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MPTC CPR / FIRST RESPONDER

FREQUENTLY ASKED QUESTIONS SHEET

Regulatory Authority of the CPR / First Responder Program

MGL c 111 s 201

Section 201. Members of police and fire departments, members of the state police participating in highway patrol, persons appointed permanent or temporary lifeguards by the commonwealth or any of its political subdivisions, and members of emergency reserve units of a volunteer fire department or fire protection district shall be trained to administer first aid, including, but not limited to, cardiopulmonary resuscitation by July first, nineteen hundred and seventy-eight, including those appointed on or after January first, nineteen hundred and seventy-six and may be trained in automatic or semi-automatic cardiac defibrillation. The training shall meet the standards for first aid training prescribed by the department and shall not be less than the standards established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association and shall be satisfactorily completed by them as soon as practical, but in no event more than one year after the date of their employment. Satisfactory completion of a refresher course approved by the department in cardiopulmonary resuscitation each year and in other first aid every three years shall also be required. The training and equipment for automatic or semi-automatic cardiac defibrillation shall meet standards prescribed by the department.

The department shall coordinate the provision, by county, of training required by this section. Such training shall be provided at no cost to the trainee.

This section shall not apply to police officers, fire fighters and persons engaged in police and fire work whose duties are primarily clerical or administrative.

105 CMR 170.020 Definitions

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 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 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, as defined in 105 CMR 170.020.

Primary Instructor means a person who is responsible for conducting a training program designed to meet the minimum standards set forth in administrative requirements established by the Department and who has met the basic instructor qualifications set forth in the Department's administrative requirements. This term does not include instructors for courses listed in 105 CMR 171.130(B).

Trip Record means a report generated by all services to document every response to an EMS call, including each time an EMS vehicle or first responder agency vehicle is dispatched, whether a patient is encountered or transported by an ambulance service.

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.

105 CMR 171.000

171.010: Purpose

105 CMR 171.000 is set forth for the purpose of interpreting and implementing M.G.L. c. 111, § 201, which confers on the Department of Public Health the responsibility for establishing training standards in first aid, including cardiopulmonary resuscitation, for certain police officers, fire fighters and lifeguards, hereinafter referred to as 'first responders'.

Authority 105 CMR 171.000 is adopted under the authority of M.G.L. c. 111, §§ 3 and 201, and St. 1976 c. 324.

Citation 105 CMR 171.000 shall be known as 105 CMR 171.000: Massachusetts First Responder Training.

Scope and Application 105 CMR 171.000 applies to first responders, who are required to be trained to administer first aid under M.G.L. c. 111, § 201 and are not certified and working as EMS first responders (EFRs). The training, certification, and scope of practice of EFRs, and the licensure and responsibilities of the EMS first response (EFR) services with whom they work, are governed by 105 CMR 170.000

171.100: Initial Training Deadlines

Each first responder shall satisfactorily complete initial training in first aid, including cardiopulmonary resuscitation, as soon as practical, but in no event more than one year after the date on which he/she became first responder; except that lifeguard's shall satisfactorily complete initial training in first aid, including cardiopulmonary resuscitation, within 15 days after the lifeguard's first day of employment.

171.120: Refresher Training Deadlines

(A) Each first responder shall satisfactorily complete a refresher course in first aid, other than cardiopulmonary resuscitation, **every three years** after initial training in first aid.

(B) Each first responder shall satisfactorily complete a refresher course in cardiopulmonary resuscitation **each year** after initial cardiopulmonary resuscitation training.

171.130: Initial Training in First Aid

Initial training in first aid, other than cardiopulmonary resuscitation, shall mean satisfactory completion of one of the following:

(A) A training course that meets the minimum standards for Department-approved first responder training, as specified in administrative requirements established by the Department.

(B) Any course which has received prior approval by the Program Director as at least equivalent in scope and quality to 105 CMR 171.130(A), such as:

(1) an emergency medical technician training course approved by the Department pursuant to 105 CMR 170.000; and

(2) the Advanced First Aid and Emergency Care Course conducted by the American Red Cross;
or

(3) in the case of lifeguards only, a standard first aid course or an equivalent training course as determined by the department.

171.150: Initial Training in Cardiopulmonary Resuscitation

Initial training in cardiopulmonary resuscitation shall mean, at a minimum, successful completion of a basic cardiac life support health care professional rescuer course in cardiopulmonary resuscitation, including use of an automatic/semi-automatic defibrillator, no less than the standard established by the Committee on Cardiopulmonary Resuscitation and

Emergency Cardiac Care of the American Heart Association, which results in receipt of a training card.

171.160: Refresher Training in Cardiopulmonary Resuscitation

Refresher training in cardiopulmonary resuscitation shall mean, at a minimum, successful completion of either a basic or a refresher training course in cardiopulmonary resuscitation-basic life support, no less than the standard established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association, which results in renewal of the training card.

171.165: Approval of Programs for Training First Responders in Epinephrine Auto-injector Devices and Naloxone or Other Opioid Antagonist Approved by the Department

The Department shall approve training programs for first responders in the use of epinephrine auto-injector devices and naloxone or other opioid antagonist approved by the Department that meet the following requirements: (A) Such program's medical director has approved the specific training program; and
(B) The training program meets the minimum standards established by the Department as administrative requirements.

171.180: Optional Utilization of Automatic/Semi-automatic Defibrillation

A first responder may utilize automatic/semi-automatic defibrillation equipment, provided that:
(A) The first responder meets the requirements for training pursuant to 105 CMR 171.150; and
(B) The utilization is in accordance with the Statewide Treatment Protocols established under 105 CMR 170.000; and
(C) The first responder is affiliated with a first responder agency the meets the requirements of 105 CMR 171.225.

71.200: Maintenance of Records

Each first responder agency shall maintain current, accurate records documenting first aid training, including cardiopulmonary resuscitation training, for each first responder. Such records shall be maintained at the main office of the first responder agency and shall be available for inspection by the Department. Records shall be kept for a period of not less than five years after completion of the training program and shall be stored in such a manner as to ensure reasonable safety from water and fire damage.

171.210: Contents of Records

The following records shall be maintained for each first responder:
(A) For training that complies with 105 CMR 171.130(A), an outline of the training program, including the location, date and name of the course, attendance and examination records, an outline of the course contents, and documentation of the qualifications of the primary instructor, or

- (B) For training that complies with 105 CMR 171.130(A) or (B), a copy of current certification or other documentation of successful completion of training, and
- (C) A copy of a current training card documenting successful completion of initial and refresher training, as required by 105 CMR 171.150 or 171.160.

171.220: Records Issued to the First Responder by the First Responder Agency.

Each first responder agency shall issue to each first responder a, card, or other record documenting successful completion of initial and refresher training programs. The card or other record shall include the location, date and name of the course taken and shall be signed by the primary instructor and the chief executive officer. A current training card documenting successful completion of initial, or refresher training required by 105CMR 171.150 and 171.160, or, only in the case of lifeguards, standard first aid or equivalent first aid training card. or current certification as an EMT shall be deemed equivalent and will be acceptable under 105 CMR 171.220. 171.223 Appointment of Designated Infection Control Officer For the purpose of receiving notifications and responses from health care facilities regarding exposures to infectious diseases dangerous to the public health, as defined in 105CMR 172.001, reporting said exposures to first responders, and making requests on behalf of first responders, each first responder agency shall appoint one officer of the agency to act as a designated infection control officer. Each agency shall ensure that its first responders are informed of the requirements relating to the reporting of exposures to the infectious diseases set forth in 105 CMR 172.001: Definitions - Infectious Diseases Dangerous to the Public Health.

171.225: Documentation Required for Optional Use of Automatic/Semi-automatic Defibrillation

Any first responder agency that chooses to utilize automatic/semi-automatic defibrillation shall maintain a memorandum of agreement with a hospital or a consortium of hospitals, to provide medical control for first responders. The agreement shall identify a medical director to assume responsibility for all aspects of medical control of the program. Medial control shall include:

(A) The review of all uses of automatic/semi-automatic defibrillators by first responders.

(B) The maintenance of a systemwide database of cardiac arrest trip records filed by first responders with participating services, and the submission of summary reports to the Department upon request.

(C) The establishment of policies:

(1) to ensure that first responders complete the manufacturer's training in use of the automatic/semiautomatic defibrillator.

continued

(2) for proper preventive maintenance schedules of automatic/semi-automatic defibrillator equipment; and

(3) to ensure that trip records are submitted to the medical director and appropriate health care facilities to which patients are transported.

171.227: Documentation Required for Optional Use of Epinephrine Auto-injector Devices and/or Naloxone or Other Opioid Antagonist Approved by the Department.

Any first responder agency that chooses to utilize epinephrine auto-injector devices, in accordance with 105 CMR 700.003(D), shall maintain a current memorandum of agreement with a hospital or hospital consortium to provide medical control for their first responders authorized to utilize epinephrine auto-injector devices. The agreement shall identify a medical director to assume responsibility for all aspects of the medical control of the program. Any first responder agency that chooses to utilize naloxone or other opioid antagonist in accordance with 105 CMR 700.003(D) shall maintain a current memorandum of agreement with a medical director. The memorandum of agreement in each case shall address acquisition and replacement of the devices, quality assurance, treatment protocols, training, record keeping, shelf life of the medication and proper storage and disposal conditions.

105 CMR 172.000: Implementation of Massachusetts General Laws C. 111, § 111C, Regulating the Reporting of Infectious Diseases Dangerous to the Public Health

Care Provider shall mean any person including, without limitation, an emergency medical technician (EMT), an EMS first responder (EFR), both as defined in 105 CMR 170.020, a first responder, as defined in 105 CMR 171.050 or corrections officer, who, while acting in his or her professional capacity, attends, assists, or transports a person to a health care facility.

Designated Infection Control Officer shall mean the officer appointed by each ambulance service, EMS first response (EFR) service, as defined in 105 CMR 170.020, and first responder agency, as defined in 105 CMR 171.050, for the purposes of, but need not be limited to, (1) receiving notifications of exposures to infectious diseases dangerous to the public health from health care facilities and (2) notifying the indicated care provider(s) of an exposure to an infectious disease dangerous to the public health.

Unprotected Exposure shall mean an exposure capable of transmitting a bloodborne infectious disease dangerous to the public health as defined in 105 CMR 172.001 and is limited to the following: (1) Puncture wounds - including punctures resulting from: (a) used needles; (b) glass and other sharp objects contaminated with blood; or (c) human bites; (2) Blood to blood contact through open wounds, which includes: open cuts, sores, rashes, abrasions or conditions that interrupt skin integrity; and (3) Mucous membrane contact - including such contact as would occur with mouth to mouth resuscitation or eye splashing with infected fluids. Such fluids would include blood, sputum, oral and nasal secretions.

Unprotected Exposure Form shall mean a standardized form, developed, and distributed by the Department of Public Health, which shall contain, but need not be limited to, the following:

(1) identifying information about the patient, including his/her name, address, and incident location.

(2) identifying information about the ambulance and EFR service(s) and first responder agency(ies) that responded to the call.

(3) identifying information about the care provider who may have sustained an unprotected exposure including his/her name, address, and the specific nature of his/her potential exposure; and

(4) name of the designated infection control officer for the service completing the report.

172.002:

Submission and Maintenance of the Unprotected Exposure Form

(A) Immediately upon arrival at a health care facility, the transporting care provider shall provide the admitting agent or appropriate employee of the health care facility with an Unprotected Exposure Form for every patient transported from whom the care provider may have suffered an unprotected exposure.

(B) Other care providers who may have sustained an unprotected exposure shall file at the health care facility to which the patient was transported an Unprotected Exposure Form for every patient from whom he or she may have suffered an unprotected exposure, within 24 hours of said exposure.

(C) Each health care facility shall maintain the Unprotected Exposure Form in one safe and centralized location on its premises in accordance with 105 CMR 172.006. Such forms shall be so maintained for a minimum of seven years and shall be made available promptly to any agent of the Department seeking to determine compliance with 105 CMR 172.000. The forms may be released by the health care facility only in accordance with federal or state law or regulation, court order, or subpoena.

(D) In the case of a patient identified on an Unprotected Exposure Form who is transferred to another health care facility before a diagnosis of an infectious disease dangerous to the public health has been made, the transferring facility shall file a copy of the Unprotected Exposure Form(s) with the receiving facility.

(E) Any health care facility receiving an Unprotected Exposure Form pursuant to 105 CMR 172.002(D) shall comply with all applicable requirements of 105 CMR 172.000 et seq.

COMMON QUESTIONS

Does an agency need a Memorandum of Understanding (MOU) from a Medical Control Physician?

Any agency that carries AED's, Narcan and/or Epi-Pens must have a MOU from a medical control physician group.

The MPTC has a medical advisor that has offered his services his services to law enforcement agency within the Commonwealth of Massachusetts and is willing to sign an MOU with each agency.

If interested go to: <https://www.mass.gov/medical-oversight-and-education>

Do I need to be a police officer to become a MPTC CPR / First Responder Instructor?

No, we at the MPTC are all inclusive and invite any Dispatcher, Fire Fighter, EMS personnel, Court Officer, Probation Officer, Security Officer to enroll in a scheduled MPTC CPR / First Responder Instructor Program.

How can I become a MPTC CPR / First Responder Instructor?

You must successfully complete:

1. The five (5) day MPTC CPR / First Responder Instructor Program. This program is held twice a year; and
2. The three (3) day Tactical Instructor Training.

You must register for these programs through your MPTC Acadis Portal.

Do I need to be an EMT or Paramedic to become an MPTC CPR / First Responder Instructor?

No – The only pre-requisites are that you must be currently certified as a First Responder which includes a certification in CPR and First Aid.

How do I register for the class through the MPTC Acadis system if I am not affiliated with a Law Enforcement Agency?

You will need to contact the MPTC Acadis Administrator and ask to have a civilian account created: mptcacadis@state.ma.us

Does the In-Service Training requirement end June 30th of each fiscal year?

The in-service requirement **does end** on June 30, 2022. The CPR / FR In-Service program through the MPTC goes from September 1 to June 30. We produce a new yearly in-service program every September. This past year we published Year 1. In September 2022 we will publish Year 2.

Is there a grace period for the expiration of a CPR card?

CPR cards expire on the last day of the month. If an officer completes a CPR program on February 15, 2022, their certification will expire on the last day of February 2023.

The problem is when an officer attends the annual CPR training in September of one year and then the next year, they attend in-service in December, technically their CPR certification has been expired for 2 months. It does not have to be day for day as the grace period is to the last day of the month.

What are the First Responder re-certification requirements?

The First Responder re-certification period is for three years. The officers need to complete a refresher class on the modules of the first responder program over the three-year period. They can do the training over the three years or all in one year. At the regional academies we split the program into Year 1, Year 2, and Year 3.

What are the CPR completion requirements for the annual re-certification?

The re-certification requirements are as follows:

Complete a didactic refresher of the updated materials. Can be completed through the MPTC Acadis on-line program.

Successfully complete a hands-on practical exercise of Adult, Child, and Infant CPR. This can be satisfied by using a CPR certified instructor through the MPTC, AHA, ECSI, American Red Cross or the National Safety Council.

Successfully pass a written exam with a score of 70% for the ECSI program, 84% for the AHA program or a passing score through the other approved organizations.

How do current MPTC CPR / First Responder Instructors Re-Certify.

To Re-Certify, all instructors must complete the following:

Complete the annual MPTC Instructor update program,

Teach at least two programs annually and submit the rosters to the MPTC CPR / FR Assistant Statewide Coordinator, Dan Bell at Dan.bell@mass.gov.

Each department is responsible for uploading their records into Acadis to reflect completion of in-service training requirements.

Is there a CPR checkoff sheet that the department needs to have on file when conducting the CPR practical at the department?

It is recommended that all MPTC CPR / First Responder instructors use the skills evaluation forms from either ECSI or the AHA. These forms have been provided to all the instructors in the past through drop box.

Who can conduct the CPR practical exercises?

The CPR practical exercises can be done by any certified CPR instructor from the MPTC, Fire Services or EMS agency.

During the Covid-19 pandemic are there any waivers for the annual CPR training requirement?

All training waivers for the annual CPR re-certification requirements expired on July 1, 2020. The AHA and / or the state have not provided any waiver extensions beyond July 1, 2020, for the CPR practical portion.

Can CPR be taken on-line this year through the MPTC?

Only the classroom portion of the annual CPR re-certification program can be completed through the MPTC on-line CPR / First Responder Year 2 In-Service Program. The first responder must also complete the hands-on practical exercises as well as successfully pass the written exam.

Is the CPR certification good for two years?

No, under the guidelines set forth by MGL and the CMR's, a Massachusetts first responder is required to be re-certified in CPR annually. See 105 CMR 171.120. See guidelines below:

171.120: Refresher Training Deadlines

(A) Each first responder shall satisfactorily complete a refresher course in first aid, other than cardiopulmonary resuscitation, every three years after initial training in first aid.

(B) Each first responder shall satisfactorily complete a refresher course in cardiopulmonary resuscitation each year after initial cardiopulmonary resuscitation training.

FIRST RESPONDER

First Responder is considered a 'rolling certification.' Upon the third year, after receiving a half day of First Responder training (Year 1, Year 2, and Year 3 – all different FR curriculum's) then the certification is complete.

Year 1 - 3-4 hours

Year 2 - 3-4 hours

Year 3 - 3-4 hours

After completion of Year 3, First Responder Certification is complete and officers requesting new cards can request them through the MPTC CPR / First Responder Instructor.

Does each first responder agency need a Designated Infection Control Officer (DICO)?

Per 105 CMR 172.000 a **Designated Infection Control Officer shall mean the officer appointed by each ambulance service, EMS first response (EFR) service, as defined in 105 CMR 170.020, and first responder agency**, as defined in 105 CMR 171.050, for the purposes of, but need not be limited to, (1) receiving notifications of exposures to infectious diseases dangerous to the public health from health care facilities and (2) notifying the indicated care provider(s) of an exposure to an infectious disease dangerous to the public health.

Are CPR and First Responder certification cards required to be issued after the completion of a certification or re-certification program?

Yes, per the MPTC Training Center Agreement with the AHA, each student who successfully completes an AHA ECC credentialed course must be issued the appropriate course card, which bears an AHA logo.

How many hours of training is required or recommended for the following programs?

First Responder Initial Certification Program which includes CPR – 36-40 hours (required)

BLS CPR Initial Certification Program – 3.40 hours (recommended)

BLS CPR Re-Certification Program – 2.0 - 3.0 hours

What is the ratio of instructors to students for all CPR / First Responder Practical exercises?

The ratio of instructors to students is 1:10

What is the ratio of equipment to students for all CPR / First Responder Practical exercises?

Under the Covid-19 restrictions the ratio of equipment to students is 1:1

Under non-Covid-19 restrictions the ratio of equipment to students is 1:2

Is the AHA CPR program the only authorized program for CPR certification?

No, there are many acceptable programs such as American Red Cross, National Safety Council, ECSI, and AHA. The MPTC only certifies their instructors in the AHA and ECSI programs and the MPTC only utilizes the ECSI CPR program in all their regional academies and authorized academies.

Is a course notification form required for all CPR / First Responder programs taught by a certified MPTC CPR / First Responder Program?

Yes, we request that a course notification form is submitted to the MPTC CPR / First Responder Assistant Statewide Program Coordinator, Dan Bell at dan.bell@mass.gov thirty (30) days before the commencement of a class.

What teaching materials are required before conducting a CPR / First Responder Program?

Each instructor shall verify that they have the most current version of the CPR or First Responder Program. Beginning September 1, 2022, we will be utilizing:

Year 2 for our annual CPR / First Responder In-Service Program

Version 2021 – 1 for our First Responder Initial Certification Program

Version 2021 for our ECSI CPR Program

Version 2020 for the AHA CPR Programs

MPTC certified CPR instructors required to also have a BLS CPR provider card?

Yes, All AHA CPR instructors are required to hold an AHA BLS CPR Instructor card and a BLS CPR provider card.

Can I borrow equipment from the MPTC to conduct training programs within my own department?

Yes – each instructor would need to contact the CPR / First Responder Assistant Statewide Program Coordinator, Chief Neal Hovey at neal.hovey@mass.gov to verify the availability of the equipment and to make the arrangements.

How do I purchase CPR and First Responder Certification cards?

AHA CPR cards can be purchased through **ShopCPR.Heart.Org**.

ECSI CPR cards must be purchased through your ECSI own training center which you need to establish through ECSI. First Responder Cards are provided by the MPTC at no cost. Please

contact the CPR / First Responder Assistant Statewide Program Coordinator, Dan Bell at dan.bell@mass.gov for First Responder Card requests.