



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
67 Forest Street, Marlborough, MA 01752

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KARYN E. POLITO
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Secretary

MONICA BHAREL, MD, MPH
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Memorandum

TO: Health Care Facility Chief Executive Officers, Administrators, Emergency Medical Services and Occupational Health Leadership

FROM: Elizabeth Daake Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Health Care Personnel with Potential Exposure to Patients with COVID-19 Guidance

DATE: March 19, 2020

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH understands the important role that health care personnel (HCP) serve in caring for Massachusetts residents. Massachusetts now has widespread community transmission of COVID-19. In accordance with guidance from the Centers for Disease Control and Prevention (CDC), *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)*, facilities and providers may consider allowing asymptomatic HCP who have had an exposure to COVID-19 to continue working after the following conditions have been met:

- All options to improve staffing detailed in your facility or organization's emergency management plan have been exhausted;
- The occupational health services program has been consulted;
- The health care facility has stopped all non-essential, elective invasive procedures, if applicable; and
- The health care facility has postponed any non-essential outpatient appointments, if applicable.

If these conditions are met and HCP are allowed to continue working, the health care facility or provider is required to:

- Ensure HCP report temperature and absence of symptoms prior to starting work each day;
- Ensure HCP don a facemask for the entire time that they are at work for the 14 days after the exposure event;
- Direct that if HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work;
- Prohibit HCP with even mild symptoms consistent with COVID-19 from working while they are symptomatic and, in accordance with DPH guidelines, test for COVID-19
 - HCP must remain out of work while awaiting COVID-19 test results;
- Using clinical judgment avoid having HCP care for high risk patient, including immunocompromised patients, for the 14 days after the exposure event; and
- Consider having HCP work shorter shifts (i.e. 8 hours) as there is early evidence that shorter shifts may be protective.

Health care facilities and providers may not request masks from the Strategic National Stockpile for the purposes of allowing exposed HCP to return to work.

CDC HCP Personnel Exposure document may be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

DPH strongly encourages all health care facilities and providers in Massachusetts to monitor the Centers for Medicare & Medicaid Services (CMS) website and the Centers for Disease Control and Prevention (CDC) website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.

COVID-19 Update from the Massachusetts State 911 Department

Please be informed that State 911 Department (Department), in coordination with the Executive Office of Public Safety and Security (EOPSS), is actively engaged in discussions on the monitoring and mitigation strategies regarding COVID-19.

The Department has been advised that the three approved Emergency Medical Dispatch (EMD) vendors for Massachusetts have communicated with the PSAPs and RECCs regarding the COVID-19 virus. Each PSAP and RECC has been advised of the appropriate EMD protocols pertaining to the COVID-19 virus. If your EMD vendor has not already provided you with information for handling calls that may be flu related, please use this link <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> for assistance or contact your EMD vendor directly for guidance.

The State 911 Department strongly recommends that when dispatching first responders to calls for flu like symptoms, that the dispatcher follow local dispatch policies but to include advising first responders (Police, Fire, EMS) to respond using PPE (Personal Protection Equipment), a known term to first responders.

If you have reason to believe that your PSAP or RECC is infected with the virus and find it necessary to vacate your call center, our service provider Comtech can route your calls to an Alternate. Please contact Shahri Moin at 508-821-7306 or shahri.moin@mass.gov, or Charlie Ashworth at 508-821-7301 or Charles.ashworth@mass.gov, of the State 911 Department if you are looking for operational guidance or need to know what PSAP or RECC is currently assigned as your Alternate. Please contact these same people at the State 911 Department or the COMTECH HELP DESK at 855-626-4911 to begin the process if this situation occurs.

The State 911 Department strongly recommends that all PSAPs and RECCs communicate with their assigned Alternate now to discuss an increased call volume and a plan for radio communications for dispatching first responders (Police, Fire & EMS) in the event that an evacuation becomes necessary.

The Department strongly recommends all PSAPs and RECCs that have not already done so review their COOP plans in case their operations are affected by COVID-19. This includes communicating with your current Alternate to explore a process to dispatch (radio) in the event you cannot answer 911 calls. We also recommend that you research if another PSAP or RECC would be suitable to receive your 911 calls in the unlikely event both your PSAP and Alternate operations are negatively affected by COVID-19. Suitability would include among other factors, being able to handle the additional 911 call load and radio communications for dispatch.

The Department has posted the latest information to our web site, mass.gov/e911, which we have vetted through EOPSS and the Department of Public Health. We recommend you review this information.

The Department will update our website when new relevant information is approved to be communicated to our PSAP community.



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EMERGENCY WAIVER

TO: All Licensed Ambulance Services
FROM: W. Scott Cluett, III Director
RE: COVID-19 Related Waivers for All EMS Regions
DATE: March 18, 2020

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of novel Coronavirus 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

Pursuant to an Order issued by the Commissioner of Public Health, certain provisions of the Emergency Medical Services (EMS) System Regulations, 105 CMR 170.000, have been suspended through this waiver.

The purpose of this waiver is to alleviate potential EMS personnel staffing shortages due to COVID-19, and to allow for use of first responders, as defined in M.G.L. c. 111, §201, and 105 CMR 171.000 (except for lifeguards), to drive ambulances and constitute part of the minimum required staffing of the ambulance.

Term of the Suspension:

This order shall be effective:

From: Immediate
To: Until Further Notice from the Department

Effective section: 105 CMR 170.305 Staffing

(B) **BLS Staffing:** 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 **and one first responder, as defined in 105 CMR 171.000 (excluding lifeguards), who shall drive the ambulance.** 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.**

(1) 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 at least one EMT, who is at a minimum certified at the EMT-Advanced or higher level, **and one first responder, as defined in 105 CMR 171.000 (excluding lifeguards), who shall drive the ambulance.**

(2) When a Class I, II or V ambulance transports a patient receiving care at the Paramedic level of ALS, the ambulance must be staffed with a minimum of at least one EMT, who is at a minimum certified at the

Paramedic level, **and one first responder, as defined in 105 CMR 171.000 (excluding lifeguards), who shall drive the ambulance.**

Contact information

For you questions on this waiver, you may contact Brendan Murphy at Brendan.P.Murphy@state.ma.us.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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**ORDER OF THE COMMISSIONER OF PUBLIC HEALTH REGARDING THE
SHARING OF CRITICAL INFORMATION WITH FIRST RESPONDERS**

On March 10, 2020, Governor Charles D. Baker declared a state of emergency in the Commonwealth to respond to the spread of COVID-19. On March 11, 2020, in view of the grave threat that the spread of COVID-19 presents to the public health, the Public Health Council authorized and directed me to act pursuant to G. L. c. 17, § 2A and to take all appropriate actions, incur such liabilities, and establish such rules, requirements, and procedures necessary to prepare for, respond to, and mitigate the spread of COVID-19 in order to protect the health and welfare of the people of the Commonwealth.

As of March 17, 2020, 218 cases of COVID-19 were reported by the Department of Public Health, with 10 of the 14 counties in the Commonwealth impacted, and all indications are that the number of cases continues to grow. The escalating COVID-19 public health emergency has begun and will continue to produce an extraordinary demand on the Commonwealth's first responders.

Accordingly, pursuant to the authority granted by G. L. c. 17, § 2A and with the approval of the Governor and the Public Health Council, and in order to ensure effective and continued operation of public health and safety services during the state of emergency based on the assessment of need by the Secretary of the Executive Office of Public Safety and Security and local first responders, I hereby issue the following Order:

Local boards of health shall disclose to the official with the responsibility for administering the response to emergency calls in their jurisdiction (Receiving Entity) the addresses of persons living in their jurisdiction who the local board of health has been informed have tested positive for COVID-19. The disclosure of information shall be limited to the address, and shall not include any other identifying information, including name.

Any information disclosed pursuant to this Order shall only be used as necessary for responding to emergency calls and not for any other purpose. The Receiving Entity is ordered to ensure that the information is maintained confidentially, and is made available only to those who need to know in order to operate emergency response services.

Information disclosed pursuant to this Order may not be retained by the Receiving Entity beyond the termination of the state of emergency.

All applicable statutes, regulations and guidance not inconsistent with this Order remain in effect.

This Order is effective immediately and shall remain in effect until the state of emergency is terminated by the Governor, or until rescinded by me, whichever shall happen first.

IT IS SO ORDERED.

A handwritten signature in black ink, appearing to read 'MBL', is written above a horizontal line.

Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of
Public Health

March 18, 2020



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT

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Secretary

KARYN E. POLITO
Lieutenant Governor

FRANK POZNIAK
Executive Director

COVID-19 and Confidential Information

Please be informed that State 911 Department (Department), in coordination with the Executive Office of Public Safety and Security (EOPSS), is actively engaged in discussions on the monitoring and mitigation strategies regarding COVID-19.

On March 10, 2020, Governor Charlie Baker declared a state of emergency, giving the Administration more flexibility to respond to the Coronavirus outbreak. The Administration continues to take steps to limit the spread of COVID-19. These steps include extraordinary efforts designed to curtail the spread of the virus, and present a tremendous challenge to employees. Everywhere, this challenge is being met with determination, courage and ingenuity, particularly at our public safety answering points (PSAP).

As a telecommunicator, you are acting as the Commonwealth's first line of response to critical emergency care. The State 911 Department has been advised that the three approved Emergency Medical Dispatch (EMD) vendors for Massachusetts have communicated with the PSAPs and regional emergency communication centers (RECC) regarding the COVID-19 virus. Each PSAP and RECC has been advised of the appropriate EMD protocols pertaining to the COVID-19 virus.

The State 911 Department has recommended that when dispatching first responders to calls for flu like symptoms, that the dispatcher follow local dispatch policies but to include advising first responders (Police, Fire, EMS) to respond using PPE (Personal Protection Equipment), a known term to first responders.

These changes prompt an important reminder with respect to confidential and personal information being received from callers. The integrity of confidential and personal information is critical to maintain public confidence in our 911 system. For this reason, the State Ethics Commission has prohibited the disclosure of confidential information acquired by employees during the course of his/her official duties. M.G.L.c. 268A, § 23(c). We hope this reminder serves to make you more vigilant in protecting the confidential and personal information of our citizens.

M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: March 16, 2020 **AUTHORIZATION:** W. Scott Cluett III, Director

TITLE: EMT Continuing Education Standards

SUPERSEDES: March 11, 2020

PURPOSE:

To further specify the standards for EMT continuing education, pursuant to 105 CMR 170.810(C)(2); 170.820(C)(2), and 170.840(C)(2), including: (1) the subject matter of training programs eligible for EMT continuing education credit by the Department and eligible courses to be used for renewal of EMT certification; (2) the administrative standards for continuing education submission; and (3) the administrative standards with respect to EMT submission and tracking of their continuing education record through the Department-designated web-based continuing education tracking platform for Massachusetts EMTs for this purpose; (4) the transition timeline for changes made within this document; and (5) the standardized courses that have Department pre-approval numbers and requirements for use of these approval numbers.

REQUIREMENTS:

I. Administrative and Subject Matter Standards for Continuing Education and Use of the Department-designated Web-based Tracking Site:

- A. To qualify to meet the continuing education requirements pursuant to 105 CMR 170.810(C)(2); 170.820(C)(2), and 170.840(C)(2), EMT continuing education training programs must be:
1. Department approved in accordance with 105 CMR 170.945, as documented by having received an OEMS approval or, in the case of those offered by Department accredited EMT training institutions, OEMS registration number; or
 2. approved by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), as documented by having a valid CAPCE approval number and not listed in section I. (C). CAPCE is a private, nonprofit national accrediting body for EMS continuing education courses and course providers.
- B. Course content eligible to be used by EMTs to meet the continuing education requirements for recertification and be eligible to receive MDPH/OEMS approval must be:
1. related to delivery of patient care within the EMS scope of practice, or
 2. within the defined roles and responsibilities of the EMT.
- All training must be based on the categories and objectives contained in the Statewide Treatment Protocols, the U.S. Department of Transportation's (DOT's) National Highway Transportation Safety Administration's (NHTSA's) National EMS Education Standards, National EMS Core Content, and the Commonwealth's EMS laws, regulations and administrative requirements. Please see DOT/NHTSA's National EMS Core Content for a detailed list of approvable subjects, in addition to matters covered in the Statewide Treatment Protocols, state EMS laws, regulations and administrative requirements. There may also be other topics that are related to pre-hospital patient care that do not appear in the National EMS Education Standards, National EMS Core Content or the Statewide Treatment Protocols. For such topics, the proposed course outline must demonstrate specifically the patient care portions of the course or how the course relates to the defined roles and responsibilities of an EMT in attendance.
- C. Course content that is NOT eligible to be used by EMTs to meet continuing education requirements for recertification or be eligible to receive Department approval (regardless of CAPCE approval):
1. Programs that do not reasonably relate to the National EMS Education Standards, National EMS Core Content, Statewide Treatment Protocols, or Massachusetts EMS statute, regulations and administrative requirements.
 2. Programs for Police, Fire, Rescue, Dispatch or other employment required training that does not include content directly related to use of patient care devices and equipment carried on ambulances and/or delivery of patient care by EMTs.
 3. Programs for management, leadership, or instructor methodology courses (train the trainer).



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4. Clinical or Field Internship requirements.
5. Performance of duty as an EMT, preceptor, or examiner.
6. Programs with the same approval number, taken a second time or more within the same renewal cycle will not count towards multiple times within that renewal cycle.

Please note that the Department acknowledges the value of other training courses related to other aspects of public safety or employment, but reminds EMTs and ambulance services that the purpose of EMS continuing education is for EMTs to update and maintain continued knowledge and competency in the scope of their EMT certification. Courses and training required for other aspects of employment or other certification and/or licensure that are not directly related to use of patient care devices and equipment carried on ambulances and/or delivery of patient care by EMTs, regardless of CAPCE approval, are not eligible for EMS continuing education numbers or to be used towards EMT certification renewal.

- D. Courses that have Department approval for continuing education credit hours are documented as such with an “OEMS continuing education number.” This number is an alphanumeric consisting of the following parts: first two digits to indicate date of approval after April 1 of the year, then two digits to indicate a date equal to or prior to March 31 of the expiring year, then a dash, then the character “R”, then a digit to indicate the reviewing Regional EMS Council (0 through 5, with 0 being issued by OEMS), then a dash, then five digits indicate the unique course number, then a dash, then the character “T”, then one digit to indicate the type of instructional method by which the course is being run. For example, “1617-R3-12345-T1” would be a course to be run within the approval window of April 1, 2016 to March 31, 2017, with approval/registration from Region 3, with unique course number 12345 held as an in-person, one-time occurrence course.

The Department’s course approval runs from April 1 to March 31. Courses may be issued blanket approval if the same training course is to be offered multiple times within the approval window. Courses that have the same content, but different methods of instruction must obtain separate continuing education numbers for each method of instruction the class is taught.

Course instructional methods are designated as follows:

- T1 – A Department-approved “in-person” course with a single occurrence (may be a course made up of single or multiple days)
- T2 – A Department-approved “in-person” course with reoccurring occurrences (referred to as “blanket” approval)
 - i. A course sponsor is responsible for notifying the applicable Regional EMS Council office of their intention of using the existing OEMS course approval number with the date and time.
- T3 – A Department-approved distributive education course
 - i. Distributive Education is defined by the Department, in accordance with CAPCE’s definition, as an instructional model that allows instructor, participants, and content to be located in different locations so that instruction and learning may occur independent of time and place; the learner, the instructor, and the educational materials are not all present in the same place at the same time, and students and instructors are not able to interact in real time. Continuing education activities that are offered on the Internet, via video, or listening to audio tapes are considered distributive learning. These courses are self-paced or do not have an instructor leading the course during instruction (having an instructor “on-call” does not qualify as instructor-led training). In order to receive Department approval for a T3

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course, a summative knowledge assessment (i.e., end course examination) must be completed and retained with the course attendance.

T4 – Pre-approved Department-issued continuing education course approval, for standardized courses with set curricula. This area is limited to widely distributed courses with consistent content and evaluation tools developed by a central organization. Please see chart in section III.

T5 – A Department-approved Virtual Instructor Lead Training (VILT)

- i. VILT training is defined by the Department, in accordance with CAPCE’s definition, as a course that is a learning model which utilizes online technology to deliver educational programs in a virtual classroom. The instructor and participant are in different locations but have the ability to see teaching materials and verbally communicate synchronously during a live session. Instructor/learner interactions must be possible in real time via simultaneous visual and audio communication during the session. Chat-based interfaces may be used for housekeeping or support actions, but all learning activities must support real time audio. (Examples: a live webinar with synchronous audio and visual interaction with the instructor). In order to receive Department approval for a T5 course, a summative knowledge assessment (i.e. end course examination) must be completed and retained with the course attendance.

E. Course sponsors must have students and instructors sign an OEMS approved roster for every occurrence of a course taught by the following teaching methods; T1, T2, or T4. Course sponsors of courses taught by T3 or T5 method must ensure course attendance. This roster or the course attendance must be retained by the course sponsor and is subject to audit. Course completion documentation must be provided to the EMT at the completion of the course. Course sponsors shall issue course completion certificates or provide attendees with a copy of the roster signed by the instructor and student. The course sponsor is responsible for retaining the original signed roster for seven years. If personnel have Massachusetts EMT certification, they are to use that certification number on the attendance roster; not another state or NREMT certification number.

1. OEMS Course completion certificates must include the following (must be legible in ink or typed):
 - i. Attendee’s full name as it appears on their certification card; and
 - ii. Course instructor’s full name and signature; and
 - iii. Date of course completion and if applicable, dates of all course sessions; and
 - iv. Number of approved hours; and
 - v. Which portion of the course, if any, meets any of the National Continued Competency Requirements (NCCR) for the specific level of EMS personnel and which NCCR version it follows; and
 - vi. OEMS Continuing Education Approval Number.
2. CAPCE policies regarding the requirements for course completion certifications should be reference for any course run with CAPCE approval.

F. Specific situations eligible for EMS continuing education:

1. EMT Basic credit hours for Initial Paramedic or Advanced EMT training –
 - i. Training institutions with Department accreditation (ATI) at the ALS level will receive a continuing education course approval number for the EMT Basic and/or AEMT content covered in an initial AEMT or Paramedic training course for which the ATI has received a Department registration. The Department will assign two numbers to each course; one for 20 hours to count towards Local and Individual category and one for 20 hours to count towards the National category. The ATI is

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- responsible for determining which student is eligible to receive each number and issue the student documentation of such. Only students who have successfully completed the entire course within their two year renewal cycle are eligible to be issued the hours for the National category. All enrolled students may be issued the 20 hours to count towards the Local and Individual category after completion of 20 hours of the program.
- ii. If the course splits a student's renewal cycle, the Program Director may submit to the Department for a third approval number on the other side of the split.
 - iii. Clinical and Field Internship hours are not eligible to receive credit.
2. Instructor credit for teaching continuing education or initial courses
 - i. Continuing Education Instructors: Educators may receive credit for courses with OEMS continuing education numbers a credit hour-for-credit hour basis, for one occurrence per certification cycle (i.e. an EMT teaching a two-hour class on "Burns" approved for credit may only receive two hours of credit under that OEMS continuing education number, regardless of how many times the EMT teaches this course in that cycle).
 - ii. Initial Education Instructors: Educators who present and teach students new material may receive credit for the hours that they taught. Educators who present and teach an entire initial training course at their level of certification may receive full credit for their own recertification requirements (National, Local, and Individual). Teaching assistants who are reinforcing material already presented or administering lab scenarios are not eligible to receive credit unless they are teaching unique material. Submission of Special Credit request for teaching credit hours to OEMS must include a letter from the ATI's Program Director. The letter must attest to the dates and hours an educator taught under a specific initial course approval number.
 3. Other health profession courses, such as nursing, physician assistant, respiratory therapist, etc.
 - i. It is the individual EMS personnel's responsibility to take classes that have been pre-approved or understand that there is a chance any special credit submission may not be awarded credit.
 - ii. In order to be eligible for special credit, courses must encompass content applicable to the provision of prehospital emergency medical care as an EMT working in connection with an ambulance service
 - iii. Submission of special credit requests to OEMS must include A) a completed form supplied by the Department, B) outline or syllabus showing course content, and C) proof of course completion. These courses may only be applied to the Local and Individual recertification requirements.
 4. College (Undergraduate or Graduate level) courses with subjects that have related EMS content as outlined
 - i. Credits can be applied for courses that relate to the role and practice of an EMT, and are awarded credit based on an individual review by the OEMS. 8 hours of credit is awarded for each credit hour of course (2 credit course is issued 16 hours of credit). These courses could include, but are not limited to, anatomy, physiology, biology and pharmacology.
 - ii. Submission of Special Credit requests by OEMS must include A) a completed form supplied by the Department, B) outline or syllabus showing course content, and C) proof of course completion. These courses may only be applied to the Local and Individual recertification requirements.
 5. Standardized Courses
 - i. The table at the end of this document lists Department blanket approval numbers for specified courses. A course sponsor is responsible for notifying the applicable Regional EMS Council office of their intention of using the existing OEMS course approval number with the date and time, having attendees

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signs a roster at the time of the course, issuing appropriate course completion documentation as listed above, and any other requirements in this document or regulations that apply.

1. Courses on this list that have approval as distributive online classes (T3) do not need to notify a regional council.
 - ii. To be eligible to use a blanket Department approval number, a standardized course must include a practical or in-person component (may not be done online), unless specifically noted as being completed online.
 - iii. Initial BCLS (i.e., CPR) and ACLS courses will not receive credit, as they are required for initial certification; credit may be awarded for BCLS and ACLS renewals as appropriate.
6. Education for EMTs operating in connection with an ambulance service licensed at the critical care transport (CCT) level, holding a special project approval (SP approval) from the Department, or, for EMTs working for an ambulance service's or other EMS agency's Department-approved Community EMS (CEMS) or Mobile Integrated Healthcare (MIH) program.
- i. Applications for CCT or SP course approval are to be submitted to the Regional EMS Council with documentation of the service's CCT service license or SP approval and how the content taught in the course relates to the CCT license or SP. EMTs taking these courses are only to be working at an ambulance service holding a CCT license or a Department-issued SP approval. All other EMTs are not eligible for such continuing education credit unless the SP is within the EMS scope of practice.
 - ii. Applications for CEMS or MIH course approval are to be submitted to the Department directly, as part of an application for CEMS or MIH program approval, or at another time with a copy of the CEMS or MIH program approval letter. The application should include specific details of how the content taught in the course relates to the CEMS or MIH approval. EMTs taking these courses are only to be working for an ambulance service or other EMS agency with CEMS or MIH program approval and in connection with that CEMS or MIH program specifically.

G. Uses of Department designated web-based continued education tracking platform:

1. EMTs:
 - i. An EMT is responsible for ensuring completed courses are accurately entered onto the Department designated continuing education tracking website. Courses may be entered by the individual EMT or an agency's training officer, but the EMT assumes responsibility for the accuracy of the information. The EMT must retain proof of completion for each course listed under his or her name and certification for 3 years from course-end date.
 - ii. After meeting the minimum continuing education course requirements, the EMT is to submit the online continuing education recertification packet to be reviewed by a training officer using the Department-designated continuing education tracking website.
 - iii. The EMT is responsible for providing proof of attendance to the Training Officer, as necessary, in order for the Training Officer to review accuracy of the information entered for all personnel on their agency's roster of affiliated EMTs.
2. Training Officers:
 - i. Each EMS Agency listed on the Department-designated continuing education tracking website must have at least two designated Training Officers listed on this site.

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1. At least one Training Officer must be currently certified by the Department as an EMT (at any level); and
2. At least one Training Officer must be a member of the agency. An additional Training Officer may be a member of the agency or may be a third-party vendor or a member of another ambulance service.
- ii. The Training Officers shall at minimum be responsible for the following related to the Department-designated continuing education tracking website :
 1. Maintaining the EMS Agency's demographic information;
 2. Reviewing and approving affiliation requests for all levels of EMTs;
 3. Maintaining an accurate roster of affiliated EMTs;
 4. Reviewing submitted continuing education recertification packets for accuracy based on proof of attendance documentation, and
 5. Attestation of the continued competency of skills for EMTs in accordance with NREMT guidelines and OEMS Administrative Requirements, as applicable.
- iii. A Training Officer may not verify his or her own continuing education packet for recertification and/or skills.
3. Affiliate Hospital Medical Directors:
 - i. Advanced EMTs and Paramedics who also hold National Registry of EMTs (NREMT) certification must have their service's affiliate hospital medical director or service medical director verify continued skill competency as part of the renewal of their NREMT certification.

H. Continuing Education Course Category and Topical Hour Requirements:

1. Minimum content requirements to meet recertification requirements in 105 CMR 170.810(C)(2), 170.820(C)(2), and 170.840(C)(2): Massachusetts certified EMTs without NREMT certification, or NREMT certified personnel affiliated with a Massachusetts agency on NREMT.org must meet the NREMT's National Continued Competency Program (NCCP) requirements. In accordance with this program, EMTs must take continuing education courses falling into three categories: National, Local and Individual. The national category requirements are determined by the NREMT Board of Directors based upon data and input from EMS researchers, EMS physician and EMS provider stakeholders. The local category requirement is determined by 1) State EMS Offices, 2) EMS region (where applicable), or 3) agency-level administrators (for example Medical Directors and Training Officers). The individual category requirements are determined by the individual provider. Please refer to the NCCP documentation available on the Department website, www.mass.gov/dph/oems, or from the NREMT, at www.nremt.org.
2. Distributive education restrictions: Due to the novel Coronavirus 2019 (COVID-19) 2020 outbreak, from now through June 30, 2020, these restrictions are temporarily adjusted as follows:
 - i. For EMS certification expiring in 2020: All continuing education course hours to meet the National, Local and Individual categories.
 - ii. For EMS certification expiring in 2021 or after: Only one-thirds (1/3) of the continuing education hours to meet the National category may be done through distributive education; none of the hours for the Local category and all of the hours to meet the Individual category may be done through distributive education, in accordance with NCCP.
3. Local Category of NCCP for Massachusetts EMTs: There are no required courses or content that must be taken for this category at this time. Please keep in mind that all EMTs working for an ambulance service as EMTs

M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH

ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: March 16, 2020 **AUTHORIZATION:** W. Scott Cluett III, Director

TITLE: EMT Continuing Education Standards

SUPERSEDES: March 11, 2020

have required courses in order to staff ambulances. If these courses receive OEMS Continuing Education approval numbers, they may be eligible towards renewal of an individual's EMT certification.

- I. Minimum hours requirements to meet recertification requirements in 105 CMR 170.810(C)(2), 170.820(C)(2) and 170.840(C)(2):
- i. EMT-Basics: The total number of hours required under the NCCP is 40 hours – 20 National, 10 Local and 10 Individual topics.
 - ii. Advanced EMT: The total number of hours required under the NCCP is 50 hours – 25 National; 12.5 Local and 12.5 Individual topics.
 - iii. Paramedics: The total number of hours required under the NCCP is 60 hours – 30 National, 15 Local and 15 Individual topics.



ADMINISTRATIVE REQUIREMENT MANUAL

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III. Standardized courses and Pre-approved Department-issued continuing education course numbers

Please reference Section I. (F)(5) above for when to use these numbers. A course sponsor is responsible for notifying the applicable Regional EMS Council office their intention of using the existing course approval number with the date and time, having attendees signs a roster at the time of the course, and any other requirements in this document or regulation that apply. Unless the appropriate requirements under Section I. (F)(5) are followed, no credit for the below classes will be awarded after the fact.

XXXX in the number below is a placeholder for the year. When notifying the Regional EMS Council of use, replace XXXX with the appropriate years.

Please note, many of these courses may have CAPCE approval. It is up to the course sponsor to decide based on the students in attendance what is the most appropriate approval number to run a course under. Course sponsors may elect to apply for separate continuing education numbers if their content or method of instruction differs from the standardized course content or instruction.

COURSE TITLE	HOURS	OEMS CON ED #
ACLS Refresher (AHA)	6	XXXX-R0-10011-T4
Advanced Medical Life Support: AMLS (NAEMT)	16	XXXX-R0-10012-T4
Advanced Medical Life Support: AMLS Refresher (NAEMT)	4	XXXX-R0-10013-T4
BLS CPR: Healthcare Provider Refresher	4	XXXX-R0-10014-T4
Emergency Pediatric Care (NAEMT)	16	XXXX-R0-10015-T4
EMS Safety (NAEMT)	4	XXXX-R0-10016-T4
FEMA-NIMS: IS-100.c (only online)	3	XXXX-R0-10017-T3
FEMA-NIMS: IS-200.c (only online)	3	XXXX-R0-10018-T3
FEMA-NIMS: IS-700.b (only online)	3	XXXX-R0-10019-T3
FEMA-NIMS: IS-800.c (only online)	3	XXXX-R0-10020-T3
Initial MA First Responder (MDPH/OEMS AR 2-100)	14	XXXX-R0-10021-T4
International Trauma Life Support: ITLS	16	XXXX-R0-10022-T4
Neonatal Resuscitation Provider (AAP)	8	XXXX-R0-10023-T4
PALS (AHA)	8	XXXX-R0-10024-T4
PALS Refresher (AHA)	6	XXXX-R0-10025-T4
Pediatric Education for Pre-hospital Providers (AAP)	8	XXXX-R0-10026-T4
Pediatric Emergency Assessment Recognition & Stabilization (AHA)	6	XXXX-R0-10027-T4
Pediatric International Trauma Life Support: P-ITLS	8	XXXX-R0-10028-T4
Pre-Hospital Trauma Life Support: PHTLS (NAEMT)	16	XXXX-R0-10029-T4
Principles of Ethics (NAEMT)	16	XXXX-R0-10030-T4
Tactical Combat Casualty Care (NAEMT)	16	XXXX-R0-10031-T4



ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: 3/16/2020 **AUTHORIZATION:** W. Scott Cluett III, Director

TITLE: Deadlines for Renewal of Certification, and Reinstatement Procedures for Massachusetts Certified EMT-Basics

SUPERSEDES: 12/30/2016

PURPOSE:

To define the deadlines for EMT recertification in accordance with 105 CMR 170.930, and to further define the requirements and procedures for reinstatement of Massachusetts EMT certifications in accordance with 105 CMR 170.935. This Administrative Requirement applies to certifications at the EMT-Basic level.

DEFINITIONS:

RECERTIFICATION is the normal procedure followed to renew EMT certification through successful completion of all requirements within the mandatory time limits, or who renewed their certification that lapsed for 30 days or less, in accordance with 105 CMR 170.930(A)(4).

REINSTATEMENT is the procedure that must be followed when an EMT is no longer eligible for recertification because requirements were not met or were not met within time limits of either regular recertification or renewal of a certification that had lapsed for 30 days or less.

EMTs NOT ELIGIBLE FOR RECERTIFICATION:

Due to the novel Coronavirus 2019 (COVID-19) 2020 outbreak, from now through June 30, 2020, these requirements are temporarily adjusted for those with certifications that have expired before, or are expiring in 2020 as follows:

- For those individuals with certifications expiring in 2020 who did not complete or document the minimum required continuing education hours (for EMTs, 40 hours) to meet the National Registry of EMTs' (NREMT) National Continued Competency Requirements (NCCR) and/or AR 2-212, prior to June 30, 2020, OR
- For those individuals with certifications that expired before 2020, or are expiring in 2021 or thereafter who did not complete or document the minimum required continuing education hours to meet the NREMT NCCR and/or AR 2-212, prior to March 31, YEAR OF EXPIRATION, OR
- Individuals who did not renew their NREMT certification as required, OR
- For individuals with certifications expiring in 2020 who fail to file an acceptable application for recertification, including the fee, prior to either the regular temporarily extended deadline of June 30, 2020 or late certification deadline of July 30, 2020.
- For Individuals with certifications that expired before 2020, or are expiring in 2021 or thereafter, who fail to file an acceptable application for recertification, including fee, prior to either the regular deadline of April 1, YEAR OF EXPIRATION or late certification deadline of April 30, YEAR OF EXPIRATION.

REINSTATEMENT PROCEDURES FOR MASSACHUSETTS EMTs WHO HELD MASSACHUSETTS AND NREMT CERTIFICATION WITHIN TWO YEARS OF EXPIRATION:

EMTs with NREMT certification must maintain that certification in order to qualify for renewal of Massachusetts certification, and the NREMT certification must be valid at the time they apply for Massachusetts recertification. EMTs who were certified by the NREMT, and whose NREMT certification expired 3/31/YEAR OF EXPIRATION, where YEAR OF EXPIRATION is within two years of when their Massachusetts certification has expired or will expire, must reinstate their NREMT certification and then apply for Massachusetts initial or renewal certification. Information on reinstating a NREMT certification can be found on the NREMT website, at www.nremt.org

REINSTATEMENT PROCEDURES FOR MASSACHUSETTS CERTIFIED EMTs WITHIN TWO YEARS OF EXPIRATION:

**ADMINISTRATIVE REQUIREMENT MANUAL****EFFECTIVE DATE:** 3/16/2020 **AUTHORIZATION:** W. Scott Cluett III, Director**TITLE:** Deadlines for Renewal of Certification, and Reinstatement Procedures for Massachusetts Certified EMT-Basics**SUPERSEDES:** 12/30/2016

In order for a candidate to reinstate their expired Massachusetts certification they must obtain EMT certification from the NREMT. The entry requirements for a previously state licensed EMT who is applying for NREMT certification can be found on the NREMT website, at www.nremt.org (Lapsed EMT Certification; Lapsed More than 2 Years). Please contact the NREMT at 614-888-4484 regarding the application process.

The NREMT requires that previously state licensed EMTs applying for NREMT certification take a state approved psychomotor examination. In order to receive authorization to take the Department approved psychomotor exam, a candidate must meet the following requirements:

- Successfully complete a Department-approved course(s) meeting the 20-hour NREMT National Continued Competency Requirements (NCCR) no more than one year prior to the submission of the application for reinstatement.
- Complete and submit a reinstatement application form (provided by the Department) with the \$150 non-refundable fee, made out to the COMMONWEALTH OF MASSACHUSETTS, and postmarked no later than March 31, TWO YEARS AFTER YEAR OF EXPIRATION.
- Submit a copy of **both sides** of your current Basic Cardiac Life Support (**BCLS**) course or equivalent, 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).

An EMT reinstatement candidate must successfully complete the Department-approved psychomotor and NREMT cognitive examinations and gain current NREMT certification at the level they are applying to reinstate. A candidate will be eligible for Massachusetts certification based on their current NREMT certification. A candidate's - reinstatement application will remain on file for one year from the date it is received at OEMS.

BEYOND TWO YEARS OF EXPIRATION:

- Complete an EMT-Basic initial training program and successfully complete both a psychomotor and cognitive examination, which ultimately must result in certification from the NREMT.
- Apply for initial EMT-Basic certification in Massachusetts in accordance with 105 CMR 170.910.

M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: 3/16/2020 **AUTHORIZATION:** W. Scott Cluett III, Director

TITLE: Deadlines for Renewal of Certification, and Reinstatement Procedures for Massachusetts Certified
 Advanced EMTs and Paramedics

SUPERSEDES: 12/30/2016

PURPOSE:

To define the deadlines for Advanced EMT and Paramedic recertification in accordance with 105 CMR 170.930, and to further define the requirements and procedures for reinstatement of Massachusetts Advanced EMT and Paramedic certifications in accordance with 105 CMR 170.935.

DEFINITIONS:

RECERTIFICATION is the normal procedure followed to renew EMT certification through successful completion of all requirements within the mandatory time limits, or who renewed their certification that lapsed for 30 days or less, in accordance with 105 CMR 170.930(A)(4).

REINSTATEMENT is the procedure that must be followed when an EMT is no longer eligible for recertification because requirements were not met or were not met within time limits of either regular recertification or renewal of a certification that had lapsed for 30 days or less.

EMTs NOT ELIGIBLE FOR RECERTIFICATION

Due to the novel Coronavirus 2019 (COVID-19) 2020 outbreak, from now through June 30, 2020, these requirements are temporarily adjusted for those with certifications that have expired before, or are expiring in 2020 as follows:

- For those individuals with certifications expiring in 2020 who did not complete or document the minimum required continuing education hours (for Paramedics, 60 hours; for Advanced EMTs, 50 hours) to meet the National Registry of EMTs' (NREMT) National Continued Competency Requirements (NCCR) and/or AR 2-212, prior to June 30, 2020, OR
- For those individuals with certifications that expired before 2020, or are expiring in 2021 or thereafter who did not complete or document the minimum required continuing education hours to meet the NREMT NCCR and/or AR 2-212, prior to March 31, YEAR OF EXPIRATION, OR
- Individuals who did not renew their NREMT certification as required, OR
- For individuals with certifications expiring in 2020 who fail to file an acceptable application for recertification, including the fee, prior to either the regular temporarily extended deadline of June 30, 2020 or late certification deadline of July 30, 2020.
- For Individuals with certifications that expired before 2020, or are expiring in 2021 or thereafter, who fail to file an acceptable application for recertification, including fee, prior to either the regular deadline of April 1, YEAR OF EXPIRATION or late certification deadline of April 30, YEAR OF EXPIRATION.

REINSTATEMENT PROCEDURES FOR MASSACHUSETTS PARAMEDICS AND ADVANCED EMTs WHO HELD MASSACHUSETTS AND NREMT CERTIFICATION WITHIN TWO YEARS OF EXPIRATION

Advanced EMTs and Paramedics with NREMT certification must maintain that certification in order to qualify for renewal of Massachusetts certification, and the NREMT certification must be valid at the time they apply for Massachusetts recertification. Advanced EMTs and Paramedics who were certified by the NREMT, and whose NREMT certification expired 3/31/YEAR OF EXPIRATION, where YEAR OF EXPIRATION is within two years of when their Massachusetts certification has expired or will expire, must reinstate their NREMT certification and then apply for Massachusetts initial or renewal certification. Information on reinstating a NREMT certification can be found on the NREMT website, at www.nremt.org or by calling 614-888-4484



ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: 3/16/2020 **AUTHORIZATION:** W. Scott Cluett III, Director

TITLE: Deadlines for Renewal of Certification, and Reinstatement Procedures for Massachusetts Certified Advanced EMTs and Paramedics

SUPERSEDES: 12/30/2016

REINSTATEMENT PROCEDURES FOR MASSACHUSETTS PARAMEDICS AND ADVANCED EMTs WHO ONLY HELD MASSACHUSETTS AND NOT NREMT CERTIFICATION WITHIN TWO YEARS OF EXPIRATION

In order for a candidate to reinstate their expired Massachusetts Paramedic certification they must obtain Paramedic certification from the NREMT. The entry requirements for a previously state licensed Paramedic who is applying for NREMT Paramedic certification can be found on the NREMT website, at www.nremt.org (Lapsed Paramedic Certification; Lapsed More than 2 Years). Please contact the NREMT at 614-888-4484 regarding the application process.

The NREMT requires that previously state licensed Paramedics applying for NREMT Paramedic certification is have a letter of support and approval from the state EMS office in the state where they are to work. In order to receive a letter of support, a candidate must meet the following requirements:

- For Paramedics, successfully complete a Department approved course(s) meeting the 30-hour NREMT National Continued Competency Requirements (NCCR), no more than one year prior to the submission of the application for reinstatement.
- Complete and submit a reinstatement application form (provided by the Department) with the \$150 non-refundable fee, made out to the COMMONWEALTH OF MASSACHUSETTS, and postmarked no later than March 31, TWO YEARS AFTER YEAR OF EXPIRATION.
- Submit a copy of **both sides** of your current Basic Cardiac Life Support (**BCLS**) course or equivalent, 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).
- Submit a copy of **both sides** of your current Advanced Cardiac Life Support (**ACLS**) course or equivalent, 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).

A Paramedic or Advanced EMT reinstatement candidate must successfully complete the NREMT psychomotor and cognitive examinations and gain current NREMT certification at the level they are applying to reinstate. A candidate will be eligible for Massachusetts certification based on their current NREMT certification. A candidate's - reinstatement application will remain on file for one year from the date it is received at OEMS.

BEYOND TWO YEARS OF EXPIRATION FOR ALL ALS LEVELS:

- Complete an EMT-Basic initial training program and successfully complete both a psychomotor and cognitive examination, which ultimately must result in certification from the NREMT.
- Apply for initial EMT-Basic certification in Massachusetts in accordance with 105 CMR 170.910.



ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: 3/16/2020 **AUTHORIZATION:** W. Scott Cluett III, Director

TITLE: Deadlines for Renewal of Certification, and Reinstatement Procedures for Massachusetts Certified
Advanced EMTs and Paramedics

SUPERSEDES: 12/30/2016

- Complete an initial training program at either the Paramedic or Advanced EMT level and successfully complete both a psychomotor and cognitive examination, which ultimately results in certification at the applicable ALS level from the NREMT.
- Apply for initial certification in Massachusetts at the applicable level of NREMT certification, in accordance with 105 CMR 170.910.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
67 Forest Street, Marlborough, MA 07542

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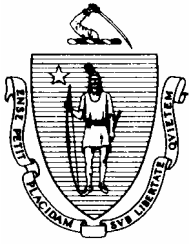
ADVISORY 20-03-01

TO: All MA EMS Training Officers and Licensed Ambulance Services
CC: EMCAB Members
FROM: W. Scott Cluett III, Director, OEMS
DATE: March 16, 2020
RE: Extension of CPR and ACLS Expirations

Due to the novel Coronavirus 2019 (COVID-19) 2020 outbreak, CPR and ACLS certificates of completion that are or have expired, are valid through July 1, 2020.

In accordance with 105 CMR 170.285, EMTs must maintain valid credentials (in paper or electronic form) when staffing an ambulance, and ambulance services are responsible for ensuring EMTs are compliant.

If you have any questions, please contact Daniel Saxe, EMS Education and Certification Coordinator, at Daniel.saxe@state.ma.us.



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

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Office of Emergency Medical Services

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GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

RONALD PRESTON
SECRETARY

CHRISTINE C. FERGUSON
COMMISSIONER

MEMORANDUM

TO: All Ambulance Services, First Responder Services, EMT Training Institutions
Hospital Infection Control Departments

FROM: Louise Goyette

RE: Revised Unprotected Exposure Form

DATE: May 26, 2004 (update of 12/27/00)

Attached is the latest revision to the DPH Unprotected Exposure Form (UEF). Please copy **both sides** and distribute this form as needed. Additional copies are available from OEMS.

Please note that advances in detection, prevention and/or treatment of exposures to HIV, hepatitis B virus and/or hepatitis C virus are occurring rapidly. These advances now make it prudent for individuals who believe they may have suffered an unprotected exposure to blood or other body fluid to seek immediate medical evaluation. Certain prophylactic treatments (i.e. treatment after exposure to HIV) should be started within hours of the unprotected exposure.

Immediate medical evaluation of the exposed individual after what may be a significant exposure to blood or other potentially infectious material, takes precedence over completion of an UEF and/or waiting for the reporting mechanism to notify the exposed individual.

Questions about exposures to infectious agents should be referred to your department's Designated Infection Control Officer (DICO), your local physician, or your hospital infection control department.



**MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**
(DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH)

UNPROTECTED EXPOSURE FORM

(Please print or type)

Today's Date / / / / /	Incident Date / / / / /	Receiving Facility
Transporting Ambulance Service		Ambulance Trip Report #
Address		Designated Infection Control Officer (DICO)
<i>Telephone # for DICO</i>		It is recommended the prehospital emergency care agencies <i>type or print</i> in the name <i>and telephone number</i> of the current DICO before <i>blank</i> forms are provided to their personnel.

Patient Information		Rescuer Information	
Name		Name	
Incident Location		Address	
Incident Type <input type="checkbox"/> Medical <input type="checkbox"/> Trauma		City/State/Zip	
Transportation <input type="checkbox"/> Emergency <input type="checkbox"/> Routine		Day Phone	Evening Phone
Check box(es) which best indicate your exposure. <i>Explain in detail in the spaces provided below.</i>		Profession	Department/ <i>Employer</i>
Exposure Route: <input type="checkbox"/> Needlestick <input type="checkbox"/> Open cut <input type="checkbox"/> Bite <input type="checkbox"/> Puncture <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Other:			
Exposure Type: <input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Saliva <input type="checkbox"/> Other:			
Precautions: <input type="checkbox"/> Mask <input type="checkbox"/> Eye Wear <input type="checkbox"/> Gown <input type="checkbox"/> Exam gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Other: _____ (latex, <i>nitrile</i> , vinyl) (work type)			
Cleaning <input type="checkbox"/> Hand Washing <input type="checkbox"/> Washing Contaminated Skin <input type="checkbox"/> Other: _____			

Describe the nature of the unprotected exposure <i>in detail: (attach additional pages if needed)</i>
Describe the steps taken by the rescuer to minimize the exposure:

You must provide the information on this form to the facility that received the patient from whom you received the exposure. I understand that in the case of certain exposures (e.g. needlestick with a bloody needle) it is crucial for the exposed rescuer to seek immediate medical evaluation for treatment that might reduce the risk of infection. Completion of the Unprotected Exposure Form may be done during or after the medical evaluation.

I further understand that I will be informed of an unprotected exposure, only if the patient is diagnosed as having a bloodborne infectious disease dangerous to the public health, as defined in 105 CMR 172.001 and if, in the view of medical personnel, my documented exposure is capable of transmitting that disease.

Rescuer's Signature: _____ Date: _____

Form Received By: _____ Date: _____

**DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH Rev. 05/26/2004
(Side 1 of 2) (Instructions and Information on Reverse)**

(COPY BOTH SIDES!)

**Massachusetts Department of Public Health
Unprotected Exposure Form**

An Unprotected Exposure Form should be completed for any prehospital emergency care worker (e.g. an EMT, firefighter, police officer, or corrections officer) who believes he/she may have had an unprotected exposure to a patient's blood or *other contaminated* body fluid(s) in the course of attending, assisting or transporting a person to a health care facility as part of his/her professional duties. It is the responsibility of each care provider to complete and file a form with the receiving facility.

If you believe you may have had an unprotected exposure, *you should seek immediate medical evaluation for possible prophylactic immunization and/or treatment, as indicated. You must provide the information on this form to the facility that received the patient from whom you received the exposure.* Ambulance *personnel* or other emergency care providers having an unprotected exposure must complete a form on arrival and leave it at the health care facility with the patient. Other individuals shall file their own forms with the receiving facility within 24 hours of the unprotected exposure.

The health care facility will review the information, which you provide and will determine if you have sustained an unprotected exposure as defined in DPH regulations. If the patient to whom you were exposed is diagnosed as having a bloodborne infectious disease dangerous to the public health, and if you sustained an unprotected exposure which, in the opinion of the health care facility, is capable of transmitting such a disease, the facility shall provide oral notification within forty-eight (48) hours of the diagnosis and written notification within seventy-two (72) hours of the diagnosis. This notice shall be given to the designated infection control officer for your agency who *must* be listed on the unprotected exposure form. Upon notification, the designated infection control officer shall notify you. The notice shall include the appropriate precautions and actions which you should take, the identity of the disease to which you were exposed, necessary precautions to prevent the transmission of the disease to others, and instructions to contact a physician for medical follow-up. **NOTE: The health care facility's determination that you have had an unprotected exposure does NOT necessarily indicate that you have contracted an infectious disease.** The report from the health care facility to the designated infection control officer to you is confidential and is governed by M.G. L. c.111, §111C and DPH regulations 105 CMR 170.000, 171.000 and 172.000.

N.B. – Due to the time it may take to diagnose a patient with an infectious disease, or the possibility that a patient may never be diagnosed, and the time it may take to notify you of the exposure, the Department recommends that anyone who believes they have suffered an unprotected exposure, such as a needlestick with a bloody needle, should see a physician immediately. Certain prophylactic regimens should be started within hours of an unprotected exposure.

INSTRUCTIONS:

PLEASE PRINT CLEARLY

- Complete all information on the form.
- Check all boxes that apply:
 - the exposure route to you of a patient's blood or bodily fluid(s).
 - the type of the patient's bodily fluid(s) to which you were exposed.
 - body substance isolation** precautions you used (even if they were breached).
 - post incident cleaning you performed.
 - if you checked any "Other" box(es), explain in the space(s) *provided*.
- In the blank narrative sections explain fully the exposure and any treatment you have obtained. Use additional blank sheets, if necessary, and staple *them* to the form. The more accurately you explain the circumstances, the easier it will be for the facility personnel to evaluate your exposure.
- EMT's must also leave a copy of the ambulance trip record at the receiving facility.
- Each EMT and other prehospital emergency medical health care *providers who have* sustained an unprotected exposure must file his/her own form. The form(s) shall be submitted to the receiving health care facility upon patient arrival or within 24 hours.
- Transportation or treatment of the patient(s) must not be delayed in order to complete the form(s).
- *Make a copy for your own records and/or for your designated infection control officer, in accordance with your employer's policies and procedures.*

DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH



Accessory Remote Speaker Microphone (RSM) Cleaning Procedures

EN

LAS

BP

FRC



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PROPÓSITO

Los siguientes procedimientos son necesarios para que el rendimiento del RSM se mantenga a un nivel óptimo, y están diseñados para limpiar la suciedad y los desechos de las superficies externas del RSM.

PASO OPCIONAL PARA AMBIENTES CON GRAN CANTIDAD DE DESECHOS

Para ambientes con gran cantidad de desechos donde los puertos de audio pueden acumular suciedad y desechos, se recomienda aspirar el RSM antes de la limpieza general en húmedo, como se describe en el siguiente paso opcional.

Adjunte solo **una boquilla estrecha** (ver figura 1) a una aspiradora en húmedo o en seco de máximo 4 hp.

Advertencia: el uso de una aspiradora de más de 4 hp o el uso de cualquier boquilla distinta a la boquilla estrecha anulará la garantía. aspire la superficie frontal del RSM. Evite cubrir completamente todas las aberturas de la rejilla del altavoz y del micrófono con la boquilla al mismo tiempo (ver figura 2). Mueva la boquilla hacia atrás y hacia delante varias veces en los puertos. **Advertencia:** el uso de cualquier otro método de limpieza anulará la garantía.

PURPOSE

The following procedures are required to keep the RSM functioning at optimal performance and are designed to clean dirt and debris from the external surfaces of the RSM.

OPTIONAL STEP FOR HIGH DEBRIS ENVIRONMENTS

For high debris environments where audio ports may trap excessive dirt and debris, vacuuming of the RSM is recommended before general wet cleaning, as outlined in the following optional step.

Attach a **crevice nozzle only** (see Figure 1) to a 4hp maximum wet/dry vacuum. **Warning:** Use of more than a 4hp vacuum and/or use of any nozzle other than a crevice nozzle will void the warranty. Vacuum the front surface of the RSM. Avoid completely covering the speaker grill and microphone openings all at one time with the nozzle (see Figure 2). Move the nozzle back and forth several times across the ports. **Warning:** Use of any other cleaning method will void the warranty.

LIMPIEZA GENERAL

ADVERTENCIA: solo debe utilizar agua y jabón para vajilla. Otras soluciones de limpieza pueden dañar permanentemente la carcasa del RSM, y esto podría anular la garantía. No remoje durante más de 30 minutos.

1. Mezcle una cucharadita de detergente suave con 3,8 litros (un galón) de agua (solución al 0,5 %) para limpiar la superficie externa del RSM.
2. Aplique la solución con una escobilla rígida de nailon de cerdas cortas (ver figura 3), con cuidado de no introducir las cerdas a los puertos del altavoz o del micrófono, ya que pueden provocar daños internos y esto anularía la garantía.
3. Enjuague completamente el RSM con agua fría y séquelo con un trapo seco libre de pelusa. **Advertencia:** no humedezca el conector por ningún motivo (figura 4).
4. Pulse el RSM con la superficie frontal hacia abajo y vuelva a agitar ligeramente varias veces, para quitar el agua que pueda haber quedado debajo de las aberturas de la rejilla del altavoz o los puertos del micrófono.

GENERAL CLEANING

WARNING: Use only dish soap and water. Other cleaning solutions may permanently damage the RSM housing and will void the warranty. Do not soak for more than 30 minutes.

1. Mix one teaspoon of mild dishwashing detergent to one gallon of water (0.5% solution) to clean the external surfaces of the RSM.
2. Apply solution with a stiff, nylon, short-bristled brush, (see Figure 3) taking care not to allow the bristles to enter speaker or microphone porting areas which can cause internal damage and will void the warranty.
3. Fully rinse RSM with cold water and dry thoroughly with soft lint-free cloth. **Warning:** Do not get connector wet at all (Figure 4).
4. Hold the RSM with the front surface down, and lightly shake it a few times, to clear out water that may be underneath the speaker grill openings or microphone ports.

FINALIDADE

Os procedimentos a seguir são necessários para manter o RSM funcionando com desempenho ideal e para limpar poeira e sujeira das superfícies externas do RSM.

ETAPA OPCIONAL PARA AMBIENTES COM ALTOS NÍVEIS DE SUJEIRA

Para ambientes com altos níveis de sujeira onde portas de áudio podem acumular poeira e sujeira, recomenda-se aspirar o RSM antes da limpeza úmida geral, como descrito na etapa opcional a seguir.

Conecte um **bico apenas para cantos e frestas** (consulte a Figura 1) a um aspirador seco/úmido de no máximo 4 hp.

Aviso: uso de um aspirador com mais de 4 hp e/ou uso de qualquer bico que não um bico para cantos e frestas invalidará a garantia. Aspire a superfície frontal do RSM. Evite cobrir completamente a grade do alto-falante e as aberturas do microfone de uma vez com o bico (consulte a Figura 2). Mova o bico para frente e para trás diversas vezes pelas portas.

Aviso: uso de qualquer outro método de limpeza invalidará a garantia.

LIMPEZA GERAL

AVISO: utilize apenas detergente e água. Outras soluções de limpeza podem danificar permanentemente a carcaça do RSM e invalidar a garantia. Não o deixe imerso por mais de 30 minutos.

1. Misture uma colher de chá de detergente suave com um galão de água (solução de 0,5%) para limpar as superfícies externas do RSM.
2. Aplique a solução com uma escova firme, de cerdas curtas e de náilon (consulte a Figura 3), tomando cuidado para não deixar que as cerdas entrem nas portas do alto-falante e do microfone, o que pode causar danos internos e invalidar a garantia.
3. Lave completamente o RSM com água fria e seque-o totalmente com um pano macio sem fiapos. **Aviso:** não molhe o conector (Figura 4).
4. Segure o RSM com a superfície frontal virada para baixo e balance-o cuidadosamente algumas vezes, a fim de tirar a água que pode ficar embaixo das aberturas da grade do alto-falante ou das portas do microfone.

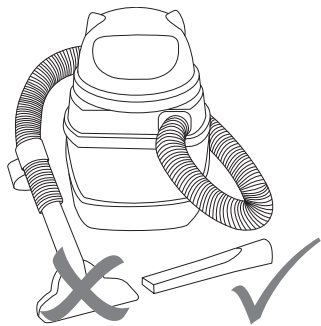


Figure 1: Vacuum Cleaner with Crevice Nozzle Only.

Figura 1: Solo aspiradora con boquilla estrecha.

Figura 1: Aspirador de pó com bico apenas para cantos e frestas.

Figure 1 : Aspirateur avec suceur pour interstices seulement.

INTENTION

Les procédures suivantes sont requises pour assurer le rendement optimal du RSM et sont conçues pour permettre le nettoyage de la poussière et des débris sur les surfaces externes de l'appareil.

ÉTAPES FACULTATIVES POUR LES ENVIRONNEMENTS À HAUT TAUX DE DÉBRIS

Dans le cas des environnements à haut taux de débris, où les ports audio peuvent accumuler une quantité excessive de poussière et de débris, il est recommandé de nettoyer le RSM avec un aspirateur avant de procéder au nettoyage général, tel que décrit dans l'étape facultative suivante.

Fixez un **suceur pour interstices seulement** (voir la Figure 1) à un aspirateur pour liquides ou poussières d'un maximum de 4 hp. **Avertissement :** L'utilisation d'un aspirateur de plus de 4 hp et/ou d'un embout autre qu'un suceur pour interstices annulera la garantie. Nettoyez la surface avant du RSM avec l'aspirateur. Évitez de recouvrir complètement la grille du haut-parleur et les ouvertures du microphone en même temps avec le suceur (voir la Figure 2). Passez plusieurs fois le suceur de l'avant à l'arrière des ports. **Avertissement :** L'utilisation de toute autre méthode de nettoyage annulera la garantie.



Figure 2: Vacuum speaker grill and mic ports. Do not cover all openings at once.

Figura 2: aspire la rejilla del altavoz y los puertos del micrófono. No cubra todas las aberturas a la vez.

Figura 2: aspire a grade do alto-falante e as portas do microfone. Não cubra todas as aberturas simultaneamente.

Figure 2: Nettoyage à l'aspirateur de la grille du haut-parleur et des ports du microphone. Ne recouvrez pas toutes les ouvertures en même temps.

NETTOYAGE GÉNÉRAL

AVERTISSEMENT: Utilisez uniquement du détergent liquide pour vaisselle et de l'eau. L'utilisation d'autres produits de nettoyage pourrait endommager de façon permanente le boîtier du RSM et annulera la garantie. Ne laissez pas tremper l'appareil durant plus de 30 minutes.

1. Diluez une cuillère à thé de détergent doux pour vaisselle dans environ quatre litres d'eau (solution à 0,5 %) pour nettoyer les surfaces externes du RSM.
2. Appliquez la solution à l'aide d'une brosse rigide en nylon à poils courts (voir la Figure 3), en prenant soin d'empêcher les poils de pénétrer dans les ports du haut-parleur et du microphone, ce qui pourrait causer des dommages internes et annulera la garantie.
3. Rincez à fond le RSM à l'eau froide, puis asséchez-le complètement à l'aide d'un chiffon doux non pelucheux. **Avertissement :** Ne mouillez en aucun temps le connecteur (Figure 4).
4. Maintenez la surface du RSM vers le bas et agitez-le doucement à quelques reprises afin d'éjecter l'eau qui pourrait se trouver sous les ouvertures de la grille du haut-parleur ou des ports du microphone.

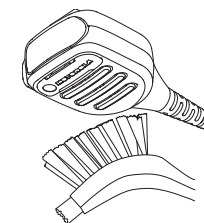


Figure 3: Sample brush.

Figura 3: Escobilla de muestra.

Figura 3: Exemplo de escova.

Figure 3: Exemple de brosse.

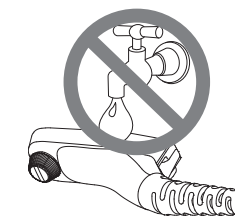



Figure 4: Do not allow connector to get wet.
Figura 4: No permita que el conector se moje.

Figura 4: Não molhe o conector.

Figure 4: Ne mouillez pas le connecteur.

the radio. Any radio maintenance should be performed only by a qualified radio technician.

-  **CAUTION:** Do **not** use the radio without an accessory connector or a dust cover in place as contamination can build up on the contacts.
- Underwriter Laboratory (UL) certified radios should only be opened and serviced by UL approved service centers. Opening or repairing at unauthorized locations will invalidate the radio's hazardous location rating.
- Do **not** pound, drop, or throw the radio unnecessarily.
- When charging the radio using a wall mounted charger, the radio must be turned off. Otherwise, the Man Down Alert and Emergency may be accidentally triggered.

Cleaning Your Radio



CAUTION:

Do **not** use solvents to clean your radio as most chemicals may permanently damage the radio housing and textures.
Do **not** submerge the radio in the detergent solution.

To clean the external surfaces of your radio, follow the procedure described next.

- 1 Combine one teaspoon of mild dishwashing detergent to one gallon of water (0.5% solution).
- 2 Apply the solution sparingly with a stiff, non-metallic, shortbristled brush, making sure that excess detergent does not get entrapped near the connectors, controls, or crevices. Rinse and then dry the radio thoroughly with a soft, lint-free cloth.
- 3 Clean battery contacts with a lint-free cloth to remove dirt or grease.