

Organization and Administration

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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.

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 and in-hospital emergency medical care. Boston EMS is responsible for the management of the pre-hospital component: first responders, basic life support, advanced life support, and telecommunications, including the Boston EMS Ambulance Mutual Aid (BAMA) network and the regional CMED system. Private and municipal ambulance services in the Metro Boston area provide backup support through mutual aid agreements as needed. Boston EMS and the Conference of Boston Teaching Hospitals, a consortium of local hospitals and their emergency departments, 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 en route 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** - Basic Life Support 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, hazardous material and mass casualty incident (MCI) management.

4. **Advanced Life Support** - Advanced Life Support 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 fluids, a wide array of pharmaceuticals; to interpret electrocardiograms and various cardiac arrhythmias, defibrillate, and perform synchronized cardioversion; to perform endotracheal intubation and cricothyrotomy; and to perform other advanced life support techniques as required.

ORGANIZATIONAL STRUCTURE

The following description is not intended to be all inclusive, but rather give an overview of the organizational structure of the Department.

CHIEF OF DEPARTMENT (C-1)

The Chief of Department serves as the head of Boston EMS. In close consultation with the Medical Director, the Chief of Department is responsible for the overall management, planning, direction and control of the Department. The Chief of Department reports to the Boston Public Health Commission Board of Directors through the Executive Director of the Public Health Commission. Within the Office of the Chief are the following areas:

- Chief of Staff
- Deputy Chief of Staff
- Peer Support Unit
- Personnel Services

MEDICAL DIRECTOR (MD-1)

The Medical Director is a physician responsible for providing clinical guidance, leadership and quality assurance for the City of Boston's three public safety departments: police, fire and EMS. The Office of the Medical Director includes:

- Associate Medical Directors
- Boston EMS Physician Fellows

The Medical Director is also responsible for providing clinical oversight to Boston EMS' Research Training Quality Improvement (RTQI) team as described under the "Professional Development and Community Initiatives" section of this document.

SUPERINTENDENT IN CHIEF (C-2)

Reporting directly to the Chief of Department, the Superintendent in Chief oversees the combined responsibilities and resources of all Boston EMS Divisions. The Superintendent in Chief assists in the formulation of Department policies and is

delegated the authority of Chief of Department in the Chief's absence. Within the Office of the Superintendent in Chief are the following areas:

- The Professional Standards Division
- Materials Management

OPERATIONS

Under the direction and oversight of a Superintendent, Operations is comprised of all field response units, including Shift Commanders, Field Supervisors, and both Basic and Advanced Life Support ambulances. Operations is also comprised of Dispatch Operations which receives, prioritizes (using established Emergency Medical Dispatch criteria), and records all incoming calls for service; dispatches emergency units in accordance with established procedures; and maintains the status of all responses. Additional areas under the direction of Operations include:

- Fleet Services
- Office of Safety

SPECIAL OPERATIONS AND EMERGENCY PREPAREDNESS

Under the direction and oversight of a Superintendent, Special Operations and Emergency Preparedness is responsible for both tactical and operational planning for major events and homeland security / preparedness issues throughout the City.

- Special Operations Division: This Division provides planning, logistics and consequence management for major events, both planned and unplanned, throughout the City including special events, VIP protection, hazardous materials and mass casualty incident support.
- Emergency Preparedness/Emergency Management Coordination

PROFESSIONAL DEVELOPMENT AND COMMUNITY INITIATIVES

Under the direction of a Superintendent, Professional Development and Community Initiatives focuses on effective recruiting, community outreach and education, ongoing training, and professional development for all employees.

- Research, Training, and Quality Improvement (RTQI): RTQI is accredited by the Massachusetts Office of Emergency Medical Services (OEMS) as a Training Institution for EMT Training at the Basic, Intermediate, and Paramedic Levels. RTQI is responsible for the following:
 - maintaining and reviewing the certification of all personnel;
 - scheduling and coordinating Continuing Education, refresher and CPR courses as required;
 - establishing and monitoring the competence of new employees through the BEMS recruit academy;
 - conducting clinical review sessions; and
 - developing public education and clinical research programs.

Boston EMS Policy and Procedure Manual

- **Community Initiatives and Recruiting:** This unit is responsible for coordinating and providing community programming designed to educate the public about important health topics. Additionally, the unit oversees the Department's recruitment efforts.

SUPPORT SERVICES

Boston EMS operations is supported by the following five Support Service units:

- **Fleet Services:** Fleet Services is responsible for managing all activities associated with Department vehicles including scheduling and developing specifications for replacement, distribution, maintenance, repair, and licensing.
- **Materials Management:** This unit manages and accounts for the supplies and equipment necessary for the ongoing needs of the department including durable and disposable equipment, uniforms and pharmaceuticals.
- **Facilities Management:** Facilities Management is responsible for coordinating facility maintenance repair requests and renovations for the Department's stations, administrative offices, and other facilities.
- **Communications Engineering Unit (CEU):** CEU is responsible for the planning, implementation, management and maintenance of critical radio systems to support Boston EMS and the Metro-Boston Central Medical Emergency Direction (CMED) radio networks.
- **Management Information Systems Unit (MIS):** MIS is responsible for establishing and maintaining the department information systems, technology and networks, ensuring reliability and security.

ADMINISTRATION AND FINANCE

Central to the administration and finance functions at Boston EMS is the Budget Office.

- **Budget Office:** The Budget Office also prepares the Department's annual budget submissions, establishes budget-related policies, manages payroll, and oversees grant administration. Additionally, the unit develops and monitors spending control plans, manages procurement, processes accounts payable and receivable, and performs associated financial analysis.

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 contained in this manual. 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
- BEMS EMT-Paramedic
- BEMS EMT
- BEMS 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
- BEMS EMT-Paramedic
- BEMS EMT
- BEMS 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. Employees 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 in consultation with the Executive Director of the Public Health Commission.