

## SECTION 8 – EMS-RELATED LAWS

In addition to laws, there are two sets of regulations promulgated under the authority of the EMS law. Copies of these, EMS (105 CMR 170.000) and First Responder (105 CMR 171.000) regulations may be obtained from the state House Bookstore, Room 116, State House, Boston, MA 02113. Telephone (617) 727-2834 for current price information.

### 8.1 VEHICLE OPERATION

#### Chapter 89, Section 7 – EMERGENCY VEHICLE RIGHT OF WAY

The members and apparatus of a fire department while going to a fire or responding to an alarm, police patrol vehicles and ambulances, and ambulances on a call for the purpose of hospitalizing a sick or injured person shall have the right of way through any street, way, lane or alley.

Whoever willfully obstructs or retards the passage of any of the foregoing in the exercise of such right shall be punished by a fine of fifty dollars or by imprisonment for not more than three months for the first offense and by a fine of not more than five hundred dollars or by imprisonment for up to one year for a second and subsequent offenses; provided, however, that for a third or subsequent offense the court or the registry of motor vehicles, in addition to any such fine or imprisonment, may suspend the license of the person so convicted and may order mandatory classroom retraining in motor vehicle and traffic laws.

#### Chapter 89, Section 7A – YIELD TO APPROACHING EMERGENCY VEHICLES

Upon the approach of any fire apparatus, police vehicle, ambulance or disaster vehicle which is going to a fire or responding to call, alarm or emergency situation, every person driving a vehicle on a way shall immediately drive said vehicle as far as possible toward the right-hand curb or side of said way and shall keep the same at a standstill until such fire apparatus, police vehicle, ambulance or disaster vehicle has passed. No person shall drive a vehicle over a hose of a fire department without the consent of a member of such department.

No person shall drive a vehicle within three hundred feet of any fire apparatus going to a fire or responding to an alarm, nor drive said vehicle, or park or leave the same unattended, within eight hundred feet of a fire or within the fire lanes established by the fire department, or upon or beside any traveled way, whether public or private, leading to the scene of a fire, in such a manner as to obstruct the approach to the fire of any fire apparatus or any ambulance, safety or police vehicle, or of any vehicle bearing an official fire or police department designation.

Authorized police or fire department personnel may tow a vehicle found to be in violation of the provisions of this section or which is illegally parked or standing in a fire lane as established by the fire department, whether or not a fire is in progress, and such personnel shall not be subject to the provisions of section one hundred and twenty D of chapter two hundred and sixty-six.

No person shall operate a motor vehicle behind any such fire apparatus, ambulance, safety or police vehicle, or any vehicle bearing an official fire or police department designation which is operating with emergency systems on, for a distance of three hundred feet.

Violation of any provision of this section shall be punished by a fine of not more than one hundred dollars.

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**-Chapter 89, Section 7B – EMERGENCY VEHICLE SPEED & STOP SIGN/LIGHTS**

The driver of a vehicle of a fire, police or recognized protective department and the driver of an ambulance shall be subject to the provisions of any statute, rule, regulation, ordinance or by-law relating to the operation or parking of vehicles, except that a driver of fire apparatus while going to a fire or responding to an alarm, or the driver of a vehicle of a police or recognized protective department or the driver of an ambulance, in an emergency and while in performance of a public duty or while transporting a sick or injured person to a hospital or other destination where professional medical services are available, may *drive such vehicle at a speed in excess of the applicable speed limit* if he exercises caution and due regard under the circumstances for the safety of persons and property, and *may drive such vehicle through an intersection of ways contrary to any traffic signs or signals regulating traffic at such intersection if he first brings such vehicle to a full stop and then proceeds with caution and due regard for the safety of persons and property, unless otherwise directed by a police officer regulating traffic at such intersection.*

The driver of any such approaching emergency vehicle shall comply with the provisions of section fourteen of chapter ninety when approaching a school bus which has stopped to allow passengers to alight or board from the same, and whose red lamps are flashing. *(italics added)*

**Chapter 90, Section 7E – EMERGENCY WARNING LIGHTS (excerpts)**

No motor vehicle . . . other than fire apparatus, ambulances, school buses, vehicles specified in Section 7D (any motor vehicle for hire transporting students but carrying not more than eight passengers in addition to the operator) . . . and vehicles specified in Section 71 (see below) shall mount or display a flashing, rotating, or oscillating red light in any direction, except as herein provided, provided, however, that nothing in this section shall prohibit an official police vehicle from displaying a flashing, rotating or oscillating red light in the opposite direction in which the vehicle is proceeding or prohibit fire apparatus from displaying a flashing, rotating or oscillating blue light in the opposite direction in which the vehicle is proceeding.

A vehicle owned and operated by a . . . chief or deputy chief of a municipal fire department, a chaplain of a municipal fire department, a member of a fire department of a town or a call member of a fire department or a member or a call member of an emergency medical service may have mounted thereon flashing, rotating, or oscillating red lights. Such lights shall only be displayed when such owner or operator is proceeding to a fire or in response to an alarm and when the official duty of such owner or operator requires him to proceed to said fire or to respond to said alarm, and at no other time.

No such red light shall be mounted or displayed on such vehicle until proper application has been made to the registrar by the head of the fire department and a written permit has been issued and delivered to the owner and operator.

Any person operating a vehicle upon which flashing, rotating, or oscillating red lights herein authorized are mounted shall have the permit for said lights upon his person or in the vehicle in some easily accessible place . . . .

*. . . Nothing in this section shall authorize any owner or operator to disregard or violate any statute, ordinance, by-law, rule or regulation regarding motor vehicles or their use on ways of the commonwealth . . . (italics added)*

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Any person who violates any provision of this section for which a penalty is not otherwise provided shall be subject to a fine of not less than one hundred dollars, nor more than three hundred dollars.

#### **MGL Chapter 90 Section 7I – LICENSING OF SPECIAL PURPOSE VEHICLES**

Special purpose motor vehicles and trailers, the property of and registered to charitable corporations, specifically assigned to the emergency disaster services of those organizations, and used for the benefit of firemen, policemen, civil defense workers and victims of fires and disasters, shall be furnished, without charge, by the registrar at his office, a number plate of the type and design furnished to ambulances, fire engines and fire apparatus.

Such emergency disaster service vehicles may be equipped with sirens or other audible warning devices and with visible warning devices as provided in section seven E. Such audible and visible warning devices may be used by the vehicle operator only when responding to an official alarm of fire or disaster and at no other time. Every such emergency disaster service motor vehicle shall be marked, on a part of the vehicle not readily removable, and in a conspicuous place, with the insignia of the corporation and with words identifying the vehicle as an emergency disaster service unit.

#### **Chapter 90, Section 13 (excerpt) – UNIMPEDED OPERATION**

No person, when operating a motor vehicle, shall permit to be on or in the vehicle or on or about his person anything which may interfere with or impede the proper operation of the vehicle or any equipment by which the vehicle is operator or controlled, except that a *person may operate a motor vehicle while using a federally licensed 2-way radio or mobile telephone, except as provided in sections as follows, as long as one (1) hand remains on the steering wheel at all times.* (italics added):

- 8M – prohibits telephone use by a junior operator except in cases of emergency,
- 12A – prohibits telephone use by operators of public transportation vehicles and vessels except in case of emergency and
- 13B – prohibits telephone use for sending/receiving/reading electronic messages by operators of all vehicles,

#### **Chapter 90, Section 13 (excerpt) – CHOCK VEHICLES**

Whenever . . . a truck weighing, unloaded, more than four thousand pounds . . . shall be parked on a way, on a grade sufficient to cause such vehicle to move of its own momentum, and is left unattended by the operator, one pair of adequate wheel safety chock blocks shall be securely placed against the rear wheels of such vehicle so as to prevent movement thereof.

#### **Chapter 90, Section 13 (excerpt) – USE OF HEADPHONES WHILE DRIVING**

No person shall operate a motor vehicle while wearing headphones, unless said headphones are used for communication in connection with controlling the course or movement of said vehicle.

#### **Chapter 90, Section 14 (excerpt) – STOP FOR SCHOOL BUS**

When approaching a vehicle which displays a sign bearing the words “SCHOOL BUS” and which is equipped with front and rear alternating flashing red signal lamps which are flashing as provided in Section 7B, and which has been stopped to allow pupils to alight from or board the same, a

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person operating a motor vehicle shall, except when approaching from the opposite direction on a divided highway, bring his vehicle to a full stop not less than fifteen feet from said school bus and shall not thereafter proceed until the warning signals are deactivated, unless directed to the contrary by a police officer duly authorized to control the movement of traffic. Any person who violates the provisions of the preceding sentence shall be punished by a fine of not more than one hundred dollars.

#### **Chapter 90, Section 16 (excerpt) – USE OF SIREN**

No person operating a motor vehicle shall sound a bell, horn or other device, nor in any manner operate such motor vehicle so as to make a harsh, objectionable or unreasonable noise . . . No siren shall be mounted upon any motor vehicle except fire apparatus, ambulances, vehicles used in official line of duty by any member of the police or fire fighting forces of the commonwealth or any agency or political subdivision thereof, and vehicles owned by call firefighters or by persons with police powers and operated in official line of duty, unless authorized by the registrar.

No person shall use on or in connection with any motor vehicle a spot light, so called, the rays from which shine no more than two feet above the road at a distance of thirty feet from the vehicle, except that such a spot light may be used for the purpose of reading signs, and as an auxiliary light in cases of necessity when the other lights required by law fail to operate.

#### **Chapter 90, Section 17 – SPEED LIMITS**

No person operating a motor vehicle on any way shall run it at a rate of speed greater than is reasonable and proper, having regard to traffic and the use of the way and the safety of the public. Unless a way is otherwise posted in accordance with the provisions of section eighteen, it shall be prima facie evidence of a rate of speed greater than is reasonable and proper as aforesaid:

- (1) if a motor vehicle is operated on a divided highway outside a thickly settled or business district at a rate of speed exceeding fifty miles per hour for a distance of a quarter of a mile, or
- (2) on any other way outside a thickly settled or business district at a rate of speed exceeding forty miles per hour for a distance of a quarter of a mile, or
- (3) inside a thickly settled or business district at a rate of speed exceeding thirty miles per hour for a distance of one eighths of a mile, or
- (4) within a school zone established in conformance with the standards of the department of public works at a rate of speed exceeding twenty miles per hour.

If a speed limit has been duly established upon any way, in accordance with the provisions of said section, operation of a motor vehicle at a rate of speeding excess of such limit shall be prima facie evidence that such speed is greater than is reasonable and proper; but, notwithstanding such establishment of a speed limit, every person operating a motor vehicle shall decrease the speed of the same when a special hazard exists with respect to pedestrians or other traffic, or by reason of weather or highway conditions. No person shall operate a school bus at a rate of speed exceeding forty miles per hour, while actually engaged in carrying school children.

*Continued . . .***8.2 LIABILITY****Chapter 111C, Section 14 – (of EMS law)**

No emergency medical technician certified under the provisions of this chapter and no police officer or firefighter, who in the performance of his duties and in good faith renders emergency medical first aid or transportation to an injured person or to a person incapacitated by illness shall be personally in any way liable as a result of rendering such aid or as a result of transporting such person to a hospital or other safe place, nor shall he be made liable to a hospital for its expenses, if under emergency conditions, he causes the admission of such person to said hospital.

**Chapter 111c, Section 21**

No EMS personnel certified, accredited or otherwise approved under this chapter, and no additional personnel certified or authorized under section 9, who in the performance of their duties and in good faith render emergency first aid, cardiopulmonary resuscitation, transportation, or other EMS, to an injured person or to a person incapacitated by illness shall be personally liable as a result of rendering such aid or services or, in the case of an emergency medical technician or additional personnel, as a result of transporting such person to a hospital or other health care facility, nor shall they be liable to a hospital for its expenses if, under emergency conditions, they cause the admission of such person to said hospital.

\*Wording taken directly from the MA Legislature website -  
<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111C/Section21>

*Under section 21 of the Massachusetts EMS statute, certified EMTs are given broad personal liability protection for the EMS care they provide patients while in the performance of their duties i.e., while working for an ambulance service. As long as they are on the job and “in good faith, render emergency first aid, [CPR], transportation or other EMS” to a patient, EMTs shall not be personally liable as a result of rendering such aid or services or as a result of transporting the patient.*

*From OEMS Advisory dated 17 May 2007*

**Chapter 112, Section 12V – CPR RENDERED BY ANY CITIZEN**

Any person who is currently certified by the American National Red Cross or the American Heart Association in cardiopulmonary resuscitation, or any person who has successfully met the training requirements of a course in basic emergency care of the unwitnessed cardiac arrest, conducted according to the standards established by the American Heart association, who in good faith and without compensation renders emergency cardiopulmonary resuscitation in accordance with this training, other than in the course of his regular professional or business activity, to any person who apparently requires cardiopulmonary resuscitation, shall not be liable for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting from the rendering of such emergency cardiopulmonary resuscitation (wording provided by the Office of Emergency Medical Services, 1989).

Any person, whose usual and regular duties do not include the provision of emergency medical care, and who, in good faith, attempts to render emergency care including, but not limited to, cardiopulmonary resuscitation or defibrillation, and does so without compensation, shall not be liable for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting from the attempt to render such emergency care.\*

\*Wording taken directly from the MA Legislature website -  
<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12V>.

*Continued . . .***8.3 COMMITAL OR RESTRAINT OF PATIENTS****Chapter 111c. Section 18 – RESTRAINT OF PERSONS**

Subject to regulations and guidelines promulgated by the department, an emergency medical technician may restrain a patient who presents an immediate or serious threat of bodily harm to himself or others. Any such restraint shall be noted in the written report of said emergency medical technician.

**Chapter 123, Section 12 – EMERGENCY RESTRAINT OF DANGEROUS PERSONS . . . (excerpts)**

- (a) Any physician who is licensed . . . after examining a person has reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a ten day period at a public facility or at a private facility authorized for such purposes by the department.

. . . In an emergency situation if a physician or qualified psychologist is not available, a police officer, who believes that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness may restrain such person and apply for the hospitalization.

. . . An application for hospitalization shall state the reasons for the restraint of such person and any other relevant information.

. . . Whenever practicable, prior to transporting such person, the applicant shall telephone or otherwise communicate with a facility to describe the circumstances and known clinical history and to determine whether the facility is the proper facility to receive such person and also to give notice of any restraint to be used and to determine whether such restraint is necessary.

**Chapter 123, Section 21 – TRANSPORTATION OF MENTALLY ILL PERSONS; RESTRAINT (excerpt)**

Any person who transports a mentally ill person to or from a facility for any purpose authorized under this chapter shall not use any restraint which is unnecessary for the safety of the person being transported or other persons likely to come in contact with him.

In the case of persons being hospitalized under the provisions of Section 6, the applicant\* shall authorize practicable and safe means of transport, including, where appropriate, departmental\*\* or police transport.

Restraint of a mentally ill person may only be used in cases of emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury, or attempted suicide; provided, however, that written authorization for such restraint is given by the superintendent or director of the facility or by a physician designated by him for this purpose who is present at the time of the emergency or if the . . . superintendent or director or designated physician is not present at the time of the emergency, non-chemical means of restraint may be used for a period of one hour provided that within one hour the person in restraint shall be examined by the superintendent, director, or designated physician.

. . . Any minor child placed in restraint shall be examined within 15 minutes of the order for restraint by a physician or . . . by a registered nurse or a certified physician's assistant . . .



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\*("applicant" refers to the authority, physician, etc., who committed the patient)

\*\*("departmental" refers to Department of Mental Health)

No person shall be kept in restraint without a person in attendance specially trained to understand, assist, and afford therapy to the person in restraint.

. . . in emergency situations, when a person trained is not available, an adult, may be kept in restraint unattended for a period not to exceed two hours. In that event, the person kept in restraints must be observed at least every five minutes, provided, further, that the superintendent, director or designated physician shall attach to the restraint form a written report as to why the specially trained attendant was not available.

. . . No "P.R.N" or "as required" authorization of restraint may be written.

. . . No later than 24 hours after the period of restraint, a copy of the restraint form shall be delivered to the person who was in restraint.

. . . A copy of the restraint form and any such attachments shall become part of the chart of the patient.

### **Chapter 123, Section 22 – CIVIL LIABILITY**

Physicians, qualified psychologists, qualified psychiatric nurse mental health clinical specialists, police officers and licensed independent clinical social workers shall be immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility or the Bridgewater state hospital if the physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist, police officer or licensed independent clinical social workers acts pursuant to this chapter.

### **Chapter 111c, Section 21 –LIABILITY FOR EXPENSES**

No EMS personnel certified, accredited or otherwise approved under this chapter, and no additional personnel certified or authorized under section 9, who in the performance of their duties and in good faith render emergency first aid, cardiopulmonary resuscitation, transportation, or other EMS, to an injured person or to a person incapacitated by illness shall be personally liable as a result of rendering such aid or services or, in the case of an emergency medical technician or additional personnel, as a result of transporting such person to a hospital or other health care facility, nor shall they be liable to a hospital for its expenses if, under emergency conditions, they cause the admission of such person to said hospital.

## **8.4 OTHER LAWS AFFECTING EMS**

### **MGL Chapter 111c, Section 9 – USE OF TITLE OF EMT, etc.**

- (a) No person shall provide EMS or hold oneself out as, or use the title of EMS first responder, basic or intermediate emergency medical technician or paramedic, or the acronym EMT, or any other title or acronym used by the department in the certification of EMS personnel under this chapter, unless such person has successfully completed the appropriate course in emergency medical care approved by the department pursuant to this chapter or offered by a course sponsor accredited by the department pursuant to this chapter, or has received the appropriate training in the provision of emergency medical care which, subject to such regulations as the department may establish, the department finds to be substantially

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equivalent to that provided by the equivalent full courses in emergency medical care approved by the department pursuant to this chapter or offered by a course sponsor accredited by the department pursuant to this chapter, and unless in each year following completion of such course such person participates satisfactorily in an appropriate supplemental course in emergency medical care approved by the department pursuant to this chapter; provided, however, that the department may, under such regulations as it may establish, grant a temporary waiver of such requirements; and provided, further, that the department may, under such regulations as it may establish, issue provisional certification to a person who has applied to the department for a finding of substantial equivalency under this section, which provisional certification shall be valid until the department rules on such application.

The department shall certify or approve EMS personnel who have successfully completed such course or such substantial equivalent in emergency medical care as an EMS first responder or as an emergency medical technician.

Notwithstanding the requirements listed above, additional personnel, beyond the minimum staffing requirements for EMS vehicles established by regulation, may function on an EMS vehicle in a capacity defined in regulation. Additional personnel may be exempt from the full course in emergency medical care required by the department for EMS first responder and emergency medical technician certification; provided, however, that they fulfill all training and other requirements for additional personnel that the department shall establish by regulation.

- (b) No person shall advertise by any means, including, without limitation, signs or symbols on an EMS vehicle, that he operates or maintains an EMS first response service or an ambulance service unless the service is licensed and the EMS vehicles and personnel are certified as required by this chapter. No EMS first response service or ambulance service shall engage in any advertising which is deceptive or misleading to the public or for services other than those for which the service is licensed, and for which its EMS vehicles and personnel are certified.

#### **Chapter 111C, Section 12 – CRIMINAL PROHIBITIONS (from EMS Law)**

No person shall:

- (1) establish or maintain an ambulance service without a valid license or in violation of the terms of a valid license;
- (2) operate, maintain, or otherwise use any aircraft, boat, motor vehicle, or other means of transportation as an ambulance without a valid certificate of inspection;
- (3) operate an ambulance or *to serve as an attendant thereon or impersonate, hold oneself out as, or use the title of emergency medical technician or the acronym, EMT, in violation of section six;* (italics added)
- (4) obstruct, bar, or otherwise interfere with an inspection undertaken under authority of this chapter;
- (5) knowingly to make an omission of a material fact or a false statement in any application or other document filed with the department; or
- (6) violate or fail to observe any requirement of this chapter, or any rule, regulation or order under this chapter, which the requirement the department has made subject to this section by regulation.

Whoever engages in, aids, abets, causes, or permits any act prohibited under the section shall be punished by a fine of not less than one hundred dollars and not more than five hundred dollars



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for each offense. A separate and distinct offense shall be deemed to have been committed on each day during which any prohibited act continues after written notice by the department to the offender.

The commissioner shall report each suspected offense to the attorney general for investigation and, if appropriate, prosecution in the courts of the commonwealth.

**Chapter 119, Section 51A – CHILD ABUSE/NEGLECT MANDATED REPORTER**

- (a) A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from:
- (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse;
  - (ii) neglect, including malnutrition; or
  - (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect.

If a mandated reporter is a member of the staff of a medical or other public or private institution, school or facility, the mandated reporter may instead notify the person or designated agent in charge of such institution, school or facility who shall become responsible for notifying the department in the manner required by this section.

A mandated reporter may, in addition to filing a report under this section, contact local law enforcement authorities or the child advocate about the suspected abuse or neglect.

- (b) For the purpose of reporting under this section, hospital personnel may have photographs taken of the areas of trauma visible on the child without the consent of the child's parents or guardians. These photographs or copies thereof shall be sent to the department with the report.

If hospital personnel collect physical evidence of abuse or neglect of the child, the local district attorney, local law enforcement authorities, and the department shall be immediately notified. The physical evidence shall be processed immediately so that the department may make an informed determination within the time limits in section 51B. If there is a delay in processing, the department shall seek a waiver under subsection (d) of section 51B.

- (b) Notwithstanding subsection (g), whoever violates this section shall be punished by a fine of not more than \$1,000. Whoever knowingly and willfully files a frivolous report of child abuse or neglect under this section shall be punished by:
- (i) a fine of not more than \$2,000 for the first offense;
  - (ii) imprisonment in a house of correction for not more than 6 months and a fine of not more than \$2,000 for the second offense; and
  - (iii) imprisonment in a house of correction for not more than 2 1/2 years and a fine of not more than \$2,000 for the third and subsequent offenses.

Any mandated reporter who has knowledge of child abuse or neglect that resulted in serious bodily injury to or death of a child and willfully fails to report such abuse or neglect shall be punished by a fine of up to \$5,000 or imprisonment in the house of correction for not more than 2 1/2 years or by both such fine and imprisonment; and, upon a guilty find-

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ing or a continuance without a finding, the court shall notify any appropriate professional licensing authority of the mandated reporter's violation of this paragraph.

- (d) A report filed under this section shall contain:
- (i) the names and addresses of the child and the child's parents or other person responsible for the child's care, if known;
  - (ii) the child's age;
  - (iii) the child's sex;
  - (iv) the nature and extent of the child's injuries, abuse, maltreatment or neglect, including any evidence of prior injuries, abuse, maltreatment or neglect;
  - (v) the circumstances under which the person required to report first became aware of the child's injuries, abuse, maltreatment or neglect;
  - (vi) whatever action, if any, was taken to treat, shelter or otherwise assist the child;
  - (vii) the name of the person or persons making the report;
  - (viii) any other information that the person reporting believes might be helpful in establishing the cause of the injuries;
  - (ix) the identity of the person or persons responsible for the neglect or injuries; and
  - (x) other information required by the department.
- (e) A mandated reporter who has reasonable cause to believe that a child has died as a result of any of the conditions listed in subsection (a) shall report the death to the district attorney for the county in which the death occurred and the office of the chief medical examiner as required by clause (16) of section 3 of chapter 38. Any person who fails to file a report under this subsection shall be punished by a fine of not more than \$1,000.
- (f) Any person may file a report under this section if that person has reasonable cause to believe that a child is suffering from or has died as a result of abuse or neglect.
- (g) No mandated reporter shall be liable in any civil or criminal action for filing a report under this section or for contacting local law enforcement authorities or the child advocate, if the report or contact was made in good faith, was not frivolous, and the reporter did not cause the abuse or neglect. No other person filing a report under this section shall be liable in any civil or criminal action by reason of the report if it was made in good faith and if that person did not perpetrate or inflict the reported abuse or cause the reported neglect. Any person filing a report under this section may be liable in a civil or criminal action if the department or a district attorney determines that the person filing the report may have perpetrated or inflicted the abuse or caused the neglect.
- (h) No employer shall discharge, discriminate or retaliate against a mandated reporter who, in good faith, files a report under this section, testifies or is about to testify in any proceeding involving child abuse or neglect. Any employer who discharges, discriminates or retaliates against that mandated reporter shall be liable to the mandated reporter for treble damages, costs and attorney's fees.
- (i) Within 30 days of receiving a report from a mandated reporter, the department shall notify the mandated reporter, in writing, of its determination of the nature, extent and cause or causes of the injuries to the child and the services that the department intends to provide to the child or the child's family.
- (j) Any privilege relating to confidential communications, established by sections 135 to 135B, inclusive, of chapter 112 or by sections 20A and 20B of chapter 233, shall not prohibit the filing of a report under this section or a care and protection petition under section 24, ex-

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cept that a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner need not report information solely gained in a confession or similarly confidential communication in other religious faiths. Nothing in the general laws shall modify or limit the duty of a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner to report suspected child abuse or neglect under this section when the priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner is acting in some other capacity that would otherwise make him a mandated reporter.

- (k) A mandated reporter who is professionally licensed by the commonwealth shall complete training to recognize and report suspected child abuse or neglect.

According to the mandated reporter training program offered by the *Middlesex County Children's Advocacy Center* (<http://www.middlesexcac.com>), the following individuals have been designated as mandatory reporters:

1. A physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, psychologist, **emergency medical technician**, dentist, nurse, chiropractor, podiatrist, optometrist, osteopath, allied mental health and human services professional licensed under section 165 of chapter 112, drug and alcoholism counselor, psychiatrist or clinical social worker; *(italics added)*
2. A public or private school teacher, educational administrator, guidance or family counselor, child care worker, person paid to care for or work with a child in any public or private facility, or home or program funded by the commonwealth or licensed under chapter 15D that provides child care or residential services to children or that provides the services of child care resource and referral agencies, voucher management agencies or family child care systems or child care food programs, licenser of the department of early education and care or school attendance officer;
3. A probation officer, clerk-magistrate of a district court, parole officer, social worker, foster parent, firefighter, police officer;
4. A priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, person performing official duties on behalf of a church or religious body that are recognized as the duties of a priest, rabbi, clergy, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, or person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis;
5. A person in charge of a medical or other public or private institution, school or facility or that person's designated agent; or
6. The child advocate (an individual appointed by the Governor whose office, in part, is responsible for ensuring that children involved with an executive agency – i.e., children served by the child welfare or juvenile justice systems – receive timely, safe and effective services and who advises those at the highest levels of state government about how the Commonwealth may improve its services to and for children and their families).

*According to the Massachusetts Supreme Judicial Court, mandated reporters are not permitted to weigh the credibility of witnesses, sift the evidence, or determine whether DCF would ultimately support the report. It is not even necessary for the child him/herself to tell you about or confirm your suspicions.*

*Continued . . .***MGL c. 119, § 39 ½ - VOLUNTARY ABANDONMENT OF AN INFANT 7 DAYS OLD OR YOUNGER**

Pursuant to G.L. c. 119, § 39½ (our state’s Safe Haven Law), the voluntary placement of a newborn infant 7 days old or younger with an appropriate person at a hospital, police department or manned fire station does not *by itself* constitute abuse or neglect. Therefore, while the designated facility must immediately notify DCF of the placement of the infant in all Baby Safe Haven cases, a 51A Report is not required unless a mandated reporter suspects abuse or neglect for some reason other than the voluntary abandonment.

The *placement notification* can be made by calling the local DCF Area Office during normal working hours or the Child-at-Risk Hotline during non-business hours. DCF will identify for its records those situations that meet the statutory requirements for Baby Safe Haven intakes and not reports of child abuse or neglect.

**FILING A FORM 51a REPORT**

A mandated reporter must file a 51A Report orally and immediately whenever they know about or suspect child abuse or neglect. It must be followed-up with a written report within 48 hours. The written report should be mailed or faxed to the local area office covering the city/town where the child lives. The form for filing this written report can be obtained from your local area office or downloaded from the DCF website: [www.mass.gov/dcf](http://www.mass.gov/dcf).

*During Evenings, Weekends and Holidays:*

Call the statewide Child-At-Risk-Hotline: 800-792-5200

*During Business Hours:*

Call the local area office covering the city/town where the child lives.

Any privilege relating to confidential communications established by G.L. c. 112, §§ 135-135B (social worker-client), G.L. c. 233, § 20A (communications with clergymen), or G.L. c. 233, § 20B (psychotherapist-patient), “shall not prohibit” the filing of a 51A Report.

Notwithstanding any privilege or confidentiality created by statute or common law, as a mandated reporter you must answer questions and provide information posed by DCF under G.L. c. 119, § 51B, whether or not you filed the 51A Report. You cannot be held criminally or civilly liable for providing such information.

**Chapter 265, Section 131 – ASSAULT/BATTERY ON AN EMT**

Whoever commits an assault or an assault and battery on an emergency medical technician, an ambulance operator, an ambulance attendant or a health care provider as defined in section 1 of chapter 111 (*“Health care provider”, any doctor of medicine, osteopathy, or dental science, or a registered nurse, social worker, doctor of chiropractic, or psychologist licensed under the provisions of chapter one hundred and twelve, or an intern, or a resident, fellow, or medical officer licensed under section nine of said chapter one hundred and twelve, or a hospital, clinic or nursing home licensed under the provisions of chapter one hundred and eleven and its agents and employees, or a public hospital and its agents and employees*), while the technician, operator, attendant or provider is treating or transporting a person in the line of duty, shall be punished by imprisonment in the house of correction for not less than 90 days nor more than 2 and one-half years or by a fine of not less than \$500 nor more than \$5,000, or both.

*(italics added to include definition of health care provider as per Chapter 111, Section 1).*

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### **Chapter 266, Section 69 – INSIGNIA USE**

Whoever, not being a member of a society, association or labor union, for the purpose of representing that he is a member thereof, willfully wears or uses the insignia, ribbon, badge, rosette, button or emblem thereof, if it has been registered in the office of the state secretary, shall be punished by a fine of not more than twenty dollars or by imprisonment for not more than one month or both.

*(NOTE: Both the state and National Registry emblems are so protected. The “Star of Life” emblem is protected under the federal trademark act.)*

### **Chapter 111, Section 201 – FIRST RESPONDER LAW**

Members of police and fire departments, members of the police force of the metropolitan district commission, the capital police members of the uniformed branch of the state police participating in highway patrol, persons appointed permanent or temporary lifeguards by the commonwealth or any of its political subdivisions, and members of emergency reserve units of a volunteer fire department or fire protection district shall be trained to administer first aid, including but not limited to, cardiopulmonary resuscitation by July first, nineteen hundred and seventy-eight, including those appointed on or after January first, nineteen hundred and seventy-six. The training shall meet the standards for first aid training prescribed by the department and shall not be less than the standards established by the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association, and shall be satisfactorily completed by them as soon as practical, but in no event more than one year after the date of their employment. Satisfactory completion of a refresher course approved by the department in cardiopulmonary resuscitation each year and in other first aid every three years shall also be required.

The department shall coordinate the provision, by county, of training required by this section. Such training shall be provided at no cost to the trainee. This section shall not apply to police officers, fire fighters and persons engaged in police and fire work whose duties are primarily clerical or administrative.

### **Chapter 19A, Section 15 – ELDERLY ABUSE, MANDATED REPORTERS (excerpt)**

- (a) Any physician, physician assistant, medical intern, dentist, nurse, family counselor, probation officer, social worker, policeman, firefighter, ***emergency medical technician***, licensed psychologist, coroner, registered physical therapist, registered occupational therapist, osteopath, podiatrist, director of a council on aging, outreach worker employed by a council on aging, executive director of a licensed home health agency or executive director of a homemaker service agency or manager of an assisted living residence who has reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse, shall immediately make a verbal report of such information or cause a report to be made to the department or its designated agency and shall within forty-eight hours make a written report to the department or its designated agency. Any person so required to make such reports who fails to do so shall be punished by a fine of not more than one thousand dollars.
- (b) The executive director of a home care corporation, licensed home health agency or homemaker service agency shall establish procedures within such agency to ensure that homemakers, home health aides, case managers or other staff of said agency who have reasonable cause to believe that an elderly person has been abused shall report such case to the executive director of the corporation or agency. The executive director shall immediately

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make a verbal report of such information or cause a report to be made to the department or its designated agency and shall within forty-eight hours make a written report to the department or its designated agency.

- (c) In addition to a person required to report under the provisions of subsection (a) of this section, any other person may make such a report to the department or its designated agency, if any such person has reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse.
- (d) No person required to report pursuant to the provisions of subsection (a) shall be liable in any civil or criminal action by reason of such report; provided, however, that such person did not perpetrate, inflict or cause said abuse. No other person making such a report pursuant to the provisions of subsection (b) or (c) shall be liable in any civil or criminal action by reason of such report if it was made in good faith; provided, however, that such person did not perpetrate, inflict or cause said abuse. Any person making a report under subsection (a), (b) or (c) who, in the determination of the department or the district attorney may have perpetrated, inflicted or caused said abuse may be liable in a civil or criminal action by reason of such report. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to an employee or supervisee who files a report in accordance with the provisions of this section by reason of such report.
- (e) Reports made pursuant to subsections (a) and (b) shall contain the name, address and approximate age of the elderly person who is the subject of the report, information regarding the nature and extent of the abuse, the name of the person's caretaker, if known, any medical treatment being received or immediately required, if known, any other information the reporter believes to be relevant to the investigation, and the name and address of the reporter and where said reporter may be contacted, if the reporter wishes to provide said information. The department shall publicize the provisions of this section and the process by which reports of abuse shall be made.
- (f) Any privilege established by sections one hundred and thirty-five A and one hundred and thirty-five B of chapter one hundred and twelve or section twenty B of chapter two hundred and thirty-three relating to the exclusion of confidential communications shall not prohibit the filing of a report pursuant to the provisions of subsection (a), (b) or (c).

Call 1 – 800 – 922 – 2275 to report neglect/abuse of the elderly.

Call Dept. of Elder Affairs at (617) 727-7009 for reporting form and information.

#### **MGL c. 19-A, § 14 - Elder Abuse – Change in Reporting**

Emergency Medical Technicians (at all levels) are mandated reporters of elder abuse. Effective 1 July 2004, this section was amended to expand the statutory definition of elder abuse to include self-neglect. Self-neglecting elders are persons age 60 and older who have unmet essential needs for food, clothing, safe and secure shelter, personal care, supervision and medical care that result in serious harm, or in the immediate risk of serious harm, and the inability of the elder to remain safely in the community.

All reports of elder abuse, including self-neglect, should be made to the appropriate local Protective Services agency. After hours reports are made to the Elder Abuse hotline at 1-800-922-2275. A written report is required within 48 hours of a verbal report. For more information about this change, or the elder abuse mandated reporting requirements, please contact your local Elder Pro-



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tective Services Agency. If you do not know your local Elder Protective Services Agency, go to [www.800ageinfo.com](http://www.800ageinfo.com) or call 1-800-AGE-INFO.

**Chapter 111, Section 111C –**  
**REPORTING OF INFECTIOUS DISEASES DANGEROUS TO THE PUBLIC HEALTH**

Any person, including without limitation, a police officer, fire fighter, *emergency medical technician*, corrections officer, ambulance operator or attendant who, while acting in his or her professional capacity, attends, assists, or transports a person to a health care facility licensed under section 51 of Chapter 111, and who sustains an unprotected exposure capable of transmitting an infectious disease dangerous to the public health, shall immediately, upon arrival at such facility, provide to the admitting agent or other appropriate employee of the said facility a standardized trip form. The department shall prepare and distribute said *standardized trip form, which shall include*, but need be limited to the *names of persons who believe they have had such unprotected exposure, and the manner in which such exposure occurred*.

“Infectious diseases dangerous to the public health” shall be defined by department regulations which shall be promulgated pursuant to this section.

“Unprotected exposure capable of transmitting an infectious disease dangerous to the public health” shall be defined in regulations promulgated by the department and shall include, but not be limited to, instances of direct mouth-to-mouth resuscitation, or co-mingling of the blood of the patient and the person who has transported the patient to the health care facility.

*Any health care facility licensed under section 51 of chapter 111 which, after receiving a transported individual, diagnoses the individual as having an infectious disease dangerous to the public health as defined pursuant to the provisions of this section shall notify orally within 48 hours after making such a diagnosis, and in writing within 72 hours of such diagnosis, any individual listed on the trip report who has sustained an unprotected exposure which, in the opinion of the health care facility is capable of transmitting such disease. Such response shall include, but not be limited to, the appropriate medical precautions and treatments which should be taken by the party who has sustained the unprotected exposure; provided, however, that the identity of the patient suspected of having such disease shall not be released in such response, and shall be kept confidential in accordance with the provisions of section 70p. The department shall determine the method by which the response to the trip report is conveyed, and shall assure the patient is informed of those individuals who have been notified of his/her disease pursuant to this section, and that the response is directed only to those parties who have sustained an unprotected exposure to an infectious disease.*

Notwithstanding the provisions of any general law or special law to the contrary, no hospital, or agent, employee, administrator, doctor, official, or other representative of said reporting institution shall be held jointly or severally liable either as an institution or personally, for reporting pursuant to the requirements of this section, if such report was made in good faith. All such parties, provided they have operated in good faith, shall otherwise be afforded total immunity from civil or criminal liability as a result of fulfilling the provisions of this section or the regulations promulgated in accordance with this section.

*(italics added)*

*(the term “department” in the law refers to the Massachusetts Department of Public Health which is a department of the state government)*

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*Please see also the regulations, 105 CMR 172.000 et seq, which are available from the State House Bookstore.*

**Chapter 111C, Section 10A – REPEALED – TRANSPORT OF MINOR**

An injured or sick child who is to be transported to a hospital or other medical treatment facility by an ambulance or other emergency vehicle shall be accompanied by a parent upon such parent's request, unless the emergency medical technician or other person in charge determines that the medical situation is life threatening or that the presence of a parent would create a potential risk to such child. Such determination shall be noted in the written report of said emergency medical technician and a *copy of such report shall be sent to such parent within thirty days* of such determination.

*(italics added)* Effective October 10, 1989

**Chapter 111C, Section 17 –TRANSPORT OF MINOR**

The parent or guardian of an injured or sick child who is to be transported to a hospital or other medical treatment facility by an ambulance shall be allowed to accompany such child upon such parent's or guardian's request, unless the emergency medical technician in charge determines that the medical situation is life threatening or that the presence of a parent or guardian would create a potential risk to such child. Such determination shall be noted in the written report of said emergency medical technician and a copy of such report shall be sent to such parent or guardian within 30 days of such determination.

**MGL 112 Section 12F - EMERGENCY TREATMENT OF A MINOR**

No physician, dentist or hospital shall be held liable for damages for failure to obtain consent of a parent, legal guardian, or other person having custody or control of a minor child, or of the spouse of a patient, to emergency examination and treatment, including blood transfusions, when delay in treatment will endanger the life, limb, or mental well-being of the patient.

Any minor may give consent to his medical or dental care at the time such care is sought if

- (i) he is married, widowed, divorced; or
- (ii) he is the parent of a child, in which case he may also give consent to medical or dental care of the child; or
- (iii) he is a member of any of the armed forces; or
- (iv) she is pregnant or believes herself to be pregnant; or
- (v) he is living separate and apart from his parent or legal guardian, and is managing his own financial affairs; or
- (vi) he reasonably believes himself to be suffering from or to have come in contact with any disease defined as dangerous to the public health pursuant to section six of chapter one hundred and eleven; provided, however, that such minor may only consent to care which relates to the diagnosis or treatment of such disease.

Consent shall not be granted under subparagraphs (ii) through (vi), inclusive, for abortion or sterilization.

Consent given under this section shall not be subject to later disaffirmance because of minority. The consent of the parent or legal guardian shall not be required to authorize such care and, notwithstanding any other provisions of law, such parent or legal guardian shall not be liable for

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the payment for any care rendered pursuant to this section unless such parent or legal guardian has expressly agreed to pay for such care.

No physician or dentist, nor any hospital, clinic or infirmary shall be liable, civilly and criminally, for not obtaining the consent of the parent or legal guardian to render medical or dental care to a minor, if, at the time such care was rendered, such person or facility:

- (i) relied in good faith upon the representations of such minor that he is legally able to consent to such treatment under this section; or
- (ii) relied in good faith upon the representations of such minor that he is over eighteen years of age.

All information and records kept in connection with the medical or dental care of a minor who consents thereto in accordance with this section shall be confidential between the minor and the physician or dentist, and shall not be released except upon the written consent of the minor or a proper judicial order. When the physician or dentist attending a minor reasonably believes the condition of said minor to be so serious that his life or limb is endangered, the physician or dentist shall notify the parents, legal guardian or foster parents of said condition and shall inform the minor of said notification.

**MGL Section 112 Chapter 12 Z - CARE RENDERED TO PATIENTS SUFFERING bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm**

Every physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm, or examining or treating a person with a burn injury affecting five per cent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the colonel of the state police and to the police of the town where such physician, hospital, sanatorium or institution is located or, in the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred.

This section shall not apply to such wounds, burns or injuries received by any member of the armed forces of the United States or of the commonwealth while engaged in the actual performance of duty. Every physician attending or treating a case of wound or injury caused by a knife or sharp or pointed instrument shall, if in his opinion a criminal act was involved, report such case forthwith to the police authorities of the town in which he attended or treated such wound or injury. Whoever violates any provision of this section shall be punished by a fine of not less than fifty nor more than one hundred dollars.

The colonel of state police shall make available to the commissioner of public health all reports regarding:

- (i) bullet wounds, gunshot wounds, powder burns or any other injury arising from or caused by the discharge of a rifle, shotgun, firearm or air rifle;
- (ii) burn injuries affecting 5 per cent or more of the surface area of the human body; and
- (iii) wounds or injuries caused by a knife or other sharp or pointed instrument; provided, however, that personal information identifying the victim or the perpetrator may be redacted if the release of such information may compromise an investigation.

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In cases of examination or treatment of a person with injuries resulting from opiate, illegal or illicit drug overdose, a hospital, community health center or clinic shall report de-identified, aggregate information in a manner to be determined in conjunction with the department of public health.

**MGL Chapter 112 Section 12Z – REPORTING OF DOG BITES**

Every physician attending or treating a case of dog bite or whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case within twenty-four hours to the inspector of animals of the city or town where such dog bite occurred; provided, however, that if such city or town does not have an inspector of animals said report shall be made to the dog officer.

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**ELDER SERVICES AGENCIES LOCATED IN  
CURRENT STARFIRE EMS PROGRAM AREAS**

**HAVERHILL AREA**

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**Elder Services of Merrimack Valley, Inc.**

Riverwalk, Building #5  
360 Merrimack Street  
Lawrence, MA 01843

**Contact Information:**

(978) 683-7747  
Toll Free: (800) 892-0890  
Web: <http://www.esmv.org>

**Areas served:**

Amesbury, Andover, Billerica, Boxford, Chelmsford, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Merrimack, Methuen, Newbury, Newburyport, North Andover, Rowley, Salisbury, Tewksbury, Tyngsborough, West Newbury, Westford

**WINCHESTER AREA**

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**Minuteman Senior Services**

26 Crosby Dr.  
Bedford, MA 01730

**Contact Information:**

Phone: (781) 272-7177  
Fax: (781) 229-6190  
Website: <http://www.minutemansenior.org/>  
Email: [elderinfo@minutemansenior.org](mailto:elderinfo@minutemansenior.org)

**Geographic Areas Served**

Acton, Arlington, Bedford, Boxborough, Burlington, Carlisle, Concord, Harvard, Lexington, Lincoln, Littleton, Maynard, Stow, Wilmington, Winchester, Woburn

**HARVARD AREA**

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**Montachusett Home Care Corporation**

680 Mechanic Street  
Leominster, MA 01453

**Contact Information:**

Phone: (978) 537-7411  
Website: <http://www.montachusetthomecare.org/>  
Email: [MHCC@MHCC-1.ORG](mailto:MHCC@MHCC-1.ORG)

**Areas Served**

Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenburg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon