

**N.H. EMERGENCY MEDICAL & TRAUMA SERVICES  
COORDINATING BOARD**

**July 21, 2011**

**Fire & EMS Academy, Concord, NH**

**Approved Meeting Minutes**

**Members Present:** Michael Cloutier, Doreen Gilligan, Eric Jaeger, Terry LeBlanc, Rae Mello-Andrews, Stacy Meier, Clay Odell, Michael Pepin, Greg Placy, Perry Plummer, Eric Schelberg, David Strang (Chair), Jim Suozzi, , Dennis Tobin

**Members Absent:** Matthew Goudreau, , Peter Row, Mark Tetreault

**Excused:** Jason Grey, Don Johnson, Richard O'Brien, Ron O'Keefe, George Sykes

**Guests:** Kenneth Call, Pamela Drewniak, Jeanne Erickson, Steve Erickson, Mark Hastings, Chuck Hemeon, Paul Leischner, Aleda Nichols, David Rivers, Steve Robbins, Jeffrey Stewart, Grant Turpin

**Bureau Staff:** Vicki Blanchard, Kathy Doolan, Janet Houston, Eric Perry

**Welcome/Introductions - D. Strang, Chair.**

Welcome and introductions by the membership were completed. Additionally all members of the audience introduced themselves.

**Acceptance of 05/19/11 Meeting Minutes - D. Strang**

One correction was requested as a clarification under "Best Practices Update" – "National Fire Academy standards" should have been "National Standards". A motion was made by R. M-Andrews and seconded by T. LeBlanc to approve the minutes with the one correction. All approved.

**N.H. EMS Medical Control Board (MCB) Report – J. Suozzi**

Dr. J. Suozzi gave a summary of the morning meeting. Allergic reactions use of IV Epi and Epi-pens/safety issue were discussed – clear labeling and cautious wording will be suggested. Medications brought to the Board by the Protocol Committee were discussed. Youth Camps and EMS providers as employees were discussed from the licensing/oversight perspective. A subcommittee will be set up to review the issue – Coordinating Board needs to be represented on this committee. RSI documentation recommendations were discussed.

[MCB Minutes are posted on website once approved]

**N.H. Bureau of EMS (NHBEMS) Report – C. Odell**

Bureau Chief Odell - further discussed the Youth Camp issue and included other scenarios such as fairs, events, races and the many other venues where EMS Providers are hired for First Aid care, yet the hiring entity is not an EMS Unit . Bureau

does not want to make hurdles or TEMSIS a necessity, but these groups do need oversight – a review of the situation is warranted.

C. Odell directed everyone to their Bureau EMS News Bulletin in their folders and asked if anything needed clarification – no responses voiced. He then reported on the EMS Management Program held at the Academy, remarked on the wide representation in the group, the networking between the individual attendees was impressive, and that the program evaluations were very good.

The Bureau has received the first skill waiver (O2 & vital signs) request for a group of First Responders, the expectation is that more will be received in the near future.

[Please see written Bureau Bulletin in folder for additional information]

## **Old Business:**

### **Best Practices Update- M. Pepin**

M. Pepin referred to the handout distributed: SOG- “Refusal of Care Instruction Sheet” Subject: Head Injury Sheet”. He stated that this was an informational sheet approved by the Medical Control Board and sent to the Best Practices Committee to put into the SOG format. This new SOG (instruction sheet/head injury) along with updated Lights and Sirens SOG addendum which will include letters of clarification from the Local Government Center (LGC) and Primex, will be included in the newly formatted Best Practices document to be posted in the near future.

S. Meier made a motion to approve these items. Director Plummer made mention that LGC and Primex have stated that they are willing to give training to Fire and EMS Personnel, hosted by the Division, on the proper use of Lights and Sirens per RSA and rules. D. Strang asked for a small wording change but C. Odell stated that this was not a Coordinating Board document but actually had been previously approved by the Medical Control Board and that they would need to change it. Questions arose about situations with patients who do not understand English – J. Houston stated that she is trying to get the document translated but that there is always the use of 9-1-1s “Language Line” available to all responders. R. Mello-Andrews stated that a piece should be added to suggest that the Provider document in their PCR that this form was given to, and reviewed with, the patient. All agreed to add this to the motion for approval. Motion with amendment approved.

Director Plummer stated that once the training is available from LGC/Primex, the Division will distribute information and make it readily available. NHOODLE may be an option as well as making it a section of upcoming RTPs.

### **EMS Survey Update – C. Cooper**

C. Cooper was not present at the meeting but gave some points of information to K. Doolan for relay: Survey has had a close to 40 percent return rate thus far and more are expected. It is a time consuming report and some requested information is not readily available to the Service Heads – need to access Town records sometimes. He is pleased with the response thus far. An update will be given at the Sept. meeting.

### **Data Advisory/System Monitoring Committee – C. Cooper/R. Mello-Andrews**

R. Mello-Andrews gave an update on the committee's progress and stated that they need representation from the North Country, they are considering an all day training session, it has been hard to get a wider interest of people.

### **New Business:**

#### **Refresher Practical Skills Monitoring Proposal – C. Odell**

C. Odell reviewed the handout distributed ("Plan for implementing practical skills evaluation into the EMT-Basic and First Responder refresher training program") after giving a history on this proposal. A group of interested individuals (36) convened to discuss this topic over a 2 month period. The final proposal was sent to the Ad Hoc Committee for review and comment. Slides were shown outlining the proposal.

The I/C will have the responsibility to document skills components.

5 options exist:

- 1-Formal skills labs
- 2-"Boot camp"
- 3-Evaluation of skills at EMS agency level in collaboration with I/C
- 4-Structured agency QI – oversight by medical Director
- 5-Scenerio-based simulation program – use of high fidelity equipment required.

The plan is simple but comprehensive. Skills to take place within 24 hours of RTP unless otherwise noted on course approval. It was noted that the first year may not be smooth but we will make it through, and improve upon it as necessary.

Questions were raised as to how the Ad Hoc Committee responded – C. Odell stated that once explained, the Committee okayed the plan. Many clarifying questions were asked and answered. The question about skills competency documentation if the Provider continually takes the Exam-In-Lieu (E-i-L) process.....C. Odell stated that this was a decision by the Coordinating Board a few years ago – no skills verification needed. If this is something the Board wishes to change, a new vote needs to take place. Further discussion on E-i-L took place. Other concerns were raised about Unit overseeing their own Providers skills – statements made that accountability must rest with Service and Providers. More comparable to other allied health fields. Poor patient care, poor skills, must have QI, Medical Director and Unit (employer) oversight/responsibility.

E. Jeager thanked the sub-committee and C. Odell for this fast/comprehensive work. Information will be shared on the website: FAQs and stories of processes that are working. C. Odell mentioned that this will help in the development of resources and potentially an I/C Association. The Board agreed that this is a good plan.

D. Strang asked that statistics for Exam-In-Lieu be brought to the next meeting.

#### **Status of EMT-I's, the new Ed. Standards and NR testing – E. Perry**

E. Perry gave a handout to all present explaining the upcoming changes and focusing

on the change from EMT-Intermediate to “Advanced EMT” by taking a “Conversion” course, practical exam and National Registry cognitive exam. The second option for these providers is to downgrade to EMT (now called EMT-Basic) – the Registry will require submission of RTP completion paperwork and application.

The timeline for these changes is being finalized. Questions regarding the handout were answered. The Registry fee for the cognitive exam was discussed. A suggestion was made that a class on “How to prepare for a computerized exam” may need to be given so as to relieve test anxiety.

Info will be going out to the current EMT-Is as soon as possible, once all information is finalized.

#### **DOS email addresses for Board – P. Plummer**

Unfortunately this was not as simple as first thought. Unless the Board member is an employee, a DOS email address is not available. The next best thought would be to create a web based general email address and link it (invisibly) to any/all addresses supplied by the Board members. Everyone would get the question/concern written by constituents and could respond individually or choose to bring it to a future meeting for discussion. Many thought that this would work well.

#### **EMS Memorial at the Academy – P. Plummer**

Director Plummer stated that there will be a place made for an EMS Memorial on the Academy grounds and that he will link the coordinators of the Fire Service memorial to members of a committee interested in the EMS Memorial so that a plan can be created.

#### **Items of Interest – All present**

J. Suozzi mentioned that the September meeting will be his last as the Medical Control Board (MCB) representative – he thanked the Coordinating Board for the time he has spent with the group but will be looking to the MCB for a new representative to attend in November. D. Strang thanked J. Suozzi for his participation, time and energy.

**Adjournment** – Motion made (S. Meier), seconded by R. M-Andrews, and the vote was unanimous.

#### **Next Meeting**

**Thursday – September 15, 2011  
Cannon Mt. – Franconia, NH  
1:00 PM (lunch 12 noon-meet at the Tramway)**