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| **170.020** Definitions | “Advanced Life Support” clarifies Advanced EMTs and Paramedics |
|  | **“**Appropriate Health Care Facility”:  “closest geographically” is changed to closest “by transport time”  *NEW language added*: **EMS personnel may, upon the direction of an emergency department physician, take incoming ambulance patients to one of the following other hospital departments, based on the patient’s medical needs: labor and delivery, cardiac catheterization, operating room, interventional neurology, intensive care unit, pediatric emergency department area, burn resuscitation and treatment area or acute resuscitation area.** **An appropriate health care facility also means a facility that meets the definition of a community behavioral health center (CBHC) established by the Executive Office of Health and Human Services that is closest by transport time, but only as set out in a Department-approved point-of-entry plan and only for those patients who fit triage criteria set out in that point-of-entry plan.** |
|  | “Basic Life Support” clarifies EMT-Basic |
|  | Certificate of Inspection” replaces the word ‘acknowledgement’ with ‘certification’ |
|  | “Code Black Status System” shall mean a secure cloud-based system established by the Department to allow hospitals and CMED centers access to real-time information regarding the **code black** status of all appropriate health care facilities in Massachusetts licensed to provide emergency services. |
|  | “EMT Intermediate” definition removed |
|  | Headquarters means the principal place of business of an **ambulance or EFR service** (*bolded language added for clarification)* |
|  | Hospital means a hospital that is licensed or certified by the Department pursuant to M.G.L. c. 111, §51 or other applicable law, with an emergency department, and **which is established or maintained for the purpose of caring for persons admitted thereto for diagnosis, medical, surgical or restorative treatment which is rendered within said institution.** (*bolded language added for clarification)* |
|  | Instructor/Coordinator (I/C) means a person approved by the Department to organize and teach the EMT**-**Basic **or Advanced EMT** course. *(bolded language added)* |
|  | *Proposed definition of “New Ambulance” has been removed* |
|  | *New definition added:* Professional Boundaries means the limits of the professional relationship to ensure a safe interface between a professional, such as EMS personnel, EMS training providers and EMS Examiners and Chief Examiners, and their respective patients, students or candidates.  A violation of Professional Boundaries includes an action that is harmful to or exploitative of the patient, student or~~,~~ candidate and can be either sexual or nonsexual in nature. |
|  | *New Definition added* Recertification Year means April 1 of one calendar year through March 31 of the next calendar year. |
|  | Regional EMS Council means an entity created pursuant to M.G.L. c. 111C, §4 and designated by the Department to assist the Department in coordinating, maintaining and improving the EMS system in a region. (the word ‘establishment’ removed) |
|  | *New definition added:* Trained to the First Responder Level means successful completion, at a minimum, of the course of emergency medical care that meets the standards of M.G.L. c. 111, §201 and 105 CMR 171.000: *Massachusetts First Responder Training*. |
|  | “Trip Record” removed from definitions |
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| 170.050 State EMS Plan | *Revised language:* The Department shall develop and implement the state EMS plan, which shall provide the framework for delivery of quality of EMS accessible to all patients by the local jurisdictions throughout the Commonwealth. This state EMS plan shall consist of the following:   1. The EMS System regulations, at 105 CMR 170.000; 2. All Department-approved service zone plans; 3. The Statewide Treatment Protocols; 4. All Department-approved point-of-entry plans; 5. The Massachusetts Emergency Medical Services Communications Plan, and 6. The Statewide Mass Casualty Incident Plan.   *All other language in this section deleted* |
| 170.104 Duties and functions of Regional EMS Councils | *Regulation re-written, re-numbered/lettered*  Regional EMS Councils shall carry out the following duties and functions:  (A) Assist, support and cooperate with the Department in its efforts to carry out the provisions of M.G.L. c. 111C to coordinate, maintain and improve the EMS system;  (B) Assist the Department with providing information, education and technical assistance on EMS system planning and coordination to local jurisdictions and EMS services in their region;  (C) Cooperate with other Regional EMS Councils, as necessary, to carry out the work of the Department;  (D) Develop, submit to the Department for its approval, and implement Department-approved point-of-entry plans that are in conformance with the Statewide Treatment Protocols and other relevant regulations, policies, interpretative guidelines and administrative requirements of the Department. Such point-of-entry plans shall reflect and include, as appropriate, Department designations of hospitals for specialty care services, pursuant to 105 CMR 130.000 *et seq*.  (E) Assist the Department in assuring quality educational programs for EMS personnel by:  (1) Evaluating the quality of educational programs;  (2) Serving as a central clearinghouse for available training equipment and supplies, including equipment and supplies owned by the Department or purchased with funds obtained from the Department; and  (3) Reviewing training programs for EMS personnel for the purpose of making recommendations for approval to the Department.  (F) Assist the Department in establishing, coordinating and maintaining communications systems that are compatible with established Department policies and plans;  (G) Forward to the Department all information regarding possible violations of 105 CMR 170.000 for investigation and enforcement by the Department. The Department may, in its discretion, request that Regional EMS Councils, under the direction of the Department, assist in certain investigations and enforcement;  (H) Develop and maintain up to date a regional EMS plan that is consistent with the state EMS plan pursuant to 105 CMR 170.050~~.~~ The Regional EMS Council shall submit the plan to the Department for review and approval prior to its implementation. The plan shall consist of the following  The regional service zone plan, pursuant to 105 CMR 170.520;  (2)  Regional plans, in accordance with the applicable Department-approved statewide plans, for the following:   1. point-of-entry; 2. EMS communications; 3. accessing critical care and air ambulance services, and 4. EMS response to mass casualty incidents.   (I) Perform the following functions with respect to service zone planning in their regions:  (1) Provide planning and technical assistance to local jurisdictions in their region in identifying, coordinating and making optimal use of all available EMS resources within the service zone, and drafting service zone plans;  (2) Pursuant to M.G.L. c. 111C, § 10(b), consult with the local jurisdiction(s) comprising each service zone in their region and review and recommend their local service zone plans to the Department, for the Department’s review and approval; and  (3) Assist local jurisdictions in updating, and keeping current their service zone plans, and reviewing and recommending updated plans to the Department, for the Department’s review and approval.  Appoint a Regional Medical Director who is a physician board-certified in emergency medicine, with a subspecialty board certification  in EMS preferred;  (K) Prepare and submit annual reports to the Department for its review and evaluation, prior to the commencement of each fiscal year;  (L) Prepare and maintain records relating to Regional EMS Councils’ responsibilities pursuant to M.G.L. c. 111C, 105 CMR 170.000 and contracts with the Department, and make such records available to the Department in full for inspection upon request; and  (M) Carry out the duties and functions required by the scope of services in Regional EMS Council contracts with the Department. |
| 170.105 Allocation of Department funding to Regional EMS Councils | *Replace the words “healthcare facilities requiring designation” with ‘ambulance services”:*  (B) The Department may allocate additional funds to selective Regional EMS Councils, on the basis of factors indicating their different resource requirements and volume of duties, including but not limited to the following:   1. number of cities and towns; 2. number of service zones; 3. number of **ambulance services;** or 4. unmet communications needs. |
| 170.106 Distribution and use of Department funds by EMS Councils | *This is the only section remaining, obsolete language deleted:*   1. Regional EMS Councils may distribute and use Department funds, consistent with their contracts with the Department, for purposes defined in 105 CMR 170.000, including: 2. maintaining and operating the Regional EMS Councils; 3. maintaining and operating CMED centers; or 4. carrying out their duties and functions under 105 CMR 170.104 and contracts with the Department. |
| 170.200 Licensure of ambulance and EFR services | *Section D, relative to critical care services: language updated, obsolete language deleted:*  (3) Current CAMTS accreditation, in good standing, from the CAMTS, its successor(s), or an accreditation program the Department approves as substantially equivalent to CAMTS**.** |
| 170.215 Service license and Vehicle Certification fee | *The word ‘certification’ inserted into title, replaces ‘inspection’* |
|  | *Section B wording updated for clarity*   1. Ambulance, BLS**,** ALS and critical care $200.00 per vehicle, for each certificate of inspection 2. EFR service, ALS: $50.00 for each certificate ofinspection of each EFR vehicle’s EMS equipment and supplies. |
| 170.220 Finding of responsibility and suitability for service license | *Language change to Section A, number 10*  (10) Whether the applicant has any of the following:  (a) of Medicare or Medicaid fraud.  (b) Conviction of a crime relating to the operation of the service.  (c) Conviction of drug**-**related offenses, rape, assault or other violent crimes against a person; or  (d) Has been the subject of an order or judgment granting damages or equitable relief in an action brought by the Attorney General concerning the operation of the applicant’s ambulance service, other emergency medical services or first response services.  (11) The adequacy of the service's legal capacity to operate, as demonstrated by such documents as articles of incorporation and corporate by-laws;  (12) Any attempt to impede the work of a duly authorized representative of the Department or the lawful enforcement of any provisions of M.G.L. c. 111C or 105 CMR 170.000; and  (13) Any attempt to obtain a license or certificate of inspection by fraud, misrepresentation, or the submission of false information. |
| 170.225 Inspection | *Updated language to reflect the term ‘patient care reports’ and to specifically include ‘equipment and medications’*  (A) Ambulance Service Inspection: Agents of the Department may visit and inspect an ambulance service at any time, including:  (1) The premises of the ambulance service, including the headquarters, garage or other locations;  (2) The storage space for linen, equipment and supplies at any premises of the ambulance service;  (3) All records of the ambulance service, including but not limited to, employee application forms, policies and procedures; dispatch reports, incident and accident reports, patient care and patient care reports; information relating to complaints registered with the service, and all other records, memoranda of agreement and affiliation agreements required by 105 CMR 170.000; and  (4) Any vehicle, equipment and medications used by the service. |
|  | *Updated language to include ‘medications’*  (B) EFR Service Inspection: Agents of the Department may visit and inspect an EFR service at any time, including:   1. All records pertaining to the provision of EMS services including, but not limited to, employee records, policies and procedures for EMS personnel; dispatch and EMS response reports; incident and accident reports and patient care records; memoranda of agreement and affiliation agreements required by 105 CMR 170.000; and information relating to complaints regarding provision of EMS by the service; and 2. The EMS-related equipment and medicationsused by the service. |
| 170.230 Processing of Service License Applications | *Note addition of ‘calendar days’ and late application consequences:*  (A) The Department shall issue a license to those applicants meeting the requirements of 105 CMR 170.000. The Department shall act on applications for original licensure within 90 days of receipt of the completed forms and fees.  (B) Applicants for license renewal must submit to the Department the completed forms and fees required by the Department **at least 90 calendar days prior to the expiration of their current license.**  (C) If the complete renewal application is timely filed with the Department the license shall not expire until the Department makes a determination on the renewal application. **If, however, an application is not submitted in a timely fashion in accordance with 105 CMR 170.230, then the service may not continue to operate after expiration of its license.** |
|  | *Note addition of ‘calendar days’*  (G) A service licensed to provide critical care services that loses its CAMTS or Department-approved substantially equivalent accreditation on which its licensure at this level is based, shall notify the Department immediately. A service that plans to change its status as accredited, or take action that will result in loss of its accreditation, by CAMTS or an accreditation program approved by the Department as substantially equivalent, shall notify the Department 60 **calendar d**ays prior to the proposed effective date of such change. |
| 170.235 Provisional Service License | *Specific details added to this regulation*:   1. The Department bases its decision to issue a provisional license to a service when it identifies, upon inspection, significant, multiple and/or repeat health and safety deficiencies, uncorrected from prior inspections and plans of correction. Such significant health and safety deficiencies include, but are not limited to, the following: 2. Medical equipment/medication deficiencies, including but not limited to the following: 3. Biohazard contamination to vehicle or equipment; 4. Inoperable or improperly assembled portable or installed suction system; 5. Missing all jump kits or required equipment/supplies, including missing/inoperable defibrillator or patient movement equipment; 6. Missing or expired/unusable medications; and 7. Empty/missing installed or portable oxygen tanks (if they cannot be immediately replaced/corrected). 8. Vehicle deficiencies, including but not limited to, the following:   a. Vehicle inoperable;  b. Door hinges separation/damage;  c. Door skin separation;  d. Rear door stress cracks/metal fatigue;  e. Suspension mount cracks or separations;  f. Driver’s gauges obstructed, and/or not backlit/visible, or any not functional;  g. Emergency lights inoperable;  h. ~~Primary~~ Original equipment manufacturer (OEM) lights inoperable;  i. Scene lighting—inoperable on any one side of vehicle;  j. Siren/audible warning system inoperable;  k. Windshield cracks obstructing driver’s view;  l. Invalid state motor vehicle safety inspection sticker;  m. Cab/chassis floorboard holes;  n. Excessive body damage or chassis corrosion/rust;  o. Box or cab separation from mounts;  p. Failure or inoperable or missing patient/occupant restraint device/system; and  q. Vehicle not in a state of readiness, due to temperature of equipment/ medications/supplies, related to garaging or otherwise unable to respond to a call at any time.  (3) Service operations deficiencies, including but not limited to, the following:  a. Failure to maintain a current, valid affiliation agreement, or failure to comply with affiliation agreement requirements;  b. EMS personnel not maintaining current, valid required credentials (including EMT certification; CPR/ACLS credentials and driver’s license);  c. Allowing uncertified personnel to act as EMTs at any level;  d. Unsafe conditions in service locations/garages, including hazards;  e. Identified drug security failures or other drug storage violations; and  f. Failure to maintain patient care reports. |
| 170.240 Modification of a Service License | *Substituting ‘certificate’ into regulation*  (B) Approval for a license modification shall be required for, but not limited to, the following:   1. When a new certificat~~e~~ for an EMS vehicle is issued or when a certificat~~e~~ is revoked by the Department or deleted by the service; |
| 170.245 Transfer or assignment of a Service License | *Addition of ‘calendar days’*  The Department shall grant or deny the request in writing within 60 **calendar** days of the filing of the request  Pursuant to M.G.L. c. 111C, §8(b), if an application for transfer or assignment is denied, the Department shall issue a denial order. Such an order shall include a statement of the reasons for denial and provisions of the law relied upon, and shall be subject to judicial review through a petition for a writ of certiorari brought within 30 **calendar** days under the provisions of M.G.L. c. 249, § 4.  (2) Notice of changes in 105 CMR 170.247(A)(1) and (2) must be provided at least 90 **calendar** days prior to the effective date of the change, or as soon as the service is aware of the need for the termination or change.  u*pdated language to reflect calendar days’*  170.265 Grounds for Revocation, Suspension or Refusal to renew Service License  (2) Notice of changes in 105 CMR 170.247(A)(1) and (2) must be provided at least 90 **calendar** days prior to the effective date of the change, or as soon as the service is aware of the need for the termination or change |
| 170.275 Waivers | *New language added:*  (F) Waivers granted to ambulance services pursuant to 105 CMR 170.275 are coterminous with the service license and expire with the service’s license expiration date. |
| 170.300 Affiliation Agreements | *Language updated to replace ‘trip records’ with ‘patient care reports’ and ‘letter of censure’; current language for BLS affiliation agreements; updated*  Operation of an effective quality assurance/quality improvement (QA/QI) program coordinated by the affiliate hospital medical director and with participation of on-line medical direction physician(s) and service medical director, if different from the affiliate hospital medical director, that includes, but is not limited to, regular review of **patient care reports** and other statistical data pertinent to the EMS service’s operation, in accordance with the hospital’s QA/QI standards and protocols, in those cases in which ALS services were provided or in which ALS established direct patient contact;  A procedure by which a physician can maintain recorded direct verbal contact with the EMS personnel regarding a particular patient's condition and order, when appropriate, the administration of a medication or treatment for that patient, to which such physician or his or her designee shall sign the **patient care reports** documenting the patient’s care and transport by the EMS personnel;  A procedure by which the service shall notify its affiliate hospital medical director within 72 hours of Department action against any EMT’s or EFR’s certification (denial, suspension, revocation or refusal to renew certification), or other Department disciplinary action (letter of **censure**, letter of clinical deficiency, advisory letter) against any EMS personnel employed by the service,  To be licensed to provide BLS services, each ambulance or EFR service must have a current written contract, called an affiliation agreement, with one hospital licensed by the Department to provide medical control; except that more than one ambulance or EFR service at the BLS level that each averages less than 200 calls per year may be covered by the same written contract for medical control. BLS affiliation agreements shall meet all the requirements of 105 CMR 170.300(A), in accordance with these services’ licensure level.  C) An affiliation agreement shall be kept current, be reviewed and updated or renewed at intervals of no more than every **four** years |
| 170.305 Staffing | *Language changed to reflect BLS care staffing (1 EMT and 1 First Responder) and training/approval requirements), language updated in ALS staffing to reflect ‘advanced EMT”*  (B) BLS Staffing.  (1) When a Class I, II or V ambulance transports a patient receiving care at the BLS level, the ambulance must be staffed with at least one EMT, who, is at a minimum, certified at the EMT-Basic level, as set forth in 105 CMR 170.810, who shall be responsible for providing patient care, and one person trained to the first responder level, who meets all the minimum training requirements of 105 CMR 171.000, provided that the conditions set forth in 105 CMR 170.305(B)(1)(a) through (f) are met.  For BLS level transports in which the conditions set forth in 105 CMR 170.305(B)(1)(a) through (f) are not met, the ambulance must be staffed with two EMTs, both of whom have at least EMT-Basic level certification.   1. The ambulance service, in conjunction with its affiliate hospital medical director, must establish minimum experience levels and skill competencies for each of its EMT-Basics working in EMT/person trained to the first responder level staffing configurations, as assessed by the affiliate hospital medical director;   (b) The ambulance service shall ensure that any person trained to the first responder level it deploys to drive the ambulance meets the following criteria:  1. has a current valid driver’s license in good standing;  2. has no disciplinary history with the Department;  3. discloses to the ambulance service and the Department within five days of a conviction of a misdemeanor or felony in Massachusetts or any other state, the United States, or a foreign country (including a guilty plea, nolo contendre or admission to sufficient facts, even if the plea or admission results in a continuation without a finding), other than a minor traffic violation for which less than $1,000 was assessed. The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide  The ambulance service shall obtain a current Criminal Record Information System (CORI) on each person trained to the first responder prior to deploying them on the ambulance;  4. shall not be under the influence of alcohol, or impaired by any controlled substance, including cannabis, while on duty involved in ambulance transports at an ambulance service; and    5. shall cooperate with, and timely respond to, inquiries and investigations of agents of the Department.  (c) The ambulance service is responsible for the actions or omissions of the person trained to the first responder level while that person is on duty for the service involved in ambulance transports. The service shall report to the Department any serious incident involving a person trained to the first responder level in accordance with 105 CMR 170.350;  (d) The ambulance service must provide appropriate training to any person trained to the first responder level prior to deployment, including, at a minimum, safe patient moving and stretcher handling techniques;  (e) The ambulance service must implement a procedure to ensure a second EMT-Basic is immediately dispatched if the EMT working with a person trained to the first responder level determines appropriate care of the patient's medical condition and needs requires a second EMT-Basic; and  (f) The ambulance service must ensure that all BLS-level responses staffed by one EMT and one person trained to the first responder level are reviewed through the quality assurance/quality improvement (QA/QI) program under the service's affiliation agreement, pursuant to 105 CMR 170.300(A)(4).  (2) When an EFR service licensed at the BLS level responds to a call, it shall be staffed with a minimum of one EMT certified at a minimum at the EMT-Basic level.  (C) ALS Staffing.  When a Class I, II or V ambulance transports a patient receiving care at the Advanced level of ALS, the ambulance must be staffed with a minimum of two EMTs, at least one of whom is certified at the **Advanced** EMT |
| 170.323 Code Black Status system access | *Updated language*:  All ambulance services shall have the ability to access the Department’s code black status system through communication with a CMED or hospital connected to the code black status system. |
| 170.330 Written policies and procedures for Services | *Specific topics added, list re--numbered*   1. Acquisition, security and disposal of controlled substances and other drugs, in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*; 2. Maintenance of biomedical equipment and devices according to manufacturers’ recommendations; 3. Ensuring timely leaving/transmission of patient care reports at receiving hospitals; 4. Arrangements for securing additional appropriately trained personnel to assist EMTs, whether in providing ALS services in accordance with 105 CMR 170.305(C) or for other purposes; 5. For ALS services, the hours during which ALS service will be provided, if the service is not yet operating 24 hours a day, seven days a week, in accordance with 105 CMR 170.385(C); 6. For ALS-Paramedic services that staff with 1 paramedic and 1 other certified EMT, all policies required by 105 CMR 170.305(C)(2);   20) Mechanical failures;  (21) Inspection authorities;  (22) Infection control procedures, including designated infection control officer;  (23) Compliance with Statewide Treatment Protocols; ~~and~~  (24) Training and skill competency assurance of EMS personnel for new or updated equipment; changes and updates to 105 CMR 170.000, the Statewide Treatment Protocols; administrative requirements, advisories and memoranda issued by the Department; and as otherwise required by any provision of 105 CMR 170.000 or the Statewide Treatment Protocols;  (25) Rights of parents of patients who are minors, including the right to accompany the patient in the ambulance in accordance with M.G.L. c. 111C, §17;  (26) Mandated reporting;  (27) EMT use of patient restraints in accordance with 105 CMR 170.373 and the Statewide Treatment Protocols;  (28) Sanitary practices; and  (29) Disposal of hazardous waste. |
| 170.333 Duty to operate in accordance with laws, regulations and other requirements | *Added ‘advisories’ to the list*  Each service shall operate, and shall ensure that its agents operate, in accordance with M.G.L. c. 111C, 105 CMR 170.000, all other applicable laws and regulations, the Statewide Treatment Protocols, where relevant, administrative requirements **and advisories** of the Department, and the service’s established policies and procedures that are consistent with 105 CMR 170.000. |
| 130.345 Records | *Change reflects ability to prepare/maintain records electronically or print form; list of required records more specific; references delivery of patient care record to hospital and required verbal report*  Each service shall prepare and maintain records**, in electronic or print format,** that are subject to, and shall be available for, inspection by the Department at any time upon request. Records shall be stored in such a manner as to ensure reasonable safety from water and fire damage and from unauthorized use, for a period of not less than seven years. Services shall also store and maintain the records of any service(s) they acquire, in the same manner.   1. Records for services shall include at a minimum, as applicable, the following: 2. **service policies and procedures;** 3. **EMS personnel training records;**   **(3)**EMS personnel and employment files and records;  **(4)**documentation of EMS personnel’s current CPR **and ACLS** training credentials, **as applicable for their certification level,** EMT or EFR certification and valid motor vehicle operator's license, including when and by whom verification required by 105 CMR 170.285 was completed;  (5) all data from cardiac monitors and other equipment used in patient care, downloaded and readily accessible, either in electronic or paper format, for continuous quality improvement as well as Department review upon request;  (6) For services licensed at the critical care service level, documentation of compliance with all CAMTS or Department-approved substantially equivalent accreditation standards, including, but not limited to, continuous quality improvement  (CQI); training and orientation of critical care transport personnel; continuing clinical education; skill maintenance and requirements for ongoing demonstration of clinical competency of its critical care medical crews;  (7) preventive maintenance and repair records for ambulances and biomedical equipment and devices;  (8) current vehicle registrations;  (9) current Federal Aviation Administration (FAA) certifications and licenses for Class IV ambulances and pilots; and  (10)Federal Communications Commission (FCC) licenses.   1. Patient Care Report Preparation and Contents. Each service shall maintain dispatch records, in either computer-aided (CAD) or handwritten form, and written patient care reports, for every EMS call including, but not limited to, cases in which no treatment is provided, the patient refuses treatment or there is no transport. Each patient care report shall be accurate, prepared and transmitted to the receiving facility contemporaneously with or as soon as practicable after, the EMS call that it documents. EMS personnel shall provide a verbal report to receiving staff at the time of patient transfer of care. Each written patient care report shall, at a minimum, include the data elements pertaining to the call as specified in administrative requirements of the Department. All EMS personnel on the ambulance or ambulances dispatched to the patient are responsible for the accuracy of the contents of their respective patient care reports, in accordance with their level of certification. In addition, an ambulance service that does not transport must include in the patient care report the reasons for not transporting, including, if applicable, the signed informed refusal form from the patient(s). All baseline printouts from equipment used in the care of the patient, and those parts of printouts that correspond to clinical interventions or clinically relevant changes in the patient’s condition, shall be available as part of the patient care report.   (C) Patient Care Reports and Unprotected Exposure Form Submission.  **Each service shall ensure that t**he EM**S personnel** on a transporting ambulance shall leave a copy of the patient care report at the receiving health care facility with the patient at the time of transport. The receiving health care facility shall keep such patient care reports with the patient's medical record |
| 170.347 Data Reports to the Department | *Changes to data fields to be circulated 60 calendar days for comment* |
|  | Each ambulance service shall comply with all requirements established by the Department for submission of data to the Department, including but not limited to data pertaining to prehospital care and transport of trauma patients to appropriate health care facilities. Data submission requirements shall be specified in administrative requirements of the Department. Such administrative requirements and amendments thereto shall be circulated to all ambulance services for review and comment at least 60 **calendar** days prior to adoption. |
| 170.350 Accident Reports and Serious Incident Reports | *Updates require immediate notification of certain situations by phone or email; updates require notification of med errors (injury or not)*  (A) Each licensed service shall file a written report with the Department within **seven calendar** days of the following incidents**, and immediately notify the Department by electronic mail or telephone if the incident results in injury or death,** involving its service, personnel or property:  (1) fire affecting an EMS vehicle or service place of business;  (2) theft of an EMS vehicle;  (3) a motor vehicle crash involving an EMS vehicle reportable under M.G.L. c. 90, § 26 relating to the mandatory reporting of any crash involving a motor vehicle resulting in personal injury, death, or property damage. For the purpose of 105 CMR 170.350(A)(3), the written report shall be a copy of the approved Registry of Motor Vehicles' "Operator's Report of Motor Vehicle Accident," or in the case of a Class IV ambulance, a copy of the approved report form submitted to the FAA.  (B)(1)Each licensed service or accredited training institution shall **immediately notify the Department by electronic mail or telephone and** file a written report with the Department within seven **calendar** days of other serious incidents involving its service, personnel or property.Serious incidents are **medication errors, whether or not they result in injury to a patient, and other** incidents that result in injury to a patient not ordinarily expected as a result of the patient’s condition. An injury is harm that results in exacerbation, complication or other deterioration of a patient’s condition. Such reportable serious incidents include, but are not limited to, the following:  (a) Medication errors  (b) Failure to **assess and** provide treatment in accordance with the Statewide Treatment Protocols **resulting in injury**;  (c) Medical, EMS system or communications failure, or equipment failure or user error **resulting in injury or delay in response or treatment**;  (d) Undue delay in response or treatment for any reason**, resulting in injury**. |
| 170.360 Responsibility to provide appropriate personnel during transfer | No ambulance service or agent thereof shall transport a patient between health care facilities who is receiving medical treatment that is beyond the training and certification capabilities of the EMTs staffing the ambulance unless an additional health care professional with that capability accompanies the patient. For this purpose, medical treatment received by a patient includes, but is not limited to, intravenous therapy, medications, respirators, cardiac monitoring, advanced airway support, or other treatment or instrumentation.  *REMOVED: the exception for movement among buildings on grounds of appropriate healthcare facility.* |
| 170.365 Transport of a deceased person | An ambulance shall not be used to transport a dead body except in special circumstances where it is in the interest of public health and/or safety to do so.  *Removed: requirement for ambulance service to develop relevant policies* |
| 170.375 Dispatch communications | *Added the word ‘mobile’*  Each service shall provide two-way **mobile** radio communications between each of its EMS vehicles and a dispatcher |
| 170.380 Medical Communications | *Added the word ‘mobile’ to BLS communications*  (B) Each BLS ambulance service licensed to operate a Class I ambulance shall provide its Class I ambulances with equipment for direct two-way **mobile** radio contact between its Class I ambulances and those appropriate health care facilities similarly equipped to which the ambulance routinely transports patients. |
| 170.385 Service Availability and Backup | *Clarifies the need for written agreements to assure availability of EFR or BLS service 24/7*  (A)(1) Each EFR service at the EMS first response and BLS levels shall ensure that the level of service for which it is licensed is available to the public within the service’s regular operating area 24 hours a day, seven days a week, by providing the service’s own personnel and EMS vehicles, or **supplementing its own EMS staff through** written agreement(s) with other service(s). |
| 170.390 EMS Vehicle Readiness | *Updates/clarifies requirements*  170.390: EMS Vehicle Readiness [105 MA ADC 170.290]  Each service shall ensure that each of its EMS vehicles that are in current operation and needed to comply with the applicable service zone plan, are ready to respond to a call at any time. **Each service shall implement a system to verify that EMS vehicles are in ready working order, and that each EMS vehicle has all the required equipment, drugs and supplies to respond in accordance with the Statewide Treatment Protocols, to a call at any time.** Each service shall ensure the following:  (A) Each EMS vehicle in current operation and needed to comply with the applicable service zone plan is housed in a secured, temperature-controlled **fully enclosed** garage owned or operated by the service, whenever the vehicle’s expected time between calls would compromise vehicle**, drugs and equipment** performance and readiness or when its EMS personnel need facilities only available at a garage;   1. EMS vehicles, their interior and all equipment, are kept clean and sanitary, in accordance with standards established in administrative requirements of the Department; 2. EMS vehicles’ temperature controls are functioning correctly, so that all drugs and equipment are maintained in conformance with manufacturers’ recommendations and in proper condition for immediate use, and that the patient compartment is heated or cooled, depending on the season; and   **D)** EMS vehicles are kept in a secured area, free of debris and hazards. |
| 170.395 Storage Space | *Updated to reflect controlled temperature requirement*  Adequate and clean enclosed storage space for linens, equipment and supplies shall be provided and accessible to EMTs at each place of business. These storage spaces shall be so constructed to ensure cleanliness of equipment and supplies**,** to permit thorough cleaning **and ensure equipment, drugs and supplies are maintained within manufacturers’ recommended temperature ranges**. |
| 170.400 Supplies | *Reflects ability to have a central supply hub*  An adequate amount of medical supplies, as described in the Department’s administrative requirements, and linen for stocking EMS vehicles shall be stored wherever EMS vehicles are garaged, **unless a service has established centralized supply hubs containing the required supplies, a system for timely field replacement of supplies from support units, or** unless a service obtains all medical supplies and linen from a hospital pursuant to a written agreement with the hospital. |
| 170.410 General Requirements regarding EMS Vehicles | Updated to include the word ‘may’, versus prior word ‘shall’  (A) Ambulances. The Department **may**, prior to certification, inspect the ambulance, equipment and supplies for conformance with the standards set forth in 105 CMR 170.000 and the Department’s administrative requirements. Authorized personnel of the Department may inspect, at any time and without prior notice, any ambulance, equipment and supplies. For the purposes of 105 CMR 170.410(A), such inspection includes, but is not limited to, ambulances, equipment, supplies, the garage, records and files. |
| 170.415 Certificate of Inspection required | *Reflects need for valid inspection certificate:*   1. No person shall operate, maintain, or otherwise use any aircraft, boat, motor vehicle, or any other means of transportation as an **EMS** vehicle without a valid certificate of inspection. **This applies to temporary replacement or additional ambulances or EFR vehicles an EMS service plans to deploy.** |
| 170.425 Renewal of certification | *Renewals for individual vehicles must be submitted no later than 90 days prior. Language about temporary certifications and replacement vehicles has been removed*  (A) Pursuant to M.G.L. c. 111C, §7, certification for each EMS vehicle shall terminate on the same date that the license for the service expires. Renewal applications shall be submitted to the Department no later than **90** **calendar** days prior to the date of the expiration of the certificate. An applicant for renewal of a certificate of inspection shall follow the procedures set forth in 105 CMR 170.420. A renewal certificate shall not be issued if there are any outstanding assessments |
| 170.470 Class V | *Clarifications*  A Class V ambulance is a vehicle that does not meet the minimum vehicle design and construction standards of any other class of ambulance A Class V ambulance may be dispatched to the scene of an emergency to bring trained personnel and appropriate equipment and supplies. It shall meet the following minimum requirements:   1. Vehicle Equipment. A Class V ambulance shall be equipped at a minimum with the vehicle equipment specified in the administrative requirements entitled *Vehicle Equipment Guidelines - Class V*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 **calendar** days prior to adoption. 2. Medical Equipment and Supplies. A Class V ambulance shall be equipped at a minimum with medical equipment and supplies as specified in the administrative guidelines entitled *Medical Equipment and Supplies - Class V*. Amendments to such administrative requirements shall be circulated to licensees for review and comment at least 60 **calendar** days prior to adoption. 3. A Class V ambulance shall not be used to transport a patient to a hospital or other appropriate health care facility except as a backup ambulance when the Class I ambulance and its first back-up, as set forth in 105 CMR 170.385, are demonstrably unavailable. 4. A service licensed to operate and maintain a Class V ambulance, must also be licensed to operate and maintain a Class I ambulance, or provide evidence of a written cooperative arrangement by which a Class I ambulance, and its first **and second** backup as required in 105 CMR 170.385, are readily available to provide emergency medical transportation in the regular operating area of the service.   *Specific reference to medications*  170.480 Equipment, Medications and supplies  (A) All EMS vehicles shall be equipped and staffed to provide care at the level of service for which the EMS vehicle is put into service, in accordance with the Statewide Treatment Protocols and the applicable service zone plan. When responding to a call, each EMS vehicle shall carry the equipment**,** supplies**, and medications** required by the Department’s administrative requirements for its type or classification.  (B) All equipment on EMS vehicles shall be maintained in good working order at all times, in accordance with the manufacturer’s recommendations and/or specifications. **All equipment on EMS vehicles shall be used by the service’s EMS personnel only in accordance with the manufacturer’s recommendations and/or specifications.**  **(C) All medications shall be stored and maintained in conformance with the manufacturer’s recommendations and shall be used by the service’s EMS personnel in accordance with the Statewide Treatment Protocols.** |
| 170.705 Deficiencies | (B) A deficiency may result in the following:  (1) an advisory letter, a letter of clinical deficiency, a notice of serious deficiency, cease and desist order, or **censure**;  (2) a correction order as set forth in 105 CMR 170.720;   1. an assessment as provided in 105 CMR 170.730; or 2. a denial, suspension, revocation or refusal to renew a license, certification, certificate of inspection, designation or other approval. |
| 170.710 Plan of Correction | *Specifies calendar day requirement and Department obligations*  (C) The plan of correction must be submitted to the Department no later than ten **calendar** days after written notice of deficiencies and request by the Department for submission of a plan. The person or his/her agent may be required to submit a plan of correction immediately at the completion of the inspection if deficiencies are found upon inspection which threaten health and safety.  (D) The Department shall attempt to approve or deny the plan of correction within ten **calendar** days of receipt of the plan. Failure to respond to a submitted plan of correction shall not be deemed to be an acceptance of the plan of correction. |
| 170.760 Revocation or Refusal to renew | *Clarifies timeframe for request*  (A) If the Department initiates action to revoke or refuse to renew a license, certification, certificate of inspection, designation or other form of approval, the affected person shall be notified in writing of the reasons for the Department’s action and of his/her right to an adjudicatory proceeding.  (B) Written request for a hearing must be submitted within 14 **calendar** days of receipt of notification of Department action. |
| 170.795 Complaints | *Additional layer of reprimand*  (C) Investigation of complaints may lead to enforcement actions, including an advisory letter, a letter of clinical deficiencyor a letter of **censure**; a cease- and- desist order; a correction order, as set forth in 105 CMR 170.720; an assessment, as provided in 105 CMR 170.730; or a revocation, suspension or refusal to renew a license, certification, certificate or inspection, designation or other form of approval, or a modification of a license by the Department. The Department may specify in any such enforcement action taken against an EMT or EFR a requirement to undergo and successfully complete remedial training, in accordance with terms set out in the enforcement action. |
| 170.800 EMS Personnel: General Provisions | *Specifics and clarifications added:*  (E) EMS personnel shall have current, valid EMT certification, CPR or ACLS credentials, as appropriate to their level of certification, and a current, valid driver’s license, in order to function as an EMT on the ambulance in any role;  (F) **EMS personnel shall not be under the influence of alcohol, or impaired by any controlled substance, including cannabis, while on duty at an ambulance service as an EMT or when responding or assisting in the care of a patient, or while in EMS educational programs and field or clinical internship components of educational programs**.  (G) EMS personnel shall cooperate with, and timely respond to, inquiries and investigations of agents of the Department. |
| 170.805 First Responder | *Clarifies functions and training requirements*  (A) The functions of an EFR shall include:   1. **F**irst aid; 2. **C**ardiopulmonary resuscitation, including use of automatic/semi-automatic defibrillation; 3. **Operation of EFR vehicles;** and 4. **O**ther intervention(s) approved by the Department.   (B) EFRs shall provide the functions described in 105 CMR 170.805(A) in conformance with Department-approved training.  (C) The minimum training requirement for certification as an EFR includes:   1. **S**uccessful completion of the training required by 105 CMR 171.000: *Massachusetts First Responder Training*;   **(2) W**ithin each three-year term of certification, successful completion of a Department-approved EFR continuing educationcourse; and  **(3)** any other training designated by the Department in administrative requirements. |
| 170.810 EMT-Basic | *Lengthy Section D eliminated and replaced with:*  (D) **An EMT-Basic may initiate Basic Life Support level skills, in accordance with the Statewide Treatment Protocols.** |
| 170.880 Emergency Medical Technician trained and/or certified/licensed in another state | *Clarifies requirement:*  (B) A person currently certified, licensed or otherwise authorized as an emergency medical technician by another state who applies for Massachusetts certification as an EMTbased on these out-of-state EMT credentials must **1)** document that he or she holds current NREMT certification at their level of certification, licensure or authorization by the other state**, 2)** **provide documentation from the other state regarding their EMT certification or license being in good standing and disciplinary history;** and **3) must** meet all the requirements of 105 CMR 170.910. |
| 170.910 Initial Certification | *Updated language for clarification, re-numbering, requires individual to maintain NREMT*  (A) In order to be eligible to be certified as an EMT, a person must:   1. Be at least 18 years old;   **(2)** Be free of any physical or mental **disability** or disease which could reasonably be expected to impair the ability to be an EMT, or which could reasonably be expected to jeopardize the health and safety of the patient;  **(3)** Meet the training requirements applicable to the level of certification for which the person is applying, as specified in 105 CMR 170.800 *et seq.*; and  **(4)** Successfully complete a Department-approved psychomotor examination**,** meeting the requirements of the NREMT; the NREMT cognitive computer-based examination; and obtain NREMT certification  (B) To apply for certification as an EMT, a person must:  (1) Complete and submit an application form provided by the Department, or as otherwise in accordance with Department procedural requirements,and the payment of the nonrefundable certification fee of $150.00;and  (2) **Maintain** documentation of current NREMT certification. |
| 170.920 Grounds for Denial of Certification | *Re-wording and clarifying language added*   1. The Department may deny certification on any of the following grounds: 2. Failure to meet Department-approved training requirements for a particular level of certification; 3. Failure to conform to the requirements of 105 CMR 170.910; 4. Any actions or omissions which would indicate that the health or safety of the public would be at risk should certification be granted; 5. **Any failure to exercise reasonable care or commission of gross misconduct including but not** **limited to committing an act of violence, a violation of professional boundaries with a patient, or a drug-related offense;**   **(5)** Any previous violation of M.G.L. c. 111C or 105 CMR 170.000;  **(6** Any attempt to serve as an EMT or to obtain certification through fraud, deceit or knowing submission of inaccurate data or omission of a material fact~~.~~**;**  **(7) Any action(s) while working as any type of health care professional other than an EMT which would constitute a violation of 105 CMR 170.000 or M.G.L. c. 111C; and**  **(8) Any disciplinary violations in Massachusetts or another jurisdiction (state, United States or foreign) by a governmental licensing or certification authority, or by the NREMT, against an EMT or other health care license or certification held by the applicant, for acts or conduct substantially similar to that which would constitute grounds for discipline by the Department.** |
| 170.930 Renewal of EMT Certification | *Clarifying language for military extensions/hardship waivers; clarifies requirement to maintain NREMT certification, addresses one-year alignment and lapsed certifications*  (1) All EMTs must renew certification every two years upon expiration of original certification. To be eligible for recertification, allEMTs must:  (a) Meet the requirements of 105 CMR 170.810(C), 170.820(C) and 170.840(C), as applicable, with respect to continuing education and completion and submission of documentation through the Department-designated web-based continuing education tracking platform**, or through alternative means for those granted military extensions or hardship waivers by the Department,** within the time period specified by the Department in administrative requirements;  (b) Apply for a renewal of certification on a form provided by the Department, or as otherwise in accordance with Department procedural requirements within the time period specified by the Department in administrative requirements; and  (c) Submit a non-refundable fee of $125.00 with a completed application form, or as otherwise in accordance with Department procedural requirements, for certification.  (2) NREMT-related Certification Requirements for Renewal:  (a) EMTs who are currently NREMT certified must ~~submit~~ **maintain** documentation of current NREMT certification, in accordance with the provisions of 105 CMR 170.930(A)(1)(b);  (b) EMTs who were never NREMT certified may apply for NREMT certification. If they do apply for NREMT certification, EMTs shall ~~submit~~ **maintain** documentation of current NREMT certification with the next renewal of certification after receipt of NREMT certification, in accordance with the provisions of 105 CMR 170.930(A)(1)(b); and  (c) All EMTs, whether NREMT and Massachusetts certified, or solely Massachusetts certified, must enter and manage their continuing educational requirements through the Department-designated continuing education tracking platform ~~website~~, **or through alternative means for those granted military extensions or hardship waivers by the Department,** in accordance with Department procedural requirements.  **(d) One-year alignment: EMTs whose NREMT certification expiration date is one year after their Massachusetts certification expiration date shall apply for one-year alignment, advancing their Massachusetts certification expiration date one year to match their NREMT certification expiration date. To do so, the EMT must submit a non-refundable fee in the amount of half the recertification fee in 105 CMR 170.930(A)(1)(c), with a completed application form, or as otherwise specified in accordance with Department procedural requirements for certification, no later than one year after the expiration of their Massachusetts certification. Once these expiration dates are aligned, the EMT may apply for renewal of their Massachusetts certification. Late certification under 105 CMR 170.930(A)(4) does not apply to one-year alignment.**  (4) **Late** Certification and Fee; Hardship Waivers: An EMT whose certification has ~~lapsed~~ **expired** for **2 years** or less, and who has met their continuing education requirements prior to the expiration of their certification may renew their certification in accordance with procedures specified in Department administrative requirements. The Department may assess a fee of $50 for renewal of ~~lapsed~~ certification **expired 2 years or less**. An EMT whose certification is about to expire, or has **expired** for 30 **calendar** days or less, **who has not met their continuing education requirements** and who documents significant hardship, may seek a hardship waiver to renew their certification in accordance with procedures specified in Department administrative requirements. |
| 170.935 Reinstatement of Certification | *Clarifies reinstatement policies and re-numbers*  A person whose certification has expired by more than **two years,** and who **is** not **eligible** for recertification as required by 105 CMR 170.930 orwho has been refused recertification under the provisions of 105 CMR 170.940(A), may apply for reinstatement of certification in accordance with 105 CMR 170.935(A).  (A) To apply for reinstatement **at the EMT-Basic level**, a person must:  (1) **Successfully complete all NREMT education and certification requirements;**  **(2)** Submit a completed application form provided by the Department  **(3)** Submit a non-refundable fee established by the Department with the completed application form for reinstatement of certification;  (4) Successfully complete **a Department-approved psychomotor examination, meeting the requirements of the NREMT** within one yearof the date of the Department’s approval of the application **to proceed to the psychomotor examination** and  (5) Meet the requirements of 105 CMR 170.910(A)(1) through (5)**.**  **(6) If a person seeking reinstatement as an EMT-Basic holds current NREMT certification, they must submit a completed initial application form provided by the Department and submit a non-refundable fee established by the Department with the completed application form.**  **(B) To apply for reinstatement at the Advanced EMT or Paramedic level, a person must:**  **(1) Successfully complete all NREMT education and certification;**  **(2) Submit a completed application form provided by the Department;**  **(3) Submit a non-refundable fee established by the Department with the completed application form for reinstatement of certification; and**  **(4) Meet the requirements of 105 CMR 170.910(A)(1) through (5).**  **(5) If a person seeking reinstatement as an Advanced EMT or Paramedic holds current NREMT certification, they must submit a completed initial application form provided by the Department and submit a non-refundable fee established by the Department with the completed application form.**  **(C)** The Department shall reinstate certification to an applicant who has properly qualified under 105 CMR 170.935(A). The certification shall be valid for two years.  **(D)** Previously certified EMTs not qualified for reinstatement under 105 CMR 170.935 but who desire to be certified must comply with all initial certification requirements as specified in 105 CMR 170.910. |
| 170.937 Reporting Obligations of EMS Personnel | *Clarifies calendar-day reporting requirements and adds phrase “even if the plea or admission results in a continuation without a finding”*  (A) Each EMT or EFR shall file a written report with the service in conjunction with which he or she provides EMS, and with the Department within five **calendar** days of the following:  (1) The EMT’s or EFR’s conviction of a misdemeanor or felony in Massachusetts or any other state, the United States, or a foreign country (including a guilty plea, nolo contend**e**re or admission to sufficient facts**, even if the plea or admission results in a continuation without a finding**), other than a minor traffic violation for which less than $1,000 was assessed. The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide;  (2) Loss or suspension of the EMT’s or EFR’s driver’s license;  (3) Disciplinary action taken by another governmental licensing jurisdiction (state, United States or foreign) or the NREMT, against an EMT or other health care certification or license held by an EMT or EFR; or  (4) Suspension or revocation of authorization to practice by the EMT’s or EFR’s affiliate hospital medical director.  (B) Each EMT or EFR shall file a written report with the service in conjunction with which he works as an EMT or EFR within five **calendar** days of notice of proposed Department disciplinary actionor final Department action against the EMT’s or EFR’s certification (letter of **censure**, denial, suspension, revocation or refusal to renew certification) or other Department response to identified deficiency(cease and desist order, letter of clinical deficiency, notice of serious deficiency, advisory letter) against the EMT or EFR.  (C) The Department shall review and assess the information it receives under 105 CMR 170.937(A) in accordance with procedures established in a written policy. Any Department action to deny, suspend, revoke or refuse to renew an EMT or EFR certification, under 105 CMR 170.940, shall proceed in accordance with 105 CMR 170.740 through .780, as applicable to the Department action taken. |
| **170.940** Grounds for Suspension, Revocation of Certification, or Refusal to Renew Certification | *Addition of clarifying phrases, re-lettering*   1. Gross misconduct in the exercise of duties**,** **including but not limited to committing an act of violence, a violation of professional boundaries, or a drug-related offense**;   (G) **Being under the influence of alcohol, or impaired by a controlled substance, including cannabis, while on duty at an ambulance service or when responding or assisting in the care of a patient, or while in EMS educational programs and field or clinical internship components of EMS educational programs.**  (H)Refusal to surrender a certificate in violation of 105 CMR 170.750(C);  **(I)** When conducting training programs, **committing gross misconduct, including but not limited to committing an act of violence, a violation of professional boundaries with a student, or a drug-related offense, and** failure to conduct such program(s) in accordance with provisions in 105 CMR 170.945 through 170.978 and/or the standards and procedures established in the administrative requirements published separately by the Department;  **(J) When acting as any type of health care professional or providing health care services in a setting other than while working for an ambulance service, failure to exercise reasonable care and judgment, and/or commission of gross misconduct,** **including but not limited to committing an act of violence, a violation of professional boundaries with a patient, or a drug-related offense;**  **(K)** Violation of a correction order;    **(L)** Failure to submit a plan of correction, when required to by the Department in accordance with 105 CMR 170.710;  **(M)** Failure to comply with a Department-approved plan of correction, or a Department correction order pursuant to 105 CMR 170.720;  **(N)**  Failure to pay a deficiency assessment levied in accordance with 105 CMR 170.730;    **(O)**  Knowingly make an omission of a material fact or a false statement, orally or in any application or document filed with or obtained by the Department or any other entity in the EMS system;  **(P)** Failure to complete a **patient care report** ~~trip record~~, as required by 105 CMR 170.345;  **(Q)**  Having been disciplined in Massachusetts or another jurisdiction (state, United States or foreign) by a governmental licensing or certification authority, or by the NREMT, against an EMT or other health care license or certification held by the EMT, for acts or conduct substantially similar to that which would constitute grounds for discipline by the Department;  **(R)**  Failure to meet reporting obligations in accordance with 105 CMR 170.937; or  **(S)** Any violation of M.G.L. c. 111C or 105 CMR 170.000. |
| 170.942 Examiners and Chief Examiners, duties and Requirements for Approval | *Updates requirements to qualify as Chief Examiner*  (A) Duties of a Chief Examiner. The duties and responsibilities of a Chief Examiner include, but are not limited to, the following:   1. Overseeing the administration of the psychomotor examination as the Department’s and NREMT’srepresentative, to ensure that exam administration conforms to Department’s and NREMT’sstandards, including use of current **Department or** NREMT skill sheets at all EMT levels; 2. Complying with conflict of interest requirements set out in the Department’s Examiner’s Manual; 3. Monitoring Examiners and regularly evaluating in writing their competency and effectiveness; and 4. Functioning in accordance with the procedures set forth in the Department’s Examiner’s Manual.   (B) Persons seeking Department approval as a Chief Examiner shall submit an application on a form provided by the Department. The minimum requirements for approval as a Chief Examiner are as follows:  (1) Current certification **in good standing, with no disciplinary history with the Department,** as an EMT at a level equal to or greater than the EMT level for which the test is administered;  (2) Successful completion, documented by a current trainingcertificate, renewed biennially, of an instructor’s course in Basic Life Support cardiopulmonary resuscitationprovided 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;  (3) **At least five years of experience within the last 10 years in providing pre-hospital emergency medical care as an EMT at a level equal or greater than the EMT level for which the test is administered~~.~~**  (4) Successful completion of Chief Examiner training, orientation and internship requirements of the Department;  (5) Current Department approval as an Examiner or successful completion of supplemental Chief Examiner training, in addition to that required under 105 CMR 170.942(B)(4), as required by the Department;  (6) A favorable evaluation by the Department; and  (7) For ALS Chief Examiners, currently credentialed by NREMT as an Advanced Level Representative. For BLS Chief Examiners, currently credentialed by NREMT in accordance with any NREMT requirements for BLS-level psychomotor examinations. |
| 170.942 Renewal of approval as a Chief Examiner and Examiner | *Includes exception for existing Chief Examiners*  The Department may renew approval of a Chief Examiner or Examiner for an additional term to run concurrently with his or her EMT certification. A Chief Examiner or Examiner must apply for renewal or approval on a form provided by the Department, no later than 60 **calendar** days prior to the expiration of the current approval. A person with an expired approval as a Chief Examiner or Examiner may not oversee or administer, as applicable, the Department’s psychomotor examination.  (A) To be eligible for renewal of approval, a Chief Examiner or Examiner must:   1. Continue to meet the requirements of 105 CMR 170.942 applicable to his or her level of approval**, except that Chief Examiners or Examiners approved by the Department prior to DATE OF PROMULGATION may continue to have at least two years of experience in providing pre-hospital emergency medical care as an EMT at a level equal to or greater than the EMT level for which the test is administered**; and 2. During the term of the immediate past approval period, have received a favorable evaluation from the Department as a Chief Examiner or an Examiner, as applicable. The Department’s evaluation of an Examiner will be based, at a minimum, on evaluations by Chief Examiners. |
| 170.944 Grounds for denial, suspension and revocation of Examiner and Chief Examiner approval or Re-Approval | *Updated and more specific language*  (E) Gross misconduct in the exercise of duties as an EMT, an Examiner, a Chief Examiner, and/or in conducting any program regulated by the Department**, including but not limited to committing an act of violence, a violation of professional boundaries with a patient, student, or candidate**, **or a drug-related offense;**  (F) Commission of any criminal offense relating to the performance of duties as an EMT, an Examiner, or a Chief Examiner**,** including **but not limited to** any conviction relating to a **drug-related offense or any crime that endangers the public health and safety**; |
| 170.948 Finding of Responsibility and Suitability of Applicants for Accreditation | *Updated language*   * 1. Conviction of a criminal offense, such as drug **-related offenses**, rape, assault or other violent crime against a person, or related to the provision of training subject to the Department’s approval; or   (d) Any attempt to obtain accreditation or training program approval by fraud, misrepresentation, or the submission of false information. |
| 170.950 duties and responsibilities of Accredited Training Institutions | *Updated language with specific subject matter:*  (B) Conduct training programs in accordance with M.G.L. c. 111C, 105 CMR 170.000 and administrative requirements for the following:  (1) Student performance outcome measures;  (2) Academic and clinical staff;  (3) Administrative staff;  (4) Current **initial** training **and continuing education standards,** including**, but not limited to,** incorporation of the Statewide Treatment Protocols; |
| 170.957 Grounds for Suspension, revocation or refusal to renew accreditation | *Specific additions and re-numbering*  **(10) Any actions that endanger the public health and safety;**  **(11) Commission of gross misconduct, including but not limited to committing an act of violence, a violation of professional boundaries with a patient, student, or candidate, or a drug-related offense;**  **(12)** Conviction of a criminal offense, **including but not limited to a drug-related offense**, any crime that endangers the **public** health and safety, or **any crime** related to the provision of training subject to Department approval; or  (1**3**) Any attempt to maintain accreditation by fraud, misrepresentation or by omitting material facts or submitting false information to the Department, either orally or in writing. |
| 170.960 Approval of Training Programs by non-accredited training providers | (B) Any nonaccredited training provider seeking training program approval shall~~:~~  ~~S~~ubmit a complete application**,** on a form provided by the Department**, to the Department or**  the appropriate Regional EMS Council(s)**, as an agent of the Department,** in compliance with Department administrative requirements.  (C) Separate program approval is required for each offering of a continuing educationtraining program, even if the same training program was previously approved and/or offered. For continuing education training programs, blanket approval may be obtained for multiple offerings of the same training program in a single **recertification** year. |
| 170.976: Grounds for Denial, Suspension, or Revocation of Program Approval of Training Programs by Nonaccredited Providers | 1. Failure to keep accurate and adequate records, **in accordance with 105 CMR 170.964(F**   (H) **Any actions that endanger the public health and safety;**  **(I)** **Commission of gross misconduct, including but not limited to committing an act of violence, a violation of professional boundaries with a student, patient or candidate, or a drug-related offense;**  **(J)** Failure to submit an application in accordance with the requirements of 105 CMR 170.000 or the Department’s application procedures;  **(K)** Failure to offer training that is consistent with the approved application; or  **(L)** Engaging in, or aiding, abetting, causing or permitting any act prohibited by M.G.L. c. 111C, 105 CMR 170.000 or administrative requirements of the Department. |
| 170.977 Instructor Coordinator: Duties and Requirements for Approval | *Updates requirements*  The Department shall approve personnel as Instructor/Coordinators (I/Cs), who shall be the sole persons authorized to teach an initial training program at the EMT-Basic **and Advanced EMT** level**s**. **An applicant shall specifically seek, and the Department shall grant qualified persons approval, as Instructor/Coordinator, at the EMT-Basic or EMT-Basic and Advanced EMT level(s) of training.**  (A) The duties and responsibilities of an Instructor/Coordinator include, but are not limited to, the following**, at the level at which they have been approved by the Department**:   1. Planning, developing, instructing and coordinating the EMT-Basic **and Advanced EMT** classes in accordance with 105 CMR 170.810 and the administrative requirements of the Department; 2. Managing and ensuring quality of the delivery of the EMT-Basic **and Advanced EMT** classes, whether delivered by personal lecture or practical demonstration, or by specialty or guest lecturers. Such quality assurance shall include, at a minimum, a system that incorporates collection of data and adequate documentation to evaluate the EMT-Basic **and Advanced EMT** classes and assess their effectiveness in achieving educational goals and objectives, in accordance with the administrative requirements of the Department; 3. Remaining current and knowledgeable with regard to all EMT-Basic **and Advanced EMT** procedures, equipment, **initial** training **standards** ~~curricula~~, the Statewide Treatment Protocols, 105 CMR 170.000 and M.G.L. c. 111C pertaining to the provision of prehospital care and the role and responsibilities of the EMT**-Basic and Advanced EMT**; and 4. Making available to agents of the Department upon request all records relating to the provision of EMS training.   (B) Persons seeking Department approval as an Instructor/Coordinator shall submit an application on a form provided by the Department. The minimum requirements for approval by the Department as an Instructor/ Coordinator are as follows:   1. Current certification **in good standing at or above the level of EMT training to be taught, with no record of past enforcement actions of the Department** 2. A minimum of **three** year~~’~~s**’** experience **within the last 10 years, working for an ambulance service as an EMT providing EMS care,** at **or above** the level **of EMT training to be taught** 3. Successful completion of a Department-approved EMT instructor-training course that includes adult education, psychomotor skills and affective learning components, or Department-approved substantially equivalent training;   (B) The Department may issue a certificate of approval **as an Instructor/Coordinator at** **the EMT-Basic or EMT-Basic and Advanced EMT levels** to an applicant who has successfully met all requirements of 105 CMR 170.977 **applicable to the level to be taught**. The term of such approval shall run concurrently with the term of the applicant’s EMT certificate. |
| 170.978 Renewal of Approval as an Instructor-Coordinator | (A) To be eligible for renewal of approval, an Instructor/Coordinator must: (1) Continue to meet the requirements of 105 CMR 170.977 and administrative requirements of the Department with respect to Instructor/Coordinators; provided, that **an Instructor/Coordinator approved prior to January 6, 2023, shall have five years to come into compliance with the requirement of 105 CMR 170.977(B)(3);** (2) Submit documentation evidencing, at the level of Instructor/Coordinator being renewed: (a) having actively been teaching; and (b) being responsible for managing and ensuring the quality Department-accredited initial EMT training program or approved continuing education courses, in accordance with administrative requirements issued by the Department; and (3) Successfully complete Instructor/Coordinator training updates as required by the Department. (B) The Department shall provide written confirmation of renewed approval as an Instructor |
| 170.979 Grounds for Denial, suspension or Revocation of Instructor-Coordinator Approval or Re-approval | *Updated language*  (F) Gross misconduct in the exercise of duties as an Instructor/Coordinator, an EMT, a Chief Examiner or an Examiner, including but not limited to**committing an act of violence, a violation of professional boundaries with a student, patient or candidate, or a drug-related offense**  (G) **Conviction** of any criminal offense relating to the performance of duties as an Instructor/Coordinator, an EMT, a Chief Examiner or an Examiner, including but not limited to any conviction **for a drug-related offense or any crime that endangers the public health and safety, or is related to the provision of training subject to Department approval**; |
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