Mr. William Anderson

Office of the general Counsel

Department of Public Health

250 Washington Street

Boston, MA 02108

Dear Mr. Anderson,

Please accept this written testimony regarding the proposed amendments to 105 CMR 171.000: Massachusetts First Responder Training.

The Municipal Police Training Committee (MPTC) represents nearly thirty thousand (30,000) first responders across the Commonwealth of Massachusetts. The MPTC is responsible for

certifying the instructors to conduct the first responder training, providing the initial first responder certification program in first aid and cardiopulmonary resuscitation (CPR), and re-certifying the first responders on an annual basis in CPR and first aid every three-years.

The MPTC employ’s Chief Neal S. Hovey as a contracted employee as the CPR / First Responder Statewide Program Coordinator to oversee the development of the program to include the didactic portion of the curriculum, the hands-on practical application, the written and practical testing, and the re-certification of all the first responders and first responder instructors. Chief Hovey has been a Massachusetts and National certified paramedic for the last 37 years. The MPTC also employs Dr. Daniel Muse as the Medical Advisor of the Statewide First Responder Program who has been a Board-Certified Emergency Room Physician for the last *35* years.

Our written testimony will address the areas of concern that will positively and negatively impact the first responders, the first responder training and the first responder agencies of the Commonwealth of Massachusetts. We will also propose the establishment of a Law Enforcement Advisory Committee under the guidance of the Executive Office of public Safety and Securities which will provide medical guidance and oversight of the first responder curriculum, treatment protocols and establish policies and procedures. This advisory committee is essential as within the current system, the Office of Emergency Medical Services has no oversight or authority over law enforcement agencies within the Commonwealth of Massachusetts.

INTRODUCTION: Since 1976, the state has recognized law enforcement as first responders protected under the Good Samaritan Law. The original law required first responders to have a minimum of sixteen (16) hours of first aid training and eight (8) hours of CPR training. Later, the law allowed departments to use AED’s and administer EPI-Pen auto-injectors in the setting of anaphylaxis as departmental options. In 2014 the law was amended to include the option of naloxone administration in overdoses. The law also established that departments would have to seek medical control if they opted for the optional provisions.

The law is an example of the lack of oversight and understanding of the role of law enforcement as EMS providers. Presently, the MPTC curriculum has 40 hours of training and has established over 30 protocols that guide agents in the delivery of these medical emergencies. Trauma training has been advanced including the use of tourniquet’s, administration of Quik Clot for wound packing and chest seals. The MPTC has also developed an Advanced Trauma class called the Law Enforcement Advanced Casualty Care (LEACC) class in which they have trained over 150 agents in advanced trauma techniques that provide life-saving skills in a unique situation where a colleague sustained traumatic injuries. None of these skills except those mentioned in the 2014 law have medical oversight beyond the training provided by the MPTC.

Written Testimony regarding the proposed amendments to 105 CMR 171.000: Massachusetts First Responder Training.

171.020: Authority

Current Law: 105 CMR 171.000 is adopted under the authority of M.G. L. c. 111, S 3 and 201, and St. 1976 c 324

**Recommendation: 105 CMR 171.000 is adopted under the authority of 550 CMR 3.00 of the Executive Office of Public Safety and Security.**

171.030: Citation

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

**Recommendation: 550 CMR 3.00 shall be known as 550 CMR 3.00: Massachusetts First Responder Training.**

**Furthermore, all citations shall be changed from 105 CMR 171: to 550 CMR 3.00 under the authority of the Executive Office of Public Safety and Security.**

**Reason: Law enforcement provides a unique but underappreciated role in our Emergency Medical Services. They are oftentimes the first on the scene and their ability to render immediate lifesaving skills can reverse a catastrophic outcome. Medical advancements, technology (AED’s) and social issues (Opioid Epidemic, Covid-19) have demanded that law enforcement’s medical skills and role continue to evolve. These skills will continue to evolve and therefore we can expect that their role will continue to change.**

**The Medical Advisory Committee will be able to oversee this transformation. It will provide the guidance needed and assure that the medical knowledge, training, and skills will never lag. The committee will also establish the criteria for medical control to assure that the designated hospitals and or medical control physicians uniformly provide oversight for all law enforcement agencies. The committee will also ensure that immediate medical information for the safety of the agents and citizens is immediately disseminated. This was virtually non-existent during the present pandemic.**

**MEDICAL ADVISORY COMMITTEE**

1. **Establish and oversee medical control for all branches of law enforcement**
   1. **Made up of equal parts healthcare professionals and law enforcement agencies.**
   2. **Chairman of committee is appointed by Secretary of EOPSS**
   3. **Physicians are from designated medical control hospitals**
   4. **Mental health provider on committee**
   5. ***Pediatrician on the committee***
   6. ***Trauma Surgeon on the committee***
   7. **Medical advisors State Police and MPTC, along with a State Police Officer and Administrative Director of the medical division of the MPTC have a permanent seat on the committee.**
   8. **Establish the guidelines for medical control hospitals that logistically work with the department’s size and territorial responsibilities.**
   9. ***Provide the oversight, protocols and guidelines that medical control facilities must follow***
2. **Establish and advance protocols and guidelines for the advancement of medical, mental health and trauma training to assure that all law enforcement agents have the appropriate skills to protect, treat and save the lives of the citizens of the commonwealth and their colleagues.**
   1. **Training will continue to evolve, and police need medical guidance to advance with their training.**
   2. **The committee will also ensure that the medical control hospitals provide uniform oversight and guidance.**
3. **Oversee and advance the medical, mental health and trauma training of all agencies by upgrading and advancing the curriculums already established by the MPTC and State Police.**
   1. **We now recognize the need for advanced training in dealing with mental health issues and substance use disorders.**
   2. **Trauma training has advanced to allow first responders unique lifesaving skills.**
4. **Establish policies for the medical care of detainees.**
   1. **Guidance is needed to provide a uniform policy in caring for detainees**
5. **Advance the mental health and wellbeing of all law enforcement agents.**
   1. **PTSD permeates this profession and needs to be addressed early to prevent its sequalae of depression, substance misuse and suicide.**
6. **Provide guidelines and education to address immediate medical crises such as pandemics.**
   1. **Ebola, Zika and Covid-19 to name a few.**
7. **Establish an advisory board that can review medical outcomes and provide instructive guidance to individual departments on specific issues a department may have.** 
   1. **Medical outcomes while in the custody of a department need a medical review.**
   2. **A resource to provide guidance on issues and questions that need a medical opinion relating to the care of detainees and employees (Covid-19 pandemic).**
8. ***Establish advanced trauma training specific for law enforcement that can be used to assure their safety when injured in the line of duty***

171.050 Definitions:

Current: 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.

**Recommendation: First Responder means a member of any agency that falls under the Municipal Police Training Committee and the POST Commission. A first responder shall not mean a non-sworn / civilian person employed by a police or fire department whose primary responsibilities are clerical or administrative.**

**Reason: All sworn police and fire department members shall be certified as a First Responder. Sworn members of a police or fire department whose primary responsibilities are clerical or administrative shall be certified as a first responder.**

Trip Record / Patient Care Report

Current: Trip Record**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.

**Recommendation: Patient Care Report means a report generated by every EMS agency each time an EMS vehicle is dispatched, whether a patient is encountered or ultimately transported by an ambulance service.**

**Reason: Law enforcement agencies provide hand-off reports to EMS agencies and then document their care in the CAD notes or through an Offense Report. This documentation is not forwarded to the EMS agencies, or hospitals for review and is not part of the patient’s medical record.**

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

**Commentary. Currently only three (3) treatment protocols include the First Responder.**

**Recommendation: All protocols shall have a first responder treatment modality that is consistent with the training established by the Municipal Police Training Committee and approved by the POST Commission.**

**Reason: the first responder is usually the first medically trained professional to arrive on scene. To have continuity of care the established protocols shall provide the first responder with guidance as to the best medical practices at the on-set of their assessment and treatment.**

171.100: Initial Training Deadlines

Current: 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 lifeguards shall satisfactorily complete initial training in first aid, including cardiopulmonary resuscitation, within 15 days after the lifeguard's first day of employment.

**Recommendation: Each first responder shall satisfactorily complete initial training in first aid, including cardiopulmonary resuscitation, prior to commencing their duties and responsibilities.**

**Reason: All training shall be completed prior to commencing their duties and responsibilities as the first responder shall have the expectations to completely perform all life-saving tasks as they perform all other job required responsibilities.**

171.120: Refresher Training Deadlines

1. Current: (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.
2. (B) Each first responder shall satisfactorily complete a refresher course in cardiopulmonary resuscitation every **two** year**s** after initial cardiopulmonary resuscitation training.

1. **Recommendation: (A) Each first responder shall satisfactorily complete a refresher course in first aid, other than cardiopulmonary resuscitation, every two (2) years after initial training in first aid.**
2. **(B) Each first responder shall satisfactorily complete a refresher course in cardiopulmonary resuscitation every two (2) years after initial cardiopulmonary resuscitation training.**

**Reason: the two-year certification in both the CPR and first aid for the first responder allows for consistency with all professional certifications such EMT certifications, Paramedic certifications, nursing licenses etc.**

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

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

1. (A) A training course that meets the minimum standards for Department-approved first responder training **in first aid**, **meeting the minimum requirements** as specified in administrative requirements established by the Department.
2. (B) Any course which has received prior approval by the Program Director **Department** as at least equivalent in scope and quality to 105 CMR l 71.130(A), such as: (1) an emergency medical technician training course approved by the Department pursuant to 105 CMR 170.000; and
3. (2) the Advanced First Aid and Emergency Care Course conducted by the American Red Cross**a course meeting the National EMS Education Standards at the emergency medical responder level**; or
4. (3) in the case of lifeguards only, a standard first aid course or an equivalent training course as determined by the ***D***epartment.

**Recommendation: Initial and refresher training in first aid, and cardiopulmonary resuscitation, shall mean satisfactory completion of one of the following:**

1. **(A) A training course that meets the minimum training requirements as specified by the Municipal Police Training Committee and approved by the POST Commission.**

1. ***(B) an emergency medical technician training course approved by the National Registry of Emergency Medical Technicians.***

**Reason: the current training course that meets the minimum standards as specified in administrative requirement AR-2-100 was established by the Department on July 18, 2003, and updated March 27, 2014. These minimum standards do not reflect the complexity of the medical and traumatic situations a first responder encounter daily. The training needs to reflect the expectations and standard of care performed by a first responder such as** **the use of an AED, Narcan administration, Epi-Pen Auto Injectors, Tourniquets, SWAT-T’s, Quik Clot, Chest Seals, as well as the assessment and treatment of all medical and traumatic injuries. The current administrative requirement does not provide adequate didactic and practical time for the first responder to understand the complexity of the medical and traumatic situations as well as to practice and become proficient in the interventional care of the person encountered. The MPTC has created a comprehensive forty (40) hour CPR / First Aid program that meets the standard of care for the current first responder and provides training in the use of an AED, Narcan administration, Epi-Pen Auto Injectors, Tourniquets, SWAT-T’s, Quik Clot, Chest Seals, as well as the assessment and treatment of all medical and traumatic injuries.**

**Furthermore, The CPR training requirement is no longer established at eight (8) hours. The recommended Healthcare Provided Basic Life Support CPR program is 4.5 hours.**

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

Initial **and refresher** 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**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**.

**We agree with the above changes.**

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.

**We agree with striking the above.**

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

The Department shall approve training programs for first responders in the **administration of medications as** use of epinephrine auto-injector devices and naloxone or other opioid antagonist approved by the Department **in accordance with 105 CMR 700.003(D), and in compliance with the Statewide Treatment Protocols,** that meet the following requirements:

1. (A) Such program's medical director has approved the specific training program; and
2. (B) The training program meets the minimum standards established by the Department as administrative requirements.

**The above programs shall be part of the Massachusetts First Responder Certification Program.**

171.180: Optional Utilization of Automatic/Semi-automatic Defibrillation

A first responder may utilize automatic/semi-automatic defibrillation equipment, provided that:

1. (A) The first responder meets the requirements for training pursuant to 105 CMR 171.150; and
2. (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.

**We agree with striking the above**

171.200: Maintenance of Records

Each first responder agency shall maintain current, accurate records**, in electronic or print format,** 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 **seven** 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 **and unauthorized use**.

**This section conflicts with the POST Commission requirements that all first responder training needs to be documented through the MPTC Acadis system. All records will be maintained by the MPTC. The Department does not inspect first responder agencies. The POST Commission has the authority to inspect first responder training records.**

171.210: Contents of Records

The following records shall be maintained for each first responder:

1. (A) For training that complies with 105 CMR 171.130(A), an outline of the training program, including **course contents,** 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
2. (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
3. (C) A copy of a current training card **certificate** documenting successful completion of initial and refresher **cardiopulmonary resuscitation** training, as required by 105 CMR 171.150 or 171.160.

**We agree with the above changes**

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 instructorand the chief executive officer. A current training card documenting successful completion of initial or refresher training required by 105 CMR 171.**130** 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.

**We agree with the above changes**

171.223 Appointment of Designated Infection Control Officer

For the purpose of receiving notifications and responses from health care facilities regarding **unprotected** exposures to infectious diseases dangerous to the public health, as defined in 105 CMR 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**0**: *Definitions* – ***Reporting of Unprotected Exposures to*** *Infectious Diseases Dangerous to the Public Health.*

***We agree with the above changes***

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

**Current Law**: Any **First** responder agenc**ies**y 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 **their** 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:

1. (A) The review of all uses of automatic/semiautomatic defibrillators by first responders;
2. (B) The maintenance of a systemwide database of cardiac arrest trip records **patient care reports** filed by first responders with participating services, and the submission of summary reports to the Department upon request; **and**
3. (C) The establishment of policies: (1) to ensure that first responders complete the manufacturer's training in use of the automatic/semiautomatic defibrillator;
4. (2) for proper preventive maintenance schedules of automatic/semi-automatic defibrillator equipment; and
5. (3) to ensure that trip records **patient care reports** are submitted to the medical director and appropriate health care facilities **hospitals** to which patients are transported.

171.227: Documentation Required for Optional **Administration of Medications** 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**carry and administer medications approved by the Department**, in accordance with 105 CMR 700.003(D), shall maintain a current memorandum of agreement with a hospital or hospital consortium **or medical director** 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 **medications**devices, quality assurance, treatment protocols, **Statewide Treatment Protocol compliance,** training, record keeping, shelf life of the medication and proper storage and disposal conditions.

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

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

1. **(A) The review of all uses of automatic/semiautomatic defibrillators by first responders upon request; and**
2. **(B) The establishment of policies: (1) to ensure that first responders complete the manufacturer's training in use of the automatic/semiautomatic defibrillator.**
3. **(2) for proper preventive maintenance schedules of automatic/semi-automatic defibrillator equipment.**
4. ***MEDICAL CONTROL WOULD BE ESTABLISHED UNDER THE MEDICAL CONTROL AS OUTLINED IN MEDICAL ADVISORY COMMITTEE***

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

**Recommendation: Any first responder agency that chooses to utilize epinephrine auto-injector devices, and Naloxone or other opioid antagonist shall maintain a current memorandum of agreement with a hospital or hospital consortium or medical director /advisor to provide medical control for their first responders. The agreement shall identify a medical director to assume responsibility for all aspects of the medical control of the program. The memorandum of agreement in each case shall address acquisition and replacement of the medication’s devices, quality assurance, treatment protocols, training, record keeping, shelf life of the medication and proper storage and disposal conditions.**

**Reason: First Responder agencies across the Commonwealth of Massachusetts are extremely diversified and do not have access to local hospitals within the local jurisdictions. An example of this is the Environmental Police. The Environmental Police have officers throughout the Commonwealth and rely on a single MOU from a medical director that oversees their training programs, treatment modalities and standard of care. Other examples are the Trail Court Officers, Probation Officers, Massachusetts State Police. The expectation of each of the agencies seeking a separate MOU for each area of responsibility is impractical.**

1. ***MEDICAL CONTROL WOULD BE ESTABLISHED UNDER THE MEDICAL CONTROL AS OUTLINED IN MEDICAL ADVISORY COMMITTEE***

In closing, I would like to thank you for your time and consideration in amending105 CMR 171.000: Massachusetts First Responder Training. Furthermore, we encourage you to consider amending 105 CMR 171.00 and establish 550 CMR 3.00 known as 550 CMR 3.00: Massachusetts First Responder Training under the authority of the Executive Office of Public Safety and Security.

I would also strongly encourage you to establish a Law Enforcement Medical Advisory Committee under the Executive Office of Public Safety and Security for all branches of law enforcement in the Commonwealth of Massachusetts. The committee shall be made up of equal parts healthcare providers and law enforcement agents from the major branches which will meet to advance the medical training and oversight of the state’s law enforcement agencies. The committee will meet on a regular basis as determined by the Secretary of EOPSS to

1. Establish and oversee medical control for all branches of law enforcement
2. Establish and advance protocols and guidelines for the advancement of medical, mental health and trauma training so as to assure that all law enforcement agents have the appropriate skills to protect, treat and save the lives of the citizens of the commonwealth and their colleagues.
3. Oversee and advance the medical, mental health and trauma training of all agencies by upgrading and advancing the curriculums already established by the MPTC and State Police.
4. Establish policies for the medical care of detainees.
5. Advance the mental health and wellbeing of all law enforcement agents.
6. Provide guidelines and education to address immediate medical crisis’s such as pandemics.
7. Establish an advisory board that can review medical outcomes and provide instructive guidance to individual departments on specific issues a department may have.

SUMMARY: Law enforcement’s role in EMS is vital but unique. It needs its’ own Medical Advisory Committee that will advance their skills but recognize the logistical realities such as local, regional, and statewide departments that all need different organizational framework to provide these medical services.

Again, thank you for your consideration. If you require additional comments, please feel free to contact either, Neal S. Hovey at [Neal.Hovey@mass.gov](mailto:Neal.Hovey@mass.gov) or Dr. Daniel Muse at [danmuse@comcast.net](mailto:danmuse@comcast.net).

Respectfully Submitted,

Neal S. Hovey

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MPTC CPR / First Responder Statewide Program Coordinator

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