



The Commonwealth of Massachusetts

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Department of Public Health
Bureau of Health Care Safety and Quality
Office of Emergency Medical Services
Mobile Integrated Health Care Program
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TO: Community EMS Program Applicants
FROM: Elizabeth Chen, PhD, MBA, MPH, Interim Bureau Director
DATE: September 24, 2018
RE: Defined List of Community EMS Program Services

This memorandum defines the list of Community EMS program services available to Community EMS Applicants for inclusion in a Community EMS application and provides minimum criteria for Community EMS application approval. Pursuant to 105 CMR 173.060(B), applications for approval to operate a Community EMS Program are limited to the defined list of services described in this guideline.

The following are the minimum criteria for the approval of Community EMS proposals:

- Program is approved by the local jurisdiction of the Applicant;
- Program will be operated by a local public health authority in partnership with a primary ambulance service's EMS personnel;
- Oversight is provided by the ambulance service's affiliate hospital medical director;
- Activity must fall within the existing scope of practice of EMS personnel; and
- Activity focuses on illness and injury prevention, is evidence-based, and tailored to the community.

Please Note: Community EMS evaluations **cannot** serve as a replacement for a complete medical evaluation and transport when 911 is activated.

Medical Director Requirements

Pursuant to 105 CMR 173.060(D), the primary ambulance service's affiliate hospital medical director must:

- Ensure all EMS personnel providing services in a Community EMS Program successfully complete additional training, as needed, tailored to meet the specific needs of the particular Community EMS Program;
- Review the quality of the EMS personnel's delivery of services; and
- Ensure EMS personnel provide services and activities only within their scope of practice.

Community EMS applicants should consider aligning proposals with the four (4) current EOHHS/DPH Issue Priorities:

- 1) Substance use disorders (SUDs)
- 2) Housing Stability/Homelessness
- 3) Mental illness and mental health
- 4) Chronic disease with a focus on Cancer, Heart Disease and Diabetes

Defined List of Community EMS Services

Substance Use Disorders	Housing Stability/Homelessness	Mental Illness and Mental Health	Chronic Disease (focus on Cancer, Heart Disease and Diabetes)
<u>Naloxone Information & Training</u>	<u>Assistance with Environmental Lead (Pb) Testing</u>	<u>Behavioral Health Home and Community Referrals</u>	<u>Asthma Evaluation</u>
<u>Sharps Awareness</u>	<u>Assistance with Radon/Air Quality Testing</u>	<u>Depression and Suicide Prevention Resource Lists in the Community</u>	<u>Health Promotion Screening</u>
<u>Substance Use Disorders Education</u>	<u>Child Passenger Safety</u>	<u>Fire arms safety</u>	<u>Provision of Primary Care Resource List & Referral</u>
	<u>Children with Special Care Needs Evaluation</u>		<u>Sharps Awareness</u>
	<u>Emergency Preparedness Individual Evaluation</u>		<u>Vaccinations (by Paramedics ONLY)</u>
	<u>Fire and Burn Prevention and Education</u>		<u>Well-being check</u> <ul style="list-style-type: none"> • Home Weight check • Blood Pressure check • Blood Sugar check • Medication Confirmation check (Post-discharge instructions)
	<u>Home and Community Falls Prevention</u>		
	<u>Home Safety Evaluation</u>		
	<u>Housing instability/homelessness risk</u>		
	<u>Poison Control Home Evaluation</u>		
	<u>Water Safety</u>		

	Welcome Family (Home Evaluation for New Caregivers)		
	Windows Falls Prevention		

Community EMS applicants may submit a petition to add to, or exclude from, the list of defined Community EMS Programs contained in this guideline by submitting a written request to the Department, with appropriate supporting evidence. For further information, please refer to: www.mass.gov/MIH.

Additional information is provided below for each Community EMS service in the defined list referenced above. Please note this list is in alphabetical order:

ASSISTANCE WITH ENVIRONMENTAL LEAD (Pb) TESTING

Assisting a community member with environmental lead testing processes (i.e., testing of lead-painted surfaces or soil) will allow for in-home risks to be understood by the community. EMS personnel can help with sample collection, mailing, and interpretation of results as well as providing resources to help with remediation. Neither EMS agencies nor EMS personnel should be responsible for the reporting of results. EMS personnel will not be responsible for the results of testing.

ASSISTANCE WITH RADON / AIR QUALITY TESTING

EMS personnel can assist with referral, placement, procedures and interpretation of results to community members who may have difficulty following up on initiating and completing a Radon or Air Quality test. EMS agencies and EMS personnel are not responsible for the reporting of results or for the results of testing but provide services to improve testing rates and completion.

ASTHMA EVALUATION

EMS personnel can evaluate the home environment for asthma triggers and provide assistance with initial education on peak flow testing for asthmatics in the home environment. Referrals from the emergency department and an individual's PCP can help evaluate if asthma is being well controlled in the home. Patients with active shortness of breath must be treated as a medical emergency when applicable.

BEHAVIORAL HEALTH HOME AND COMMUNITY REFERRALS

EMS personnel can assist with referral and scheduling appointments with behavioral health resources or provide brochures and contact information. Written documentation of the referral is required.

CHILD PASSENGER SAFETY

EMS personnel can make referrals to a local Child Passenger Safety expert as well as make recommendations that improve the safety of children in vehicles. This can include car seats, the dangers of hot cars and seat belt safety education both in the community and in private residences. Referral to a local Child Passenger Safety Seat Technician must be available.

CHILDREN WITH SPECIAL CARE NEEDS EVALUATION

An in-home visit by EMS personnel to families with children with special care needs can encourage proactive information exchange and minimize misunderstandings should EMS be called to the home in an emergency. A discussion with family members about the types of care needed as well as the technical aspects of any assistive equipment can enable adequate EMS emergency service provision when needed. Documentation should be prepared and shared with dispatch when possible.

DEPRESSION AND SUICIDE PREVENTION RESOURCE LISTS IN THE COMMUNITY

EMS personnel can provide referrals, brochures and assist with locating community resources for depression and suicide prevention. EMS can also provide community education on recognizing the signs and symptoms of depression and suicide risks as well as treatment resources in the local community.

EMERGENCY PREPAREDNESS INDIVIDUAL EVALUATION

EMS personnel can provide individuals or families with an evaluation of their home's emergency preparedness. Checklists and reviews of current supplies and plans can help families be prepared for emergency situations. Preparation and prevention discussion on home safety, evacuation procedures and required supplies can help families and pets stay safe.

FIREARM SAFETY

EMS personnel are given opportunity and access to the home environment that allow for suggestions of safe storage and use of firearms. Providing family members who have a gun in the household with referral tools for local firearm safety classes encourages safe gun ownership. Providing gun locks and suggestions for gun safes and storage can increase pediatric safety and reduce impulse use. Lethal means counseling and education on gun safety have been shown to reduce gun incidents both in accidental and intentional gun deaths.

<https://training.sprc.org/enrol/index.php?id=8>

FIRE/BURN PREVENTION AND EDUCATION

Burns are a significant cause of pain, disfigurement, and infection. EMS personnel can provide education on prevention of burns, potential treatments for burns as well as indications for when to call 911. Prevention can

include smoke and carbon monoxide alarms, water heater temperature checks and code evaluation of heat sources in the home.

HEALTH PROMOTION SCREENING

EMS personnel can provide community education and health promotion screenings at health promotion screening events. Laboratory testing at Health Promotion Screening events is subject to review and approval by the DPH Clinical Laboratory Program pursuant to 105 CMR 180.030 (D). Further information, including the Health Promotion Screening application, may be found at:

<https://www.mass.gov/how-to/apply-for-approval-of-health-promotion-screening-laboratory-testing>

HOME AND COMMUNITY FALLS PREVENTION

Falls Prevention can be accomplished by in-home visits and screenings along with simple improvements: clearing pathways, evaluating toilet and kitchen access, installing grab bars, removing access obstacles, and recommending additional appropriate tools to prevent falls.

HOME SAFETY EVALUATION

Home safety impacts residents, families, and the larger community. The Massachusetts Housing website includes resources to address home safety in the community. EMS personnel may be given access to a home when local fire or law enforcement may not and can provide crucial information about safety risks for a particular home.

HOMELESSNESS AND HOUSING INSTABILITY

Providing support to those experiencing housing instability can prevent future emergencies. EMS personnel can provide referrals to nutrition, shelter, housing, and utility resources. Specifically, providing local resources for veterans, domestic abuse victims, and families in vulnerable situations could improve your community's well-being. Keeping a verified list of resources available in the local community can keep patients secure and prevent emergency situations. Social work and case management referrals will increase awareness of at-risk community members.

NALOXONE INFORMATION AND TRAINING

Providing information about naloxone and its use as well as education on indications and contraindications will catalyze community health improvements. Education will include a demonstration of the procedure as well as the indications for a community member to call 911 to prevent further injury. Training can be provided to patient and family following a 911 call when family requests it but only after full medical evaluation of patient has been completed. Training to police officers and other first responders is encouraged.

POISON CONTROL HOME EVALUATION

Household chemical and medication safety education, particularly around preventing overdoses and dosing errors in the home or community, can be a highly effective preventive measure. Education and assistance with this process can reduce unnecessary emergency department visits and provide opportunities to educate families about risks associated with certain types or combinations of medications. Home evaluations should follow Poison Control guidelines.

<http://www.maripoisoncenter.com/resources>

PROVISION OF PRIMARY CARE RESOURCE LIST AND REFERRAL

EMS personnel can offer education to individuals who do not have a PCP, are frequent 911 callers or frequent visitors to emergency departments by providing them information about primary care and other health care specialty resources in the community. Assistance and support to help make a PCP connection for an individual is encouraged.

SHARPS AWARENESS

Residential sharps are banned from disposal in the municipal waste stream. A large share of Massachusetts households do not have an option for residential sharps disposal. EMS services can provide sharps disposal drop-off locations (e.g. drop boxes), hold periodic waste collection dates, and provide referrals to resources that will reduce the number of accidental sharps injuries.

<https://www.mass.gov/lists/medical-waste-community-sanitation>

SUBSTANCE USE DISORDERS EDUCATION

EMS personnel can provide education and referral to programs to help reduce tobacco use as well as provide clinical information on the effects of various substances of abuse. Referrals should include notification of the individual's PCP.

<https://www.mass.gov/service-details/about-the-massachusetts-tobacco-cessation-and-prevention-program-mtcp>

VACCINATIONS – BY PARAMEDICS ONLY

Only paramedics may administer flu vaccines and other vaccinations designated by the Department to persons 18 years old and over, as authorized by clinical protocols in a Department-approved MIH or Community EMS

Program. See 105 CMR 700.003(A) (4) of the Drug Control Program (DCP) regulations. <https://www.mass.gov/files/documents/2017/09/11/105cmr700.pdf>

The primary ambulance service's affiliate hospital medical director is responsible for establishing clinical protocols governing such vaccinations by paramedics.

If vaccine responsibility is to be maintained by the primary ambulance service at their base locations, all applicable vaccine storage requirements must be followed, as referenced in DCP regulations. Documentation of immunization must be maintained in accordance with local public health authority processes and comply with federal and DCP regulations. Description of program must include intended population for vaccination and how vaccine acquisition and storage will be handled. For more information on storage and handling of vaccines, see the following:

<https://www.cdc.gov/vaccines/hcp/admin/storage/providers-role-vacc-admin-storage.html>

Eligible healthcare providers who wish to receive vaccine from the Massachusetts Department of Public Health Immunization Program must enroll each year. For more information on eligibility, enrollment and additional requirements, see the following:

<https://www.mass.gov/service-details/vaccine-management>

<https://www.mass.gov/service-details/state-supplied-vaccine-frequently-asked-questions>

WATER SAFETY

EMS personnel can provide water safety advice that will prevent unnecessary risks in a water environment. This can include education, providing information on flotation devices, drowning prevention tips and improving compliance with the use of flotation devices as well as other water safety tools.

WELCOME FAMILY

Welcome Family is a program of the [Massachusetts Home Visiting Initiative](#). The program offers a universal one-time nurse home visit to all mothers with newborns. Welcome Family assesses mother and newborn health and well-being and provides education, support, and referrals to services as needed. EMS personnel can participate in the program and provide required services after participating in training by the new parent initiative staff or make referrals in conjunction with the new parent initiative staff.

<https://www.mass.gov/welcome-family> <https://www.mass.gov/service-details/welcome-family-information-for-providers>

WELL-BEING CHECKS

An evaluation of a patient for weight, blood pressure, blood sugar and medication confirmation with simple screening tools can occur in the home or community.

Medication Confirmation checks include a review of newly prescribed medications for a recently discharged patient upon arrival at home, ensuring the patient understands discharge instructions; and a review for any duplicate medication prescriptions noted. Referrals to the patient's pharmacy or primary care provider (PCP) must occur immediately when any issues are noted. Documentation must be completed by EMS personnel and referrals back to discharging provider are required when indicated.

WINDOW FALLS PREVENTION

EMS personnel can provide education to community members on egress and ingress in multi-story homes as well as provide and recommend/install window bars, appropriate window locks, and ladders for egress as needed.