December 7, 2022

William Anderson

Office of the General Counsel, Department of Public Health 250 Washington Street

Boston, MA 02108

**RE: Proposed Amendments to 105 CMR 171.000: Massachusetts First Responder Training**

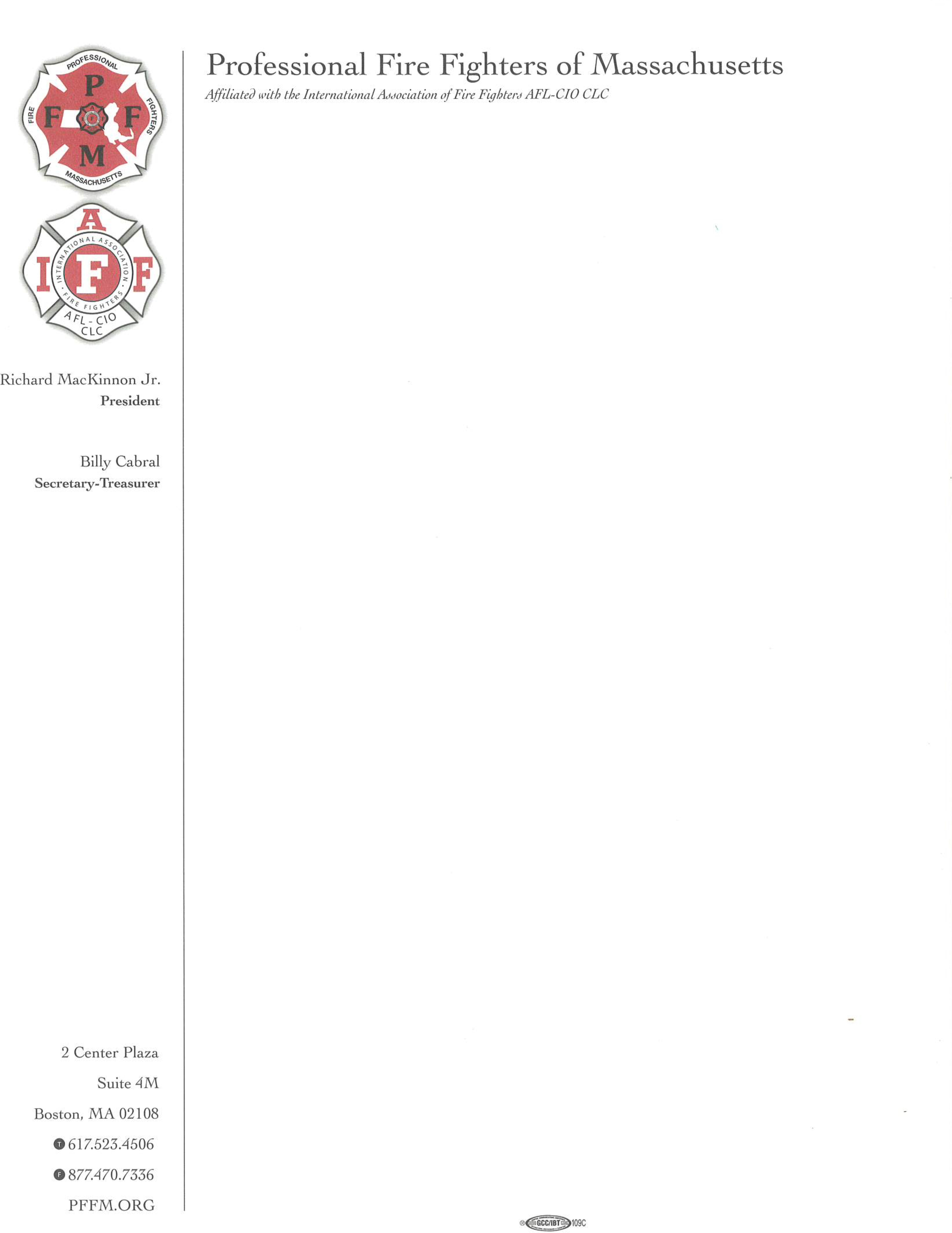
Dear Mr. Anderson,

This letter is the following the public comment of the Professional Fire Fighters of Massachusetts (PFFM) at the Public Health Counsel public hearing on December 5, 2022 regarding the proposed amendments to 105 CMR 171.000: Massachusetts First Responder Training. The PFFM represents over 12,000 firefighters across the Commonwealth, including the largest group of EMS professionals and First Responders statewide. The PFFM has numerous concerns of the proposed changes to 105CMR171.000, Massachusetts First Responder Training, that could significantly impact the service we provide in our communities and have a long-lasting impact on the First Responder workforce. The PFFM has worked with DPH and OEMS in the past to promote changes in the delivery of service, workforce training, and other important changes that provide the best care to the patients we serve in our communities. Unfortunately, significant changes like the ones currently proposed did not include our input and suggestions that could have been made for a unified transition. These most recent proposed changes were not inclusive of any stakeholders in the First Responder community and the breakdown of communication has raised the concerns of the PFFM. Listed below is the items of concern:

171.050: Definitions

“**Patient Care Report** 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 or not a patient is encountered or ultimately transported by an ambulance service.”

* This definition as written will require that a first responder service document a patient contact but does not identify in what format. Will a first responder service require to obtain and maintain patient care reports on a separate platform such as a “Electronic patient care reporting” software? Can the in-house reporting be used such as a “National Fire Incident Reporting System” to document these required fields? If a EPCR program or separate EMS reporting system is required, this is a major change to the operating procedures and will create significant cost for initial training, ongoing training, records maintenance, administrative oversight and financial impacts to list a few. The type of reporting needs to be outlined and/or clarified in this definition. This comment applies to the proposed section”*171.200: Maintenance of Records” and 171.225: Documentation Required for Optional Use of Automatic/Semi-automatic Defibrillation*

*171.130: Initial* ***and Refresher*** *Training in First Aid*

*171.150: Initial* ***and Refresher*** *Training in Cardiopulmonary Resuscitation*

* This section will now require that DPH approves that initial and refresher training. Due to the process not being outlined in the proposed regulation, the PFFM does not support this. This proposed change may have administrative impacts on the training division(s) of a first responder agency. It may also create impacts on the individual first responder due to the unknown nature of the “minimum requirements” that DPH may decide to implement. This process and requirements must be outline prior to that acceptance of these proposed changes. The proposed changes also cannot be implemented upon approval by the Public Health Council. First responder agencies will need time to create a new program based on national standards, get the program approved and then implement it in their respective department, recruit programs and refresher training programs.

Any the other changes that are not identified above the PFFM supports. The PFFM has worked with DPH and OEMS in the past to promote changes in the delivery of service, workforce training, and other important changes that provide the best care to the patients we serve in our communities. Unfortunately, significant changes like the ones currently proposed did not include our input and suggestions that could have been made for a unified transition. These proposed changes were not inclusive of any stakeholders in the EMS community.

The PFFM is willing to work with DPH and OEMS to progress our First Responder services and strengthen our EMS workforce. The best way to do that is by working collaboratively. The PFFM respectfully requests that the stakeholders be brought in to review and discuss each of the changes and that the proposed changes are not implemented. We appreciate the opportunity to bring this to your attention and look forward to discussing this further. Please do not hesitate to reach out if additional information is needed.

Respectfully,



Richard D. MacKinnon Jr. President



Thomas Henderson Thomas Henderson EMS Director