EMS SERVICE ZONE PLAN APPLICATION

TOWN OF TOPSFIELD

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

Town of Topsfield
Name of Local Jurisdiction(s)

12/07/2009
Date

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

Town of Topsfield

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 _____ *Name*

Chair Board of Selectmen
Title

Location of Authorized Signatory

8 West Common Street
Street Address: Number, Name, Type, Unit #

Topsfield *City/Town* | MA *State* | 01983 – *Zip*

(978) 887 – 1500 *Phone: Area Code, Number, Extension*

(978) 887 – 1502 *Fax: Area Code, Number, Extension*

selectmen @ topsfield-ma.gov
Primary Email Address

Local Jurisdiction(s)' Contact for Service Zone Plan

Morrison *Name: First* | *MI* | Martha *Last* | Chairperson *Title*

8 West Common Street
Street Address: Number, Name, Type, Unit #

Topsfield *City/Town* | MA *State* | 01983 – *Zip*

(978) 887 – 1500 *Phone: Area Code, Number, Extension*

(978) 887 – 1502 *Fax: Area Code, Number, Extension*

selectmen @ topsfield-ma.gov
Primary Email Address

Name of Person Completing Application

Jenifer *Name: First* | *MI* | Collins-Brown *Last* | Captain *Title*

(978) 887 – 5148 305 *Phone: Area Code, Number, Extension*

(978) 887 – 1512 *Fax: Area Code, Number, Extension*

jcbrown @ topsfieldfire.com
Primary Email Address

PART A

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

Ronald	P.	Giovannacci	Chief
Name: First	*MI*	*Last*	*Title*

(978) 887 – 5148 302	(978) 887 – 1512
Phone: Area Code, Number, Extension	*Fax: Area Code, Number, Extension*

chief @ topsfieldfire.com
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*

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*

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.

PLANNING and SUBMISSION:

On July 1, 2006 administration of the Topsfield Fire Department met to design a comprehensive process for completion of the Topsfield Service Zone Plan. Stake holders were identified and notified of the upcoming planning process.

On July 11, 2006, administration of the Topsfield Fire Department met with administration from the Topsfield Fair to discuss service zone planning as related to the eleven day event.
On July 12, 2006, administration of the Topsfield Fire Department, Topsfield Police Department, and Middleton Fire Department met to discuss service zone planning expectations.

On August 15,2006, administration of the Topsfield Fire Department met with the administrator of Masconomet Nursing Home to discuss expectations of that facility on EMS responses.

On September 21, 2006, a community Service Zone Planning meeting was held at Topsfield Fire Headquarters. Participants included:

- Chief Ronald P. Giovannacci-Topsfield Fire Department;
- Captain Jen Collins-Brown-Topsfield Fire Department;
- Stephen Clark-Chairman Topsfield Board of Selectmen;
- Charles R. Denault Jr.-LEPC Chairman;
- Fran Carabello- Lyons Ambulance Service (the current contracted transporting vendor);
- Sheila Fields-Director of Topsfield Council on Aging;
- Kerry Kaplon-Principal of Proctor School;
- David T. Leary-Chief, Middleton Fire Department;
- Nancy Luther-Retired Director Governor's Highway Safety Bureau and citizen of Topsfield; and

PART B

Section	Category	Name of Entity	Contact Person Name * (First , MI, Last)	Contact Title	Contact Phone
B (2) a	Elected state/local official	Town of Topsfield Selectmen	Stephen Clark	Chairman	(978) 887-1500
B (2) b	Emergency management	Town of Topsfield LEPC	Charles R. Denault	Director	(978) 887-5148
B (2) c	Law enforcement	Town of Topsfield Police	Gerald Harrison	Acting Chief	(978) 887-2118
B (2) d	Designated primary ambulance service[1]	Town of Topsfield Fire Department	Jen Collins-Brown	Captain	(978)-887-5148
B (2) e	Primary Ambulance Response[2]	Lyons Ambulance Service	Fran Carabello	Operations	(978)-774-1500
B (2) f	Designated EMS first response (EFR) service(s), if any	None at this time			
B (2) g	Other First Responder Agencies	Town of Topsfield Police	Gerald Harrison	Acting Chief	(978) 887-2118
B (2) h	Hospital(s)	None			
B (2) i	Other health care facilities, including nursing homes	Masconomet Nursing Home	David Lewis	Administrator	(978) 887-7002 Ext.
	Other	Council on Aging Topsfield Schools	Sheila Fields Kerry Kaplon	Director Principal	(978) 887-1500 (978)887-1530

*Parties that participated in the Service Zone Planning Process in 2006 for current contact information see Part A.

[1]**Designated Primary Ambulance Service** means the business or regular activity, whether for profit or not, by a licensed ambulance service, designated under a service zone plan for the purpose of providing rapid response and pre-hospital EMS, including without limitation, patient assessment, patient treatment, patient preparation for transport and patient transport to appropriate health care facilities, in conformance with the service zone plan. 105 CMR 170.020 Definitions

Primary Ambulance Response means first line ambulance response, pre-hospital treatment and transportation by an ambulance service designated as a service zone provider or recognized in a service zone plan to provide first-line ambulance response, pre-hospital treatment and transportation pursuant to a provider contract. 105 CMR 170.020 Definitions

PART C - Section 1

Service Zone Provider Selection Process and Local EMS 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.

OVERVIEW:

This overview summarizes Topsfield's standard approach to medical emergencies as defined in this Service Zone Plan.

The Town of Topsfield provides initial response for reported emergency medical needs within the Town. The Police Department provides First Responder response and the Fire Department provides the EMS response at Basic, Intermediate and Paramedic levels. Northeast Regional Ambulance is the Town's contracted transporting ambulance service.

While medical emergencies involve a variety of circumstances and conditions, some of which may require unique actions in the interest of patient safety, the Town strives to maintain its public safety personnel within the Town to respond to the Town's needs.

The Topsfield Fire Department has been the primary provider of EMS to the Town of Topsfield for over thirty years. The Topsfield Fire Department is licensed at the ALS level. The Topsfield Fire Department has been awarded a Special Project Waiver for CPAP by the Department .of Public Health This Service Zone Plan is designed to capture a description of current services provided to the Town of Topsfield. Annually, the Fire Department budgeting process with Finance Committee and Board of Selectmen includes the review of goals, objectives, and provision of services.

SELECTION PROCESS:

The Town of Topsfield uses a bid process to select a vendor to provide Primary Ambulance Response to the town. The most recent RFP specified a one-year service period with an option for the town to extend the contract time by up to two successive one-year terms. The following describes the town's process in awarding that most recent RFP.

On May 19, 2009, the Town of Topsfield advertised a Request for Proposals for Ambulance Services. The bids were received and opened at 1000 on June 2, 2009. Six proposals were received from four companies. Each proposal was reviewed independently by the Town Administrator, Fire Chief, Procurement Officer, a member of the Board of Selectmen and the EMS Coordinator. The group agreed that the proposal from Northeast Regional Ambulance Service, Inc. was the most responsive to the RFP and the selectmen voted to award a contract commencing July 1, 2009 to Northeast Regional Ambulance for one year with, at the town's option, the right to extend for two additional one year terms.. The Service Zone Plan for the Town of Topsfield was changed to reflect the change in vendor.

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.

PART C - Section 1

Local EMS Performance Standards

1. Response Times:

   The following three organizations will have met their EMS Performance standards if they achieve the following response times over a fiscal year. Time is measured from the end of the PSAP call at Fire Alarm to arrival on scene.

   First Responder Unit: Topsfield Police Department will arrive within 4 minutes 90 % of the time.

   Designated Primary Ambulance Service: Topsfield Fire Department is licensed at the ALS paramedic level and will arrive within 5 minutes and 59 seconds 90% of the time.

   Primary Ambulance Response: Northeast Regional Ambulance is licensed at the ALS paramedic level and will arrive within 13 minutes and 59 seconds 90 % of the time.

   The remaining 10% of fractile responses are expected due to weather or other considerations and will be monitored closely.

   Any ambulance provider contracted to respond to emergencies within the Town of Topsfield must comply with 105 CMR 170.355 in its entirety and will submit response time compliance reports to the Fire Chief by the tenth business day every month for responses conducted in the prior month. Those responses that fail to meet the response time requirement set in the Service Zone Plan will be accompanied by an explanation.

2. Staffing requirements (170.305)

   All ambulance services in the service zone will comply with 105 CMR 170.305 when transporting patients.

3. Deployment of Resources

Primary EMS resources are dispatched from Fire Headquarters 27 High St., Topsfield by the PSAP. The Topsfield Fire Department provides onsite staffing from 0600 to 1800, 7 days a week (12x7) and call out response for the remaining time (from 1800to 0600). It is a combination fire department with four fulltime firefighters and a group of call firefighters. The Topsfield Fire Department is an active participant in the Massachusetts Ambulance Task Force Mobilization Plan. Topsfield Police Department will be dispatched from 210 Boston St., Topsfield. Northeast Regional Ambulance dispatches from, 3 Ajootian Way, Unit D-2, Middleton, MA, and sends the closest available resources. Additional resources may be requested through North East CMED or District V Fire Control as needed.

4. Adequate backup

   The Town of Topsfield has a contract with Northeast Regional Ambulance. The Town of Topsfield initiates BLS and or ALS care as needed. As appropriate, the Town of Topsfield will request additional resources such as air medical transport and specialty rescue. Care is then transferred to Northeast Regional Ambulance staff. In the event that Northeast Regional Ambulance does not have appropriate level staff available, Topsfield Fire Department paramedics, if available, will provide the ALS care in the BLS Northeast Regional Ambulance ambulance. The Town of Topsfield has a backup agreement with the Middleton Fire Department. The agreement is attached.

5. Level of service and level of licensure of designated service zone providers: Topsfield Fire Department, Northeast Regional Ambulance and Middleton Fire Department are licensed at the paramedic level and one or more of these will provide the appropriate level of care as needed.

6. Medical Control: Medical Control is through an Affiliation Agreement with Northeast Health Systems-Beverly Hospital.

7. Appropriate Health Care Facility Destinations: Patients are transported to the closest Region III facility in accordance with the EMS System Regulations and Department of Public Health approved point of entry plan.

8. Other EMS Performance Standards

   100% of patient care reports completed by the Designated Primary Ambulance Service will be reviewed by the EMS Coordinator. The Designated Primary Ambulance Service will track all ALS skills, of their staff, with minimum benchmarking criteria including first attempt/success IV rate (80%) endotracheal intubation attempt/success (90%) endotracheal intubation failure recognition (100%) and STelevation Myocardial Infarction

recognition (100%). These benchmarks are in conjunction with a medical control agreement with Beverly Hospital and are reported to the Medical Director on a quarterly basis. Additional quality assurance is monitored through a peer review program in conjunction with Middleton Fire Department. Feedback is collected on a quarterly basis for several key components including adherence to protocols, completeness of documentation, and scene times.

All members of the Topsfield Police and Fire Departments must have completed ICS 700 in accordance with National Incident Management standards.

Section	Type of Provider	Standard Response Time (Minutes)	How is Response Time Measured?		Licensure Level(s)
			Starting Point	Ending Point	
C (I)a	Designated Primary ambulance service	Topsfield Fire Department Within 5 minutes and 59 seconds 90% of the time	Termination of PSAP Call	Unit Arrived on Scene	ALS-Paramedic
C (I)b	Primary Ambulance Response	Northeast Regional Ambulance Within 13 min 59 sec 90% of the time	Termination of PSAP Call	Unit Arrived on Scene	ALS-Paramedic
C (I)c	Back Up Ambulance Service	Middleton Fire Department Within 13 minutes 59 sec 90% of the time	Termination of PSAP Call	Unit Arrived on Scene	ALS-Paramedic
C (I)d	No EFR's				
C(I)e	Other first responder agencies	Topsfield Police Dept. Within 4 minutes 90 % of the time	Termination of PSAP Call	Unit Arrived on Scene	First Responder

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)** See attached narrative Part C-Section 1, #2
B	**Deployment of Resources** See attached narrative Part C-Section 1, #3
C	**Adequate Backup (170.385)** See attached narrative Part C-Section 1, #4
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.] See attached Medical Control Agreement
E	**Health Care Facility Destinations** In accordance with state EMS System regulations and Department-approved point of entry plans
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: See attached narrative Part C-Section 1, #8

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	Topsfield Fire Department	Class V-1 Class 1-1	24 hours*	Jen Collins-Brown	EMS Coordinator	978-887-5148
2	Primary Ambulance Response	Northeast Regional Ambulance	Class 1 -7	24 hours	Brian Capinagro	Owner	866-234-0981
3	Ambulance services providing back up to primary ambulance service	Middleton Fire Dept.	Class 1-2	24 hours	Frank Twiss	Chief	978-774- 2466
4	Current Designated EFR service(s) if any						
5	Other first responder agencies	Topsfield Police Dept.	4 cruisers *2 manned Per shift	24 hours	Evan Haglund	Chief	978-887-2118
6	Other ambulance services with garage locations in service zone.	None					

*Topsfield Fire Department staffing specifics are described in «**Deployment of Resources**« in Section C..

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	None				
E (2)	All receiving hospitals	Beverly Hospital	Beverly	24 x 7	Adult and Pedi Level 3 trauma and stroke	978-922-3000
		North Shore Medical Center	Salem and Lynn Campus	24 x 7	Level 3 trauma and stroke	978-741-1215
		Lahey North	Peabody	24 x 7	No Trauma or stroke	978-538-4000
E (3)	Affiliate hospitals for primary ambulance service	Beverly Hospital	Beverly	24 x 7	Adult and Pedi Level 3 trauma and stroke	978-922-3000
E (4)	Designated specialty care hospitals (i.e., Massachusetts Department of Public Health- designated trauma and stoke centers)				Per MA DPH and Region III Point of Entry Plan	
E (5)	Nursing homes	Masconomet Nursing Home	123 High St. Topsfield	24x7	123 Beds, AED Licensed nursing staff	978-887-7002

PART E

E (6)	Assisted living centers	None				
	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 (7)	Entertainment venues	Topsfield Fair Grounds	207 Boston St. Topsfield	92 acres with 21 Buildings Year round events	5 public access AED's	978-887-5000
E (8)	Special Events	Topsfield Fair	207 Boston St. Topsfield	Eleven days Ending Columbus Day	Fire Detail Ambulance Detail First Aid Booth w/RN	978-887-5000

List of Schools	Phone	Hours	Summary of Capabilities
Proctor School 60 Main St. Topsfield	978-887-1530	M-F 7-6	298 students, 1 AED, 1 RN First Aid & CPR Epi pen
Steward School 261 Perkins Row Topsfield	978-887-1538	M-F 8:15-3:15p	400 Students 1 RN 1 AED, Epi Pens CPR and First Aid
Masconomet Middle School 20 Endicott Road Boxford	978-887-2323	Mon-Thurs. 7:25a-2:50p Fri. 7:25a-2:15p	750 students - 1 RN, 1 LPN (9 hours/week) AED, Epi-Pen ,O2 Albuterol, Blood glucose SERT (student emergency response team)
Masconomet High School 20 Endicott Road Boxford	978-887-2323	M-F 7:30-3p	1,400 students - 1 RN AED, Epi-Pen ,O2 Albuterol, Blood glucose SERT (student emergency response team)

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

Topsfield Communications
Name of Primary PSAP Center

210 Boston St.
Street Address: Number, Name, Type, Unit #

Topsfield — *City/Town*; MA — *State*; 01983 — *Zip*

PSAP Operation by:

☐ Fire ☐ Police ☒ Other Civilian Public Safety Dispat

PSAP Contact Information

Catherine — *Name: First*; M — *MI*; Gerry — *Last*; Supervisor — *Title*

(978) 887 – 6533 — *Phone: Area Code, Number, Extension*

(978) 887 – 8424 — *Fax: Area Code, Number, Extension*

c.gerry @ yahoo.com — *Primary Email Address*

Number of Dispatcher(s) or Call Takers per Shift 1

Dispatchers Trained In EMD? ☐ All ☐ Some ☒ None

Name of EMD System In Use at Center

The Town of Topsfield has taken an active role in the development of a regional operations center for the purposes of providing emergency dispatch. It is our hope that all citizens will be able to receive EMD in the future.

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

Name and Address

Ipswich Public Safety
Name of Alternate PSAP Center

15 Elm St.
Street Address: Number, Name, Type, Unit #

Ipswich	MA	01938 –
City/Town	*State*	*Zip*

Alternate PSAP Operation by:

☐ Fire ☐ Police ☒ Other Civilian

Alternate PSAP Contact Information

Paul		Polonsky	Chief Commu
Name: First	*MI*	*Last*	*Title*

(978) 356 – 4343	(978) 356 – 6625
Phone: Area Code, Number, Extension	*Fax: Area Code, Number, Extension*

commctr @ town.ipswich.ma.us
Primary Email Address

Number of Dispatcher(s) or Call Takers per Shift 1

Dispatchers Trained In EMD? ☒ All ☐ Some ☐ None

Name of EMD System In Use at Center Medical Priority

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	Topsfield Fire Department	Beverly Hospital	Dr. Steven Krendel	(978) 922 - 3000 Ext. 2296
2	Northeast Regional Ambulance Service, Inc.	Beverly Hospital	Dr. Steven Krendel	(978) 922 - 3000 Ext. 2296
3	Middleton Fire Department	Beverly Hospital	Dr. Steven Krendel	(978) 922 - 3000 Ext. 2296
				( ) - 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):

Town of Topsfield Department
EMS Service Zone Plan
Part H Operational Plan for EMS Response

The Town of Topsfield 911 PSAP is located in the police station at 210 Boston Street in Topsfield. This PSAP receives the call when 911 is dialed in Topsfield. All schools and medical facilities dial 911 for emergencies. This communications center is staffed by a civilian dispatcher. The dispatcher processes the call and then dispatches the police, fire and Northeast Regional Ambulance. Units are dispatched based on chief complaint, nature of call and resources needed. All responding units are capable of inter-agency communications. Multiple local area towns including Topsfield have applied for and received a grant from the State to create a Regional Emergency Communications Center with EMD capabilities. Planning and development for this center are currently underway.

All members of the Topsfield Police Department are trained to the first responder level and carry basic first aid supplies, oxygen, and AED's. The response time standard for the Topsfield Police is to arrive within four minutes, 90% of the time. The Topsfield Fire Department is licensed at the paramedic level and provides ALS or BLS evaluation and treatment for patients as required. The response time standard for the Topsfield Fire Department is to arrive within five minutes and 59 seconds, 90% of the time. The response time standard for the contracted vendor, Northeast Regional Ambulance, is to arrive within thirteen minutes and 59 seconds, 90% of the time. Once on scene, all agencies work cooperatively to provide patient care. The local receiving facilities within our geographic area include: Beverly Hospital, North Shore Medical Center, both Salem and Lynn facilities, and Lahey North. Transport destination is determined in accordance with the EMS System regulations and Department of Public Health approved point of entry plans.

BLS transportation typically occurs with Northeast Regional Ambulance BLS personnel. ALS transportation occurs with a Northeast Regional Ambulance full ALS crew, with Topsfield Fire Department ALS on board a Northeast Regional Ambulance BLS vehicle, or with a mixture of Topsfield Fire Department ALS personnel and Northeast Regional Ambulance personnel. These staffing matrixes are based on patient presentation, available staffing, and most appropriate utilization of resources. In the event of a Multiple Casualty Incident, all agencies would operate under the Town of Topsfield's Multiple Casualty Incident (MCI) plan (see attachment). The MCI plan mirrors the Region III MCI plan.

In the event that the Northeast Regional Ambulance is not able to respond as contracted and in accordance with the Service Zone Plan guidelines, the Incident Commander may dispatch Rescue 2 while Northeast Regional Ambulance arranges for back-up.

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):

Town of Topsfield
EMS Service Zone Plan
Part J-Procedures for Delivery of Trip Records and Unprotected Exposure Forms

Anytime a patient is evaluated, treated and or transported to the hospital by a member of the Topsfield Fire Department, an electronic patient care report will be completed. Patient Care Reports are sent to the receiving facility electronically immediately upon completion of a call.

The Designated Primary Ambulance Service personnel will note on their patient care report, the names of other personnel at the scene of an emergency to help facilitate identification and notification of all individuals in regards to potential infectious disease. In accordance with MGL c 111 § 111C, any person that believes he or she has sustained an "unprotected exposure" while acting in his professional capacity must notify the designated infection control officer for the Topsfield Fire Department and complete a "Massachusetts Department of Public Health Unprotected Exposure Form" and deliver it to the receiving facility as soon as possible. This should be done by the individual involved in the potential exposure so that any healthcare and or counseling can be performed immediately.

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.

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