



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Office of Emergency Medical Services  
99 Chauncy Street, Boston, MA 02111

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**EMERGENCY WAIVER**

TO: All Paramedic-Licensed Ambulance Services  
FROM: Michael Kass, Director, Office of Emergency Medical Services  
RE: Weather Related Waiver of Minimum Staffing Requirements for Paramedic Ambulances  
DATE: January 26, 2015

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Due to the severe winter storm that is anticipated to affect the Commonwealth, and under the authority of the Commissioner of the Department of Public Health, under M.G.L. c. 111C, §22, certain provisions of the Emergency Medical Services System Regulations, 105 CMR 170.000, have been suspended through this waiver.

The purpose of this waiver is to facilitate continuity of paramedic-level EMS care and assure sufficient EMS personnel to staff paramedic ambulances, by suspending for the temporary waiver period certain conditions for paramedic ambulance staffing.

**Term of the Suspension:**

This order shall be effective:

From: 1700 hours, Monday, January 26, 2015  
To: 1700 hours, Thursday, January 29, 2015

**Effective section: 105 CMR 170.305(C)(2) Staffing**

In its place, for the duration of this temporary storm staffing waiver, 105 CMR 170.305(C)(2) shall read as follows:

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 two EMTs, at least one of whom is certified at the EMT-Paramedic level.

**Contact information**

In the event that you may need further information or an update on this waiver, you may contact the Massachusetts Emergency Management Agency (MEMA) at **(508) 820-2000** and ask to speak to one of the staff members at **"ESF 8"** desk in the Operations Room, or dial the ESF8 number directly at **(508)-820-1456**. You may also contact Michael Kass, at [michael.kass@state.ma.us](mailto:michael.kass@state.ma.us).

Thank you.