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105 CMR 171.000: Massachusetts First Responder Training

171.010: Purpose

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

171.020: Authority

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

171.030: Citation

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

171.040: Scope and Application

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

171.050: Definitions

The following terms used in 105 CMR 171.000 shall be defined as follows, unless the context or subject matter requires a different interpretation:

Administrative Requirements (A/R) means requirements issued by the Department's Office of Emergency Medical Services to interpret, clarify and further define the application of certain provisions of 105 CMR 171.000.

Appropriate Health Care Facility means an emergency department, either physically located within an acute care hospital licensed by the Department to provide emergency services pursuant to 105 CMR 130.000, or in a satellite emergency facility approved by the Department pursuant

to 105 CMR 130.821, that is closest geographically or conforms to a Department-approved point-of-entry plan.

Chief Executive Officer means the person responsible for the daily operation and management of the first responder agency.

Clerical and Administrative Duties are those duties that relate to the internal operation of the first responder agency and which do not involve contact with the general public either directly or by telephone or radio communications. Persons with clerical or administrative duties would not be expected to render emergency medical assistance or advice or direction.

Department means the Department of Public Health established pursuant to M.G.L. c. 17.

First Responder means a member of any of the following entities: a police or fire department; the state police participating in highway patrol; an emergency reserve unit of a volunteer fire department or fire protection district, and persons appointed permanent or temporary lifeguards by the Commonwealth or any of its political subdivisions. A first responder shall not mean a police officer, firefighter or persons engaged in police and fire work whose duties are primarily clerical or administrative.

First Responder Agency means a police department, a fire department, the state police participating in highway patrol, an emergency reserve unit of a volunteer fire department or fire protection district, or the Commonwealth or any of its political subdivisions that appoints permanent or temporary lifeguards. A first responder agency shall not mean a service that is a licensed EFR service, as defined in 105 CMR 170.020.

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

Program Director means the designee of the Department who, under the general supervision of the Commissioner, is responsible for carrying out the function of the Department as set forth in 105 CMR 171.000.

Trip Record means a report generated by all services to document every response to an EMS call, including each time an EMS vehicle or first responder agency vehicle is dispatched, whether or not a patient is encountered or ultimately transported by an ambulance service.

171.100: Initial Training Deadlines

Each first responder shall satisfactorily complete initial training in first aid, including cardiopulmonary resuscitation, as soon as practical, but in no event more than one year after the date on which he/she became first responder; except that lifeguards shall satisfactorily complete

initial training in first aid, including cardiopulmonary resuscitation, within 15 days after the lifeguard's first day of employment.

171.120: Refresher Training Deadlines

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

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

171.130: Initial Training in First Aid

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

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

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

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

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

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

171.150: Initial Training in Cardiopulmonary Resuscitation

Initial training in cardiopulmonary resuscitation shall mean, at a minimum, successful completion of a basic cardiac life support health care professional rescuer course in cardiopulmonary resuscitation, including use of an automatic/semi-automatic defibrillator, no less than the standard established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association, which results in receipt of a training card.

171.160: Refresher Training in Cardiopulmonary Resuscitation

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

171.165: Approval of Programs for Training First Responders in Epinephrine Auto-Injector Devices and Naloxone

The Department shall approve training programs for first responders in the use of epinephrine auto-injector devices and naloxone or other opioid antagonist approved by the Department that meet the following requirements:

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

171.180: Optional Utilization of Automatic/Semi-Automatic Defibrillation

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

- (A) The first responder meets the requirements for training pursuant to 105 CMR 171.150; and
- (B) The utilization is in accordance with the Statewide Treatment Protocols established under 105 CMR 170.000; and
- (C) The first responder is affiliated with a first responder agency that meets the requirements of 105 CMR 171.225.

171.200: Maintenance of Records

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

171.210: Contents of Records

The following records shall be maintained for each first responder:

- (A) For training that complies with 105 CMR 171.130(A), an outline of the training program, including the location, date and time of the course, attendance and examination records, an outline of the course contents, and documentation of the qualifications of the primary instructor, or
- (B) For training that complies with 105 CMR 171.130(A) or (B), a copy of current certification or other documentation of successful completion of training; and

(C) A copy of current training card documenting successful completion of initial and refresher training, as required by 105 CMR 171.150 or 171.160.

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

Each first responder agency shall issue to each first responder a card or other record documenting successful completion of initial and refresher training programs. The card or other record shall include the location, date and name of the course taken and shall be signed by the primary instructor and the chief executive officer. A current training card documenting successful completion of initial or refresher training required by 105 CMR 171.150 and 171.160, or, only in the case of lifeguards, standard first aid or equivalent first aid training card, or a current certification as an EMT shall be deemed equivalent and will be acceptable under 105 CMR 171.220.

171.223: Appointment of Designated Infection Control Officer

For the purpose of receiving notifications and responses from health care facilities regarding exposures to infectious diseases dangerous to the public health, as defined in 105 CMR 172.001, reporting said exposures to first responders; and making requests on behalf of first responders, each first responder agency shall appoint one officer of the agency to act as a designated infection control officer. Each agency shall ensure that its first responders are informed of the requirements relating to the reporting of exposures to the infectious diseases as set forth in 105 CMR 172.001: Definitions – *Infectious Diseases Dangerous to the Public Health*.

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

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

- (A) The review of all uses of automatic/semi-automatic defibrillators by first responders;
- (B) The maintenance of a systemwide database of cardiac arrest trip records filed by first responders with participating services, and the submission of summary reports to the Department upon request;
- (C) The establishment of policies:
 - (1) to ensure that first responders complete the manufacturer's training in use of the automatic/semi-automatic defibrillator;
 - (2) for proper preventive maintenance of automatic/semi-automatic defibrillator equipment; and

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

171.227: Documentation Required for Optional Use of Epinephrine Auto-Injector Devices and/or Naloxone

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

171.230: Severability

The provisions of 105 CMR 171.000 are severable. If any provision shall be determined invalid by any court, such provision shall be null and void and such determination shall not affect or impair any of the remaining provisions.

REGULATORY AUTHORITY

105 CMR 171.000: M.G.L. c. 111, § 201

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