

EMS SERVICE ZONE PLAN APPLICATION

BOSTON, MASSACHUSETTS



REGIONAL OFFICIAL USE ONLY

Plan Date Received	Plan Reviewed	Plan Returned with Recommendations	Recommended To OEMS
7/5/06	7/7/06-10/2/06, 7/26/2016	10/2/06	3/2/07, 8/4/2016, 8/25/2016; 11/6/2025

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Plan Date Received	Reviewed By	Plan Approved	Plan Returned with Recommendations	Plan Updated
3/6/07; 11/6/25	AR/ OEMS	9/6/07; 8/26/16; 8/19/26	5/24/07; 7/26/07; 8/20/07; 1/14/26	7/11/07; 8/24/07; 8/29/07; 1/27/10; 3/15/10; 02/17/11; 8/26/16; 11/6/25; 7/21/26

PART A

	MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES SERVICE ZONE PLAN APPLICATION TEMPLATE
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Boston Emergency Medical Services

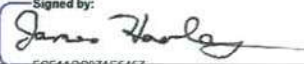
Name of Local Jurisdiction(s) _____

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

Signed by: 
FOF148087A25A57
 James Hooley

Chief of Department

Location of Authorized Signatory

785 Albany Street

Street Address: Number, Name, Type, Unit #

Boston

MA

02118

City/Town

State

Zip

(**617**) **343** — **2367**

(**617**) **343** **1199**

Phone: Area Code, Number, Extension

Fax: Area Code, Number, Extension

ServiceZone @ bostonems.org

Primary Email Address

Local Jurisdiction(s)' Contact for Service Zone Plan

James		Hooley	Chief of Department
Name: First	MI	Last	Title

785 Albany Street

Street Address: Number, Name, Type, Unit #

Boston

MA

02118

City/Town

State

Zip

(**617**) **343** — **2367**

(**617**) **343** — **1199**

Phone: Area Code, Number, Extension

Fax: Area Code, Number, Extension

HOOLEY @ bostonems.org

Primary Email Address

Name of Person Completing Application

James		Hooley	Chief of Department
Name: First	MI	Last	Title

(**617**) **343** — **2367**

(**617**) **343** — **1199**

Phone: Area Code, Number, Extension

Fax: Area Code, Number, Extension

HOOLEY @ bostonems.org

Primary Email Address

PART A

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

James Hooley
 Name: First MI Last Chief of Department
 (617) 343 — 2367 (617) 343 — 1199
 Phone: Area Code, Number, Extension Fax: Area Code, Number, Extension
 ServiceZone @ bostonems.org
 Primary Email Address

Authorized Regional Council

Signature _____

Date _____

Derrick Congdon
 Print Name: First M Last Executive Director
 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 _____

City of Boston
 Local Jurisdiction

Michelle Wu
 Print Name: First MI Last Mayor
 Title

Table of Contents

Summary Of Changes.....	5
City of Boston Overview.....	7
Service Zone Area Map.....	8
Boston EMS: Department Overview.....	9
<i>Boston EMS Mission</i>	<i>9</i>
<i>Vision</i>	<i>9</i>
<i>Values.....</i>	<i>10</i>
<i>BPHC Mission</i>	<i>10</i>
Definitions.....	10
Duties and Responsibilities.....	13
Boston EMS EMT	13
Boston EMS Paramedic.....	14
Boston EMS EMT-Telecommunicator.....	15
Boston EMS Lieutenant.....	16
Boston EMS Captain	17
Boston EMS Deputy Superintendent	18
Boston EMS Superintendent.....	19
PART B: Service Zone Planning Process	20
Planning Process	20
Privates, City of Boston, Boston Public Health Commission, COBTH.....	20
Plan Review and Maintenance.....	20
Partner Agencies	21
B (2) a: Elected state/local officials	22
B (2) b: Emergency Management.....	22
B (2) c: Law Enforcement	22
B (2) d: Designated Primary Ambulance Service.....	23
B (2) e: Other Ambulance Services Providing Primary Ambulance Service / B (2) f: Other Ambulance Services Operating in the Service Zone.....	23
B (2) g: Designated EMS First Responder (EFR) Service(s), if any	24
B (2) h: Other First Responder Agencies.....	24
B (2) i: Hospital(s)	24
B (2) j: Other health care facilities, including nursing homes	24
PART C: Service Zone Provider Selection Process and Local EMS Performance Standards	24

PART C – Section 1	24
EMS Primary Provider Designation	25
Local EMS Performance Standards.....	26
Response Time: Overview and Definitions.....	26
Response Time: Goals.....	29
PART C – Section 2	31
C (2) a: Staffing Requirement (170.305)	31
C (2) b: Deployment of Resources	31
C (2) c: Adequate Backup (170.385).....	32
C (2) d: Medical Direction [170.300, 170.330(C)].....	32
C (2) e: Health Care Facility Destinations	33
C (2) f: Other EMS Performance Standards Established by the Service Zone.....	33
<i>Incident Management.....</i>	<i>33</i>
<i>Interagency Cooperation</i>	<i>33</i>
<i>Notification of Boston EMS for Unusual Occurrence.....</i>	<i>33</i>
<i>Mass Casualty Incidents</i>	<i>34</i>
<i>Advertising</i>	<i>34</i>
<i>Mobile Integrated Health.....</i>	<i>34</i>
<i>Waivers for Special Projects.....</i>	<i>35</i>
PART D: EMS and Public Safety Providers	35
D (1): Designated Primary Ambulance Service (can only be 1 per service zone)	35
D (2): Other Ambulance Services Providing Primary Ambulance Service (e.g., primary ALS, ambulance services with provider contracts)	36
D (3): Ambulance Services Providing Backup to Primary Ambulance Service.....	38
D (4): Other Ambulance Services Operating in the Service Zone.....	38
D (5): Designated EFR Service(s), if any.....	39
D (6): Other First Responder Agencies.....	39
Others Trained to Provide Emergency Response	40
Ambulance Services with Garage Locations in Boston	40
Automatic/Semi-Automatic Defibrillator Inventory	40
PART E: Health Care Facility Resources/Facilities with Health Care Capabilities	40
E (1): All hospitals in service zone.....	41
E (2): All receiving hospitals	42
E (3): Affiliate hospitals for primary ambulance service	42
E (4): Designated specialty care hospitals (i.e., Designated trauma and stroke centers).....	43

E (5)/E (6): Nursing Homes/Assisted Living Centers & Rest Homes	43
E (7): Entertainment Venues	43
E (8): Special Events	45
E (9): Other.....	48
E (10): Health Centers	51
PART F: Inventory of Communications Systems	53
Section I: Primary PSAP Center (the main emergency call receiving center)	53
Primary PSAP Identification	53
Primary PSAP Overview.....	53
Emergency Medical Dispatch	54
Computer Aided Dispatch (CAD)	54
Section II: Secondary PSAP Center, if any (alternate answering point for emergency calls)	54
Metro-Boston CMED.....	55
Metro-Boston Homeland Security Region Interoperability.....	56
Boston Ambulance Mutual Aid (BAMA) Radio	56
Hospital Radio Network	56
PART G: Medical Direction Plan.....	57
Medical Control Inventory	57
Standard of Care.....	57
PART H: Operational Plan for EMS Response	58
Boston EMS Organization and Administration.....	58
Boston EMS System Overview.....	58
Chain of Command.....	59
Unity of Command.....	60
Command of Joint Operations.....	60
Succession of Command	60
Concept of Integrated Emergency Management for Emergency Medical Services (EMS)	61
Direction and Control.....	62
Administration and Logistics.....	62
Primary Ambulance Response.....	63
Provider Contracts to Respond to Emergencies	63
Long Term Care Facilities Requesting EMS.....	63
Incident Dispatch/Notification of First Responder(s).....	63
EMS Response in Recreational Areas (Pools and Beaches)	64
EMS Response to Schools.....	64

EMS Incidents at Logan International Airport 65

Marine Rescue..... 65

Mass Casualty Incidents..... 66

PART J: Procedures for Delivery of Trip Records and Unprotected Exposure Forms..... 66

Patient Care Reports 67

Unprotected Exposure Reports/Infection Control..... 67

Unprotected Exposure Reporting Procedure 68

APPENDIX A: FIRST RESPONDER/RESOURCE AGENCIES 69

Boston Fire Department 69

MassPort Fire Rescue 70

Boston Police Department..... 70

Boston Centers for Youth and Families..... 70

Department of Conservation and Recreation..... 72

Boston MedFlight..... 73

United States Coast Guard – Base Boston 73

Regional MCI Trailers 73

APPENDIX B: MUTUAL AID AGREEMENTS & SERVICE ZONE AGREEMENTS..... 74

Summary Of Changes

Date	Section	Summary of Change
06-30-06		Draft version submitted to MBEMSC
12-26-06		Updated version submitted to MBEMSC
02-26-07	Appendix D	Added Service Zone Agreement Template
05-16-07	B(2)(A)	City Council Member list updated
06-27-07	D	Primary Provider Contracts updated
08-26-07	B, F	BPD, MOHS Contact Information updated
09-06-07		Application approved by OEMS
03-28-08	B(2) A, B	City Council/MOHS Member list updated
11-27-09	A	Deployment map updated to reflect additional Boston EMS units
11-27-09	B-2	Agency contact information updated
11-27-09	C-1	Response time goals significantly improved. Median response time goals decreased; Fractile reliability increased
11-27-09	C-2	AED and Special Event Regulations added to the Special Event section
11-27-09	D	Primary EMS response contract updated
11-27-09		Backup ambulance lists updated
11-27-09		Ambulance garaged in Boston updated
11-27-09		AED Alert Program described in AED section
11-27-09	E-1	Special Event Regulation added
01-05-10	B(2) A	City Council Members updated
01-25-10	B(2) D	Contact information updated to reflect appointment of Chief Hooley
02-17-11		Introduction: EMS Headquarters address change; updated mission, vision, and values; B(2) City council members updated; staffing requirements; D: addition of Brewster, name change American; E(4) BMCEN Closed; F: BPD contact information updated; delete MEANS, EMS organization structure; J: Unprotected exposure policy updated.
03-25-11	B(2) A	List of City Councilors updated, various non-substantive format changes throughout the document.
03-25-11	Appendix B	Mutual Aid Agreement template updated
01-21-14	B(2)A	Updated names and contact information of elected and appointed officials throughout the document, various non-substantive format changes and streamlining the document.
07-12-16	B(2)E	Updated contact information; clarified response time goals to reflect new priority range in Intergraph CAD system.
07-12-16	D	Updated ambulance service primary provider contract list
07-12-16	E(5) and (6)	Updated nursing home and assisted living facilities lists
07-12-16	B(2)A	Updated names and contact information of elected and appointed officials throughout the document.
11-15-24	A	Updated mission, vision, values; added BPHC mission statement; updated definitions (addition of MIH programs, removed job

		descriptions); updated Duties and Responsibilities (EMT, Paramedic, Lieutenant, and Captain); service zone map updated to reflect new station in West Roxbury; various non-substantive format changes throughout the document
11-15-24	B(2)A	Updated names and contact information of elected and appointed officials throughout the document.
11-15-24	C-1	Updated response times section; updated section C(I)(a): added 1P to CAD Priorities and updated the median response for P1-P3. Median Response for 1P is <6:00 (Originally this was categorized as P1 with median response of <5:00), P1 (originally categorized as P2 with median response of <6:00) updated to <6:30, P2 (originally categorized as P3-4 with median response of <7:00) updated to <8:00, P3 (originally categorized as P5 with median response of <8:00) updated to <9:00. Deleted P5 and P6. Updated the CAD priority in C(I)(c) from P1, P2, P3-4, and P5 to 1P P1, P2, and P3. Removed all references to fractile response.
11-15-24	C(2)	Added MIH program
11-15-24	C(2)(d)	Replaced “medical control” with “medical direction”
11-15-24	D	Updated the backup ambulance list and the ambulances garaged in Boston list
11-15-24	E	Updated all hospitals, receiving hospitals, specialty care hospitals, nursing homes, rest homes, assisted living facilities, and health care centers lists, removed Carney Hospital from the list of hospitals
11-15-24	F	Updated section; removed references to “Boston Health Center” from the Hospital Radio Network;
11-15-24	J	Updated Unprotected Exposure/Infection Control policy
11-15-24		Updated Service Zone Agreements
04-01-25		Updated Mutual Aid Agreements
05-01-25		Replaced “St. Elizabeth’s Medical Center” with “Boston Medical Center – Brighton” throughout the document.
08-13-25		Service Zone Plan submitted to MBEMSC for review
02-20-26		MBEMSC/DPH returned to BEMS requesting that additional information be included
03-11-26	B(2) a	Updated names and contact information of elected officials.
05-15-26	G	Removed blank template for the ALS Affiliation Agreement.
05-15-26	B(2)(h)	Added contact information for BCYF and DCR and updated information for Boston Fire Commissioner
05-15-26	D(2), (3), (6) & Appendix C	Removed references to McCall Ambulance throughout the document and removed the executed mutual aid and service zone agreements with McCall Ambulance.
05-15-26	D(4)	Added Boston Children’s Hospital Ambulance, EasCare, and MIT to the list of ambulances operating in the service zone
05-15-26	D(6)	Added links for BCYF and DCR
05-15-26	Appendix A	Added tables for BCYF and DCR facilities

05-15-26	E(7)	Added information for entertainment venues and their care capabilities
05-15-26	E(9)	Added information for schools and universities and their care capabilities
05-15-26	H	Added information related to EMS responses to pools, beaches, and schools
05-15-26	Appendix B	Removed the Mutual Aid Agreement Template; replaced with executed copies of the Mutual Aid Agreements and Service Zone Agreements
05-15-26	Appendix C	Removed the Service Zone Agreement Template; included the executed Service Zone Agreements as part of Appendix B

City of Boston Overview

The City of Boston, the capital city of Massachusetts, is the Commonwealth's largest city, with a resident population of over 675,000 and a daytime population of over one million. The largest city in New England, Boston is the center of a metropolitan area of more than 4.9 million people. Boston encompasses 48.2 square miles and is governed by a mayor/city council form of government.

Often described as a "city of neighborhoods" Boston is comprised of several diverse communities:

1. Allston/Brighton	12. Longwood
2. Back Bay	13. Mattapan
3. Beacon Hill	14. Mission Hill
4. Charlestown	15. North End
5. Chinatown	16. Roslindale
6. Dorchester	17. Roxbury
7. Downtown	18. South Boston
8. East Boston	19. South End
9. Fenway	20. South Boston Waterfront
10. Hyde Park	21. West End
11. Jamaica Plain	22. West Roxbury

The City of Boston is home to more than twenty (20) short and long-term care hospitals and dozens of public and private colleges and universities. Major transportation networks and hubs, including Logan International Airport, North Station, and South Station, are located in the City. The Port of Boston is one of the principal ports on the east coast of the United States. Liquefied Natural Gas (LNG) deliveries travel through the Port of Boston to Chelsea Creek on a regular basis. Given Boston's historic significance, its position as a world-renowned research and academic center, its designation as the capital city of Massachusetts and the largest city in New England, the federal government has designated Boston as an Urban Area Security Initiative (UASI) Region. The Metropolitan Boston Homeland Security Region (MBHSR) includes the cities of Boston, Cambridge, Chelsea, Everett, Quincy, Revere, and Somerville, as well as the towns of Brookline and Winthrop.

Service Zone Area Map



Boston EMS: Department Overview

As the City's municipal emergency medical service, Boston EMS is a bureau of the Boston Public Health Commission (BPHC). The Department is organized as a two-tiered pre-hospital system, offering both Basic Life Support (BLS) and Advanced Life Support (ALS) skills. The Department has no jurisdictional boundaries within the City and responds to both city and state property, including the Massachusetts Port Authority (MassPort), the Massachusetts Bay Transportation Authority (MBTA), and state roadways. Boston EMS has mutual aid agreements with the seven (7) surrounding communities that comprise the Metropolitan Boston Homeland Security Region (MBHSR) and responds jointly with the Boston Police and Boston Fire Departments as requested when they leave the City on mutual aid responses.

Boston EMS is one of the country's oldest providers of pre-hospital care, with a history that dates back over 125 years when the Department was known as the City Hospital Ambulance Service. In 1996, the Boston City Hospital privatized and merged with Boston University Hospital and a new organization, the Boston Public Health Commission (BPHC), was established to carry on the public health activities of the City. Since that time, Boston EMS has been a bureau of BPHC.

Boston EMS bridges public health and public safety, and guide's the City's pre-hospital medical preparedness efforts. Working closely with public safety partners, as well as healthcare and private sector agencies, extensive planning takes place for mass casualty incidents and medical surge. In addition to preparing the City for large-scale emergencies, Boston EMS also delivers enriching community programming designed to equitably strengthen the health and well-being of the City's residents. Through our Community Initiatives Division, Boston EMS operates programs designed to educate residents about our service, measures to protect their health and injury prevention.

To ensure optimal service delivery, Boston EMS utilizes data to guide decision-making and routinely analyzes key operational and clinical performance measures. With a commitment to quality, Boston EMS strives to optimize service delivery, while prioritizing the safety and wellness of our personnel and patients. As a bureau of BPHC, a city service, and both a public safety and health care provider, Boston EMS remains committed to serving the needs of our diverse community, operating through a lens of equity, inclusion and belonging in all efforts.

As part of BPHC, Boston EMS has been able to maintain its public focus and mission. Boston EMS' motto is "Where public health meets public safety."

Boston EMS Mission

Boston EMS, the provider of emergency medical services for the City of Boston, is committed to compassionately delivering excellent pre-hospital care and protecting the safety and health of the public.

Vision

Boston EMS' vision is to expand upon our role as a critical public safety agency that delivers exceptional pre-hospital emergency medicine in an urban environment. The Department will remain at the forefront of EMS advancements, driving progress in clinical care, operations, research, and training. as a leader in all-hazard emergency preparedness, we will enhance our

workforce and community's ability to be resilient when confronted by man-made and natural disasters. Boston EMS will continue to be viewed as a challenging, diverse, and rewarding place to work as well as a model for other agencies.

Values

- Patient Advocacy: The health and well-being of the patient is always our first priority. We are professionals who treat every patient with respect and compassion.
- Clinical Excellence: The members of Boston EMS are highly skilled and specially trained to provide state of the art pre-hospital emergency medical services. We provide every patient with excellent clinical care.
- Leadership and Innovation: As a leader in the field of pre-hospital emergency medicine, we pride ourselves on innovating and leveraging the latest advances in both medicine and technology, bringing cutting edge care to the streets of Boston.
- People: Our people are our greatest asset. The knowledge, experience, and compassionate nature of our employees make our service exceptional. Our workforce includes skilled professionals from different backgrounds and cultures, reflecting the diversity of the communities we proudly serve.
- Collaboration: We strive to work effectively with our public safety and public health partners to solve problems, make decisions, and achieve common goals.
- Pride & Unity: We are proud of the work we do and the strength of our service. We are committed to one another and the patients we serve.
- Preparedness: We are a leader in the field of emergency preparedness and take an active role in the planning, training, response, and recovery efforts to mitigate the medical consequences of disasters. We maintain the highest level of organizational and individual preparedness.

BPHC Mission

The mission of the Boston Public Health Commission (BPHC) is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable. The BPHC envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression.

Definitions

The following terms and abbreviations are commonly used in Boston EMS and throughout this service zone application:

“Acting” Position:	An employee who is filling a temporary vacancy in a promotional position until such vacancy is filled on a permanent basis.
Administration:	The management and command level of Boston EMS including administrative personnel assigned to Boston EMS Headquarters.

ALS:	Advanced Life Support, a paramedic unit or the advanced procedures and skills performed by an EMT-Paramedic.
Alternative Destination:	A non-emergency department location, pre-approved by OEMS, to which patients can be transported.
ARM:	Alternative Response Model, a unit providing a variation of the traditional ambulance response.
Associate Medical Director:	A board-certified emergency physician, with a specialty in EMS, having ongoing functions in training, Quality Assurance, field response, protocol development, and other duties as designated by the Department. May function as Medical Director or Department liaison on special projects.
BLS:	Basic Life Support, a unit or the procedures and skills performed by an EMT-Basic.
CAT:	Community Assistance Team, call sign ‘Squad 80’, a SUV staffed by two EMTs who respond to designated incident type codes with low transport rates, providing on scene support and referrals to human and social services.
CBHC:	Community Behavioral Health Center, a location, usually associated with an urgent care or hospital, that is part of a statewide network of centers offering immediate behavioral health and substance use services and treatment.
CMED:	Central Medical Emergency Direction, providing a communication channel between EMS field providers and hospitals for entry notifications and medical control. Boston EMS is the contracted provider of CMED services for Massachusetts EMS Region IV.
CMR:	Code of Massachusetts Regulations.
COBTH:	The Conference of Boston Teaching Hospitals, a consortium of area receiving hospitals participating in providing medical care and disaster management to the Boston area.
Command Staff:	The command level of Boston EMS with responsibility for coordinating and directing all activities of the Department.
Dispatch Time:	The time from call receipt to first unit dispatched.

District:	A geographical area of the City comprised of census tracts, for the purpose of establishing ALS and BLS response and service areas.
Division:	An area of Boston EMS (e.g.: Field Operations).
Division Supervisor:	A supervisory-level member leading a division of the Department, or a Lieutenant assigned to Field Operations overseeing a designated section of the city.
DPH:	Massachusetts Department of Public Health.
EMT:	Emergency Medical Technician.
ePCR:	Electronic patient care report, also referred to as a trip sheet.
ETA:	Estimated Time of Arrival.
Executive Director:	The Executive Director of the Boston Public Health Commission.
First Responder:	Public safety personnel trained in CPR and basic first aid, as set forth by 105 CMR 171.000, the Massachusetts First Responder Training Regulations.
MCI:	Mass Casualty Incident.
Medical Director:	The designated EMS physician with overall responsibility for clinical protocols, clinical standards and practices, clinical training, research projects, Medical Control, physician support to Boston EMS and physician overview of medical continuous quality improvement activities.
MIH:	Mobile Integrated Health Care, a state OEMS approved alternative care model, including ARM and TeleBEST.
MIH EDA:	Mobile Integrated Health Care with Emergency Department Avoidance, the diversion of 9-1-1 EMS patients from hospital emergency departments, requiring OEMS approval.
Response Time:	The time from call entry to the first arriving EMS unit on scene.

Service Zone Plan:	In accordance with MGL c. 111C, a comprehensive plan that defines the local EMS resources and describes how those resources will be used and coordinated.
Shift Commander:	A Department certified EMT-Paramedic serving as a member of Command Staff with authority and responsibility for a particular operational shift; a Shift Commander holds the rank of Deputy Superintendent.
Stations:	Designated facility serving as base locations or quarters for Department personnel and equipment.
TeleBEST:	A service offered in partnership with the Boston Emergency Services Team (BEST) that entails transfer of 9-1-1 callers experiencing low-acuity behavioral health crises to a BEST clinician at the 24/7 BEST Call Center.
Trip:	When an ambulance is dispatched to a specific incident or emergency, involving the transport of personnel, equipment, and potentially patients to or from a location for emergency medical care.
Two-Tiered Response:	A response requiring the dispatch of both a BLS and an ALS unit.
Uniformed Member:	Personnel holding the following ranks are considered uniformed members of the service: Chief of Department, Superintendent-in-Chief, Superintendent, Deputy Superintendent, Captain, Lieutenant, EMT-Paramedic, EMT-Basic, and EMT-Recruit.
Unit:	A response vehicle, such as an ambulance or sport utility vehicle, or a specialized group such as the Bike Team Unit.

Duties and Responsibilities

The following is a summary of the duties and responsibilities of some of the job descriptions within the Department.

Boston EMS EMT

The Emergency Medical Technician (EMT) is responsible for providing emergency treatment of ill or injured persons, and the safe and efficient transport of patients to the appropriate receiving facility. The EMT's duties and responsibilities include the following:

- Provide emergency medical care based on established basic life support treatment protocols to persons of all ages; operate emergency response vehicles in compliance with state law; maintain all certifications and licenses in compliance with state regulation 105 CMR 170.
- Respond to requests for emergency medical assistance from the public via 9-1-1 and Computer Aided Dispatch (CAD) System.
- Assess, treat and transport patients with illness, injuries or a behavioral emergency.
- Adapt to and maintain proficiency of new technology, documentation and reporting requirements, per Department policy.
- Maintain equipment and supplies;
- Participate and comply with trainings determined by the Department in the format offered.
- Work in hazardous situations, including but not limited to austere environments, structural collapses, fire scenes, hazardous material incidents, police operations including active shooter, ordinance and entry team coverage, and scenes of violence, in all environmental conditions.
- Prepare, train and be responsive to current and emerging threats, donning necessary personal protective equipment, logistics, prophylaxis medication deployment and administration, patient tracking, and assuming incident command roles.
- Respond to and mitigate infectious diseases of public health concern, including but not limited to modification of response protocols and training, vaccination administration, diagnostic testing, and community clinic coordination.
- Assigned duties as outlined in Department policies, associated with Mobile Integrated Healthcare and Mobile Integrated Healthcare Emergency Department Avoidance programs, including 9-1-1 call assessment and transfer, treatment-in-place, alternative response, and alternative destination transport.
- Provide dedicated medical consequence management and assessments for planned and unplanned events.
- Comply with Department policies, procedures, and protocols.
- Perform other related duties as required.
- May be reassigned to the EMS Dispatch Operations Center; if serving as an EMT-Telecommunicator, maintain all additional required certifications.
- May opt into community engagement, outreach, training and preparedness assignments. Promote health equity, inclusion and diversity within the Department and community.
- Work to help BPHC advance as an antiracist organization by meeting or exceeding the standards set by the BPHC Anti-Racism Policy.

Boston EMS Paramedic

The Paramedic is responsible for providing Advanced Life Support skills in accordance with the Commonwealth of Massachusetts Statewide Treatment Protocols and applicable special project waiver(s) and for performing Basic Life Support skills are required. The Paramedic's duties and responsibilities include the following:

- Maintain all duties inclusive of the rank of EMT.
- Comply with all OEMS regulations, the Department and BPHC policies, practices, and procedures.

- Provide advanced medical care to sick and injured patients, conduct medical and trauma assessments on adult and pediatric patients, confer with online/offline medical direction as appropriate, establish vascular access, administer medication.
- Subject to the approval of the EMS Medical Director, perform advanced procedures, such as inserting advanced airways, interpreting and treating cardiac arrhythmias, performing manual defibrillation, transcutaneous pacing, needle decompression, document relative information assessments, clinical findings, impressions, treatments and response to treatment as appropriate.
- Respond to a wide range of emergency situations as required. Control scene of medical emergency; conduct triage, treatment and transportation at mass casualty incidents; prepare patients for transport; consult with CMED operator as to appropriate available medical facility to ensure immediate treatment of patient upon arrival, e.g., trauma center. Monitor patients in ambulance to maintain patients' stability, administer additional treatment when necessary, operate ambulances and other emergency vehicles as needed to and from scene of emergency.
- Adapt to and maintain proficiency of new technology, documentation and reporting requirements, per department policy.
- Provide on scene clinical supervision, direction, and guidance.
- In accordance with Department protocols train on and employ clinical advancements and pharmacological enhancements.
- Promote health equity, inclusion and diversity within the Department and community.
- Incorporate and operationalize mobile integrated healthcare (MIH) and MIH emergency Department avoidance advancements in the provision of care and care coordination, including but not limited to treatment in place, clinical consultations, and alternative destination transport.
- Work to help BPHC advance as an antiracist organization by meeting or exceeding the standards set by the BPHC Anti-Racism Policy.
- Perform other duties as required.

Boston EMS EMT-Telecommunicator

Boston EMS EMTs may be assigned to Dispatch Operations to serve as EMT-Telecommunicators. The EMT-Telecommunicator, under the direction of the Dispatch Operations Supervisor, shall control and coordinate communications on designated EMS channels. The Telecommunicator's duties and responsibilities include the following:

- Secure and maintain certification as an Emergency Medical Communications Operator (EMCO).
- Carry out the orders of the Dispatch Operations Supervisor and the Command Staff.
- Receive, screen, and evaluate requests for service and determine the response requirements per protocol; dispatch, direct, and monitor the movements of all EMS response units; reassign units to temporary satellite locations.
- Mobile Integrated Healthcare and Mobile Integrated Healthcare Emergency Department Avoidance program 9-1-1 call assessment and transfer.
- Operate radio, telephone, and computer systems, and perform related duties as required; record and relay radio or telephone traffic according to established policy.

- Notify public safety agencies such as police, fire, Marine and Air Rescue services when the response of such agencies is required; coordinate the response and radio advisories as required.
- Assign radio channels to be used for medical direction, medical control, consultation, and notification; relay medical traffic and point of entry data as required.
- Direct ambulances, aircraft, and marine units entering the region with critical patients to proper routes, airports, docks, and hospitals.
- Notify the Dispatch Operations Supervisor or other supervisory personnel when administrative or technical problems arise.
- Develop and maintain a thorough knowledge of standard operating procedures including dispatch procedures, call-screening protocols, response areas, and City geography; work as C-MED operator as required.
- Perform related duties as required.

Boston EMS Lieutenant

A Lieutenant may be assigned to Field Operations, Dispatch Operations, Research Training and Quality Improvement (RTQI), or other assignment as necessary. A Lieutenant is responsible for the clinical and administrative supervision of EMTs, and the administrative supervision of Paramedics in the performance of their duties. In addition to responding to emergencies and providing care, a Lieutenant's duties and responsibilities include the following:

- Perform all duties as outlined in the Emergency Medical Technician job description.
- Supervise EMS personnel in the performance of operations and BLS clinical procedures in conformance with established Department policies.
- Coordinate EMS operations at the scene of major incidents within the Incident Command System as required. May serve in any ICS role as required.
- Liaise with other agencies to support Department operations and initiatives.
- Supervise the overall operations of the Boston EMS Dispatch Operations Center. Maintain security of the EMS Dispatch Operations Center during an emergency situation.
- Ensure compliance with Department policies and procedures and conduct performance and counseling sessions as necessary. Ensure accuracy of all shift summary reports and prepare reports for the Commander of Dispatch Operations as needed.
- Maintain situational awareness, being responsive to resource needs and ensuring personnel safety during all operations.
- Enhanced knowledge of Boston EMS policies and procedures, and their application in operations.
- Familiarity and working knowledge of all equipment and vehicles used by the Department. Manage vehicle and equipment reporting, including checklists and failures.
- Complete all required documentation, ensuring compliance and accuracy in submitted reports and records.
- May train personnel on proper operation of field and/or Dispatch Operations equipment and vehicles, department policies, practices, and procedures.
- Maintain necessary certifications for both field and Dispatch Operations supervisory assignments.
- Perform compliance, inspections, and quality assurance review, in accordance with primary assignment.

- Adjust work assignments and fill vacancies on upcoming shifts: assist with Dispatch Operations during overload periods. May assist with staffing of field units as needed.
- Handle service complaints from citizens and field personnel: handle media inquiries as directed.
- Support internal information sharing, recommending changes in policies, procedures, and operations.
- Assist in the development and implementation of training programs, and quality assurance programs instituted by the Department.
- Participate in Department community and public relations activities, represent the Department at meetings.
- Operationalize and support Boston EMS' Mobile Integrated Healthcare (MIH) and MIH Emergency Department Avoidance advancements in patient care and care coordination, including but not limited to having enhanced awareness of all new protocols and policies, providing guidance and mentoring to personnel, supporting quality assurance, offering feedback, and informing program improvement efforts.
- Promote health equity, inclusion and diversity within the department and community.
- Work to help BPHC advance as an antiracist organization by meeting or exceeding the standards set by the BPHC Anti-Racism Policy.
- Perform other duties as required.

Boston EMS Captain

The Captain is responsible for the supervision of EMTs, Paramedics, and Lieutenants. A Captain may be assigned to Special Operations, Dispatch Operations, Professional Standards, or another area of the Department as required. In addition to responding to emergencies and providing care, the Captain's duties and responsibilities include the following:

- Perform all duties as outlined in the Emergency Medical Technician and Lieutenant job descriptions.
- Supervise an operational area or unit within the department, which may include one or more direct reports. Serve as a subject matter expert within assigned area.
- Dissemination and implementation of directives from command staff to personnel.
- Provide direct supervision and support to Lieutenants. Develop, implement, manage and ensure proper integration of activities with EMS' overall operations and mission. Review and discuss operational needs in assigned area and/or shift.
- Within assigned area duties may include project management, record keeping, procurement, report writing, technical services and systems, planning, investigative processes involving patient complaints or personnel matters, and system administration.
- Review records and reports of activities performed by personnel; prepare reports and presentations summarizing activities within assigned area and/or shift.
- Review practices and procedures to assess their effectiveness and recommend improvements.
- Develop and maintain relationships with the general public, community groups and related agencies to enhance the performance of Boston EMS.
- Review time off and schedule related requests; adjust work assignment as necessary.
- Devise and implement emergency/disaster recovery plans for equipment and systems; manage contract billing, purchase order, and vendor relations.

- Develop and execute remediation strategies for clinical review.
- Lead the development and delivery of training and professional development opportunities in accordance with OEMS and department protocols and priorities.
- If assigned to the training division, must secure (at the earliest convenience of the Department) and maintain Instructor Coordinator and BLS CPR Instructor certifications. Training assignment duties may include EMT course management and delivery; in-service/BLS refresher training curriculum development and delivery; and recruit academy oversight and instruction.
- Schedule, coordinate, personnel and support community educational programs and initiatives.
- Operationalize and support Boston EMS' Mobile Integrated Healthcare (MIH) and MIH Emergency Department Avoidance advancements in patient care and care coordination, including but not limited to having enhanced awareness of all new protocols and policies, providing guidance and mentoring to personnel, supporting quality assurance, offering feedback, and informing program improvement efforts.
- Work to help BPHC advance as an antiracist organization by meeting or exceeding the standards set by the BPHC Anti-Racism Policy.
- Promote health equity, inclusion and diversity within the department and community.
- Perform other duties as required.

Boston EMS Deputy Superintendent

A Deputy Superintendent is a member of the Command Staff with authority and responsibility for management of a particular shift, special project, or one or more EMS functions or activities. In addition to responding to emergencies and providing care, a Deputy Superintendent's duties and responsibilities include the following:

- Implement and oversee Departmental policies and procedures to enhance employee performance and ensure the effective delivery of emergency medical services.
- Attend meetings with subordinate personnel and others to review and discuss operational needs, managerial improvements, and enhancements to policies and procedures.
- Implement programs to document personnel performance, prepare and review records and reports of activities performed by subordinate personnel; supervise and observe the work of subordinate personnel to determine training needs or disciplinary action.
- Conduct investigations as needed, recommend and participate in disciplinary matters as required or directed; ensure compliance with operational and/or clinical policies, procedures, and protocols.
- Prepare written materials and presentations.
- Respond to emergency incidents to provide operational or clinical supervision at mass casualty incidents; assume command of EMS operations and resource deployment until relieved by superior.
- Represent the Department before the media, civic organizations, the general public and others as directed and authorized.
- Schedule and when necessary, change work assignments.
- May be required to be part of an on-call manager rotation and be subject to mandatory overtime.

- Work to help BPHC advance as an antiracist organization by meeting or exceeding the standards set by the BPHC Anti-Racism Policy.
- Promote health equity, inclusion and diversity within the BPHC, department and community.
- Knowledge of or willingness to learn about the role of public health in addressing racism, the social determinants of health, and inequities in health outcomes as well as strategies to advance racial justice and health equity.
- Perform other duties as required.

Boston EMS Superintendent

Under the general or specific direction of the Chief of Superintendent in Chief, in addition to responding to emergencies and providing care, a Superintendent may be assigned any of these following duties and responsibilities:

- Provide direction and leadership on matters related to the management and operation of EMS. Develop, implement, and oversee Departmental policies and procedures to enhance employee performance and ensure the effective delivery of emergency medical services.
- Provide leadership and direction on operational needs, managerial improvements, and enhancements to policies and procedures.
- Supervise, train, and evaluate subordinate personnel; prepare and implement programs to document personnel performance; conduct in-depth analysis of EMS practices and procedure to assess their effectiveness and determine measures for improvements.
- Plan, develop, and conduct management training and operational training for EMS personnel.
- Review and evaluate records and reports of EMS activities; conduct investigations as needed and recommend and participate in disciplinary matters.
- Manage or oversee one or more EMS divisions or functions; prepare written reports and presentations for EMS and outside entities; represent EMS at public functions and other forums.
- Ensure compliance with operational and/or clinical policies, procedures and protocols; respond to emergency incidents and fires and work in hazardous environments as required to facilitate patient care; examine, assess, and stabilize patients at emergency scenes; administer treatment, prepare patients for transport, prepare documentation of care received, and transport patients.
- May be assigned to serve as a Shift Commander as directed; may be required to be part of an on-call manager rotation and be subject to mandatory overtime.
- Work to help BPHC advance as an antiracist organization by meeting or exceeding the standards set by the BPHC Anti-Racism Policy.
- Promote health equity, inclusion and diversity within the BPHC, department and community.
- Knowledge of or willingness to learn about the role of public health in addressing racism, the social determinants of health, and inequities in health outcomes as well as strategies to advance racial justice and health equity.
- Perform other duties as required.

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.

2) On the following page, please complete the table indicating all parties that participated in the Service Zone Planning process.

Planning Process

Boston EMS has long sought input and collaboration from our partners in health care, public health, public safety; public, private, and non-profit institutions; as well as community groups from across the City. Boston EMS meets with these partners regularly in an unending effort to maximize the quality of emergency healthcare delivered to all of Boston's residents and visitors.

Boston EMS has been evaluated by a number of independent consulting groups including Ernst and Young (EY), James O. Page, Boston Finance Commission, McGovern Task Force (pre-enabling legislation), and the O'Toole Committee (post-enabling legislation).

Privates, City of Boston, Boston Public Health Commission, COBTH

The Service Zone Plan for the City of Boston is not a new plan developed in response to the requirements of M.G.L. c. 111c, but rather it is a snapshot of Boston's current EMS delivery plan. Boston EMS sent letters to all licensed ambulance services within EMS Region IV inviting their input and developed an online survey for data collection. The service zone planning process was discussed at a number of Regional and Conference of Boston Teaching Hospitals (COBTH) subcommittee meetings, and draft versions of the application were distributed to first responder agencies and EMS providers normally operating within the City. The City of Boston continues to welcome input from stakeholders, and this Service Zone Plan will be updated accordingly to accurately reflect ongoing changes and refinement in the delivery of EMS services. The EMS Service Zone Plan includes an inventory of EMS resources and a guide for optimal coordination and utilization of those resources. This plan includes all of the provisions required of a service zone plan and has been developed, and will continue to be refined, with input from our many partners.

Plan Review and Maintenance

This plan will be reviewed at least annually and updated whenever significant changes occur. Updated plans will be forwarded to the EMS Regional Council so that the Regional Service Zone Plan may be updated accordingly.

Partner Agencies

Boston EMS supervisory, command, and physician personnel are involved in a number of local, regional, state, national, and even international committees and groups focusing on pre-hospital care and disaster coordination. Listed below are but a few of the groups or agencies with which Boston EMS personnel routinely partner with to ensure a collaborative, progressive, and efficient EMS system in the City of Boston:

AMTRAK	Massachusetts Ambulance Association
Boston Athletic Association	Massachusetts Convention Authority
Boston City Council	Massachusetts Department of Transportation
Boston Emergency Services Team	Massachusetts Emergency Management
Boston Fire Department	Massachusetts Hospital Association
Boston MedFlight	Massachusetts League of Community Health Centers
Boston Media outlets	Massachusetts State Police
Boston MRC	MassGIS
Boston Office of Emergency Management	MassPort Fire Rescue
Boston Police Department	Mayor's Office
Boston Public Health Commission	MBEMSC Board of Directors
Boston Public Schools	National Association of EMS Physicians
Boston Regional Intelligence Center	National Disaster Medical Group
Boston Transportation Department	Neighborhood Groups
Center for Disease Control	Office of the Chief Medical Examiner
City of Boston Departments	On-Site Academy
City of Boston Emergency Control Board	Pre-Hospital System Coordination Committee
Conference of Boston Teaching Hospitals	Private businesses throughout the City
Department of Public Health	State 9-1-1 Commission
Drug Enforcement Agency	Suffolk County Sheriff's Office
EMCAB Communications Committee	UASI Communications Interop Committee
EMCAB MCI Committee	United States Coast Guard
EMCAB Medical Services Committee	United States Navy
Faith Based Organizations	United States Postal Service
Federal Bureau of Investigation	United States Public Health
Fidelity Investments	US Department of Homeland Security
HHS Region 1	US Secret Service
Institutions of Higher Learning	USAO Anti-Terrorism Advisory Council
International Association of EMS Chiefs	Veteran's Administration Medical Services

B (2) a: Elected state/local officials

Mayor	
Michelle Wu	
City Council	
Name	District
Liz Breadon	President, District 9
Gabriela Coletta	District 1
Edward M. Flynn	District 2
John Fitzgerald	District 3
Brian J. Worrell	District 4
Enrique J. Pepén	District 5
Benjamin J. Weber	District 6
Miniard Culpepper	District 7
Sharon Durkan	District 8
Ruthzee Louijeune	At-Large
Julia Mejia	At-Large
Erin J. Murphy	At-Large
Henry Santana	At-Large

B (2) b: Emergency Management

Name of Entity	Contact Person	Contact Title	Contact Phone
OEM	Adrian Jordan	Chief of Emergency Management	617-343-2400

The Boston Office of Emergency Management (OEM) coordinates emergency management, emergency preparedness, and homeland security programming for the City of Boston.

OEM operates and maintains an Emergency Operations Center (EOC). This center is equipped with the information systems and communications infrastructure necessary to coordinate the response to incidents by the City's many departments, including public safety, public health, and public works agencies. For any incident in the City, Boston EMS would serve as the pre-hospital medical consequence lead.

OEM is the lead agency for developing and coordinating evacuation plans of all sizes and scope. Boston EMS is designated as the lead agency for the coordination and management of medical needs of evacuees both during the active evacuation and at any of the designated Mass Care Facilities.

B (2) c: Law Enforcement

Boston EMS routinely works with law enforcement partners. We work closely with the Boston Police Department (BPD), Massachusetts State Police (MSP), MBTA Transit Police, police departments from various colleges and universities within the City of Boston, as well as Environmental Police, AMTRAK Police, and federal agencies such as the Federal Bureau of

Investigation (FBI), Drug Enforcement Agency (DEA), and Immigration and Custom Enforcement (ICE).

Boston EMS provides medical support for police officers during law enforcement actions such as high-risk warrant apprehension, barricaded suspect incidents, bomb disposal and chemical lab mitigation. Boston EMS also has members assigned to work with the BPD Harbor Unit. Members of Boston EMS and BPD Command Staffs meet frequently to develop action plans and coordinate coverage for special events. Since 2007, Boston EMS has had a full-time dedicated presence at the BPD's Boston Regional Intelligence Center (BRIC). This partnership allows Boston EMS to maintain an up-to-date awareness of public safety and homeland security issues as well as disseminate any relevant emergency medical information to the EMS, public health, and medical communities.

Boston EMS and BPD conduct joint training exercises. Members of BPD Special Operations Division provide training to Boston EMS members in a wide range of areas including working with the Explosive Ordinance Unit, Crime Scene Response, tactical responses, sexual assault, human trafficking, and gang violence. In addition, DelValle Institute for Emergency Preparedness provides a wide range of hazardous material training for BPD and other metro area law enforcement agencies.

Boston EMS works closely with the MBTA Transit Police as well as the MSP in day-to-day operations and provides medical support for the operations when requested.

Boston EMS members frequently provide EMS coverage for protective packages associated with visits from the President, Vice President, and visiting dignitaries when requested by the U.S. Secret Service. Boston EMS provides support for the FBI, DEA, United States Coast Guard (USCG), and other federal agencies upon request.

B (2) d: Designated Primary Ambulance Service

Name of Service	Contact Person	Contact Title	Contact Phone
Boston EMS	James Hooley	Chief of Department	(617) 343-2367

B (2) e: Other Ambulance Services Providing Primary Ambulance Service / B (2) f: Other Ambulance Services Operating in the Service Zone

A number of ambulance services operate in and around the City given the large number of nursing homes, health care facilities, and hospitals. Boston EMS has a close working relationship with many of these agencies through its involvement in local and regional committees, Massachusetts Ambulance Association, Metropolitan Boston Homeland Security Region (UASI), and backup agreements with several private ambulance providers. The list of ambulance services providing primary ambulance services within the service zone will be updated (Part D) as EMS providers provide notice of their provider contracts in accordance with 105 CMR 170.248 ("Notification of Provider Contracts to Respond to Emergencies").

B (2) g: Designated EMS First Responder (EFR) Service(s), if any

There is no designated EMS First Responder (EFR) service(s) at this time.

B (2) h: Other First Responder Agencies

Name of Entity	Contact Person	Contact Title	Contact Phone
Boston Fire Department	Rodney Marshall	Commissioner	617-343-3610
Boston Police Department	Michael A. Cox	Commissioner	617-343-4500
Boston Centers for Youth & Families (BCYF)	Marta E. Rivera	Commissioner	617-961-6914
Department of Conservation and Recreation (DCR)	Diana Fernandez Bibeau	Commissioner	617-626-4990
Massachusetts State Police	Geoffrey D. Noble	Colonel	508-820-2300
MassPort Fire Rescue	Joseph DeGrace	Chief	617-561-3400
Transit Police Department	Kenneth Green	Chief	617-222-1100

B (2) i: Hospital(s)

As the contracted provider of CMED services for EMS Region IV, Boston EMS works cooperatively with the Metropolitan Boston EMS Council Office and hospitals throughout the region. Boston EMS personnel are involved with surge and Disaster Planning with hospitals, diversion task forces, Mobile Decontamination Unit (MDU) Deployment policy and procedures, and various regional and statewide committees. A complete list of area hospitals and contact information is included in Part E of the application.

B (2) j: Other health care facilities, including nursing homes

Boston EMS routinely respond to other health care facilities, including dialysis centers, private physicians' offices, laboratories, nursing homes, jails, and clinics. Boston EMS personnel are frequently involved in evacuation planning at these facilities, "table-top" exercises, and other EMS related or unusual occurrence planning. A complete list of health care facilities and contact information is included in Part E of the application.

PART C: Service Zone Provider Selection Process and Local EMS Performance Standards**PART C – Section 1**

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.

EMS Primary Provider Designation

Boston EMS is a bureau within the Boston Public Health Commission (BPHC). BPHC is a public authority that serves as the City's Board of Health and is governed by a seven-member board appointed by the Mayor of Boston. BPHC was established pursuant to Chapter 147 of the Acts of 1995 of the General Court of the Commonwealth of Massachusetts, also referred to as the "Enabling Act", and is responsible, among other things, for providing or arranging for the provision of emergency medical services and other public health programs and activities.

"Whereas the Consolidation Agreement provides that the city and the Commission will enter into a contract with the Corporation pursuant to which the Corporation will be the sole provider of EMS services on behalf of the City and the Commission and will use the personnel employed by the Commission in its Boston EMS bureau ("Boston EMS") to provide such EMS services". Changing the EMS services delivery or designated service zone provider shall be in accordance with all applicable regulations, agreements, and service zone plans.

EMS services to be provided will include:

- a) Providing emergency medical response for all geographic areas within the City of Boston, including but not limited to MassPort, Department of Conservation and Recreation, and State and Federal Properties. Such emergency medical response coverage shall include responding to the below scenarios:
 - a. 9-1-1 emergency calls in the City of Boston;
 - b. Boston Police Department and Boston Fire Department standbys;
 - c. Boston Police Bomb Squad standbys;
 - d. Boston Police Harbor Patrol;
 - e. Boston Logan International Airport standbys;
 - f. Decontamination of patients in hazardous materials waste situations;
 - g. Presidential and heads of state standbys (VIP protection details);
 - h. Environmental emergencies, including but not limited to, heat, cold, snow, and hurricanes;
 - i. Major public events including but not limited to, parades, concerts, Fourth of July, First Night, Boston Marathon, Caribbean Festival and Puerto Rican Festival;
 - j. Mass casualty incidents;
 - k. U.S. Public Health Service, National Disaster Medical Systems; and
 - l. Mutual aid to other cities and towns.
- b) Providing emergency medical support and requested training for all federal public safety agencies in the City of Boston, including but not limited to, ATF, FBI, US Secret Service, DEA, INS, Department of Defense, State Department, FAA, NTSB, NHTSA, White House Medical, Federal Protective Services, Department of Interior, and United States Coast Guard;
- c) Pre-planning for medical emergencies in high-rise buildings, in high occupancy apartments, including but not limited to, the Prudential Center Complex, John Hancock, and the Federal Reserve Bank;

- d) Providing emergency medical support and requested training for the Boston business community, including but not limited to, hotels and convention centers;
- e) Providing emergency medical support and requested training to the MBTA, Amtrack, Conrail, MassPort Fire Rescue, Boston Fire Department, Boston Police Department, Suffolk County Sheriff's Department, and Massachusetts Highway Department;
- f) Providing community education and public relations services, including but to limited to, schools, health fairs, senior centers, EMT and Paramedic certificate courses;
- g) Providing emergency medical call answering, and dispatch services and coordination for the City of Boston; and
- h) Providing CMED (e.g., ambulance to hospital communications and inter-hospital communications for EMS) for the City of Boston.”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.

Response Time: Overview and Definitions

When a person is critically ill or injured, a timely response is important, but it must also be aligned with the arrival of clinically proficient personnel, qualified and equipped to meet the needs of the patient. Because it can be difficult to capture outcomes after patient care transfer, ‘response time’ has become the primary metric by which EMS services are measured. With extensive investment in the training of personnel and necessary resources, Boston EMS utilizes physician and supervisory case review to ensure patient care is maintained at the highest standard. Response time is principally monitored for the purpose of measuring the alignment between EMS unit availability and calls for service. Rising response times are addressed through an increase in personnel and response units, or by reducing demand through diversion or illness/injury prevention measures.

¹ Consolidation Agreement between the City of Boston and University Hospital, Inc.

Recognizing the variety of methods used to collect and/or report response time information, the Metropolitan Boston EMS Council (EMS Region IV), through its Service Zone Planning Advisory Committee, and the Massachusetts Office of Emergency Medical Services (OEMS) have identified several data points and definitions for use by Service Zone planners². The following chart lists each data point, its definition, and how the information is collected by Boston EMS:

Public Safety Answering Point (PSAP) Call	
Definition	The time the 9-1-1 call is placed to a public safety answering point, where it is answered and subsequently triaged by a civilian call taker within the Boston Police Department.
Collection Method	When the 9-1-1 call is received, the 9-1-1 server logs the location data along with the date/time stamp, subsequently transferring this data to the public safety Computer Aided Dispatch (CAD).

EMS Call Entry	
Definition	When a 9-1-1 call is transferred to a Boston EMS EMT serving in the role of call taker, after the emergency being determined to be medical in nature.
Collection Method	The point of call receipt by EMS is logged in the CAD system with a date and time stamp.

Dispatch Notified Date/Time	
Definition	When the Boston EMS EMT Dispatcher is notified of the incident.
Collection Method	After the EMS call taker triages the incident, CAD routes the information to the appropriate dispatch terminal, making it viewable to the Dispatcher. This date/time stamp is logged in CAD.

Unit Notified by Dispatch Date/Time	
Definition	The time the responding unit is notified by Dispatch.
Collection Method	When the EMS Dispatcher assigns the incident to selected unit(s), CAD logs a dispatched date/time stamp and routes the incident history information to the dispatched units via the mobile data system.

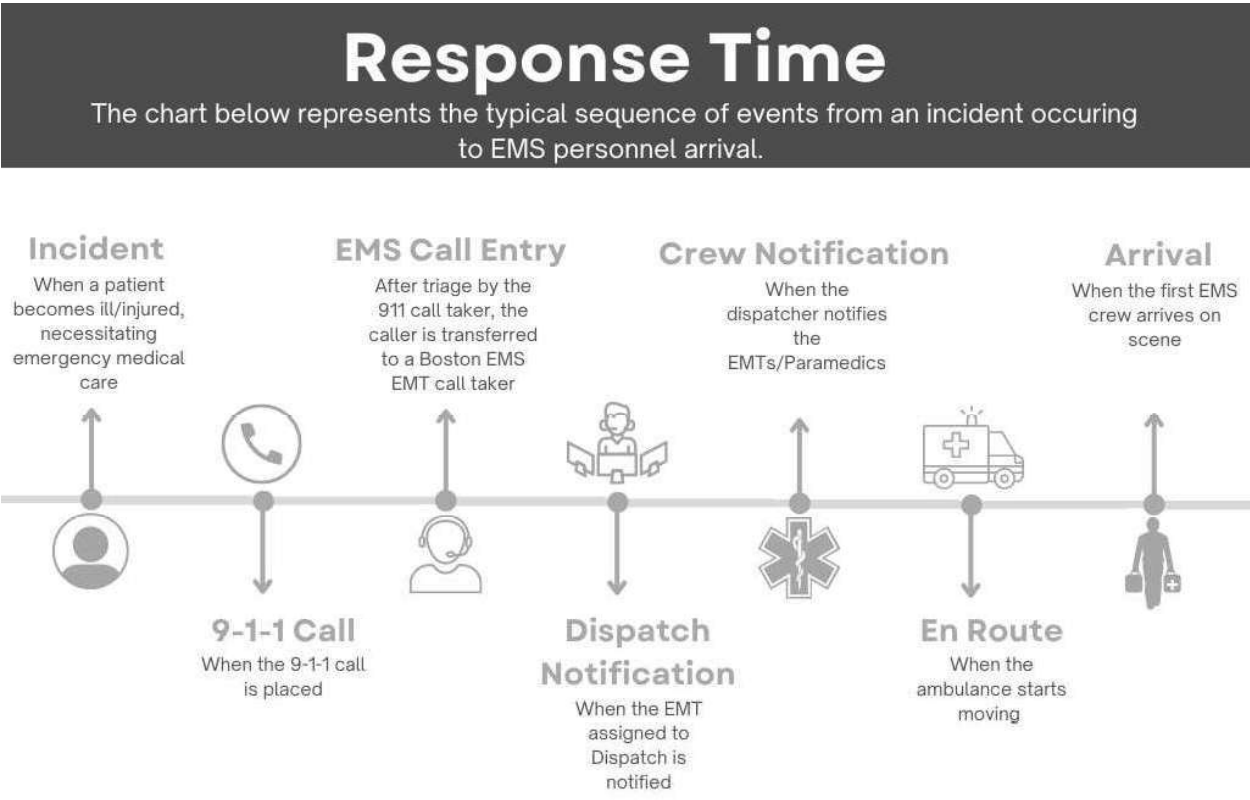
Unit En Route Date/Time	
Definition	The time the responding unit vehicle starts moving.
Collection Method	When unit(s) go en route, there are three (3) methods by which date/time stamps are captured in CAD, including crews pressing an 'En Route' button on their mobile data terminal, a GPS-based vehicle locator system interfaced with CAD, or the Dispatcher entering the status change directly. Delays to updating a unit's en route status can impact the reliability of this time stamp in CAD.

Unit Arrived on Scene Date/Time	
Definition	The time the responding unit arrives on scene; specifically, the time the vehicle stopped moving at the incident location.

² "Response Time and Service Zone Planning". Available at: <https://www.mass.gov/doc/service-zone-planning-response-timespdf/download>.

Collection Method	When unit(s) get on scene there are three methods by which date/time stamps are captured in CAD, including crews pressing an ‘On Scene’ button on their mobile data terminal, a GPS-based vehicle locator system interfaced with CAD, or the Dispatcher entering the status change directly. Delays to updating a unit’s arrival status can impact the reliability of this time stamp in CAD.
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The chart below illustrates these data points, as the sequence of events from an incident occurring to EMS arrival.



Where date and time stamps are available for the steps in the response sequence, the duration between those times can be measured. That said, patient care can start at any point, including illness/injury onset, prior to calling 9-1-1, or by the EMT call taker, who can guide the caller through necessary care actions over the phone, prior to ambulance arrival. With the provision of life saving care on scene and during transport, as well as early notification to receiving hospitals, patient outcome is dictated by far more than EMS response time. Furthermore, early identification of a life-threatening emergency and activation of the 9-1-1 system, can be essential in a critical patient’s survival. Boston EMS works actively in the community to enhance community awareness and education, training residents to respond to time sensitive emergencies, such as cardiac incidents, strokes, and severe bleeding injuries.

Call Entry to Dispatch Notification is the time the call taker spends on the phone asking necessary questions to triage the medical emergency. Capturing accurate information during this step is essential for informing subsequent response actions. Boston EMS Telecommunicators have been

trained and certified in APCO Emergency Medical Dispatch (EMD) since 1997, long before the Commonwealth of Massachusetts promulgated regulations in 2012 requiring PSAPs (Public Safety Answering Points) to have such programs in place. EMD programs are intended to quickly identify high priority, life threatening illnesses or injury and immediately send appropriate resources. Non-life-threatening calls receive a lower priority response. Once the call taker has entered the information, it becomes available to the EMT assigned as a Dispatcher. Existing protocols also inform whether other public safety service Dispatchers are similarly notified, to initiate a police or fire department response. The Boston EMS call taker can then conclude the call or remain on the line, providing pre-arrival instructions.

Dispatch Notification to Crew Notification is the time between when the Dispatcher is made aware of the incident to when the EMTs or Paramedics are dispatched. This step is impacted by ambulance availability. As a dynamic service, ambulances have primary coverage areas but can respond to incidents across the city. Dispatchers must weigh the incident priority with when and which units to send.

Crew Notification to En Route, or ‘turnout time’, is the time between the EMTs or Paramedics being notified and their ambulance being in motion. And, *En Route to Arrival* is the travel time, from wheels in motion to being on scene, which can be impacted by distance and traffic congestion. When analyzing response time, only times for the first arriving unit are used. Ambulances are dynamically deployed across the city, factoring in neighborhood-level coverage and call volume, to ensure timely responses across all sections of the city.

Response time is typically measured as either total, *Call Entry to Arrival*, response time, or the unit-specific *Crew Notification to Arrival*, with goals informed by incident priority. Although not included as response time metrics, *On Scene Time*, *Transport Time* and *Hospital Turnaround Time* also impact ambulance availability. While response time does not impact patient outcome for most incidents, the time a crew is assigned to a call does affect system availability.

Response Time: Goals

There are neither regulations nor universally accepted standards governing emergency medical service response times. Not only is there great variation in service models, but also in the service areas, from densely populated urban cities to sprawling rural landscapes. Although research is inconclusive regarding the impact response times have on patient outcome³, it is broadly accepted that patient survival⁴ and neurologic outcome⁵ are positively impacted by faster response times for patients experiencing cardiac arrest.

³ Blanchard IE, Doig CJ, Hagel BE, Anton AR, Zygun DA, Kortbeek JB, Powell DG, Williamson TS, Fick GH, Innes GD. Emergency medical services response time and mortality in an urban setting. *Prehosp Emerg Care*. 2012 Jan-Mar;16(1):142-51.

⁴ Holmén J, Herlitz J, Ricksten SE, Strömsöe A, Hagberg E, Axelsson C, Rawshani A. Shortening Ambulance Response Time Increases Survival in Out-of-Hospital Cardiac Arrest. *J Am Heart Assoc*. 2020 Nov 3; 9 (21): e017048.

⁵ Bürger A, Wnent J, Bohn A, Jantzen T, Brenner S, Lefering R, Seewald S, Gräsner JT, Fischer M. The Effect of Ambulance Response Time on Survival Following Out-of-Hospital Cardiac Arrest. *Dtsch Arztebl Int*. 2018 Aug 20;115(33-34):541-548.

When comparing response times, it is important to determine what interval is being measured, with some using ‘call entry to on-scene’ and others preferring “dispatch to on-scene”⁶ or even ‘enroute (physically in the ambulance) to on-scene’ times.

Boston EMS has traditionally used the interval from *call entry to first unit on-scene* to measure its response times. This approach gives a more accurate representation of the true system response time from a patient’s perspective.

The Department has adopted varying response time goals, depending on the relative severity of the reported emergency, with more life-threatening emergencies having a lower response time goal, when compared to lower acuity calls.

Incidents categorized through Emergency Medical Dispatch criteria as *Priority 1* are considered to be the most critical. Upon entry into the CAD system, certain Priority 1 incidents are routed simultaneously to the police and/or fire department. Priority 1 incidents appear on the EMS dispatcher’s computer screen ahead of all other simultaneously occurring incidents with a lower priority. Priority 1 incidents typically generate both a Basic Life Support (BLS) and Advanced Life Support (ALS) response.

Because the list of incidents that could potentially be life-threatening is relatively broad, Boston EMS has separated out a subset of Priority 1 incidents that are known to be the most time sensitive, referred to as ‘*1P*’. This includes calls coded as Priority 1 with any of the following dispatch complaints: 1) External Hemorrhage, 2) Burns, 3) Trauma, 4) Pedestrian Struck, 5) Cardiac Arrest, 6) Anaphylaxis, 7) Respiratory, 8) Choking, 9) Person Shot, and 10) Person Stabbed. This subcategory of Priority 1 incidents are separated out solely for the purpose of monitoring and benchmarking response times.

Boston EMS measures the median response time. Priority 2 and 3 incidents tend to be BLS only responses such as orthopedic injuries, lacerations with controlled bleeding, abdominal distress, short falls, motor vehicle crashes with injuries, etc.

Boston EMS Response Times Goals			
Type of Incident	CAD Priority	Resp Time Priority	Median Response Time
Life Threatening	Priority 1 (P1)	1P	<6:00
	P1	P1	<6:30
Emergent	Priority 2 (P2)	P2	<8:00
Urgent	Priority 3 (P3)	P3	<9:00

Whenever an incident is referred to a private ambulance service as part of a backup agreement, a copy of the completed PCR must be provided to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient’s name and the crew members names may be redacted from the report, but all other incident details including response times (call receipt, dispatch, on scene, enroute to hospital, at hospital, and disposition) should be included.

⁶ Williams, DM. “2005 JEMS 200 City Survey: A Benchmark for the EMS Industry”, Journal of Emergency Medical Services; February 2006; 44-101.

Designated EFR service(s)/Other first responder agencies			
CAD Priority	Median	Starting Point	Ending Point
1-5	<4:00	Call Entry	On Scene

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.

C (2) a: Staffing Requirement (170.305)

Boston EMS will maintain an adequate number of EMS personnel to staff EMS vehicles to ensure compliance with the requirement of 105 CMR 170.385 (“Service Availability and Backup”) and to carry out its responsibilities under the Boston Service Zone Plan.

Whenever an ambulance operating within the service zone pursuant to a provider contract or agreement to provide backup services transports a patient receiving care at the BLS level, the ambulance will be staffed with at least two (2) EMTs who are at a minimum certified at the EMT-Basic Level.

Whenever an ambulance operating within the service zone pursuant to a provider contract or agreement to provide backup services transport a patient receiving care at the Advanced level of ALS, the ambulance must be staffed with a minimum of two (2) EMTs, at least one of whom is certified at the Advanced level or higher. The higher level EMT will attend to the patient requiring advanced life support.

In accordance with 105 CMR 170.305(C)(2)(b), Boston EMS has implemented criteria approved by its medical director and in accordance with OEMS administrative requirements, for determining those EMS calls when two (2) EMT-Paramedics would be required to provide appropriate care, based on the patient’s medical condition and acuity. Boston EMS will staff its Paramedic units with two (2) Paramedics who are not only certified by the Massachusetts Office of Emergency Medical Services (OEMS) at the Paramedic level, but who have also successfully completed a Boston EMS training program and received authorization to practice from the Boston EMS Medical Director. Boston EMS Paramedic Training units may be staffed by at least one (1) Department Paramedic along with two (2) OEMS certified Paramedics during a field internship.

C (2) b: Deployment of Resources

Boston EMS utilizes a two-tiered response model along with (two) alternative response units in which roughly three-quarters of the ambulances in service will be BLS units staffed by EMTs. The balance of ambulance deployment (approximately one quarter of in-service units) is comprised of

ALS units staffed by two (2) Paramedics. Field Supervisors and Field Shift Commanders are equipped with medical equipment, and in addition to overseeing the clinical and operational aspects of an incident, are capable of providing EMS First Responder services.

Boston EMS uses demand staffing, meaning the Department begins to increase the number of available ambulances at 06:00 when the call volume typically begins to rise, and begins to decrease available ambulances at 02:00 when call volume typically begins to decline. Ambulances are strategically deployed around the City in an effort to provide the most efficient use of available resources and demand for services.

Boston EMS also has mutual aid agreements in place with regional EMS providers. In certain situations, emergency calls may be referred to a private ambulance service. In serious cases, or when EMS anticipates a delayed response, first responder agencies are also dispatched to provide first aid, airway support, and defibrillation as needed until the arrival of the EMS unit. This response model has proven to be the most effective system to provide superior medical response to all neighborhoods of the City.

C (2) c: Adequate Backup (170.385)

Adequate backup for ambulance service shall consist of, at a minimum, both first and second backup as defined in 105 CMR 170.385 (A)(3)(a) and (b) and shall meet any additional requirements as required in this Service Zone Plan. Boston EMS maintains written backup agreements with a number of ambulance services that normally operate in and around the Boston area. See Part D “EMS and Public Safety Providers” for a list of ambulance services providing backup to Boston EMS, and Part F “Inventory of Communications Systems” for a description of Boston EMS Ambulance Mutual Aid (BAMA) Radio.

C (2) d: Medical Direction [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.]

The City of Boston has three (3) primary public safety services, Boston EMS, Boston Fire and Boston Police. Boston EMS is the lead authority for pre-hospital emergency medical care. Medical direction and clinical oversight are critical components of providing high-quality pre-hospital care. Medical direction means clinical oversight by a qualified physician to all components of the EMS system, including and without limitation, the Statewide treatment protocols, medical direction, training of and authorization to practice for EMS providers, quality assurance, and continuous quality improvement. As requested and directed by the Chief of Department, Boston EMS’s Medical Director may provide direction to the other public safety services, including MassPort Fire ensuring the standardization of pre-hospital care throughout the City. With that said, each of the public safety services are individually responsible for the training and certification, and remediation of their personnel.

Online medical direction is provided by Boston Medical Center Department of Emergency Medicine. This relationship is further defined by a Hospital Affiliation Agreement. For more information on medical control, please see PART G: “Medical Direction Plan” of this application.

C (2) e: Health Care Facility Destinations

Boston EMS and other providers operating within the service zone pursuant to a provider contract or agreement to provide backup services shall transport patients to an appropriate health care facility in accordance with 105 CMR 170.000: Emergency Medical Services System regulations and an OEMS approved point of entry plan. EMS personnel shall also consider hospital diversion status, special project waivers, and any other applicable regulations.

C (2) 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:

Incident Management

The Department of Homeland Security (DHS) issued a National Incident Management System (NIMS) on March 1, 2004, to provide a comprehensive and consistent approach to all-hazard incident management at all jurisdictional levels and across functional disciplines.⁷ A NIMS compliant incident management system will form the basic structure of all Boston EMS emergency operations, regardless of size.

Interagency Cooperation

When a Boston EMS unit arrives at a scene at which first responders are present, the assumption of medical responsibility by EMS personnel shall occur as soon as possible. The transition shall be smooth and orderly and any pertinent information, if available, shall be obtained. The Boston EMS crew shall be responsible for releasing first responders from the scene as soon as there is no further need for assistance.

Any dispute between EMS personnel operating within the service zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Shift Commander before the end of the work shift.

Notification of Boston EMS for Unusual Occurrence

An EMS service operating within the service zone pursuant to a provider contract or agreement to provide backup services shall notify Boston EMS Dispatch Operations if one of the situations

⁷ For more information on NIMS: <http://www.fema.gov/emergency/nims/index.shtm>

below exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- Question of child or elderly abuse;
- The threat of harm to an EMT on scene; a violent patient or a patient requiring restraint;
- An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- Question of a hazardous material incident, explosive or other incendiary device;
- An EMS vehicle crash or theft of an EMS vehicle or equipment while operating in the service zone;
- Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- Any serious burn, gunshot wound, stabbing, or other incident likely to require a Boston Police Department and/or Boston Fire Department investigation;
- Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted.

Mass Casualty Incidents

Each service whose regular operating area includes all or part of the service zone in which a mass casualty incident occurs must immediately dispatch available EMS resources upon request by the primary ambulance service (105 CMR 170.355(E)).

Advertising

EMS services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS vehicles are certified and for which it is placed in service. EMS personnel operating in the service zone pursuant to a provider contract or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of “Boston EMS”, nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee or the vehicle is owned/operated by Boston EMS (105 CMR 170.305).

Mobile Integrated Health

In July 2022, Boston EMS became the first emergency medical service in the Commonwealth of Massachusetts to secure approval from the Massachusetts Department of Public Health’s Office of Emergency Medical Services to implement Mobile Integrated Health (MIH) ED Avoidance. Boston EMS is working toward a multi-faceted, phased approach to mobile integrated healthcare, which includes 9-1-1 call transfer to telehealth clinicians, treatment in place, alternative response and alternative transport, as outlined below.

1. **9-1-1 CALL TRANSFER TO TELEHEALTH CLINICIANS** – Specially trained EMT Telecommunicators incorporate questions into the call-taking process to assess eligibility for telehealth services. If the patient meets the clinical criteria for inclusion and verbally consents, the call-taker will initiate a warm transfer to a licensed behavioral health clinician.
2. **TREATMENT-IN-PLACE** – In instances where Boston EMS sends a response unit and determines the patient’s condition is low acuity and does not require transport to a hospital, the provider can verify eligibility for treatment without transport, secure approval from the patient and consult with a clinician. If determined to be appropriate, care is provided on scene, the crew documents appropriately, and no transport will take place.
3. **ALTERNATIVE UNIT RESPONSE** – In lieu of an ambulance, Boston EMS deploys an alternative response unit to calls likely to benefit from treatment-in-place or transport to alternative destinations in a non-ambulance SUV. This unit serves to augment treatment-in-place, offering on scene clinical evaluation.
4. **ALTERNATIVE DESTINATION TRANSPORT** – For patients requiring EMS transport, many are better served at a different facility, such as community behavioral health centers, sobering centers and urgent care sites. For patients who meet Boston EMS Medical Director approved clinical criteria, and with their consent, crews initiate a clinical consultation to determine appropriateness for alternative destination transport. Boston EMS works directly with alternative receiving facilities to ensure compliance with the necessary patient transfer procedures.

Waivers for Special Projects

Boston EMS shall be notified whenever an EMS service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Massachusetts Office of Emergency Medical Services (OEMS) (170.405).

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.

D (1): Designated Primary Ambulance Service (can only be 1 per service zone)

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, but 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.

Name of Service	Number of Vehicles	Contact	Contact Title	Phone
Boston EMS	51	James Hooley	Chief of Department	(617) 343-2367

D (2): Other Ambulance Services Providing Primary Ambulance Service (e.g., primary ALS, ambulance services with provider contracts)

Action Ambulance		
Facility Name	Address	City Section
None at this time	None at this time	None at this time

Alert Ambulance		
Facility Name	Address	City Section
West Roxbury VA	1400 VFW Parkway West Roxbury, MA 02132	West Roxbury
Jamaica Plain VA	150 South Huntington Avenue Jamaica Plain, MA 02130	Jamaica Plain

Armstrong Ambulance		
Facility Name	Address	City Section
Boston College	140 Commonwealth Avenue Chestnut Hill, MA 02467	Brighton/Chestnut Hill
Boston University	881 Commonwealth Avenue Boston, MA 02215	Brighton/Allston
Suffolk University	73 Tremont Street Boston, MA 02111	Theater District
Emerson College	120 Boylston Street Boston, MA 02116	Back Bay/Beacon Hill
Neighborhood Health	10 Gove Street East Boston, MA 02128	East Boston
Tufts Medical Center	800 Washington Street Boston, MA 02111	Theater District

Beauport Ambulance		
Facility Name	Address	City Section
Laurel Ridge	174 Forest Hills Street Boston, MA 02130	Jamaica Plain
Presentation Manor	10 Bellamy Street Brighton, MA 02135	Brighton/Allston
Northeastern University	716 Columbus Avenue Roxbury, MA 02119	South End
North End Nursing	70 Fulton Street Boston, MA 02109	North End

Brewster Ambulance		
Facility Name	Address	City Section
BIDMC-East	330 Brookline Avenue Boston, MA 02215	Longwood
BIDMC-West	One Deaconess Road Boston, MA 02215	Longwood
Boston Medical Center	1 Boston Medical Center Place Boston, MA 02118	South End
Brigham & Women's Hospital	75 Francis Street Boston, MA 02130	Jamaica Plain
Faulkner Hospital	1153 Centre Street Boston, MA 02130	Jamaica Plain
Hebrew Rehabilitation	1200 Centre Street Roslindale, MA 02131	Roslindale
New England Baptist Hospital	125 Bunker Hill Avenue Boston, MA 02120	Roxbury
Marion Manor	130 Dorchester Street Boston, MA 02127	South Boston
Mass General Hospital	55 Fruit Street Boston, MA 02114	West End
Boston Medical Center - Brighton	736 Cambridge Street Brighton, MA 02135	Brighton/Allston
Stacy Kirkpatrick House	461 Walnut Avenue Boston, MA 02130	Jamaica Plain
North End Rehabilitation	70 Fulton Street Boston, MA 02109	North End

Cataldo Ambulance		
Facility Name	Address	City Section
Children's Hospital	300 Longwood Avenue Boston, MA 02115	Longwood
Tufts Medical Center	800 Washington Street Boston, MA 02111	Theater District

Coastal Ambulance		
Facility Name	Address	City Section
Arbor Hospital	49 Robinwood Avenue Jamaica Plain, MA 02130	Jamaica Plain
Bostonian Skilled Nursing & Rehab	337 Neponset Avenue Dorchester, MA 02122	Dorchester
Boston Home	2049 Dorchester Avenue Boston, MA 02124	Dorchester
Dana Farber Cancer Institute	450 Brookline Avenue Boston, MA 02215	Longwood

Laurel Ridge Rehabilitation and Skilled Care Center	174 Forest Hills Street Jamaica Plain, MA 02130	Jamaica Plain
Lemuel Shattuck Hospital	170 Morton Street Jamaica Plain, MA 02130	Jamaica Plain
Mattapan Health Center	1575 Blue Hill Avenue Boston, MA 02126	Mattapan
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	Mission Hill
Presentation Rehabilitation & Skilled Care Center	12 Bellamy Street Brighton, MA 02135	Brighton
German Centre (Deutsches Altenheim)	2220 Centre Street West Roxbury, MA 02132	West Roxbury

Professional Ambulance		
Facility Name	Address	City Section
Harvard University properties	Various locations in Brighton/Allston	Brighton/Allston

D (3): Ambulance Services Providing Backup to Primary Ambulance Service

Adequate backup for ambulance service shall consist of, at a minimum, both first and second backup as defined in 105 CMR 170.385(A)(3)(a) and (b) and shall meet any additional requirements of the applicable service zone plan. Boston EMS has written mutual aid backup agreements in place with the following services:

Name of Service	Number of Vehicles	Hours of Operation	Contact Person	Phone
Action Ambulance	TBD	24/7	Mike Woronka	(978) 253-2606
Alert Ambulance	30	24/7	Robert Araujo	(774) 526-8256
Armstrong Ambulance	40	24/7	Richard Raymond	(781) 859-1308
Beaumont	17	24/7	John Morris	(978) 281-6955
Brewster Ambulance	68	24/7	Daniel Thomas	(617) 983-1000
Cataldo Ambulance	62	24/7	Rob White	(978) 408-4225
Coastal Ambulance	55	24/7	Kevin Mont	(781) 760-7483
MIT EMS	1	24/7	Dana Barker	(410) 979-1074
Professional EMS	13	24/7	Gibson McCullagh	(617) 682-1810

D (4): Other Ambulance Services Operating in the Service Zone

The following providers operate in the service zone plan:

Name of Service	Number of Vehicles	Hours of Operation	Contact Person	Phone
Mass General Brigham Ambulance Services	11	24/7	Sean Kukauskas	(617) 758-5477

Boston Children's Hospital	2	24/7	Robert Shields	(617) 355-8410
EasCare	6	24/7	Daniel Thomas	(617) 983-1000 (617) 464-1600
MIT	1	24/7	Dana Barker	(410) 979-1074
Boston MedFlight	3	24/7	Kevin Panciocco	(781) 863-2213

Boston MedFlight's ground ambulances are primarily for inter-facility transport and critical care transport between hospitals. In the event of a major MCI, natural disaster, or other major event Boston MedFlight would support Boston EMS with transport, clinical and logistic resources as needed. This would include utilization of their helicopters and airplane as appropriate.

EasCare Ambulance currently operates six (6) Basic Life Support (BLS) ambulances within the Boston area. No Advanced Life Support (ALS) units are routinely assigned to the Boston area. If additional resources are required, supplemental EasCare Ambulance EMS assets may be deployed from the MetroWest and South Coast service regions to support operations and maintain system capacity.

D (5): Designated EFR Service(s), if any

EMS First Response Service (EFR Service) means the business or regular activity, whether for profit or not, by a licensed EMS provider designated as a service zone provider pursuant to an OEMS approved service zone plan for the purpose of providing rapid response and EMS.

Name of EMS Service	Number of Vehicles	Hours of Operation (HH:mm)	Contact Person	Contact Title	Phone
<None at this time>	N/A	N/A	N/A	N/A	N/A

D (6): Other First Responder Agencies

First responder agency means a police department, a fire department, the state police participating in highway patrol, an emergency reserve unit of a volunteer fire department or fire protection district, or the Commonwealth or any of its political subdivisions that appoints permanent or temporary lifeguards. A first responder agency shall not mean a service that is a licensed EFR service.

Name of Service	# Vehicles	Agency Website
Boston Fire Department	> 100	<u>Boston Fire Department</u>
Boston Police Department	> 700	<u>Boston Police Department</u>
Boston Centers for Youth & Families (BCYF)	N/A	<u>Boston Centers for Youth and Families</u>
Department of Conservation and Recreation (DCR)	N/A	<u>Department of Conservation & Recreation</u>
MassPort Fire Rescue	> 25	<u>MassPort Fire Rescue</u>
Massachusetts State Police	> 1000	<u>Massachusetts State Police</u>
Transit Police Department	> 100	<u>MBTA Transit Police</u>

Others Trained to Provide Emergency Response

It would be difficult to list all of the “others trained to provide emergency response” within the City of Boston. In addition to providing ongoing training and professional development for Boston EMS personnel, RTQI personnel are also involved in teaching EMT classes and mentoring high schools across the City. RTQI also provides CPR/AED training to various groups as evidenced by a list of agencies that have received AED training through Boston EMS. A number of personnel from private security firms responsible for protecting large numbers of workers (Prudential Security, Fidelity, John Hancock, etc.) have taken training through Boston EMS. Several of these individuals have gone on to successfully resuscitate cardiac arrest victims at their place of employment. The DelValle Institute provides a wide range of training and fit-testing to hundreds of people across the Metro-Boston region.

Ambulance Services with Garage Locations in Boston

Name of Service	# of Vehicles	Contact Person	Phone
Alert Ambulance	30	Robert Araujo	(774) 526-8256
Armstrong Ambulance	40	Richard Raymond	(781) 859-1308
Beauport	17	John Morris	(978) 281-6955
Boston EMS	51	James Hooley	(617) 343-2367
Brewster Ambulance	68	Daniel Thomas	(617) 983-1000
Cataldo Ambulance	62	Rob White	(978) 408-4225

Automatic/Semi-Automatic Defibrillator Inventory

The Department of Public Health promulgated amendments to the long-term care facility licensure regulations at 105 CMR 150.002(I) that require each nursing facility to put into operation at least one automated external defibrillator (AED) by November 30, 2005. In addition to all long-term health facilities in the City, AEDs are also available at hundreds of locations across the City. Public access defibrillation training is an ongoing function at Boston EMS. The Department maintains a database of the location and type of AED reported to Boston EMS. In the spring of 2009, the Department implemented an innovative (at the time) program in which the location of all known AEDs is entered into the Computer Aided Dispatch (CAD) system. When a caller accesses the 9-1-1 system to report a suspected cardiac arrest, the calltaker will receive a notification that our records indicate an AED is available on the premises. The location information is very specific (e.g., “second floor hallway next to elevator”). The calltaker can then prompt the caller to have someone retrieve the device and will provide instructions on its use until the first arriving unit is on scene.

PART E: Health Care Facility Resources/Facilities with Health Care Capabilities

105 CMR170.510(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.

E (1): All hospitals in service zone

Name of Hospital	Address	Phone
Beth Israel Medical Ctr/East	330 Brookline Ave. Boston, MA 02215	617-667-8000
Beth Israel Medical Ctr/West	One Deaconess Road Boston, MA 02215	617-632-7000
Boston Children's Hospital	300 Longwood Ave. Boston, MA 02115	617-355-6000
Boston Med Ctr Corp Menino Pavilion	830-840 Harrison Ave. Boston, MA 02118	617-414-5000
Faulkner Hospital	1153 Centre Street Boston, MA 02130	617-522-5800
Brigham & Women's Hospital	75 Francis Street Boston, MA 02115	617-732-5500
Dana Farber Cancer Institute	450 Brookline Ave. Boston, MA 02215	617-632-3000
Mass Eye & Ear Infirmary	243 Charles Street Boston, MA 02114	617-523-7900
Mass General Hospital	55 Fruit Street Boston, MA 02114	617-726-2000
New England Baptist Hospital	125 Parker Hill Ave. Boston, MA 02120	617-754-5800
Shriners Hospital for Children-Boston	51 Blossom Street Boston, MA 02114	617-722-3000
Boston Medical Center – Brighton	736 Cambridge Street Boston, MA 02135	617-789-3000
Tufts Medical Center	800 Washington Street Boston, MA 02111	617-636-5000
Arbour Hospital	49 Robinwood Ave. Boston, MA 02130	617-522-4400
Dr. Solomon Carter Fuller Mental HC	85 East Newton Street Boston, MA 02118	617-266-8800
Franciscan Children's	30 Warren Street Brighton, MA 02130	617-254-3800
Hebrew Rehabilitation Center	1200 Centre Street Roslindale, MA 02131	617-325-8000
Lemuel Shattuck Hospital	170 Morton Street Boston, MA 02130	617-522-8110
Spaulding Rehabilitation Hospital	300 First Avenue Charlestown, MA 02129	617-573-7000

E (2): All receiving hospitals⁸

Name of Facility	Address/Location	Phone Number
Beth Israel Deaconess Medical Center	330 Brookline Ave. Boston, MA 02215	(617) 667-7000
Beth Israel Deaconess-Milton	199 Reedsdale Road Milton, MA 02186	(617) 696-4600
Boston Medical Center	One Boston Medical Center Pl. Boston, MA 02118	(617) 638-8000
Boston Medical Center – Brighton	736 Cambridge Street Brighton, MA 02135	(617) 789-3000
Brigham & Women's Hospital	75 Francis Street Boston, MA 02115	(617) 732-5500
CHA-Everett Hospital	103 Garland Street Everett, MA 02149	(617) 389-6270
Children's Hospital	300 Longwood Ave. Boston, MA 02115	(617) 355-6000
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	(617) 983-7000
Mass Eye & Ear Infirmary	243 Charles Street Boston, MA 02114	(617) 523-7900
Mass General Hospital	55 Fruit Street Boston, MA 02114	(617) 726-2000
Mount Auburn Hospital	330 Mount Auburn Street Cambridge, MA 02138	(617) 492-3500
Tufts Medical Center	800 Washington Street Boston, MA 02111	(617) 636-5000
VA Boston Healthcare System	1400 VFW Parkway West Roxbury, MA 02132	(617) 323-7700

E (3): Affiliate hospitals for primary ambulance service

Boston Medical Center
 One Boston Medical Center Pl.
 Boston, MA 02118
 (617) 638-8000

⁸ The complete list of all hospitals within EMS Region IV is available online at:
<https://www.mbemsc.org/pages/region-iv/hospital>.

E (4): Designated specialty care hospitals (i.e., Designated trauma and stroke centers)⁹

Hospital	AT	PT	STR	STEMI	Burn	PEDI	OB	BH	RITN
Beth Israel Deaconess Medical Center	X		X	X			X	X	
Boston Medical Center	X	X	X	X		X	X	X	
Boston Medical Center – Brighton			X	X			X	X	
Brigham & Women's	X		X	X	X		X		X
CHA Everett			X			ED Only		X	
Boston Children's Hospital		X	PEDI Only			X		PEDI Only	X
Faulkner Hospital			X					X	
Massachusetts General Hospital	X	X	X	X	X	X	X	X	X
Mt. Auburn Hospital			X	X			X		
Tufts Medical Center	X		X	X		ED Only	X	X	

Legend:

AT:	Adult Trauma	PT:	Pedi Trauma
STR	Stroke Center	STEMI:	Cath Lab
BURN:	Burn Center	PEDI:	Pediatric Capabilities
OB:	Obstetrics	BH:	Behavioral Health (Inpatient Unit)
RITN:	Radiation Injury Treatment Network (Radiation Exposure Patients)		

Other Hospitals	
Hospital	Specialty Care Capabilities
Dana Farber Cancer Institute	Inpatient Oncology, No Emergency Department, RITN facility
New England Baptist Hospital	Inpatient Orthopedics, No Emergency Department
Massachusetts Eye & Ear Institute	Specialty Eye, Ear, Nose, & Throat Patients Only; Specialty Emergency Department

E (5)/E (6): Nursing Homes/Assisted Living Centers & Rest Homes

A complete and up-to-date list of health care facilities within Region IV can be found online at [Health Care Facilities in Massachusetts](#).¹⁰

E (7): Entertainment Venues

The City of Boston is the capital of Massachusetts and the cultural center of New England. As such, Boston has many entertainment centers with varying levels of on-site health care capabilities.

⁹ All Massachusetts Region IV Designated Trauma Hospital Destinations and Designated Primary Stroke Services are available online at: www.mass.gov/info-details/trauma-hospital-destinations and www.mass.gov/info-details/designated-primary-stroke-services-hospitals.

¹⁰ www.mass.gov/info-details/health-care-facilities-in-massachusetts

Larger venues maintain dedicated first aid rooms or designated medical treatment areas and may provide event-based medical staffing. These facilities typically offer on-site resources including first aid stations, automated external defibrillators (AEDs), and, depending on the event, EMS staffing. Medical coverage may be provided through private ambulance services or Boston EMS details. At Fenway Park and TD Garden, Cataldo Ambulance serves as the contracted private ambulance provider for event medical coverage, coordinating with Boston EMS as needed. Smaller venues, such as theaters and auditoriums, typically maintain AEDs and basic first aid capability but do not typically contract for dedicated EMS detail coverage.

Boston EMS is generally aware of events occurring at these venues through the City's licensing and permitting processes and evaluates the potential impact on the EMS system and surrounding neighborhoods. Boston EMS coordinates any anticipated event coverage with the event sponsors and other public safety agencies as appropriate.

When Boston EMS is not assigned to provide on-site coverage and EMS services are needed, venue staff will typically call 9-1-1. Requests for service may also originate from on-site public safety personnel. The Computer Aided Dispatch (CAD) system is programmed with a number of "common place" locations for major venues to expedite call-taking and dispatch, and to provide dispatchers and field personnel with access and premise-specific information.

As described in "Automatic/Semi-Automatic Defibrillator Inventory" in Section D, Boston EMS has incorporated AED location data into CAD special location files. This allows PSAP personnel to direct callers to the nearest AED within a facility during suspected cardiac arrest events.

Facility Name	Address	Contact	Care Capabilities
Fenway Park	4 Jersey St. Boston, MA 02215	(877) 733-7699	Multiple first aid stations; AEDs; contracted private ambulance (Cataldo); scalable medical operations
TD Garden	100 Legends Way Boston, MA 02114	(617) 624-1000	Dedicated medical rooms; AEDs; contracted private ambulance (Cataldo)
MGM Music Hall at Fenway	2 Lansdowne St. Boston, MA 02215	(617) 960-8380	First aid room; AEDs; Boston EMS provides medical detail during events
John B. Hynes Veterans Memorial Convention Center	900 Boylston St. Boston, MA 02115	(617) 954-2000	First aid/medical areas; AEDs; event-based medical staffing
House of Blues Boston	15 Lansdowne St. Boston, MA 02215	(888) 693-2583	First aid/treatment area; AEDs; Boston EMS provides

			medical detail during events
Boston Convention and Exhibition Center	415 Summer St. Boston, MA 02210	(617) 954-2000	On-site medical rooms; AEDs; scalable EMS/event medical coverage
Leader Bank Pavillion	290 Northern Ave. Boston, MA 02210	(617) 728-1600	Seasonal first aid stations; AEDs; Boston EMS provides medical detail during events
Agganis Arena (Boston University)	925 Commonwealth Ave. Boston, MA 02215	(617)-353-9700	Medical rooms; athletic training/sports medicine; AEDs
Symphony Hall	301 Massachusetts Ave. Boston, MA 02115	(617) 266-1200	First aid capability; AEDs; event-based medical support
Brighton Music Hall	158 Brighton Ave. Boston, MA 02134	(617) 779-0140	Boston EMS provides medical detail during events
Big Night Live	110 Causeway St. Boston, MA 02114	(617) 896-5222	Boston EMS provides medical detail during events
Paradise Rock Club	967 Commonwealth Ave. Boston, MA 02215	(617) 562-8800	Boston EMS provides medical detail during events

E (8): Special Events

Any event that is open to the public, such as a carnival, festival, fair, parade, or other outdoor event at which the public will gather is considered a public event. Persons or parties seeking to hold public events within the City of Boston must go through a public event permitting process. This process involves completing a Public Event Application describing the event and listing copies of any contracts for sound, stage, cleaning, security, catering or food services. The application must also include proof of permission from the owner of the property where the event will take place.

Applicants will then meet with the City's Special Events Committee.¹¹ At the Committee, event organizers have the opportunity to meet with the various City departments from which they will be required to obtain approval to hold the event. The Committee will determine if the event is feasible and will indicate to the applicant what agency approvals are still required. It is important to keep in mind that event organizers are responsible for applying for and obtaining all the individual permits and certificates from the various City departments needed for an event; merely filing the Public Events Application does not satisfy this obligation.

¹¹ For more information on entertainment licensing process within the City of Boston, go to:
<http://www.cityofboston.gov/consumeraffairs/entertainment.asp>

Boston EMS is a member of the City’s Special Events Committee and is therefore aware of all special events that have been approved by the City. Our Special Operations Division works closely with members of the Committee to ensure proper planning takes place in anticipation of the events. For example, Boston EMS will have input on which road may/may not be closed during a parade or other large gathering and ensures the EMS operational plans do not conflict with any plans generated by other City agencies.

The Boston Public Health Commission has enacted regulations regarding Special Events and EMS coverage within the City of Boston.¹² A “special event” is defined as:

1. Any event held in the City at which the anticipated attendance is greater than five thousand (5,000) people; or
2. Any event held in the City that requires the organizer to complete a City of Boston Public Event Application, or Film Permitting Request; or
3. Any event held in the City that because of its nature, or the activities performed therein may adversely impact public health or the administration of timely and adequate emergency medical services to event attendees or the surrounding public. Examples of special events include, but are not limited to, professional athletic/sports events, performances, exhibitions, concerts, festivals, marches, parades, processions, road races, contests, and film events.

Notwithstanding any provision of this regulation, the term “Special Event” shall not include:

- i. An event held by a governmental agency, including but not limited to events sponsored by the City;
- ii. Certain expressive activity protected by the laws of Massachusetts and the United States; or
- iii. An event having an anticipated attendance of less than one hundred (100) people.

SECTION 1. PLANNING, GUIDANCE, AND COORDINATION OF EMS SERVICES

1. The Commission, through Boston EMS, the primary ambulance service for the City of Boston, shall plan, guide, and coordinate emergency medical services for the City under the direction of and at the discretion of the Executive Director pursuant to General Laws Chapter 111 App. §2-1 et seq., 111C and the EMS Service Zone Plan for Boston, Massachusetts as approved by the Massachusetts Department of Public Health.
2. Boston EMS shall coordinate necessary emergency medical services within the City of Boston, which shall include but are not limited to the following:

¹² BPHC “Emergency Medical Services Regulation”, adopted October 1, 2009. Available at: [Boston_Emergency_Medical_Services_Regulation.pdf](http://www.boston.gov/sites/default/diles/file/2021/03/Boston_Emergency_Medical_Services_Regulation.pdf)
(http://www.boston.gov/sites/default/diles/file/2021/03/Boston_Emergency_Medical_Services_Regulation.pdf)

- a. Service accessibility through the designated emergency telephone numbers;
- b. Telecommunications screening to determine an appropriate EMS response for each call for emergency medical services received;
- c. Pre-hospital assessment, treatment, and transport;
- d. Access to appropriate health care facilities in the City including trauma centers within the City or its neighboring communities;
- e. Planning, coordination, and implementation of emergency medical services, including patient tracking, during mass casualty incidents, natural disasters, mass meetings, declared states of emergency and for certain special events;
- f. Development and implementation of protocols for the effective use of SAEDs, including training for the public on defibrillation services;
- g. Establishment of reporting requirements for acute-care hospitals in the City for training and quality assessment and improvement of health outcomes;
- h. Development of a standardized patient data collection system which covers all phases of the EMS system in the City; and
- i. Periodic review and evaluation of EMS services.

SECTION 2. SPECIAL EVENT EMS COVERAGE REQUIREMENTS

2.1 Purpose

The Commission enacts the following regulation to establish procedures for determining what emergency medical services are needed for special events in the City and ensuring that such emergency medical services are provided.

2.2 Special Event Requirements

1. An organizer must obtain EMS special event coverage as determined by Boston EMS in accordance with the provisions of this regulation.
2. An organizer must provide written notice to the Commission of the size, nature, duration, location of the event, and any other information regarding the special event as may be required, at least fifteen (15) days in advance of the first day of the special event, unless such notice is waived by the Commission. The Commission may determine the form on which such notice shall be made.
3. Upon notification of a special event, the Commission will determine what, if any, EMS special event coverage is required. If EMS special event coverage is required, the Commission will inform the organizer what EMS special event coverage is required and specify acceptable coverage or providers.
4. The organizer must remit to the Commission the required fees for any EMS special event coverage that will be provided by Boston EMS. If any EMS special coverage will be provided by any other provider or providers, the organizer must submit proof acceptable that the organizer has obtained such coverage prior to the event.

5. After the organizer has successfully complied with all applicable provisions of this regulation, the Commission will certify that the organizer has fulfilled the EMS coverage requirements of this regulation for the special event to take place.
6. The Executive Director is hereby authorized to establish fee scales for the issuance of a certification of an event which may vary according to size of the event.
7. Whoever violates any provision of Section 2 of this regulation shall be subject to a fine and the cost of any EMS special event coverage assigned to the event.

E (9): Other

Special Locations and On-Site Health Resources

Boston is a large urban center with many unique locations to which Boston EMS may respond in the event of an emergency. These include high-rise buildings such as the Prudential Building and the John Hancock Tower, correctional facilities including the Nashua Street Jail and South Bay House of Correction, Logan International Airport, municipal and private schools, colleges and universities, cruise ships, postal facilities such as the South Postal Annex, and transportation hubs including MBTA and Amtrak stations.

Many of these locations maintain on-site personnel with varying levels of healthcare training, including but not limited to school nurses, campus health clinicians, and specialized response agencies such as the MassPort Fire Rescue Department. When a call from one of these locations is received, CAD recognizes the address as a special location and provides, when available, location-specific guidance. This may include best points of access, known hazards, restricted entry considerations, and other critical information to assist both the Dispatcher and responding field units.

School-Based Health Centers (SBHCs)

The DPH School-Based Health Center (SBHC) Program funds health centers within select Boston Public Schools to improve access to healthcare services and address student health needs. Each SBHC offers medical services, mental health services, and sexual and reproductive health services.

These centers are staffed by licensed healthcare professionals and are capable of providing assessment, treatment, and limited urgent care during school hours. While they serve as an important clinical resource within the school setting, they do not replace the need for Boston EMS activation in emergency situations.

School-Based Health Center Locations

Name of School	Address	Contact	SBHC
Albert D. Holland School of Technology ¹³	60 Washington St. Dorchester, MA 02124	(617) 534-9954	BPHC
Another Course to College (Mental Health only)	20 Warren St. Brighton, MA 02135	(617) 534-2023 (617) 635-8865	BPHC
Blackstone Innovation School	380 Shawmut Ave Boston, MA 02118	(617) 425-2000	NeighborHealth
Boston Day and Evening Academy	20 Kearsarge Ave Roxbury, MA 02119	(617) 989-3212	Whittier Street Health Center
Boston Latin Academy High School	205 Townsend St. Boston, MA 02121	(617) 534-9930	BPHC
Brighton High School	25 Warren St. Brighton, MA 02135	(617) 534-9958	BPHC
Charlestown High School	240 Medford St. Charlestown, MA 02129	(617) 534-9958	New Health
Dearborn STEM Academy	36 Winthrop St. Roxbury, MA 02119	(617) 989-3212	Whittier Street Health Center
Madison Park Technical Vocational High School	55 Malcom X Blvd Roxbury, MA 02119	(617) 534-9965	BPHC
New Mission High School	655 Metropolitan Ave. Hyde Park, MA 02136	(617) 991-3067 (857) 225-7947	BPHC
Snowden International High School	150 Newbury St. Boston, MA 02115	(617) 534-9967	BPHC
TechBoston Academy	9 Peacevale Rd. Dorchester, MA 02124	(617) 822-8272	Codman Square Health Center
The Ruth Batson Academy ¹⁴	315 Mount Vernon St. Dorchester, MA 02125	(617) 991-3067 (617) 910-2333	BPHC
Young Achievers K-8 School	20 Outlook Rd. Mattapan, MA 02126	(617) 296-0061	Mattapan Community Health Center

Additional information related to SBHCs and their care capabilities is available at [Boston Public Schools](#), [Boston Public Health Commission](#), and [Codman Square Health Center](#).

Colleges and Universities

Boston has a high concentration of colleges and universities, many of which maintain on-site student health services. These health resources vary in capability but generally provide non-emergent evaluation and treatment, preventative care, and behavioral health services for enrolled students. While these facilities contribute to the overall healthcare landscape within the City of

¹³ Formerly Jeremiah E. Burke High School. The Boston School Committee approved the renaming in June 2024 to honor Dr. Al Holland, a former principal who led the school during its turnaround in the 1980s.

¹⁴ Formerly Boston Community Leadership Academy/McCormack 7-12 School. The Boston School Committee approved the renaming in April 2024.

Boston, they do not function as emergency care facilities and do not replace the need for 911 activation or ambulance transport for patients requiring emergent evaluation and treatment.

Most campus health centers operate on limited schedules (weekday business hours with variable evening coverage) and are not consistently available 24/7. These institutions often maintain licensed clinical staff (physicians, nurse practitioners, physician assistants), mental health and counseling services, immunization and preventative care programs, campus-wide AED deployment, and campus police or public safety agencies capable of initiating care (CPR, AED use) prior to EMS arrival.

Institution	Contact	On-Site Clinic	Care Capabilities
Boston College	140 Commonwealth Ave. Chestnut Hill, MA 02467 (617) 552-8000	Yes	Primary care, urgent care, and mental health services
Boston University	881 Commonwealth Ave. Boston, MA 02215 (617) 353-2000	Yes	Primary care, urgent care, mental health services, immunizations, and specialty referral
Bunker Hill Community College	250 New Rutherford Ave. Boston, MA 02129 (617) 228-2000	No	Health screening and referrals only.
Emerson College	120 Boylston St. Boston, MA 02116 (617) 824-8500	Yes	Basic primary care and counseling services
Massachusetts College of Pharmacy & Health Sciences	19 Foster St. Boston, MA 02115 (617) 521-2000	Yes	Primary care, dental, vision, and allied health services. Located in Longwood Medical Area with immediate access to tertiary care
MGH Institute of Health Professions	36 1 st Ave. Charlestown, MA 02129 (617) 726-2947	Yes	Limited urgent care, preventative care and referrals with strong hospital integration
Northeastern University	360 Huntington Ave. Boston, MA 02115 (617) 373-2000	Yes	Primary care, urgent care, pharmacy, and mental health services
Suffolk University	73 Tremont St. Boston, MA 02108 (617) 573-8000	Yes	Limited acute care, preventative services, and referrals
Tufts University School of Medicine	419 Boston Ave. Boston, MA 02115 (617) 636-6500	Yes	Primary care, mental health, direct specialty referral with integrated hospital access
UMASS Boston	100 Morrissey Blvd Boston, MA 02125 (617) 287-5000	Yes	Primary care, urgent care, immunizations, counseling, and telehealth

E (10): Health Centers¹⁵

Name of Facility	Address/Location	Phone Number	Services
Boston Health Care for the Homeless	Jean Yawkey Place 780 Albany Street Boston, MA 02118	857-654-1000	P,D
Bowdoin Street Health Center	230 Bowdoin Street Boston, MA 02122	617-754-0100	P,E
Brookside Community Health Center	3297 Washington Street Jamaica Plain, MA 02130	617-825-3400	P,D
Charles River Community Health - Brighton	495 Western Avenue Brighton, MA 02135	617-783-0500	P,D,E
Codman Square Health Center	637 Washington Street Boston, MA 02124	617-825-9660	P,D,E
Daniel Driscoll-Neponset Health Center	398 Neponset Avenue Boston, MA 02122	617-282-3200	P,E
Dimock Community Health Center	55 Dimock Street Boston, MA 02119	617-442-8800	P,D,E
DotHouse Health	1353 Dorchester Avenue Boston, MA 02122	617-288-3230	P,D,E
Fenway Community Health Center	1340 Boylston Street Boston, MA 02115	617-267-0900	P,D,E
Fenway: South End	142 Berkeley Street, 2nd Fl Boston, MA 02116	617-247-7555	P
Geiger Gibson Community Health Center	250 Mount Vernon Street Boston, MA 02125	617-288-1140	P,D
Greater Roslindale Medical & Dental Center	4199 Washington Street Roslindale, MA 02131	617-323-4400	P,D
Harvard Street Adolescent Child Life Center	895 Blue Hill Avenue Boston, MA 02121	617-822-5510	P
Harvard Street Neighborhood Health Center	632 Blue Hill Avenue Boston, MA 02121	617-825-3400	P,D
Mattapan Community Health Center	1575 Blue Hill Avenue Mattapan, MA 02126	617-296-0061	P,D

¹⁵ A complete list of health centers and facilities in Massachusetts can be found at: www.massleague.org/findahealthcenter/index.php and at www.mass.gov/info-details/health-care-facilities-in-massachusetts.

MGH Charlestown HealthCare Center	73 High Street Charlestown, MA 02129	617-724-8135	P
NeighborHealth-East Boston	20 Maverick Square East Boston, MA 02128	617-569-5800	P,D,E
NeighborHealth-East Boston	10 Gove Street East Boston, MA 02128	617-569-5800	P
NeighborHealth-South End	1601 Washington Street Boston, MA 02118	617-425-2000	P,D,E
NEW Health-Charlestown	15 Tufts Street Boston, MA 02129	857-238-1100	P,D,E
NEW Health-North End	332 Hanover Street Boston, MA 02113	617-643-8000	P,D,E
Sidney Borum Jr. Health Center	142 Berkeley Street Boston, MA 02116	617-457-8140	P
South Boston Community Health Center	409 West Broadway Boston, MA 02127	617-269-7500	P
South Boston Community Health Center	386 West Broadway Boston, MA 02127	617-269-7500	D,E
South Boston Health-Seaport	505 Congress Street Boston, MA 02210	617-269-7500	P
South Cove Community Health Center	885 Washington Street Boston, MA 02111	617-482-7555	P
South Cove Community Health Center	145 South Street Boston, MA 02111	617-521-6730	D,E
Southern Jamaica Plain Health Center	640 Centre Street Jamaica Plain, MA 02130	617-983-4100	P
Upham's Corner Health Center	636 Columbia Road Boston, MA 02125	617-825-9839	D,E
Upham's Corner Health Center	500 Columbia Road Boston, MA 02125	617-287-0786	P
Upham's Corner Health Center	415 Columbia Road Boston, MA 02125	617-287-8000	P
Whittier Street Health Center	1290 Tremont Street Boston, MA 02120	617-427-1000	P,D,E
Whittier Street Health Center	287 Blue Hill Avenue Boston, MA 02119	617-858-2550	P

Legend

P— Primary Care
D— Dental
E— Eye Care

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)

Boston Police Department – Operations Center
1199 Tremont Street, 4 – North
Boston, MA 02120

Primary PSAP Identification

PSAP Operation by: Boston Police/Boston EMS

PSAP Agency:	Boston Police Department		
Contact Information:	Deputy Superintendent Carmen Curry, Commander of Operations Boston Police Department 1199 Tremont Street Boston, MA 02120 (617) 343-4680		
Staffing:	Day:	10 Call takers	7 Dispatchers
	Evening:	10 Call takers	7 Dispatchers
	Night:	8 Call takers	6 Dispatchers
EMD Training/Use:	None		

PSAP Agency:	Boston EMS		
Contact Information:	Deputy Superintendents Robert Barnes & Tania DelValle Commanders of Dispatch Operations, Boston EMS Boston Police Department 1199 Tremont Street Boston, MA 02120 (617) 343-1400		
Staffing:	Day:	6 Telecommunicators	1 Supervisor
	Evening:	6 Telecommunicators	1 Supervisor
	Night:	5 Telecommunicators	1 Supervisor
EMD Training/Use:	All Dispatch Operations personnel are trained and certified in APCO EMD		

Primary PSAP Overview

The Boston EMS Dispatch Operations Division is part of the Primary PSAP at Boston Police Headquarters. Emergency calls for assistance are received in a number of ways: wireline, wireless, and text to 9-1-1 calls made from within Boston. 9-1-1 calls are first answered by a Boston Police

Department calltaker and if determined the call is medical in nature, an intra-PSAP transfer connects the caller to the Boston EMS Telecommunicator. Wireless 9-1-1 calls may also be first answered by the Boston Fire Department, or the State 9-1-1 Department in Milford. If the call is in Boston and medical in nature, an inter-PSAP transfer connects the caller to the Boston EMS Telecommunicator. Ten-digit emergency calls are received directly by the Boston EMS Telecommunicator(s).

Emergency Medical Dispatch

Boston EMS is certified by the Commonwealth of Massachusetts State 911 Department as the designated EMD resource for the City of Boston. All emergency medical calls for assistance received at the Primary PSAP are provided Emergency Medical Dispatch (EMD) in accordance with the Association of Public Safety Communications Officials (APCO) and under the authority of the Boston EMS' Medical Director. APCO's EMD Program is compliant with National Highway Traffic and Safety Administration (NHTSA) and American Society for Testing and Materials (ASTM) Standards. As part of the response framework, Boston EMS determines the most appropriate units to respond based on EMS.

EMD includes a question scenario format that first confirms the address of the incident and phone number, and then immediately determines whether the event is potentially life-threatening. When a call is deemed potentially life-threatening, an incident is created in the Computer Aided Dispatch (CAD) system and based on the type code, simultaneously copied to police and/or fire department. If the "All Callers" questions have ruled out a life-threatening emergency, EMD then provides a formatted series of questions, by category of complaint, to help determine the nature of the problem, an associated type code to drive dispatch to the closest, most appropriate unit(s), and pre-arrival instructions to empower the caller to render assistance until help arrives. EMD quality assurance/quality improvement (QA/QI) is regularly performed to ensure consistent performance or identify system issues needing improvement.

Computer Aided Dispatch (CAD)

Boston EMS shares a common CAD system with the Boston Police Department and Boston Fire Department. Ongoing planning provides type codes that drive joint agency responses when necessary, and when type codes are updated as additional information is received. Unit status changes can be monitored by any given agency, and information updates entered in CAD are automatically provided, as necessary, to responding units of all agencies, providing a common operating picture for multi-agency responses. CAD also supports mobile data for all agencies, with interoperable "data" messaging terminal-to-terminal. Integration of Boston EMS Automatic Vehicle Location (AVL) information (using GPS location information from the EMS field units) is integrated with the CAD system to provide dynamic (vs. static post/station location) recommendation to the closest, most appropriate unit(s), presented on a CAD-AVL map display.

Section II: Secondary PSAP Center, if any (alternate answering point for emergency calls)

Boston Fire Department – Fire Alarm Division
59 Fenway

Boston, MA 02115
(617) 343-2880

PSAP Operation by: Boston Fire Department

PSAP Agency:	Boston Fire Department		
Contact Information:	Superintendent Steve Keeley Fire Alarm – Boston Fire Department 59 Fenway Boston, MA 02115 (617) 343-2060		
Staffing:	Day:	08:00 hrs – 18:00 hrs	5
	Night:	18:00 hrs – 08:00 hrs	5
EMD Use:	None		

Metro-Boston CMED

CMED, an acronym for Central Medical Emergency Direction, is a concept initiated in the early 1970s under the Federal Emergency Medical Services System Act of 1973. A CMED Center is a resource organization that provides specialized communications functions for hospitals and ambulances. CMED Centers provide a vital role in monitoring EMS communications.

The statewide EMS radio network is comprised of discrete regional radio systems. Each system has the following components: a CMED Center, associated ambulance services, hospitals, rescue squads, and municipal agencies. The system is designed to meet local needs but adheres to a common design strategy that will afford compatibility across regional boundaries and the interconnection of systems into the statewide network. Operational and medical communications are primarily accomplished via two-way land mobile radio, which usually operates UHF channels.

Metro-Boston CMED provides coordination of EMS telecommunications throughout the sixty-one (61) cities and towns in the metropolitan Boston area that comprise Massachusetts EMS Region IV. The CMED Center is located within the Boston EMS Dispatch Operations Center and staffed 24 hours a day 7 days a week with specifically trained EMT-Telecommunicators. Functions of Metro-Boston CMED include:

- Managing EMS channel usage within the region;
- Coordinating channel management with neighboring CMED Centers as part of the statewide network;
- Serving as a clearinghouse for EMS resource status information (e.g., emergency room diversions, loading, bed status, specialty care facilities, ambulances, etc.);
- Monitoring the radio traffic to determine the quantity and quality of transmissions and to detect and resolve outages;
- Providing Command/Control/Communications/Intelligence (C³I) functions during mass casualty or disaster responses in cooperation with authorized scene commanders and medical control physicians;

- Coordinating EMS with other public safety agencies through the use of radio channel patch capabilities to link mobile units with hospitals;
- Providing general assistance as requested by any EMS agency in accordance with system procedures; and
- Aiding out-of-region ambulances and other EMS units entering or passing through the region.

Since the primary function of the CMED system is linking pre-hospital EMS providers and hospitals for the purposes of medical communications, it is not considered among the tactical interoperable communications options available to the Incident Commander. However, CMED may be used for Medical Branch Incident Command to request regional assistance such as resource and mutual aid requests, staging and loading coordination, hospital point of entry designation, among other things.

Metro-Boston Homeland Security Region Interoperability

The purpose of the Metro-Boston Homeland Security Region (MBHSR) Public Safety Communications Interoperability project is to ensure that MBHSR first responders have the ability to share data and communicate at optimal efficiency, in real time, across jurisdictions and disciplines. Increased communications interoperability enables more effective emergency response during day-to-day operations and large-scale events. The mission of the MBHSR communications interoperability project is to improve regional communications interoperability among first responder agencies and improve the efficiency and effectiveness of the region's overall response capabilities.

Towards that end, the participating agencies have created a Standard Regional Channel Plan for Communications Interoperability that will allow for other regional agencies to transmit and receive on their licensed frequencies. This plan (as modified and agreed to) with associated radio frequencies is to be installed on all portable, mobile and dispatch center radios as appropriate for the purpose of regional communications interoperability.

Boston Ambulance Mutual Aid (BAMA) Radio

The Boston EMS Ambulance Mutual Aid (BAMA) channel is engineered to afford inter-dispatch center communication between Boston EMS and its backup providers. A UHF multi-site conventional network operating narrow band with analog and encrypted digital communication, BAMA is used to request mutual aid assistance and coordinate the response of additional medical resources.

Hospital Radio Network

Boston EMS, in conjunction with the City of Boston, established the Hospital Radio Network to afford command center communications between the hospitals and Boston EMS. The network may be used to ensure day-to-day communication in the event of a local or network telephone outage,

provide command and control communication during emergency events, or request assistance and coordinate the response of additional medical resources.

PART G: Medical Direction Plan

105 CMR 170.510(G): Local jurisdictions(s) need to include a plan for medical control¹⁶. 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 Inventory

Provider	Affiliate Hospital	Medical Director	Contact Phone
Boston EMS	Boston Medical Center	Dr. Sophia Dyer	(617) 343-1359

Standard of Care

Boston EMS must first and foremost operate as a professional medical service. As such, members providing patient care services are held accountable to a standard of care in the same manner, as are all other patient care providers.

The standard of care for Boston EMS has several components. The first component is the force of law standard. This is the standard imposed by Massachusetts General Law Chapter 111c, regulating ambulances and ambulance services and regulations hereinafter promulgated.

The next element is the standard of ethics by which an EMT or Paramedic is bound not to disclose details of patient history and/or treatment except as authorized to other professionals involved with patient care or as required by law.

The EMT and paramedic has a moral obligation to provide the best care possible to each patient he/she attends, as determined by the limits of his/her training, without regard for the patient's age, sex, religion, sexual orientation, or ability to pay.

Finally, Boston EMS has established institutional standards. These standards are described in the Statewide Treatment protocols issued by the Department of Public Health, Office of Emergency Medical Services, and by the Medical Director of Boston EMS. Compliance with these protocols is mandatory during all patient care activities.

¹⁶ 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.

ADVANCED LIFE SUPPORT AFFILIATION AGREEMENT

This Agreement is made and entered into on July 1, 2024, between the Boston Public Health Commission acting through its Emergency Medical Services Bureau (Boston EMS), and Boston Medical Center Corporation (the Hospital). This agreement supersedes the Advanced Life Support Affiliation Agreement executed on January 1, 2022.

Preamble:

- Boston EMS is licensed to provide pre-hospital Advanced Life Support (ALS-Paramedic) emergency medical services in accordance with 105 CMR 170.000, and its emergency medical technicians (EMTs) are certified at the appropriate ALS level of care to allow the Ambulance Service to deliver ALS at the Paramedic level; and
- The Hospital is equipped and committed to providing medical oversight services in accordance with 105 CMR 130.1501-1504 and as described herein for the provision of pre-hospital ALS-Paramedic care by the EMTs certified to provide ALS care employed by the Boston EMS; and
- The parties are committed to meeting the requirements of the Massachusetts Department of Public Health's (Department's) Emergency Medical Services Regulations, 105 CMR 170.300, regarding affiliation agreements between an ambulance service licensed to provide Advanced Life Support services and a hospital with an Emergency Department staffed by physicians 24 hours per day, in order to establish an effective plan for medical oversight.

THE PARTIES AGREE AS FOLLOWS

Boston EMS Agrees:

1. To staff its ambulances assigned to provide ALS services with EMTs fully trained, oriented and certified at the appropriate ALS level.
2. To equip all ALS-Paramedic ambulances with the communication, treatment, and monitoring equipment required by the Department and the Hospital in order to provide effective EMS at the level of care for which the ambulance service is licensed.
3. To provide patient care in accordance with the Statewide Treatment Protocols and any OEMS approved special project waivers.
4. To participate in the quality assurance/quality improvement (QA/QI) program operated under the direction of the Affiliate Hospital Medical Director, and in accordance with requirements of this Agreement.
5. To notify the Medical Director of all certified EMTs requiring authorization to practice.
6. To notify the Medical Director of all personnel changes involving certified EMTs who will provide pre-hospital ALS.
7. To provide the Medical Director with information regarding any certified EMTs who provide ALS care against whom there has been any disciplinary action taken by the Department, and/or for whom any remediation has been ordered or indicated.

ADVANCED LIFE SUPPORT AFFILIATION AGREEMENT

8. To ensure that its certified EMTs are providing ALS care in accordance with the Medical Director's authorization to practice.
9. To provide the Medical Director with a copy of its current dispatch protocols.
10. To provide the Medical Director with a copy of all trip records, incident reports and, upon request, any other pertinent patient care-related documents and data, related to the Boston EMS' provision of pre-hospital EMS in cases in which ALS was requested, even if not provided.
11. To ensure its certified EMTs providing ALS care participate in remediation, training and retraining, as necessary, under the oversight of the Medical Director, or his or her designee.
12. To follow Regional point-of-entry plan(s) approved by the Department and other relevant regulations, policies and administrative requirements of the Department.
13. To obtain those Schedule II-IV controlled substances indicated in the Statewide Treatment Protocols or special project waivers from the hospital and to adhere to the hospital's policies in regard to handling, dispensing, disposal and accounting of such substances.
14. The Advanced EMTs will follow the Department's Office of Emergency Medical Services Pre-Hospital Statewide Treatment Protocols for the Advanced EMT.

The Hospital Agrees:

1. To provide medical control oversight to Boston EMS personnel.
2. To designate a medical director (Medical Director), who shall have authority over the clinical and patient care aspects of Boston EMS' provision of pre-hospital ALS services, including but not limited to the authorization to practice of its EMS personnel, and the denial or withdrawal of such authorization to practice.
3. To provide on-line medical direction in accordance with the Statewide Treatment Protocols 24 hours a day, seven days a week, by a hospital-based physician(s).
4. To comply with the State EMS Communication Plan regarding medical direction communications.
5. To operate, under the direction of the Medical Director, an effective quality assurance/quality improvement (QA/QI) program, in which on-line medical direction physician(s) and/or designees shall participate.
6. To operate said QA/QI program in accordance with QA/QI standards and protocols.
7. To ensure that said QA/QI program shall include, but not be limited to, regular review of trip records and other data pertinent to the Ambulance Service's provision of patient care in cases in which ALS services were requested, whether ALS services were

ADVANCED LIFE SUPPORT AFFILIATION AGREEMENT

provided or not. Such review shall take place on an ongoing, regular basis through the ambulance service's Research, Training, and Quality Improvement Division.

8. In conjunction with the Boston Emergency Medical Service Research, Training, and Quality Improvement Division, operate a program for skill maintenance and review for each of the certified EMTs providing ALS care, in accordance with standards and protocols for effective skill maintenance and review.
9. To ensure each of Boston EMS' certified EMTs providing ALS care have access to remediation, training and retraining, as necessary, under the oversight of the Medical Director, or his or her designee. Such access to remediation, training and retraining shall at minimum include the provision of additional clinical and/or didactic training; skill maintenance in ER, OR, ICU, or simulation laboratory setting; participation in research projects; or other means as deemed necessary and appropriate by the Medical Director.
10. To provide regular consultation opportunities between its medical and nursing staffs and the certified EMTs providing ALS care to review and discuss various aspects concerning the performance of the Boston EMS' delivery of ALS care. To make available members of the Hospital's clinical staff or case review and other clinical-related educational programs. In addition, the Hospital shall provide at least one hour of clinical care review rounds and chart reviews during six of the monthly training sessions at Boston EMS Training Division at such times as shall be mutually agreed.

Both Parties Agree:

1. To implement and maintain a program for skill maintenance and review of Boston EMS' certified EMTs providing ALS care, in accordance with standards and protocols for effective skill maintenance and review.
2. To implement and maintain a procedure by which a hospital physician can maintain recorded direct verbal contact with the EMT regarding a particular patient's condition and order, when appropriate, the administration of a medication or treatment for that patient.
3. To be responsive to the other party's concerns and needs, acting in a timely manner to resolve all problems and meet reasonable needs.
4. To review this document at least annually and make any updates and amendments necessary to ensure it is consistent with current practice.
5. To notify the Department of Public Health's Office of Emergency Medical Services in writing should any changes occur altering the specifics of the agreement.
6. Boston EMS and the Hospital will offer a minimum of four (4) morbidity and mortality case rounds per year and the EMTs, Paramedics and Advanced EMTs will be required to attend two (2) sessions per year.

ADVANCED LIFE SUPPORT AFFILIATION AGREEMENT

Notices:

Notices required hereunder shall be in writing and by first class mail to the following addresses:

To the Hospital:

Boston Medical Center
One Boston Medical Center Place
Boston, MA 02118
Attn: President

To the Ambulance Service:

Boston EMS
785 Albany Street
Boston, MA. 02118
Attn: Professional Standards

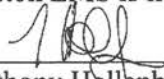
Term:

This agreement shall expire no later than 24 months from the date this agreement was entered into, as set forth on the first page herein. Thereafter, this agreement shall automatically renew for one-year periods until one of the parties terminates the agreement in accordance with the paragraph below or the parties mutually agree to terminate the agreement.

Early Termination:

This agreement may be terminated prior to the expiration date agreed to herein by either the Hospital or the Ambulance Service with six (6) months prior written notice, with or without cause.

Boston EMS is licensed to provide pre-hospital Advanced Life Services.

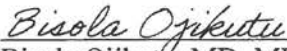


Anthony Hollenberg, MD
President, Boston Medical Center Corporation

8/2/2024
Date

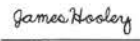
Christian Arbelaez, MD
Chair, BMC Department of Emergency Medicine

8/2/2024
Date



Bisola Ojikutu, MD, MPH,
Executive Director, Boston Public Health Commission

8/7/2024
Date



James Hooley
Chief of Department, Boston EMS

08/13/2024
Date

Approved As to Form (BPHC)



Batool Raza, Esq.
General Counsel

08/19/2024
Date

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 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 the following pages:

Boston EMS Organization and Administration

Boston EMS is structured into a series of organizational components that represent functional groupings of employees performing similar activities. This structure provides management with a means of assigning responsibility for performance of a group of functions to a single supervisor or manager and clarifies to whom specific employees are accountable.

The structure of the organization is management's mechanism for bringing together and coordinating resources to accomplish goals and objectives. The Chief of Department may establish any organizational units and assign functions as deemed necessary to support the effective and efficient accomplishment of the agency's goals, objectives, responsibilities, and functions. The Department will establish a table of organization, which will be periodically updated to reflect changes and will be made available to all Department personnel.

Boston EMS System Overview

Boston EMS is the lead agency for the provision of emergency medical services for the City of Boston. The Boston emergency medical services system is comprised of public and private organizations that provide a comprehensive delivery of pre-hospital care and in-hospital

emergency medical care. Boston EMS is responsible for the management of the pre-hospital component: first responders, Basic Life Support (BLS), Advanced Life Support (ALS), and telecommunications. Private and municipal ambulance services provide backup support through mutual aid agreements as needed. The Conference of Boston Teaching Hospitals (COBTH) is a consortium of local hospitals and their EMS departments. Boston EMS and COBTH are continually evaluating and improving the delivery of emergency care especially in the area of multiple casualty preparedness.

1. ***Coordination of Scene Care*** – Working closely with other public and private agencies, EMS personnel shall direct and coordinate the provision of emergency medical care on scene and enroute to a hospital.
2. ***Pre-Hospital Communications*** – Communication between units and/or with a hospital emergency department is accomplished by a multi-channel ultra-high frequency (UHF) radio coordinated by the Boston EMS Dispatch Operations Center.
3. ***Basic Life Support Ambulances*** – Basic Life Support (BLS) ambulances are deployed in districts throughout the City and respond to all types of medical emergencies. District ambulances are staffed by Boston EMS certified EMTs who administer Basic Life Support skills. EMTs are also trained in telecommunications, emergency vehicle operation, infection control, multiple casualty incident management, hazardous material and mass casualty incident (MCI) management.
4. ***Advanced Life Support Ambulances*** – Advanced Life Support (ALS) ambulances are deployed in zones and respond primarily to emergencies considered life-threatening or urgent. Boston EMS certified Paramedics who staff the ALS units are certified to administer intravenous, subcutaneous, and endotracheal medication; to interpret cardiac arrhythmias, defibrillate, and perform synchronized cardioversion; to perform endotracheal intubation; and to perform other Advanced Life Support techniques as required.

Chain of Command

There are two functional chains of command: operational and clinical. The operational chain of command describes the levels of responsibility and authority concerning administrative and procedural matters (e.g., the adherence to rules and regulations). The clinical chain of command describes the levels of responsibility and authority according to the degree of clinical training and certification (e.g., Basic Life Support and Advanced Life Support).

Operational Chain of Command

The following are named by title and are listed according to authority and responsibility in descending order:

- Chief of Department
- Superintendent in Chief
- Superintendent
- Deputy Superintendent
- Captain
- Lieutenant

- Boston EMS EMT-Paramedic
- Boston EMS EMT-Basic
- Boston EMS EMT-Recruit

Clinical Chain of Command

The following are named by title and are listed according to authority and responsibility in descending order:

- Medical Director
- Associate Medical Director
- Boston EMS EMT-Paramedic
- Boston EMS EMT-Basic
- Boston EMS EMT-Recruit

Unity of Command

Each member is accountable to only one supervisor at any given time. Each member shall be responsible or accountable to his regular immediate supervisor, except when working on a special assignment, incident, or temporarily assigned to another unit. In such cases, the member shall be accountable to the supervisor in charge of the assignment or incident. Similarly, each organizational component shall be under the direct command of only one supervisor as shown on the Department organizational chart. At times, a commanding officer may be required to give a lawful order to a member or component that is outside of his normal chain of command. In such cases, rank will be respected, and the order shall be obeyed. Personnel will be given commensurate authority to accomplish their responsibilities. Each employee will be held accountable for the use of delegated authority. Supervisory personnel are accountable for the activities of employees under their immediate supervision and control.

Command of Joint Operations

When two or more components within the Department are engaged in a joint operation, the person in charge shall be clearly identified to all participants at the beginning of the operation.

Succession of Command

In order to ensure continuity of command, Section Commanders or managers have the authority to designate a temporary replacement for short-term absences due to vacation, training, etc. subject to approval of the Chief of Department. In the absence of the Chief, the Superintendent in Chief will act for the Chief and with his authority. The succession of Command will continue through the chain of command based on position and seniority, unless otherwise directed by competent authority. An Acting Chief is authorized to carry out all powers, authority, and duties conferred upon the Chief, except promoting or demoting a member of the Department without the authorization of the Chief or the Executive Director of the Boston Public Health Commission.

Concept of Integrated Emergency Management for Emergency Medical Services (EMS)

1. Mitigation
 - a. Preventative Health & Safety and Community Programming
 - b. Community Automatic External Defibrillator (AED) location collection
 - c. Public and Private Sector coalition building and linkage for disaster planning
2. Preparedness
 - a. Develop and implement plans, training, and exercises at regular intervals, to ensure system competence in mass casualty incidents (MCI) and disaster response
 - b. Develop and maintain mutual aid agreements or memorandums of understanding
 - c. Maintain adequate medical supplies and equipment for emergency use to maximize survival.
3. Response
 - a. Activate Incident Command System (ICS) and assume medical command to manage the medical consequences of an incident
 - b. Patient triage and tagging
 - c. Patient decontamination assurance
 - d. Patient stabilization by definitive medical care
 - e. Medical communication and coordination
 - f. Patient transportation
 - g. Patient record keeping and supporting patient tracking
 - h. Medical intelligence and patient information interpretation
 - i. Public health system surveillance and integration.
4. Recovery
 - a. Coordination of specialized health and emergency medical services (EMS) sustainment and restoration as it pertains to pre-hospital care
 - b. Compilation of EMS situational awareness and briefing reports for city, state, and federal agencies.

Boston CMED

1. Coordinates pre-hospital and system medical communication between EMS, hospitals, and Region IV.
2. Maintains hospital MCI standing care capability reporting as well as hospital disaster-level patient capacity.
3. Activates area hospital notification radio network, including the hospital disaster radio network.
4. Secures appropriate medical destination for all patients.
5. Orders hospital destination upon request for Loading Officer.
6. Maintains records of number and destination of transported patients.
7. Coordinates online physician direction for on-scene personnel.
8. Determines, as needed, availability of critical care space in hospitals in neighboring communities.

9. Coordinates ambulances, including air ambulances for redistribution of patients to/from Boston hospitals.

Boston Medical Center

1. Provides online physician control for on-scene EMS personnel
2. Activates internal Emergency Plan commensurate to the incident phase
3. Disaster Chief, Boston Medical Center
 - a. Supervises all aspects of hospital based medical treatment during disasters
 - b. Implements internal disaster plan

Direction and Control

The Chief of Department of Boston EMS, in close consultation with the Medical Director, holds statutory responsibility for all aspects of emergency medical response in the City of Boston. Consequently, any department, unit, agency, or company that provides EMS personnel or EMS support to the City of Boston falls under the control of the Boston EMS Incident Commander or his/her designee.

Administration and Logistics

A. Boston Medical Center

Boston Medical Center will serve as the Medical Command Center for the City's medical response during an emergency situation. The Disaster Chief, staff, and support staff will coordinate the medical response with EMS and all other hospitals. Continuous communications should be maintained with the Boston EMS Dispatch Operations Center and the City of Boston Emergency Operations Center (EOC).

B. Bed Status Report

Boston EMS will determine the number of hospital beds available for emergency use. Bed Status Reports will specify the number of intensive care and general hospital beds available immediately, and additional beds that could be available after feasible discharges, transfers to nursing homes and to hospital holding areas. Bed Status Reports should be updated regularly and forwarded through Boston CMED.

C. Public Information

The Communications Office is responsible for providing information concerning health and medical operations, concerns or alerts to all media outlets and the public in general.

D. Non-Discrimination

Discrimination on any grounds including but not limited to race, color, religion, nationality, sex, age, or economic status in the execution of emergency medical services will not be tolerated.

Primary Ambulance Response

No ambulance service shall provide primary ambulance response within the City of Boston unless it is acting pursuant to a service zone agreement or agreement to provide backup services. When an ambulance service other than Boston EMS receives a call to provide primary ambulance response within the City of Boston that is not pursuant to a provider contract and a service zone agreement, it must immediately refer the call to Boston EMS. *(105 CMR 170.355 (B)(1) and (B)(4))*

When an ambulance service with a provider contract providing primary ambulance response pursuant to a service zone agreement receives a call for primary ambulance response, if it believes at the time the call is received that it cannot meet the service zone standards for primary ambulance response, the ambulance service must immediately refer the call to Boston EMS, unless otherwise provided in this service zone or service zone agreement. *(105 CMR 170.355 (B)(3))*

Provider Contracts to Respond to Emergencies

All services shall provide written notification to Boston EMS of all provider contracts they have for primary ambulance response within the City of Boston service zone. Services shall provide notice to Boston EMS, at a minimum, when an initial provider contract is established, a provider contract is terminated or renewed, or any changes are made to the provisions of a provider contract relating to emergency calls. For contracts to provide coverage at special events, including multi-jurisdictional special events, at venues with which the service does not have a prior existing provider contract for primary ambulance response on a regular basis, advance written notice shall be provided to all jurisdictions implicated by the events. Such notification may be made to ServiceZone@bostonems.org or by contacting the individual(s) listed in Part A as being responsible for monitoring compliance with the service zone plan. In accordance with 105 CMR 170.248, Boston EMS shall execute a service zone agreement with each ambulance service that notifies it that the ambulance service has a provider contract for primary ambulance response in the City of Boston.

Long Term Care Facilities Requesting EMS

105 CMR 150.002 (H) requires that the administrator develop and implement policies and procedures governing emergency transport. Such policies and procedures shall include criteria for deciding whether to call the emergency telephone access number 911 or its local equivalent, or a contracted private ambulance service provider, if any, in response to an emergency medical condition. The criteria for determining whether to call 911 versus the contracted provider shall address such factors as the nature of the emergency medical condition, and the time to scene arrival specified in relevant agreements with the contracted provider, if any.

Incident Dispatch/Notification of First Responder(s)

Boston EMS deploys its field units from EMS satellite stations strategically deployed across the City. Each field unit has a defined primary response area. When a call is received, the CAD system recommends the closest available Boston EMS field unit. EMS Dispatchers can also check the

location of a Boston EMS unit by using the AVL system. If the field unit for a given primary response area is not available, the closest available ambulance is then recommended for dispatch. In addition, Boston EMS deploys zone impact units. These are ambulances deployed through the City that overlap the primary response areas. These zone impact units may be redeployed by the Dispatcher, Operations Supervisor, or Deputy Superintendent according to need. Boston EMS also utilizes dynamic deployment at times of high call volume or low unit availability. By proactively “reposting” an ambulance to a section of the City in which other EMS resources are otherwise committed, EMS units will be in a position to respond to anticipated calls for service.

During particularly high system demand, either because of an increase in calls for service (demand) or limited availability (supply), the Department can implement a number of strategies. For example, if the increased demand is due to a heat wave or other foreseeable event, Boston EMS will frequently anticipate this demand by increasing staffing. Additional units may be placed in service for the entire shift, bike or other Special Operations resources may be placed in service, or backup services may be contacted for assistance. Call volume can also be managed by referring low priority incidents to mutual aid services, or dispatching single person units (supervisor, squad, or bike unit) or first responders to determine the need for an EMS response, thus keeping primary ambulances available for emergencies.

EMS Response in Recreational Areas (Pools and Beaches)

Public recreational areas such as pools and beaches operated by the City or the Commonwealth are staffed by trained personnel, including lifeguards or park staff, who function as first responders for medical emergencies within those facilities. Lifeguards and other trained staff are responsible for immediate rescue and lifesaving interventions, including water rescue, CPR, and AED use when indicated.

When a medical emergency occurs, on-site personnel will call 9-1-1, and the EMS Dispatchers will dispatch the closest available EMS unit and, when appropriate, may also dispatch public safety first responders such as Boston Fire Department or Boston Police Department.

Upon arrival, Boston EMS assumes primary responsibility for patient assessment, medical treatment, and transport to an appropriate healthcare facility. First responders remain available to assist EMS personnel with patient care, scene management, or access as needed.

EMS Response to Schools

Boston EMS responds to medical emergencies occurring at public and private schools within the City of Boston. School personnel typically activate the emergency response system by calling 9-1-1 when a student, staff member, or visitor experiences a medical emergency.

While awaiting the arrival of Boston EMS, school personnel trained in first aid, CPR, or AED use may initiate immediate care. Many schools are equipped with AEDs and maintain staff trained in their use. In some cases, school resource officers from the Boston Police Department or nearby public safety personnel may also respond as first responders, if they are available.

Boston EMS units are dispatched based on proximity and availability and respond to the school location to provide patient assessment, treatment, and transport as necessary. School staff or administrators assist EMS personnel with access to the patient and provide relevant medical or incident information as available.

EMS Incidents at Logan International Airport

The MassPort Fire Rescue Department provides first responder services for Boston EMS incidents at MassPort property and facilities located at Logan International Airport.

1. Upon notification of a medical emergency occurring on MassPort/Logan International Airport property, the EMT-Telecommunicator shall modify the call entry screen to delete the Boston Fire Department and Boston Police Department from any combined incident prior to CAD entry.
 - 1.1 Calls received directly from MassPort Fire Alarm or Massachusetts State Police assigned to Logan International Airport shall be assumed to be on MassPort property unless otherwise noted by the caller.
 - 1.2 Any call received via the NG9-1-1 system in which the ALI monitor shows the Emergency Service Zone to be MassPort Fire Rescue and Massachusetts State Police shall be modified to delete the Boston Fire Department and Boston Police Department from the combined incident prior to CAD entry.
2. The MassPort Fire Alarm shall be notified of all medical emergencies occurring on MassPort and Logan International Airport property reported to Boston EMS by any person or agency other than the MassPort Fire Alarm or Massachusetts State Police.
 - 2.1 The EMT-Telecommunicator entering the call is responsible for notifying the MassPort Fire Alarm of the nature and location of the emergency.
3. It shall be the responsibility of MassPort Fire Alarm personnel to notify other MassPort units and airport agencies (MassPort Fire Rescue, Massachusetts State Police, US Customs, Airline Security, etc.) of the incident.
4. MassPort Fire Alarm is responsible for notifying the Boston Fire Department of any mutual aid requests.

Marine Rescue

Boston EMS works cooperatively and trains with the United States Coast Guard, the Massachusetts State Police-Marine Division, the Boston Fire Department, the Boston Police Harbormaster, and other agencies that operate on the waterways in and around Boston to ensure plans are in place to respond to maritime emergencies. During summer months or planned special events, Boston EMS personnel are assigned to the Boston Police Harbor Unit as part of normal staffing. When a maritime emergency occurs and the Boston Police Harbor Unit is not staffed by

a Department EMT, Boston EMS makes every effort to have resources aboard a responding harbor unit. Helicopters have also been used in the past to respond to incidents on one of the harbor islands.

Mass Casualty Incidents

The mass casualty mission and approach is different from the day-to-day EMS routine. In a mass casualty situation, EMS responders should treat the whole group of victims as one, keeping in mind that the objective is to achieve the greatest good for the greatest number of victims. Therefore, treatment protocols intended for treating a single patient may be modified when dealing with multiple patients. For example, patients who normally might receive advanced treatment may be transported by BLS units to expedite transport and maximize resources. The goal of an MCI plan is to ensure rapid medical assistance is received by victims and to provide this assistance through adequate and coordinated efforts that will minimize loss of life, disabling injuries, and human suffering.

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 to 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 the following page(s):

Patient Care Reports

All first responders and licensed ambulance services operating within the City of Boston service zone shall have written policies in place regarding patient care reports. Boston EMS supervisors will provide guidance and, to the extent possible, assistance in completing the required documentation, but personnel from the affected agency itself will be ultimately responsible for ensuring delivery of said reports to the appropriate medical facility in accordance with all applicable local, state, or federal regulations.

In accordance with 105 CMR 170.345 (B) Boston EMS maintains Computer Aided Dispatch (CAD) records on all requests for emergency medical service. Department standard operating procedures also require personnel to complete a patient care report (PCR) on all cases, unless the unit was cancelled by Dispatch Operations prior to arrival on scene, in which case the incident will be documented via the CAD record.

Boston EMS uses an electronic patient care reporting and information management system. The system allows users to collect and document calls and patient information on mobile computers throughout the course of the EMS call. PCRs are prepared contemporaneously with, or as soon as practicable, after each response, and are then available for review by the hospital personnel immediately after upload to the server. The system is HIPAA compliant and allows hospital personnel to review reports on patients transported only to their facility, while providing EMS managers and physicians with valuable QA, statistical, billing, and demographic information. The system allows managers to identify trends in patient condition based on quantitative statistics within a geographic region, thus serving as a potential early warning system for potential biological incidents, a spike in narcotic overdoses, or other criteria.

Unprotected Exposure Reports/Infection Control

All EMS First Responders, First Responders, and licensed ambulance services operating within the City of Boston service zone shall have written infection control policies in place. Boston EMS supervisors will provide guidance, and to the extent possible, assistance in filling out required forms in the case of an exposure, but personnel from the affected agency itself will be ultimately

responsible for ensuring delivery of said reports to the appropriate medical facility in accordance with all applicable local, state, or federal regulations.

Unprotected Exposure Reporting Procedure

1. “Unprotected exposure” shall mean an exposure capable of transmitting an infectious disease dangerous to the public health and is limited to the following:
 - 1.1. Puncture Wounds – including punctures resulting from used needles, glass and other sharp objects contaminated with blood, or human bites.
 - 1.2. Blood to blood contact through open wounds which include open cuts, sores, rashes, abrasions, or conditions which interrupt skin integrity; and
 - 1.3. Mucous membrane contact – including such contact as would occur with mouth-to-mouth resuscitation or eye splashing with infected fluids. Such fluids would include blood, sputum, oral, and nasal secretions. (105 CMR 172.001)
2. If an unprotected exposure occurs, the affected area should be thoroughly washed as soon as possible. The Division Supervisor and the Designated Infection Control Officer (DICO) shall be notified. The following paperwork shall be completed for each unprotected exposure:
 - 2.1. The Boston EMS Unprotected Exposure Report completed by a Division Supervisor.
 - 2.2. The Massachusetts Department of Public Health Unprotected Exposure Report completed by the employee.
 - 2.3. The Worker’s Compensation Report of Occupational Injury of Accident Form completed by the employee.
3. The following procedures shall be in effect:
 - 3.1. An employee who has been exposed shall contact a Supervisor.
 - 3.2. In the event that the member requires immediate treatment for the exposure, the member shall be seen at the Boston Medical Center-Menino Emergency Department, or the hospital to which the patient is transported. In the event of a known blood splash in the eye, it is recommended that the member be treated at the hospital to which the patient is transported for immediate evaluation, irrigation, or other therapy.
 - 3.3. The Supervisor shall respond to the Emergency Department at which the member is being treated, and ensure that the Department of Public Health Unprotected Exposure Report and the Worker’s Compensation Form have been completed by the member. The member shall use the EMS Headquarters address as his or her home address. The Supervisor shall complete the Boston EMS Unprotected Exposure Report detailing the circumstances of the exposure, whether or not appropriate precautions appear to have

been taken to prevent or minimize the exposure, and recommendations for the prevention of similar occurrences in the future. The original Department of Public Health Unprotected Exposure Report shall be left with the designated person at the Emergency Department. The Supervisor shall scan a copy of the Department of Public Health Unprotected Exposure Report and the Worker's Compensation Report of Occupational Injury or Accident form to their Department issued cell phone. The Unprotected Exposure Report shall be emailed to the DICO, and the Worker's Compensation Report should be emailed to the Department's Personnel Services liaison. DICO shall review the report, ensure appropriate follow-up appointments have been made, and make additional comments or recommendations as necessary. To ensure patient privacy, detailed information regarding the member's exposure should only be given to the Medical Director and DICO.

- 3.4.If the member does not require immediate treatment, the Supervisor shall meet with the member as soon as possible but before the end of the work shift. The Supervisor shall confirm that the Department of Public Health Unprotected Exposure Report and the Worker's Compensation Form have been completed by the member. The Supervisor shall complete the Boston EMS Unprotected Exposure Report and forward all paperwork as described in paragraph 3.2.
4. Whenever a receiving hospital notifies the DICO that a patient has been diagnosed with an infectious disease, the DICO shall contact the affected members as soon as possible.
5. Whenever the Dispatch Operations Center Supervisor receives a call from a hospital that a member may have been exposed to an infectious disease, the Supervisor shall notify the DICO.
6. A member requesting information about a patient relative to an infectious disease shall notify the DICO who will contact the receiving hospital for follow up and inform the interested member of the results of such inquiry whenever possible. Information may only be given out if an exposure occurs and by law the hospital can only release information if the Department of Public Health Unprotected Exposure Report has been completed and received.
7. The DICO shall maintain records regarding Department member exposures. The information shall be recorded and maintained in accordance with HIPAA in such manner as to protect the confidentiality of the injured member.

APPENDIX A: FIRST RESPONDER/RESOURCE AGENCIES

Boston Fire Department

The Boston Fire Department is an organization of dedicated professionals who are committed to serving the community by protecting life, property, and the environment through prevention, education, emergency medical and fire services. The Boston Fire Department provides fire protection and emergency services throughout the City of Boston by adequately staffing, training, and equipping firefighters at designated locations across the City.

The Boston Fire Department maintains a fleet of 33 Engines, 18 Ladders, 2 Tower Units, 2 Heavy Rescues, 1 Marine Unit, and other specialty units. Approximately 1,500 uniformed firefighters staff these units and are trained and authorized to provide AED/first responder-level care on EMS responses. The Boston Fire Department serves as the primary first responder agency within the service zone.

MassPort Fire Rescue

MassPort Fire Rescue is a full-time career department comprised of 165 sworn employees charged with emergency response at Boston Logan International Airport, as well as Hanscom Field and Worcester Regional Airport. The department responds to over 4,500 calls annually. At Logan Airport, MassPort Fire Rescue operates two (2) Engines, five (5) Crash Rescue Units, one (1) Ladder, and one (1) Rescue from two (2) airport stations. It also maintains a Marine Unit with two (2) vessels: a 79-foot Ranger Class Custom Fireboat and a 25-foot Boston Whaler Utility Boat. These resources provide fire, rescue, EMS, HAZMAT, and security services, with life rafts capable of accommodating over 450 people.

Boston Police Department

The Boston Police Department, the oldest police department in the country, consists of approximately 1,700 uniformed officers trained at the first responder level. The Boston Police Department currently is organized into 11 precinct districts, each led by a District Commander, and deploys specialized units including the Special Operations Unit, Harbor Patrol and Dive Unit, Domestic Violence Unit, Sexual Assault Unit, Mounted Unit, and Crime Lab Unit.

The Boston Police Department has field officers in one and two-person patrol units, as well as motorcycles, bicycles, and watercraft. This mix of response modalities enhances the Boston Police Department's access to all areas of the City and makes them an effective adjunct to EMS delivery as well as providing the necessary support to EMS personnel at hazardous environments.

The Boston Police Department Headquarters, located at 1 Schroeder Plaza, houses the Public Safety Answering Point (PSAP) and Dispatch Center (CAD) for both the Boston Police Department and Boston EMS. Boston EMS Communications members staff the EMS section of the Communications Center.

Boston Centers for Youth and Families

The Boston Centers for Youth and Families (BCYF) is the City of Boston's largest youth and human services agency, operating community centers, pools, and youth program sites throughout the City. BCYF facilities host a wide range of recreational, educational, and community-based activities serving children, adolescents, families, and older adults. BCYF staff serve as on-site resources and initiate 9-1-1 activation for medical emergencies occurring within BCYF facilities and programs. BCYF lifeguards and staff provide immediate first aid, CPR, and AED interventions as indicated, and facilitate rapid EMS access to patients within pools, gyms, and community center environments.

BCYF Managed Sites with Lifeguard Coverage

Community Center	Address/Contact	Hours of Operation (may change summer/school vacations)	Care Capabilities
BCYF Blackstone	50 W. Brookline St. South End, MA 02118 (617) 635-5163	M-F 1-9PM	Pool closed (BCYF Facility Chart - Google Sheets)
BCYF Charlestown	255 Medford St. Charlestown, MA 02129 (617) 635-5170	M-F 1-9PM, Sat 9AM-5PM	Lifeguards, first aid supplies, AEDs
BCYF Clougherty Pool	345 Bunker Hill St. Charlestown, MA 02129 (617) 635-5173	Summer only, Tues-Sun 8 AM-6:45PM	Lifeguards, first aid supplies, AEDs
BCYF Condon	200 D St. South Boston, MA 02127 (617) 635-5100	M-F 11AM-9PM, Sat 8 AM-4PM	Lifeguards, first aid supplies, AEDs
BCYF Curley (Beach)	1663 Columbia Rd South Boston, MA 02127 (617) 635-5104	M-Th 6AM-8PM, F 6AM-7 PM, Sat/Sun 8AM-3PM	Lifeguards, first aid supplies, AEDs
BCYF Curtis Hall	20 South St. Jamaica Plain, MA 02130 (617) 635-5193	M-F 7AM-9PM, Sat 9AM-5PM	Lifeguards, first aid supplies, AEDs
BCYF Draper Pool	5275 Washington St. W. Roxbury, MA 02132 (617) 635-5021	Tues-F 6AM-9PM, Sat 7AM-5PM	Lifeguards, first aid supplies, AEDs
BCYF Flaherty Pool	160 Florence St. Roslindale, MA 02131 (617) 635-5181	M 7AM-3PM, Tues-F 5:30AM-9PM, Sat 7AM-3PM	Lifeguards, first aid supplies, AEDs
BCYF Hennigan	200 Heath St. Jamaica Plain, MA 02130 (617) 635-5198	M-F 1PM-9PM	Pool closed (BCYF Facility Chart - Google Sheets)
BCYF Holland	85 Olney St. Dorchester, MA 02121 (617) 635-5144	M-F 11AM-9PM, Sat 9AM-5PM	Pool closed (BCYF Facility Chart - Google Sheets)
BCYF Leahy / Holloran	1 Worrell St. Dorchester, MA 02122 (617) 635-5150	M-F 1PM-9PM, Sat 9AM-5PM	Lifeguards, first aid supplies, AEDs
BCYF Marshall	35 Westville St. Dorchester, MA 02124 (617) 635-5148	M-F 3PM-8:30PM, Sat 9AM-4:30PM	Lifeguards, first aid supplies, AEDs
BCYF Mason Pool	159 Norfolk Ave. Roxbury, MA 02119 (617) 635-5241	Tues-F 6AM-8:30PM, Sat 7:30AM-5PM	Lifeguards, first aid supplies, AEDs

BCYF Mattahunt	100 Hebron St. Mattapan, MA 02126 (617) 635-5160	M 1PM-9PM, Tues-F 11AM-9PM, Sat 9AM-5PM	Lifeguards, first aid supplies, AEDs
BCYF Mildred Avenue	5 Mildred Ave. Mattapan, MA 02126 (617) 635-1328	M, W, F 11AM-9PM, Tues, Thurs 8AM-9PM, Sat 9AM-5PM	Lifeguards, first aid supplies, AEDs
BCYF Mirabella Pool	475 Commercial St. North End, MA 02113 (617) 635-1276	Summer Only, Tues-Sun 8AM-6:45PM	Lifeguards, first aid supplies, AEDs
BCYF Paris St. Pool	113 Paris St. East Boston, MA 02128 (617) 635-1409	Tues-F 9AM-8PM, Sat 9AM-4:30 PM	Lifeguards, first aid supplies, AEDs
BCYF Perkins	155 Talbot Ave. Dorchester, MA 02124 (617) 635-5146	M-F 1PM-9PM	Pool closed (BCYF Facility Chart - Google Sheets)
BCYF Quincy	885 Washington St. Chinatown, MA 02111	M-F 1PM-9PM, Sat 8AM-4PM	Lifeguards, first aid supplies, AEDs

A current and complete list of BCYF facilities and program locations is available at [Boston Centers for Youth and Families](#).

Department of Conservation and Recreation

The Massachusetts Department of Conservation and Recreation (DCR) manages beaches, parklands, parkways, and waterfront properties within the City of Boston. DCR personnel, including park rangers and lifeguards, serve as initial on-scene responders, providing water rescue, first aid, CPR/AED, and activating 9-1-1 for Boston EMS response when advanced medical care or transport is required. DCR staff also assist with access, crowd management, and interagency coordination during incidents and special events.

DCR beach operations are seasonal and vary year to year based on staffing. Beaches are generally open from Memorial Day through Labor Day, with lifeguard services provided at select locations only. Coverage may begin as weekends-only at certain beaches and expand to daily operations during peak seasons, with some locations maintaining extended coverage later into the season. Lifeguard availability and coverage levels are dependent on staffing and may be reduced at times.

DCR swimming pools operate on a fixed seasonal schedule during the summer months, subject to staffing availability. Reported staffing levels reflect personnel required to support full operations and may not represent the number of lifeguards on duty at any given time.

DCR Managed Sites with Lifeguard Coverage

Location	Address/Contact	Coverage	Care Capabilities
Artesani Wading Pool (Boston side)	Soldiers Field Road Brighton, MA 02135 Boston Region: (617) 645-0219	Seasonal (Summer)	Lifeguards, first aid supplies, AEDs

Carson Beach	William J Day Blvd South Boston, MA 02127 Boston Region: (617) 645-0219	Seasonal (Late June through Labor Day)	Lifeguards, first aid supplies, AEDs
M Street Beach	Day Blvd & M St. South Boston, MA 02127 Boston Region: (617) 645-0219	Seasonal (Late June through Labor Day)	Lifeguards, first aid supplies, AEDs
Melnea A. Cass Pool	120 MLK Jr. Blvd Roxbury, MA 02119 Boston Region: (617) 645-0219	Seasonal (Summer)	Lifeguards, first aid supplies, AEDs
Olsen Swimming Pool	Hyde Park, MA 02136 Boston Region: (617) 645-0219	Seasonal (Summer)	Lifeguards, first aid supplies, AEDs
Pleasure Bay/Castle Island Waterfront	2010 Day Blvd South Boston, MA 02127 Boston Region: (617) 645-0219	Seasonal (Late June through Labor Day)	Lifeguards, first aid supplies, AEDs
Ryan Wading Pool	Cleveland Circle area Brighton, MA 02135 Boston Region: (617) 645-0219	Seasonal (Summer)	Lifeguards, first aid supplies, AEDs

Additional information on DCR-managed properties within the City of Boston is available at [Department of Conservation & Recreation](#).

Boston MedFlight

Boston MedFlight is a Commission on Accreditation of Medical Transport Systems (CAMTS) accredited Critical Care Transport service. The program operates six (6) helicopters, one (1) fixed wing aircraft, as well as eight (8) critical care ground vehicles, making it the only service in New England utilizing all three (3) modes of transport. Boston MedFlight's mission is to extend the tertiary care capabilities of Boston's major hospitals to communities throughout Massachusetts and New England. The service operates 24/7 and has been a key component of the regional EMS system since 1985. Boston MedFlight is affiliated with six (6) major Boston teaching hospitals: Massachusetts General Hospital, Brigham & Women's Hospital, Boston Children's Hospital, Boston Medical Center, Tufts Medical Center, and Beth Israel Deaconess Medical Center.

United States Coast Guard – Base Boston

The Coast Guard Base Boston serves as the primary support hub for the First Coast Guard District, overseeing operations throughout its area of responsibility. The base also provides logistical and operational support to other Coast Guard units and personnel stationed throughout New England, New York, and Northern New Jersey.

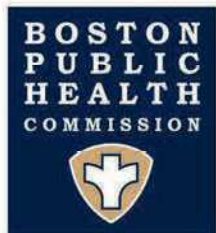
Regional MCI Trailers

Boston EMS maintains several Mass Casualty Incident (MCI) Support Trailers as regional assets. These trailers contain equipment and supplies for use during MCIs and can be requested by pre-hospital EMS providers through their regional CMED center.

Upon request, the Boston EMS Dispatch Operations Division, in coordination with Boston CMED, provides logistical support to personnel at incidents occurring within EMS Region IV or, as needed, to other regions for incidents outside Region IV.

APPENDIX B: MUTUAL AID AGREEMENTS & SERVICE ZONE AGREEMENTS

Copies of the executed Mutual Aid Agreements and Service Zone Agreements attached.



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and ACTION AMBULANCE SERVICE.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, ACTION AMBULANCE SERVICE has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and ACTION AMBULANCE SERVICE desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. ACTION AMBULANCE SERVICE shall provide primary ambulance response to its Contracted Facilities.
2. In the event that ACTION AMBULANCE SERVICE determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
- g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
- i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. ACTION AMBULANCE SERVICE agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: ACTION AMBULANCE SERVICE

Please include headquarters or legal address:

1 Jewel Dr

Wilmington, MA 01887

Attn/Point of Contact: Michael Woronka

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. ACTION AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. ACTION AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. ACTION AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. ACTION AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. ACTION AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that ACTION AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. ACTION AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect ACTION AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: ACTION AMBULANCE SERVICE

By: Michael Woronka

Name: Michael Woronka

Title: President & CEO

Hereunto Duly Authorized

EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
NONE		



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and ALERT AMBULANCE SERVICE.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, ALERT AMBULANCE SERVICE has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and ALERT AMBULANCE SERVICE desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. ALERT AMBULANCE SERVICE shall provide primary ambulance response to its Contracted Facilities.
2. In the event that ALERT AMBULANCE SERVICE determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
- g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
- i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. ALERT AMBULANCE SERVICE agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
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Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: ALERT AMBULANCE SERVICE

Please include headquarters or legal address:

1290 Wilson Road

Fall River, MA 02720

Attn/Point of Contact: Kimberlee Gassiraro

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. ALERT AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. ALERT AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. ALERT AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. ALERT AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. ALERT AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that ALERT AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. ALERT AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect ALERT AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: ALERT AMBULANCE SERVICE

By: Kimberlee Gassiraro

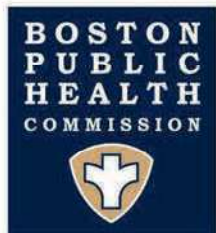
Name: Kimberlee Gassiraro

Title: Chief Operating Officer

Hereunto Duly Authorized

EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
West Roxbury VA	1400 VFW PARKWAY	
Jamacia Plain VA	150 South Huntington Ave	



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and ARMSTRONG AMBULANCE SERVICE.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, ARMSTRONG AMBULANCE SERVICE has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and ARMSTRONG AMBULANCE SERVICE desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. ARMSTRONG AMBULANCE SERVICE shall provide primary ambulance response to its Contracted Facilities.
2. In the event that ARMSTRONG AMBULANCE SERVICE determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
- g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
- i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. ARMSTRONG AMBULANCE SERVICE agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: ARMSTRONG AMBULANCE SERVICE

Please include headquarters or legal address:

87 Mystic Street

Arlington, MA 02474

Attn/Point of Contact: Jeffrey Scafidi

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. ARMSTRONG AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. ARMSTRONG AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. ARMSTRONG AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. ARMSTRONG AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. ARMSTRONG AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that ARMSTRONG AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. ARMSTRONG AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect ARMSTRONG AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: ARMSTRONG AMBULANCE SERVICE

By: Jeffrey Scafidi

Name: Jeffrey Scafidi

Title: Sr. Director of Strategy and Planning

Hereunto Duly Authorized

EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Boston College	Comm Ave	Brighton
Boston University	Comm Ave	Allston
Suffolk University	Tremont St	Beaon Hill
Emerson College	Boylston St	Common
NeighborHealth	Gove St	East Boston

7



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and BEAUPORT AMBULANCE SERVICE.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, BEAUPORT AMBULANCE SERVICE has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and BEAUPORT AMBULANCE SERVICE desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. BEAUPORT AMBULANCE SERVICE shall provide primary ambulance response to its Contracted Facilities.
2. In the event that BEAUPORT AMBULANCE SERVICE determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
- g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
- i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

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7. BEAUPORT AMBULANCE SERVICE agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: BEAUPORT AMBULANCE SERVICE

Please include headquarters or legal address:

19R Pond Rd

Gloucester, Ma 01930

Attn/Point of Contact: Kevin Rosado

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

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11. Records. BEAUPORT AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. BEAUPORT AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. BEAUPORT AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. BEAUPORT AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. BEAUPORT AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that BEAUPORT AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. BEAUPORT AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect BEAUPORT AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

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IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: BEAUPORT AMBULANCE SERVICE

By: Kevin F Rosado 07/23/2024

Name: Kevin Rosado

Title: Director of Operations

Hereunto Duly Authorized

EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Laurel Ridge	174 Forst Hills Street	Roxbury
Presentaiton Manor	10 Bellamy St	Brighton
Northeastern College	716 Columbus Ave	Roxbury
Northend Nursing	70 Fulton St	Boston



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and BOSTON MEDFLIGHT.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, BOSTON MEDFLIGHT has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and BOSTON MEDFLIGHT desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. BOSTON MEDFLIGHT shall provide primary ambulance response to its Contracted Facilities.
2. In the event that BOSTON MEDFLIGHT determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
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- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

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Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: BOSTON MEDFLIGHT

Please include headquarters or legal address:

150 Hanscom Drive

Bedford, MA 01730

Attn/Point of Contact: Andrew Farkas, COO-Clinical

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

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12. Independent Contractor. BOSTON MEDFLIGHT is retained solely for the purposes of and to the extent set forth in this Contract. BOSTON MEDFLIGHT relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. BOSTON MEDFLIGHT shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. BOSTON MEDFLIGHT, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that BOSTON MEDFLIGHT shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

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By: Timothy J. Harrington

Timothy J. Harrington

Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza

General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: BOSTON MEDFLIGHT

By: Andrew Farkas

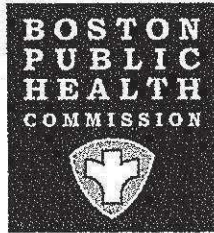
Name: 

Title: COO-Clinical

Hereunto Duly Authorized

EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Boston MedFlight is not a primary 911 service; ground ambulances are primarily for IFT and CCT between hospitals. In the event of a major MCI, natural disaster, or other major event, Boston MedFlight would support BEMS with transport, clinical, and logistical resources as needed, including the utilization of helicopters and airplane as appropriate.		



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

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Office of the General Counsel
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Boston, MA 02118

Contracted Ambulance Service: BREWSTER AMBULANCE SERVICE

Please include headquarters or legal address:
25 Main St

Weymouth, MA 02188

Chris DiBona

Attn/Point of Contact: _____

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11. Records. BREWSTER AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. BREWSTER AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. BREWSTER AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. BREWSTER AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. BREWSTER AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that BREWSTER AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. BREWSTER AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect BREWSTER AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington

Timothy J. Harrington

Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza

General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: BREWSTER AMBULANCE SERVICE

By: Chris DiBona

Name: _____

Title: Chief Clinical Officer

Hereunto Duly Authorized

6



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and CATALDO AMBULANCE SERVICE.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, CATALDO AMBULANCE SERVICE has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and CATALDO AMBULANCE SERVICE desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. CATALDO AMBULANCE SERVICE shall provide primary ambulance response to its Contracted Facilities.
2. In the event that CATALDO AMBULANCE SERVICE determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
- g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
- i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. CATALDO AMBULANCE SERVICE agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: CATALDO AMBULANCE SERVICE

Please include headquarters or legal address:

137 Washington St
Somerville, MA 02143

Attn/Point of Contact: Robert White

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. CATALDO AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. CATALDO AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. CATALDO AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. CATALDO AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. CATALDO AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that CATALDO AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. CATALDO AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect CATALDO AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: CATALDO AMBULANCE SERVICE

By: Dennis Cataldo

Name: Dennis Cataldo

Title: President

Hereunto Duly Authorized

EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Children's Hospital	300 Longwood Ave Boston, MA 02115	Longwood
Tufts Medical Center	800 Washington St Boston, MA 02111	



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and COASTAL MEDICAL TRANSPORTATION SYSTEMS.

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, COASTAL MEDICAL TRANSPORTATION SYSTEMS has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and COASTAL MEDICAL TRANSPORTATION SYSTEMS desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. COASTAL MEDICAL TRANSPORTATION SYSTEMS shall provide primary ambulance response to its Contracted Facilities.
2. In the event that COASTAL MEDICAL TRANSPORTATION SYSTEMS determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.
3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the

following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
 - b. Question of child abuse or elderly abuse;
 - c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
 - d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
 - e. Question of a hazardous material incident; explosive or other incendiary device;
 - f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
 - g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
 - h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
 - i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
 - j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;
4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.
5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of

the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. COASTAL MEDICAL TRANSPORTATION SYSTEMS agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: COASTAL MEDICAL TRANSPORTATION
SYSTEMS

Please include headquarters or legal address:

111 Brook Road

Quincy, Ma 02169

Attn/Point of Contact: **Kevin Mont**

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. COASTAL MEDICAL TRANSPORTATION SYSTEMS shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. COASTAL MEDICAL TRANSPORTATION SYSTEMS is retained solely for the purposes of and to the extent set forth in this Contract. COASTAL MEDICAL TRANSPORTATION SYSTEMS relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. COASTAL MEDICAL TRANSPORTATION SYSTEMS shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. COASTAL MEDICAL TRANSPORTATION SYSTEMS, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that COASTAL MEDICAL TRANSPORTATION SYSTEMS shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. COASTAL MEDICAL TRANSPORTATION SYSTEMS shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect COASTAL MEDICAL TRANSPORTATION SYSTEMS and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

**CONTRACTED AMBULANCE SERVICE: COASTAL MEDICAL
TRANSPORTATION SYSTEMS**

By: Kevin Mont

Name: Kevin Mont

Title: Vice President, Emergency Medical Services

Hereunto Duly Authorized

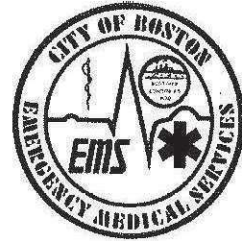
EXHIBIT A
BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Arbor Hospital	49 Robinwood Avenue, Jamaica Plain, Ma 02130	Jamaica Plain
Bostonian Skilled Nursing & Rehab	337 Neponset Ave Dorchester, Ma 02122	Dorchester
Boston Home	2049 Dorchester Ave Boston, Ma 02124	Dorchester
Dana Farber Cancer Institute	450 Brookline Ave Boston, Ma 02215	Longwood Medical Area
Laurel Ridge Rehabilitation & Skilled Care Center	174 Forest Hills Street Jamaica Plain, Ma 02130	Jamaica Plain

FACILITY	ADDRESS	CITY SECTION
Lemuel Shattuck Hospital	170 Morton Street, Jamaica Plain, MA 02130	Jamaica Plain
Mattapan Health Center	1575 Blue Hill Ave Boston, Ma 02126	Mattapan
New England Baptist Hospital	125 Parker Hill Ave Boston, Ma	Mission Hill
Presentation Rehabilitation and Skilled Care Center	12 Bellamy Street Brighton, Ma 02135	Brighton
German Centre (Deutsches Altenheim)	2220 Centre Street West Roxbury, MA 02132	West Roxbury



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and MASS GENERAL BRIGHAM AMBULANCE SERVICE .

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, MASS GENERAL BRIGHAM AMBULANCE SERVICE has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and MASS GENERAL BRIGHAM AMBULANCE SERVICE desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. MASS GENERAL BRIGHAM AMBULANCE SERVICE shall provide primary ambulance response to its Contracted Facilities.
2. In the event that MASS GENERAL BRIGHAM AMBULANCE SERVICE determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.
3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-

up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

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 - b. Question of child abuse or elderly abuse;
 - c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
 - d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
 - e. Question of a hazardous material incident; explosive or other incendiary device;
 - f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
 - g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
 - h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
 - i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
 - j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;
4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.
5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use

markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. MASS GENERAL BRIGHAM AMBULANCE SERVICE agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: MASS GENERAL BRIGHAM AMBULANCE SERVICE

Please include headquarters or legal address:

1575 Cambridge St
Cambridge, MA 02138

Attn/Point of Contact: Sean Kukauskas

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. MASS GENERAL BRIGHAM AMBULANCE SERVICE shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. MASS GENERAL BRIGHAM AMBULANCE SERVICE is retained solely for the purposes of and to the extent set forth in this Contract. MASS GENERAL BRIGHAM AMBULANCE SERVICE relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. MASS GENERAL BRIGHAM AMBULANCE SERVICE shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. MASS GENERAL BRIGHAM AMBULANCE SERVICE, its agents or employees shall not be considered as having the status or pension rights of an employee, provided that MASS GENERAL BRIGHAM AMBULANCE SERVICE shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. MASS GENERAL BRIGHAM AMBULANCE SERVICE shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect MASS GENERAL BRIGHAM AMBULANCE SERVICE and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

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16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE: MASS GENERAL BRIGHAM
AMBULANCE SERVICE

By: Sean Kukauskas

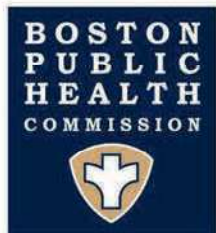
Name: Sean Kukauskas

Title: Executive Director

Hereunto Duly Authorized

EXHIBIT A BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Spaulding Rehabilitation Hospital	300 1st Ave	Charlestown
Spaulding Nursing and Therapy Center Brighton	100 North Beacon St	Brighton



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

SERVICE ZONE AGREEMENT

AGREEMENT dated as of August 1, 2024, by and between Boston Emergency Medical Services (Boston EMS), a bureau of the Boston Public Health Commission (BPHC) and PROFESSIONAL AMBULANCE (PRO EMS).

WHEREAS, Boston EMS is the designated primary ambulance service (as that term is used in 105 CMR 170.000, as amended from time to time (the "OEMS Regulation") for the City of Boston, Massachusetts (the "Municipality");

WHEREAS, PROFESSIONAL AMBULANCE (PRO EMS) has a mutual aid agreement with Boston EMS or has notified the municipality through Boston EMS, in accordance with 105 CMR 170.248, that it holds contracts for primary ambulance response (as defined in the OEMS Regulations) with facilities located within the geographic boundaries of the City of Boston (the "Contracted Facilities"), and the Contracted Facilities are listed on Exhibit A hereto;

WHEREAS, Boston EMS and PROFESSIONAL AMBULANCE (PRO EMS) desire to cooperate in the coordination of dispatch and response of ambulance and First Responder resources in accordance with the OEMS Regulations and the Service Zone Plan adopted pursuant thereto;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree to the following:

1. PROFESSIONAL AMBULANCE (PRO EMS) shall provide primary ambulance response to its Contracted Facilities.
2. In the event that PROFESSIONAL AMBULANCE (PRO EMS) determines that, with respect to a request for primary ambulance response from a Contracted Facility, it cannot satisfy the applicable response time standard contained in the Municipality's Service Zone Plan, it will notify Boston EMS.

3. Notification of Boston EMS for Unusual Occurrence. An EMS service operating within the Service Zone pursuant to a provider contract or agreement to provide back-up services shall notify Boston EMS Dispatch Operations whenever one of the following situations exists. This list is not meant to be all-inclusive, but rather is a general guideline for incidents warranting Boston EMS notification.

- a. Homicide, suicide, hostage situation, or other suspicious or unusual incident;
- b. Question of child abuse or elderly abuse;
- c. The threat of harm to an EMT on scene; a violent patient or patient requiring restraint;
- d. An incident requiring a prolonged time on scene (e.g., entrapment, fire, etc.);
- e. Question of a hazardous material incident; explosive or other incendiary device;
- f. An EMS Vehicle crash or theft of an EMS vehicle or equipment while operating in the City of Boston service zone;
- g. Death or serious injury to an on-duty member of a public safety agency or private ambulance service;
- h. Any serious burn; gunshot wound, stabbing, or other incident likely to require a Boston Police and/or Boston Fire Department investigation;
- i. Any potential mass casualty incident or incident requiring a building evacuation (power failure, loss of heat, etc.);
- j. Any other significant or high-profile incident involving an EMS unit within the City of Boston where a Boston EMS Supervisor and/or Command Staff response may be warranted; or any requests from the media for information regarding an EMS related incident within the Boston service zone;

4. Any dispute between EMS personnel operating within the Service Zone and members of other public agencies concerning patient care, scene management, or general conduct shall be referred to a Boston EMS Field Supervisor immediately. The Field Supervisor shall obtain the relevant facts from the involved personnel of both agencies, attempt to resolve the dispute, and submit a written report to the Boston EMS Shift Commander before the end of the work shift.

5. EMS Services shall not engage in any advertising that is deceptive or misleading to the public or for services other than those for which it is currently licensed, for which its EMS personnel and EMS Vehicles are certified and for which it is placed in services. EMS Personnel operating in the service zone pursuant to a provider contract

or agreement to provide backup services shall not hold themselves out to the public or other public safety agencies as being a member of "Boston EMS", nor shall they use markings on uniforms, facilities, or vehicles which could reasonably lead a member of the public to believe the individual is a Boston EMS employee, or the vehicle is owned / operated by Boston EMS.

6. Boston EMS shall be notified whenever an EMS Service operating in the Boston service zone pursuant to a provider contract or agreement to provide backup services is granted a special project waiver by the Department of Public Health, Office of Emergency Medical Services.

7. PROFESSIONAL AMBULANCE (PRO EMS) agrees to provide upon request from Boston EMS a summary of primary ambulance responses within the City of Boston Service zone, including incident location, nature of the medical emergency, response time information, and call disposition for the purposes of monitoring compliance with the service zone plan.

8. Whenever, by the terms of this Agreement, notice is to be given by one of the parties to the other, such notice shall be in writing and shall be deemed to be received by the intended recipient (i) when delivered personally, (ii) the day following delivery to a nationally recognized overnight courier service with proof of delivery, or (iii) three (3) days after mailing by certified mail, postage prepaid with return receipt requested, in each case addressed to the parties at the addresses set forth as follows or such other address or addresses as may from time to time hereafter be designated by the parties, respectively, by like notices. The addresses referenced above are as follows:

Primary Ambulance Service: Boston EMS

785 Albany Street
Boston, MA 02118
Attn: Chief of Department

CC: Boston Public Health Commission
Office of the General Counsel
1010 Massachusetts Ave., 6th Fl.
Boston, MA 02118

Contracted Ambulance Service: PROFESSIONAL AMBULANCE (PRO EMS)

Please include headquarters or legal address:

31 Smith Place

Cambridge, MA 02138

Attn/Point of Contact: Gibson McCullagh

9. Waiver. The failure to insist upon strict compliance with any of the terms, covenants or conditions contained herein shall not be deemed a waiver of such terms, covenants and conditions, nor shall any waiver or relinquishment of any right at any one or more times be deemed a waiver or relinquishment of such right at any other time or times.

10. Governing Law. The parties agree that this Agreement shall be governed, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts to the fullest extent permitted by law, without regard to the application of conflict of laws rules. If any portion or provision hereof shall to any extent be invalid or unenforceable, the remainder of this Agreement, or the application of such portion or provisions in circumstances other than those in which it is held invalid or unenforceable, shall not be affected thereby, and each portion or provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

11. Records. PROFESSIONAL AMBULANCE (PRO EMS) shall maintain books, records, and other compilations of data relative to the services to be performed hereunder and all such records shall be retained for at least six years. Boston EMS shall have the right to examine and copy such records upon reasonable notice and at such times and expense as may be reasonable.

12. Independent Contractor. PROFESSIONAL AMBULANCE (PRO EMS) is retained solely for the purposes of and to the extent set forth in this Contract. PROFESSIONAL AMBULANCE (PRO EMS) relationship to the Boston EMS during the term of this Contract shall be that of an independent contractor. PROFESSIONAL AMBULANCE (PRO EMS) shall have no capacity to involve the BPHC as its agent in any contract or to incur any liability on the part of the Boston EMS. PROFESSIONAL AMBULANCE (PRO EMS), its agents or employees shall not be considered as having the status or pension rights of an employee, provided that PROFESSIONAL AMBULANCE (PRO EMS) shall be considered an employee for the purpose of M.G.L. c. 268A (the Conflict of Interest Law).

13. Insurance. PROFESSIONAL AMBULANCE (PRO EMS) shall maintain at a minimum Public Liability, Property Damage, Employers' Liability, Worker's Compensation and Motor Vehicle Liability (personal Injury and Property Damage) and such other liability insurance coverage as may be required hereunder sufficient to protect PROFESSIONAL AMBULANCE (PRO EMS) and Boston EMS from any risks or claims which may be associated with this Contract and as are customary in the Contractor's business and shall provide the Boston EMS with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, the Contractor shall notify Boston EMS of such changes and shall provide the Boston EMS with new evidence of coverage.

14. Merger. This instrument contains the entire agreement between the parties in respect to its subject matter and supersedes any agreements or arrangements made prior to the date hereof.

15. Successors. This Agreement shall be binding upon and shall inure to the benefit of the parties, their respective successors and assigns.

16. Term. This agreement shall be effective from the date of execution, and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate this agreement for convenience or any other reason by giving the other party thirty days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington

Timothy J. Harrington
Director of Administration and Finance, Boston Public Health Commission

Approved By: Batool Raza

Batool Raza
General Counsel, Boston Public Health Commission

**CONTRACTED AMBULANCE SERVICE: PROFESSIONAL AMBULANCE
(PRO EMS)**

By: G. Gibson McCullagh

Name: G. Gibson McCullagh

Title: Chief Operating Officer

Hereunto Duly Authorized

EXHIBIT A BOSTON CONTRACTED HEALTH CARE FACILITIES

FACILITY	ADDRESS	CITY SECTION
Harvard University properties	Various Allston/Brighton locations	Allston/Brighton



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of January 30, 2026, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Alert Ambulance, (hereinafter "Alert") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Alert for backup ambulance service shall be made by calling (617) 742-2550, 24 hours a day, 365 days a year. Requests from Alert to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
10. This written agreement constitutes the entire agreement between the parties, and its terms shall not be altered, amended, or waived without the express written agreement of both parties.
11. This agreement shall be effective from the date of execution and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate the agreement for convenience or any other reason by giving the other party thirty (30) days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza 02/13/2026
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
ALERT AMBULANCE

By: Robert Araujo
Name: Robert Araujo

Title: President
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Action Ambulance, (hereinafter "Action") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Action for backup ambulance service shall be made by calling (781) 665-2000, 24 hours a day, 365 days a year. Requests from Action to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
10. This written agreement constitutes the entire agreement between the parties, and its terms shall not be altered, amended, or waived without the express written agreement of both parties.
11. This agreement shall be effective from the date of execution and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate the agreement for convenience or any other reason by giving the other party thirty (30) days advance written notice.

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PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

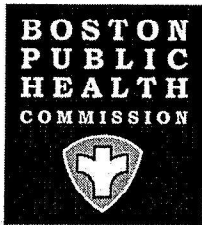
Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:

ACTION AMBULANCE Michael Woronka

By: _____
Name: Michael Woronka

Title: CEO & CHIEF
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Armstrong Ambulance, (hereinafter "Armstrong") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Armstrong for backup ambulance service shall be made by calling (781) 648-0612, 24 hours a day, 365 days a year. Requests from Armstrong to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
10. This written agreement constitutes the entire agreement between the parties, and its terms shall not be altered, amended, or waived without the express written agreement of both parties.
11. This agreement shall be effective from the date of execution and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate the agreement for convenience or any other reason by giving the other party thirty (30) days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

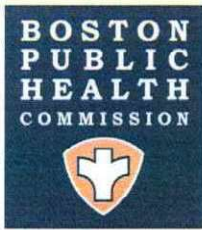
By: Timothy Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
ARMSTRONG AMBULANCE

By: Richard Raymond
Name: Richard Raymond

Title: CEO
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Beauport Ambulance, (hereinafter "Beauport") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Beauport for backup ambulance service shall be made by calling (617) 644-8300, 24 hours a day, 365 days a year. Requests from Beauport to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
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11. This agreement shall be effective from the date of execution and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate the agreement for convenience or any other reason by giving the other party thirty (30) days advance written notice.

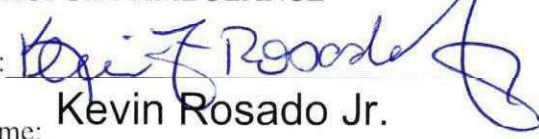
IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

PRIMARY AMBULANCE SERVICE:

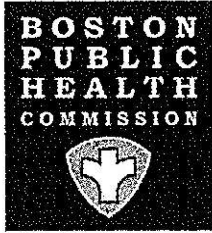
By: 
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: 
Batool Raza
General Counsel
Boston Public Health Commission

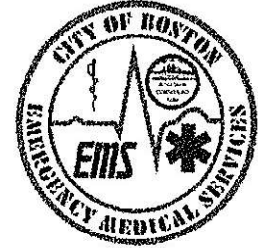
CONTRACTED AMBULANCE SERVICE:
BEAUPORT AMBULANCE

By: 
Name: Kevin Rosado Jr.

Title: Director of Operations
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Brewster Ambulance, (hereinafter "Brewster") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Brewster for backup ambulance service shall be made by calling (617) 983-1000, 24 hours a day, 365 days a year. Requests from Brewster to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
10. This written agreement constitutes the entire agreement between the parties, and its terms shall not be altered, amended, or waived without the express written agreement of both parties.
11. This agreement shall be effective from the date of execution and shall remain in effect unless either party terminates the agreement in accordance with this paragraph. Either party may terminate the agreement for convenience or any other reason by giving the other party thirty (30) days advance written notice.

IN WITNESS WHEREOF, and intending to be legally bound, the duly authorized officers of the parties hereto affix their signatures below and execute this Agreement under seal as of the date first set forth above in this Agreement.

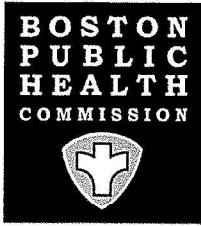
PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
BREWSTER AMBULANCE

By: [Signature] 3/4/25
Name: Chris DiBona
Title: CCO
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Cataldo Ambulance, (hereinafter "Cataldo") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Cataldo for backup ambulance service shall be made by calling (617) 282-6412, 24 hours a day, 365 days a year. Requests from Cataldo to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
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PRIMARY AMBULANCE SERVICE:

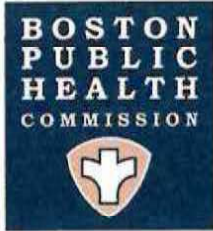
By: Timothy Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
CATALDO AMBULANCE

By: ROBERT M. WHITE
Name: Robert M. White

Title: SR. DIRECTOR OF OPERATIONS
Hereunto Duly Authorized



Michelle Wu Mayor
Dr. Bisola Ojikutu, Executive Director



James Hooley, Chief of Department
Sophia Dyer, MD, Medical Director

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Coastal Ambulance, (hereinafter "Coastal") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Coastal for backup ambulance service shall be made by calling (617) 745-9999, 24 hours a day, 365 days a year. Requests from Coastal to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
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PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
COASTAL AMBULANCE

By: Kevin T. Mont
Name: Kevin T. Mont
Title: Vice President EMS
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between MedFlight Ambulance, (hereinafter "MedFlight") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to MedFlight for backup ambulance service shall be made by calling (800) 233-8998, 24 hours a day, 365 days a year. Requests from MedFlight to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
9. The party responding to a request for backup ambulance service pursuant to this agreement shall notify the party that requested backup service of all times relative to the call (on scene, transport, transport complete), the call's disposition (transport, patient refusal, no visible incident, etc.), and any noteworthy information. Whenever an ambulance service responds to an emergency on behalf of Boston EMS as part of this mutual aid agreement, a copy of the completed PCR is to be sent to Boston EMS at PCR@bostonems.org for quality assurance purposes, upon request. The patient's name and the crew members names may be redacted from the report, but all other incident details – including response times (call receipt, dispatch, on scene, enroute hospital, at hospital, disposition) should be included.
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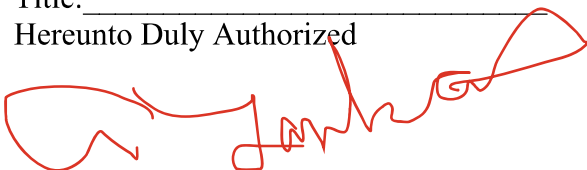
PRIMARY AMBULANCE SERVICE:

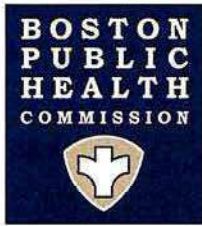
By: 
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: 
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
MEDFLIGHT AMBULANCE

By: Boston MedFlight
Name: Andrew Farkas

Title: COO-Clinical
Hereunto Duly Authorized




Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between Mass General Brigham Ambulance, (hereinafter "MGB") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to MGB for backup ambulance service shall be made by calling (617) 758-5470, 24 hours a day, 365 days a year. Requests from MGB to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
5. The party responding to a request for backup ambulance service pursuant to this agreement shall be exclusively liable for any and all injury or damage caused by the acts and omissions of its personnel and shall hold the party that requested backup and its employees harmless from all suits and claims against them arising from such acts and omissions except that the Boston Public Health Commission and its employees (including all members of Boston EMS) shall be subject to the provisions of M.G.L. c. 258, including but not limited to the immunity and liability limitations therein.

6. The party requesting backup ambulance service shall not be liable to the party responding to a request pursuant to this agreement or that party's agents or employees for property that is lost, stolen, or damaged in the course of responding to the request.
7. Billing: Each party shall be solely responsible for billing the private payer or appropriate third party for services it renders pursuant to this agreement. The parties shall not be liable to each other for services under any circumstances.
8. The parties agree to utilize the Incident Command System to provide structure for incident management so as to assure efficient use of resources and the safety of emergency responders and patients. The EMS Incident Commander in whose jurisdiction the emergency exists shall in all instances be in command of the emergency as to strategy, tactics, and overall directions of the EMS operations.
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PRIMARY AMBULANCE SERVICE:

By: Timothy Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
MGB AMBULANCE

By: Sean Kulkarni

Name: Sean Kulkarni

Title: Executive Director
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

As of April 1, 2025, the parties have entered this agreement for emergency backup ambulance service in accordance with 105 CMR 170.385 (Service Availability and Backup) to provide, through their mutual cooperation, a pre-determined plan by which each might render aid to the other in case of an emergency which demands emergency ambulance services to a degree beyond the existing capability of the requesting party. It is agreed, by and between MIT Ambulance, (hereinafter "MIT") and the Boston Public Health Commission through its Boston Emergency Medical Services division (hereinafter "Boston EMS") that:

1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to MIT for backup ambulance service shall be made by calling (617) 253-1212, 24 hours a day, 365 days a year. Requests from MIT to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
3. The personnel of the party responding to a request for backup ambulance service pursuant to this agreement shall not be considered agents or employees of the party requesting backup service.
4. The party responding to a request for backup ambulance service pursuant to this agreement shall ensure that its personnel drive their vehicles in compliance with all laws regarding speed and with due regard for the safety of all persons using the roadway.
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PRIMARY AMBULANCE SERVICE:

By: Timothy J. Harrington
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: Batool Raza
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:

MIT AMBULANCE
By: Edward Park
Name: Edward Park

Title: Chief, MIT EMS
Hereunto Duly Authorized



Michelle Wu *Mayor*
Dr. Bisola Ojikutu, *Executive Director*



James Hooley, *Chief of Department*
Sophia Dyer, MD, *Medical Director*

MUTUAL AID AGREEMENT

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1. Upon request, each party shall provide the other with backup ambulance service in accordance with all Federal, State, and local regulations whenever they have an ambulance or ambulances available to respond. If the party who receives a request for backup ambulance service pursuant to this agreement does not have an ambulance available to respond, they shall so advise the party requesting backup immediately and deny the request.
2. Requests from Boston EMS to Pro EMS for backup ambulance service shall be made by calling (617) 492-2700, 24 hours a day, 365 days a year. Requests from Pro EMS to Boston EMS for such service shall be made by calling (617) 343-4510, 24 hours a day, 365 days a year. Requests may also be made via the Boston Area Mutual Aid (BAMA) radio network in accordance with established procedures.
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PRIMARY AMBULANCE SERVICE:

By: 
Timothy J. Harrington
Director of Administration and Finance
Boston Public Health Commission

Approved By: 
Batool Raza
General Counsel
Boston Public Health Commission

CONTRACTED AMBULANCE SERVICE:
PROFESSIONAL AMBULANCE

By: 
Name: Gibson McCullagh

Title: Chief Operating Officer
Hereunto Duly Authorized