>

If you have questions about Community EMS, MIH, or MIH with ED Avoidance, please contact the MIH Program at [MIH@state.ma.us](mailto:MIH@state.ma.us) or 617-753-8484.



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## APPROVED COMMUNITY EMS SERVICES

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### Assistance with environmental lead (Pb) testing

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

Assisting a community member with environmental lead testing processes (i.e., testing of lead-painted surfaces or soil) will allow for in-home risks to be understood by the community. EMS personnel can help with sample collection, mailing, and interpretation of results as well as providing resources to help with remediation. Neither EMS agencies nor EMS personnel should be responsible for the reporting of results. EMS personnel will not be responsible for the results of testing.

### Assistance with radon and air quality testing

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

EMS personnel can assist with referral, placement, procedures and interpretation of results to community members who may have difficulty following up on initiating and completing a Radon or Air Quality test. EMS agencies and EMS personnel are not responsible for the reporting of results or for the results of testing but provide services to improve testing rates and completion.

### Asthma evaluation

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

EMS personnel can evaluate the home environment for asthma triggers and provide assistance with initial education on peak flow testing for asthmatics in the home environment. Referrals from the emergency department and an individual's PCP can help evaluate if asthma is being well controlled in the home. Patients with active shortness of breath must be treated as a medical emergency when applicable.

### Behavioral health home and community referrals

#### ***EOHHS/DPH Issue Priority: Transforming behavioral health***

EMS personnel can assist with referral and scheduling appointments with behavioral health resources or provide brochures and contact information. Written documentation of the referral is required.

### Child passenger safety

#### ***EOHHS/DPH Issue Priority: Supporting youth and adolescents with complex needs***

EMS personnel can make referrals to a local Child Passenger Safety expert as well as make recommendations that improve the safety of children in vehicles. This can include car seats, the dangers of hot cars and seat belt safety education both in the community and in private residences. Referral to a local Child Passenger Safety Seat Technician must be available.

### Children with special care needs evaluation

#### ***EOHHS/DPH Issue Priority: Supporting youth and adolescents with complex needs***

An in-home visit by EMS personnel to families with children with special care needs can encourage proactive information exchange and minimize misunderstandings should EMS be called to the home in an emergency. A discussion with family members about the types of care needed as well as the technical aspects of any assistive equipment can enable adequate EMS emergency service provision when needed. Documentation should be prepared and shared with dispatch when possible.



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### Depression and suicide prevention resource lists in the community

#### ***EOHHS/DPH Issue Priority: Transforming behavioral health***

EMS personnel can provide referrals, brochures and assist with locating community resources for depression and suicide prevention. EMS can also provide community education on recognizing the signs and symptoms of depression and suicide risks as well as treatment resources in the local community.

### Emergency preparedness individual evaluation

#### ***EOHHS/DPH Issue Priority: Improving agency front door access***

EMS personnel can provide individuals or families with an evaluation of their home's emergency preparedness. Checklists and reviews of current supplies and plans can help families be prepared for emergency situations. Preparation and prevention discussion on home safety, evacuation procedures and required supplies can help families and pets stay safe.

### Fire and burn prevention and education

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

Burns are a significant cause of pain, disfigurement, and infection. EMS personnel can provide education on prevention of burns, potential treatments for burns as well as indications for when to call 911. Prevention can include smoke and carbon monoxide alarms, water heater temperature checks and code evaluation of heat sources in the home.

### Firearms safety

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

EMS personnel are given access to the home environment that allows for suggestions of safe storage and use of firearms. Providing family members who have a gun in the household with referral tools for local firearm safety classes encourages safe gun ownership. Providing gun locks and suggestions for gun safes and storage can increase pediatric safety and reduce impulse use. Lethal means counseling and education on gun safety have been shown to reduce gun incidents both in accidental and intentional gun deaths.

### Health promotion screening

#### ***EOHHS/DPH Issue Priority: Preparing for an aging population***

EMS personnel can provide community education and health promotion screenings at health promotion screening events. Laboratory testing at Health Promotion Screening events is subject to review and approval by the DPH Clinical Laboratory Program pursuant to [105 CMR 180.030 \(D\)](#). Further information, including the Health Promotion Screening application, may be found at [Health Promotion Screen Application information](#).

### Home and community falls prevention

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

Falls Prevention can be accomplished by in-home visits and screenings along with simple improvements: clearing pathways, evaluating toilet and kitchen access, installing grab bars, removing access obstacles, and recommending additional appropriate tools to prevent falls.



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### Home safety evaluation

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

Home safety impacts residents, families, and the larger community. The Massachusetts Housing website includes resources to address home safety in the community. EMS personnel may be given access to a home when local fire or law enforcement may not and can provide crucial information about safety risks for a particular home.

### Unhoused and housing instability

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

Providing support to those experiencing housing instability can prevent future emergencies. EMS personnel can provide referrals to nutrition, shelter, housing, and utility resources. Specifically, providing local resources for veterans, domestic abuse victims, and families in vulnerable situations could improve your community's well-being. Keeping a verified list of resources available in the local community can keep patients secure and prevent emergency situations. Social work and case management referrals will increase awareness of at-risk community members.

### Naloxone information and training

#### ***EOHHS/DPH Issue Priority: Improving agency front door access***

Providing information about naloxone and its use as well as education on indications and contraindications will catalyze community health improvements. Education will include a demonstration of the procedure as well as the indications for a community member to call 911 to prevent further injury. Training can be provided to patient and family following a 911 call when family requests it but only after full medical evaluation of patient has been completed. Training to police officers and other first responders is encouraged.

### Poison control home evaluation

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

Household chemical and medication safety education, particularly around preventing overdoses and dosing errors in the home or community, can be a highly effective preventive measure. Education and assistance with this process can reduce unnecessary emergency department visits and provide opportunities to educate families about risks associated with certain types or combinations of medications. Home evaluations should follow Poison Control guidelines.

### Provision of primary care resource list and referral

#### ***EOHHS/DPH Issue Priority: Improving agency front door access***

EMS personnel can offer education to individuals who do not have a PCP, are frequent 911 callers or frequent visitors to emergency departments by providing them information about primary care and other health care specialty resources in the community. Assistance and support to help make a PCP connection for an individual is encouraged.

### Sharps awareness

#### ***EOHHS/DPH Issue Priorities: Improving agency front door access***

Residential sharps are banned from disposal in the municipal waste stream. A large share of Massachusetts households do not have an option for residential sharps disposal. EMS services can provide sharps disposal drop-off locations (e.g. drop boxes), hold periodic waste collection dates, and provide referrals to resources that will reduce the number of accidental sharps injuries.



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### Substance use disorders education

#### **EOHHS/DPH Issue Priority: Transforming behavioral health**

EMS personnel can provide education and referral to programs to help reduce tobacco use as well as provide clinical information on the effects of various substances of abuse. Referrals should include notification of the individual's PCP.

### Vaccinations (by paramedics only)

#### **EOHHS/DPH Issue Priority: Preparing for an aging population**

Only paramedics may administer flu vaccines and other vaccinations designated by the Department to persons 18 years old and over, as authorized by clinical protocols in a Department-approved MIH or Community EMS Program. [See 105 CMR 700.003\(A\) \(4\) of the Drug Control Program \(DCP\) regulations.](#)

The primary ambulance service's affiliate hospital medical director is responsible for establishing clinical protocols governing such vaccinations by paramedics.

If vaccine responsibility is to be maintained by the primary ambulance service at their base locations, all applicable vaccine storage requirements must be followed, as referenced in DCP regulations. Documentation of immunization must be maintained in accordance with local public health authority processes and comply with federal and DCP regulations. Description of program must include intended population for vaccination and how vaccine acquisition and storage will be handled. Visit the [Centers for Disease Control and Prevention website](#) for more information on storage and handling of vaccines.

Eligible healthcare providers who wish to receive vaccine from the [Massachusetts Department of Public Health Immunization Program](#) must enroll each year. Find more information on eligibility, enrollment and additional requirements in the [Program's Frequently Asked Questions](#).

### Water safety

#### **EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience**

EMS personnel can provide water safety advice that will prevent unnecessary risks in a water environment. This can include education, providing information on flotation devices, drowning prevention tips and improving compliance with the use of flotation devices as well as other water safety tools.

### Welcome Family (home evaluation for new caregivers)

#### **EOHHS/DPH Issue Priority: Supporting youth and adolescents with complex needs**

Welcome Family is a program of the [Massachusetts Home Visiting Initiative](#). The program offers a universal one-time nurse home visit to all mothers with newborns. Welcome Family assesses mother and newborn health and well-being and provides education, support, and referrals to services as needed. EMS personnel can participate in the program and provide required services after participating in training by the new parent initiative staff or make referrals in conjunction with the new parent initiative staff.

### Well-being checks

#### **EOHHS/DPH Issue Priority: Preparing for an aging population**

An evaluation of a patient for weight, blood pressure, blood sugar and medication confirmation with simple screening tools can occur in the home or community. Medication Confirmation checks include a review of newly prescribed medications for a recently discharged patient upon arrival at home, ensuring the patient understands discharge instructions; and a review for any duplicate medication prescriptions noted. Referrals to the patient's pharmacy or primary care provider (PCP) must occur immediately when any issues are noted. Documentation must be completed by EMS personnel and referrals back to discharging provider are required when indicated.



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### Windows falls prevention

#### ***EOHHS/DPH Issue Priority: Investing in economic empowerment and resilience***

EMS personnel can provide education to community members on egress and ingress in multi-story homes as well as provide and recommend/install window bars, appropriate window locks, and ladders for egress as needed.

