



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

LAUREN A. SMITH, MD, MPH
INTERIM COMMISSIONER

ADVISORY

TO: All MA Ambulance Services, EMCAB Members, All MA Accredited Training Institutions
FROM: Mary E. Clark, Director, Emergency Preparedness Bureau
Jamie Pianka, Director, Office of Emergency Medical Services
DATE: February 7, 2013
RE: EMS Operational Changes During Severe Weather Events

The Massachusetts Department of Public Health's Office of Emergency Medical Services and the Emergency Preparedness Bureau have received inquiries from ambulance services regarding operational changes relative to severe weather experienced within the Commonwealth. EMS must remain committed to ensuring the provision of emergency medical care in all cases, but the Department understands that in some rare circumstances, such as severe weather events, operational changes may be necessary to ensure the safety of first responders and EMTs.

The Department encourages all ambulance services to work with their local public safety, public health and emergency response partners to develop plans for determining when it is unsafe for EMTs to respond during severe weather. These plans must include explicit communication processes as well as the details of recovery phase operations.

Plans must at a minimum include the following:

1. Identified wind speed or other conditions, in which the service would no longer respond to emergency 911 calls with ambulances, and/or limit the type of calls the service will respond to i.e. only "priority 1" or pediatric calls, etc.
2. The procedures, made in conjunction with other emergency services including fire, police, emergency dispatch and emergency management, for response alternatives. Additionally this process should be fully inclusive of the Affiliate Hospital Medical Director to ensure physician oversight.

3. The procedures that will be employed to communicate with the other emergency services to advise them when the ambulance service will no longer respond to the calls for assistance, and the criteria that must be met for the service to resume responding.
4. The procedure or determining factor to decide when the service will resume responding, and the procedure to recover and catch up with the pending calls (if any).
5. The procedures for accurately documenting that all requests for service are eventually closed out by completing a delayed response, adequate “well being” checks, requests for service later cancelled and completed disposition of such calls. Documentation should include multiple callback numbers so that call can be responded to, or cancelled appropriately when responses are resumed.
6. Policies should include a quality improvement component that would encourage an after action report subsequent to a post event review and discussion with other public safety, emergency management and public health system participants.

Such plans shall be immediately available for review by the Department upon request.

In the absence of such a plan, developed in advance of any event, the Department encourages that all decisions made regarding delay of a response to emergency medical calls, or changes from the normal response system, be made in coordination and collaboration with other local emergency management, public health and public safety organizations. This should be centered at the local Emergency Operations Center (EOC), with local resources participating in critical decisions such as emergency deviations regarding response prioritization, triaging of emergency calls and use of alternative response configuration for vehicles or personnel.