EMS SERVICE ZONE PLAN APPLICATION

SERVICE ZONE NAME

REGIONAL OFFICAL USE ONLY

Plan Date Received	Plan Reviewed	Plan Returned with Recommendations	Recommended To OEMS

OEMS OFFICAL USE ONLY

Plan Date Received	Reviewed By	Plan Approved	Plan Returned with Recommendations	Plan Updated

PART A

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
SERVICE ZONE PLAN APPLICATION TEMPLATE

Agency Name *Date*

Identify the local jurisdiction(s) in the service zone:

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

Authorized Signature _____

Agency Location

Street Address: Number, Name, Type, Unit #

City/Town *State* *Zip*

( ) – ( ) –
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*

@
Primary Email Address

Name of Agency Contact

Name: First *MI* *Last* *Title*

Street Address: Number, Name, Type, Unit #

City/Town *State* *Zip*

( ) – ( ) –
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*

@
Primary Email Address

Name of Person Completing Application

Name: First *MI* *Last* *Title*

( ) – ( ) –
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*

@
Primary Email Address

PART A

Person responsible for monitoring compliance of local jurisdiction(s) with the service zone plan:

Name: First _____ MI _____ Last _____ Title _____

Phone: Area Code, Number, Extension ( ) – _____

Fax: Area Code, Number, Extension ( ) – _____

Primary Email Address _____ @ _____

Authorized Regional Council Signature _____

Date _____

Print Name: First _____ M _____ Last _____ Title _____

EMS Region	**1** ☐	**2** ☐	**3** ☐	**4** ☐	**5** ☐
	Western MA	**Central MA**	**Northeast**	**Metro Boston**	**Southeast**

The chief municipal official of the local jurisdiction covered by the service zone plan must sign this application. If the service zone is comprised of multiple local jurisdictions, the chief municipal official of each local jurisdiction must sign this application.

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

Authorized Signature _____

Local Jurisdiction _____

Print Name: First _____ MI _____ Last _____ Title _____

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Authorized Signature _____

Local Jurisdiction _____

Print Name: First _____ MI _____ Last _____ Title _____

PART A

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Authorized Signature ______________________________

____
Local Jurisdiction

Print Name: First ________ *MI* ____ *Last* ________ *Title* ________

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

Authorized Signature ______________________________

____
Local Jurisdiction

Print Name: First ________ *MI* ____ *Last* ________ *Title* ________

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

Authorized Signature ______________________________

____
Local Jurisdiction

Print Name: First ________ *MI* ____ *Last* ________ *Title* ________

Please copy this sheet if additional signatory pages are needed

PART B

Service Zone Planning Process

105 CMR 170.500 (B)(1)-(5): Local jurisdictions must develop service zone plans with input from the following entities, at a minimum: first responder agencies operating in the service zone; EFR agencies, if any; all ambulance services providing primary ambulance response pursuant to provider contracts in the service zone; all other ambulance services operating in the service zone; and health care facilities in the service zone, including hospitals and nursing homes.

1) Provide a short narrative explaining how the planning and designation process was conducted (Attach on separate document).
2) On the following page, please complete the table indicating all parties that participated in the Service Zone Planning process.

PART B

Section	Category	Name of Entity	Contact Person Name (First , MI, Last)	Contact Title	Contact Phone
	Example	*City of Bridgeport Emergency Management*	*David Jones*	*Emergency Mgmt. Coordinator*	*(203) 123–4444 Ext. 4965*
B (2) a	Elected state/local official				( ) – Ext.
B (2) b	Emergency management				( ) – Ext.
B (2) c	Law enforcement				( ) – Ext.
B (2) d	Designated primary ambulance service				( ) – Ext.
B (2) e	Other Ambulance Services Providing Primary Ambulance Service (e.g., primary Advanced Life Support (ALS); ambulance services with provider contracts)				( ) – Ext.
B (2) f	Other Ambulance Services Operating in the Service Zone				( ) -
B (2) g	Designated EMS first response (EFR) service(s), if any				Ext.
B (2) h	Other First Responder Agencies				( ) – Ext.
B (2) i	Hospital(s)				( ) – Ext.
B (2) j	Other health care facilities, including nursing homes				( ) – Ext.
	Other				( ) – Ext.

PART C - Section 1

Service Zone Provider Selection Process and Local EMS Performance Standards

105 CMR 170.510 (B): Please describe the selection process the service zone has for selection and changing of EMS service delivery or designated service zone providers. This must be an open, fair, and inclusive process.

PART C - Section 1

Local EMS Performance Standards

105 CMR 170.510(C): Local jurisdictions must set the following EMS performance standards in their service zone plan. These are the criteria for the selection of service zone provider(s). Potential service zone providers must be evaluated on their ability to meet these local standards. Performance standards must meet minimum standards set forth in the EMS regulations, where applicable. Standards include:

1) response time
2) staffing requirements
3) deployment of resources
4) adequate backup
5) level of service and level of licensure of designated service zone providers
6) medical control
7) appropriate health care facility destinations
8) any other EMS performance measure on which the local jurisdiction(s) wish to set standards and use as selection criteria for EMS providers

On the following page, please indicate your service zone's standards.

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PART C - Section 1

Section	Type of Provider	Standard Response Time (Minutes)	How is Response Time Measured? Starting Point	Ending Point	Licensure Level(s)
C (I) a	Designated primary ambulance service				☐ BLS ☐ ALS-Intermediate ☐ ALS-Paramedic
C (I) b	Other ambulance services providing primary ambulance service (e.g. Primary ALS)				☐ BLS ☐ ALS-Intermediate ☐ ALS-Paramedic
C (I) c	Ambulance services providing back up to primary ambulance service				☐ BLS ☐ ALS-Intermediate ☐ ALS-Paramedic
C (I) d	Designated EMS first response (EFR) service(s) if any				☐ BLS ☐ ALS-Intermediate ☐ ALS-Paramedic
C (I) e	Other first responder agencies				

PART C - Section 2

Please indicate what service zone standards are in place for each designated service zone provider; designated primary ambulance service, ambulance services with provider contracts, and EFR(s). Service zone standards must meet all applicable EMR regulatory standards. Relevant regulatory citations are indicated, where applicable, at the end of each subsection heading.

A	**Staffing Requirements (170.305)**
B	**Deployment of Resources**
C	**Adequate Backup (170.385)**
D	**Medical Control [170.300, 170.330(C)]** [Medical control means the clinical oversight by a qualified physician to all components of the EMS system, including, without limitation, the Statewide Treatment Protocols, medical direction, training of and authorization to practice for EMS personnel, quality assurance and continuous quality improvement.]
E	**Health Care Facility Destinations**
F	**Other EMS performance standards established by the service zone** Please indicate any other standards are in place for performance measures on which the local jurisdiction(s) wish to set standards and use as selection criteria for EMS providers:

PART D

EMS and Public Safety Providers

105 CMR 170.510 (A): Inventory of resources available in the service zone. Please complete the following table indicating all EMS providers in the service zone.

	Category	Name of EMS Service	Number of Vehicles	Hours of Operation (HH:mm)	Contact Person Name (First , MI, Last)	Contact Title	Contact Phone
1	Designated primary ambulance service (can only be one per service zone)			to			( ) – Ext.
2	Other ambulance services providing primary ambulance service (e.g., primary ALS; ambulance services with provider contracts)			to			( ) – Ext.
3	Ambulance services providing backup to primary ambulance service			to			( ) – Ext.
4	Designated EFR service(s), if any			to			( ) – Ext.
5	Other first responder agencies			to			( ) – Ext.
6	Other ambulance services with garage locations in service zone.			to			( ) – Ext.

PART E

Health Care Facility Resources / Facilities with Health Care Capabilities

105 CMR 170.510(A)(5): As part of the inventory of EMS-related resources, please complete the following table for all health care facilities or facilities with health care capabilities on site within the service zone.

	Type of Facility	Name of Entity	Address/Location (Street, City, State, Zip)	Hours of Operation or Event Date	Summary of Care Capabilities	24 Hour Emergency Phone
E (1)	All hospitals in service zone			– or		( ) - Ext.
E (2)	All receiving hospitals			– or		( ) - Ext.
E (3)	Affiliate hospitals for primary ambulance service			– or		( ) - Ext.
E (4)	Designated specialty care hospitals (i.e., Department-designated trauma and stroke centers)			– or		( ) - Ext.
E (5)	Nursing homes			– or		( ) - Ext.
E (6)	Assisted living centers			– or		( ) - Ext.
E (7)	Entertainment venues			– or		( ) - Ext.
E (8)	Special Events			– or		( ) - Ext.
(9)	Other			– or		( ) - Ext.

PART F

Inventory of Communications Systems

105 CMR 170.510(A)(8): As part of the inventory of EMS-related resources, local jurisdictions need to identify emergency medical dispatch and public safety answering points (PSAPs).

Section I: Primary PSAP Center (the main emergency call receiving center)

Name and Address

_____
Name of Primary PSAP Center

_____
Street Address: Number, Name, Type, Unit #

_____ _____ _____
City/Town *State* *Zip*

PSAP Operation by:

☐ Fire ☐ Police ☐ Other _____

PSAP Contact Information

_____ _____ _____ _____
Name: First *MI* *Last* *Title*

( ) – ( ) –
_____ _____
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*

_____ @ _____
Primary Email Address

Number of Dispatcher(s) or Call Takers per Shift _____

Dispatchers Trained In EMD? ☐ All ☐ Some ☐ None

Name of EMD System In Use at Center _____

PART F

<u>Section II: Secondary PSAP Center,</u> if any (an alternate answering point for emergency calls)

Name and Address

_____
Name of Secondary PSAP Center

_____
Street Address: Number, Name, Type, Unit #

_____ – _____
City/Town *State* *Zip*

Secondary PSAP Operation by:

☐ Fire ☐ Police ☐ Other _____

Secondary PSAP Contact Information

_____ _____ _____ _____
Name: First *MI* *Last* *Title*

( ) – ( ) –
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*

_____ @ _____
Primary Email Address

Number of Dispatcher(s) or Call Takers per Shift _____

Dispatchers Trained In EMD? ☐ All ☐ Some ☐ None

Name of EMD System In Use at Center _____

PART F

Section III: Alternate PSAP Center (the backup to the primary PSAP, in case it is not available)

Name and Address

_____
Name of Alternate PSAP Center

_____
Street Address: Number, Name, Type, Unit #

_____ _____ _____
City/Town *State* *Zip*

Alternate PSAP Operation by:

☐ Fire ☐ Police ☐ Other _____

Alternate PSAP Contact Information

_____ _____ _____ _____
Name: First *MI* *Last* *Title*

( ) – ( ) –
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*

_____ @ _____
Primary Email Address

Number of Dispatcher(s) or Call Takers per Shift _____

Dispatchers Trained In EMD? ☐ All ☐ Some ☐ None

Name of EMD System In Use at Center _____

PART G

Medical Control Plan

105 CMR 170.510 (G): Local jurisdiction(s) need to include a plan for medical control*. At a minimum, this will consist of tracking current affiliation agreements, consistent with 105 CMR 170.300 for each ALS level EMS service providing primary ambulance response or EFR response (if any) operating in the service zone. If there are services operating in the service zone at the BLS level only, the service zone may want to track memoranda of agreement with hospitals for medication administration oversight as well.

On the following page, please list each affiliate hospital(s) and medical director(s) who has authority over the clinical and patient care aspect of the affiliated EMS service.

*Medical control means the clinical oversight by a qualified physician to all components of the EMS system, including, without limitation, the Statewide Treatment Protocols, medical direction, training of and authorization to practice for EMS personnel, quality assurance and continuous quality improvement.

PART G

	Name of Provider	Name of Affiliate Hospital Providing Medical Control in the Service Zone	Name of Affiliate Hospital Medical Director	Contact Phone
1				( ) - Ext.
2				( ) - Ext.
3				( ) - Ext.
4				( ) - Ext.
6				( ) - Ext.
7				( ) - Ext.
8				( ) - Ext.
9				( ) - Ext.
10				( ) - Ext.

PART H

Operational Plan for EMS Response

105 CMR 170.510 (H): Please explain your operational plan for coordinating the use of all EMS resources

- Primary ambulance service
- Designated EMS first response (EFR) services, if any
- First responder agencies Ambulance services with private provider contracts
- Primary ALS service, if any -- in the service zone

This can be done by diagram or text or both.

The operational plan must:

a) Explain how all EMS resources are to be used, and

b) How the service zone shall ensure the response of the closest appropriate available EMS resources.

Pursuant to 170.510, the Operational Plan may not include criteria for notification and dispatch of a designated EFR service to health care facilities licensed by the Department:

a) Where there is a licensed health care professional 24 hours per day, seven days per week,

AND

b) Where there is a provider contract in place to provide primary ambulance response.

☐ **Diagram attached**

Enter operational plan on following page(s):

PART H

PART J

Procedures for Delivery of Trip Records and Unprotected Exposure Forms

105 CMR 170.510 (J): Explain the procedures the service zone will require for coordinate getting required EMS call documentation – Trip records and, when applicable, unprotected exposure forms – to receiving health care facilities.

Under **105 CMR 170.345(C)** of the EMS regulations, EMTs who transport the patient to the hospital deliver the trip record and any unprotected exposure forms directly to the hospital with the patient or as soon as practicable thereafter.

However, those EMS personnel who are at the scene but do not transport the patients still need to prepare trip records and, when the circumstances apply, unprotected exposure form(s), and get these to the hospital timely.

How they do that – how submission of all EMS responders' paperwork to the receiving hospital gets coordinated – is in accordance with procedures set out in the service zone plan.

NOTES:

1) Please submit with this application, the **service zone agreements**, if any, for ambulance services with provider contracts that include providing primary ambulance response in the service zone. Under the regulations, 105 CMR 170.249, the local jurisdiction(s) **must ensure that service zone agreements are signed** between the designated primary ambulance service for the service zone, and any ambulance service providing primary ambulance response in the service zone pursuant to a provider contract.

2) Please remember that once this application has been completed, **you must submit it to your EMS regional council for evaluation**. A contact list for EMS regional councils is found on our website at www.mass.gov/dph/oems/region/region.htm. You will find there a map of the Commonwealth, divided by regions, as well as contact information for each of the regional directors.

3) If the service zone has an **existing plan** that satisfies the information requested in this section regarding how EMS is provided in the service zone, **please attach to this application.**

For updates on this application, please login to the OEMS website at www.state.ma.us/dph/oems.

☐ **Ambulance service zone agreements attached.**

☐ **Existing plan attached.**

Enter procedures on following page(s):

PART J

NOTES:

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http://www.state.ma.us/dph/oems.