

NH Emergency Medical and Trauma Services Coordinating Board

MEETING MINUTES (Approved)

March 18, 2021

1:00PM

Virtual - WebEx

Quorum: 9 members required (currently 17 positions filled and 5 true vacancies)

Members present via Telephone:

Jeremy LaPlante (Chair), Brian Allard, Sue Barnard, Jeanne Erickson, John Freese, Ryan Hornblower, Michael Kelley, Terry Jarvis, Neil Meehan (late), Joshua Morrison, Michael Newhall, and David Tauber **(12)**

Members absent:

Chad Miller (Vice Chair), Matthew Petrin, Lisa Patterson, Scott Schuler and Jeremy Thibeault **(5)**

NH FST&EMS Staff present:

Director Deborah Pendergast, Assistant Director – Jeffrey Phillips, Bureau Chief - Justin Romanello, Medical Director - Joey Scollan, Captain Kathy Higgins-Doolan and Hayley O'Brien **(6)**

I. Welcome/ Membership

Meeting called to order at 1:01PM by Chair Jeremy LaPlante

Chair LaPlante read the "Checklist to Ensure Meetings are Compliant with the Right-To-Know Law during the State of Emergency" and then Hayley did a rollcall attendance for board members. Members that have upcoming expirations have been notified and are encouraged to submit reappointment letters as soon as possible.

Academy of Pediatrics has nominated someone and the appointment request is with the Governor's Office. Have not heard from the Organ Bank, Chair LaPlante will reach out to them.

II. Approval of the Minutes:

Motion made (Jarvis/Barnard) to approve the January 21, 2021 minutes; **passed unanimously via rollcall vote.**

Allard	Abstain
Barnard	Yes
Erickson	Yes
Freese	Yes
Hornblower	Yes
Kelley	Abstain
Jarvis	Yes
LaPlante	Yes
Morrison	Yes
Newhall	Yes
Tauber	Yes

III. Division / BEMS Reports

Item 1. **Division and BEMS Updates** – Reported by Director Pendergast and Chief Justin Romanello

- a. Completed Phase 1 of a Methamphetamine training. 30-35 minute training, available for all First Responders on the resource center.

- b. Behavioral Health continues to remain a big focus. Large symposium scheduled for this September. This will be in person event if it can be conducted safely. More information to come.
- c. Moving forward with the budget. Able to fill 2 EMS vacancies, both will be working with Chip's group with TEMSIS and Respond NH.
- d. Covid FROST testing ending March 31st. Services that have excess Binax now kits will be able to use those kits on symptomatic patients. Kits will no longer be utilized for asymptomatic patient testing. Covered in Protocol. Document in Temsis and normal DHHS report of findings.
- e. Still hosting the Governor's press conferences. The Attorney General's Office has also booked classroom usage for some press conferences. 211 call center still in the cafeteria.
- f. New rules regarding the number of providers required to transport and licensing as non-affiliated (still have to be affiliated with a unit to provide care) have officially been adopted and signed by the Commissioner. Still operating under the protocol of 1 licensed provider per truck still.
- g. 3 electrostatic sprayers left and approximately 50 tubs of tablets left. Battery recall on first delivery of electrostatic sprayers. Additional communication will be sent out to the services that have not reached out and received a replacement battery to resolve this.
- h. Emergency waiver for provisional certification that National Registry was issuing is expiring April 1, 2021.
- i. Nothing new to report for Covid. In the last 2 months, many Division staff have been assisting at approximately 80 events acting as vaccinators in off hours, between 4-9.

Item 2. Legislative Report –Chief Justin Romanello

- a. SB 143 – related to emergency medical and services trauma related data, passed the sub-committee and is on the senate floor to be voted on today.
- b. SB 133 – omni bill (multiple components included this bill) regarding just culture and the repeal of replica. Chief Romanello and several other individuals spoke on behalf of this bill with an amendment to remove the repeal of replica. This bill still passed as a whole without any amendments. Next opportunity to speak about this will be when it goes to the house sub-committee. Once the Division is aware of this date, communication will be sent out. If a blanket appeal to the bill occurs, will lose the language change as well. No line item veto. The House would need to make an amendment to the repeal of replica specifically. National organizations push back as they were not in favor of it. Repeal of replica can't be used for day to day operations.
- c. House bill in relation to ambulance billing got squashed for more analysis.
- d. The Division will report bills that they are following that are relevant to the EMS system.

Motion made (Tauber/Erickson) for the CB to write a letter in reference to SB 133 not supporting Section II (repealing the emergency medical services personnel licensure interstate compact) and in support of Section X (the revocation of licensure for licensed emergency medical service units and emergency medical service vehicles); **passed with 9 yes' and 2 no's via rollcall vote.**

Allard	Yes
Barnard	Yes
Erickson	Yes
Freese	Yes
Hornblower	Yes
Kelley	Yes
Jarvis	Yes
LaPlante	No
Morrison	Yes
Newhall	No
Tauber	Yes

IV. Committee/Board/Workgroup Reports

Item 1. Medical Control Board Update – John Freese reported

- a. Protocol updates were approved.
- b. Working on legislation that would consider assault on a healthcare worker a felony.
- c. Here is the link to the minutes for MCB meetings:
<https://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html>

Item 2. Trauma Medical Review Committee Update - Scott Schuler absent - tabled

- a. Here is the link to the minutes for TMRC meetings:
https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

Item 3. Workgroup Reports:

- a. **EMS Physician Level of Licensure** – Have not met, nothing to report.
- b. **IC Renewal & EMS Education** – Meeting last week, next meeting March 31st. The Committee is current working on the following 3 track concerns; ETA's primarily with new provider education at each level, how instructors are recertified and the registry requires state or national recognition of continuing education for individuals that are submitting that con ed.
- c. **Recruitment & Retention** – Nothing new to report. Everybody needs to claim their accounts in the new system and then they can use the survey that rural health assisted with.
- d. **EMS Rules** – Discussed in the Bureau report.

Item 4. Stroke Care –Sue Barnard presented

- a. Fast Ed rolled out for training. Almost 100% of EMS has been trained. Hospitals are still in the process.
- b. Vicki started to pull some data from TEMSIS on EMS, who is doing it, what numbers, what they are doing with the Fast Ed scores.
- c. Some hospitals are asking for Fast Ed scores for every stroke alert or activation that is being called in.
- d. Going to establish a work group to follow up on education and drill down the data.
- e. Peer learning group for the rural facilities. Many critical access hospitals that want to network with others on protocols and stroke education. Lots of interest in this! Zoom call coming up.

V. Old Business

Item 1. Data Requests – Chair LaPlante

- a. A few people reached out to Chair LaPlante and had questions/expressed interest in the Data Review Committee. He has not had a chance to get back to them about what this committee entails, but he is going to wait for interest from 4 parties before establishing this committee. Tabled for this month.

VI. New Business

Item 1. Local Medical Director/MRH Responsibilities – Dr. Scollan

- a. Dr. Scollan explained that some instances have shown that EMS providers have practiced outside/against of the state protocols. In 1 of those instances, they were following offline medical control from their Medical Director. Dr. Scollan reviewed the role of the Medical Director and the correct use of on and offline medical control and the purpose of the protocols.
Per the rules, the protocols for patient care are established by the EMS Medical Control Board in accordance with RSA 153:A2. Then those protocols are approved and adopted by the Commissioner for the Department of Safety.
Definition of Protocol in RSA 153:A2 is a written description of a patient care process specifying the circumstances under which emergency medical care providers may function under their own licenses or through medical control, these are approved and issued by the EMS Medical Control Board.
Medical Control is defined as medical supervision and medical accountability for emergency medical care and includes direction and advice from a physician through both offline and online medical control.
When online medical control is used, any deviations from the protocols should be made on a case by case

basis, but still have to remain within the scope of practice, per the level of the EMS provider. This is acceptable because the physician that is on the phone is taking responsibility for the patient that they will be receiving at their hospital.

The exception protocol is not to cover changes that we think should be in the protocols, it still has to be within the scope and a report has to be filled out and given to the MRH's Medical Director, the EMS Coordinator of the MRH and also the Bureau of EMS within 48 hours.

When offline medical control is used, the purpose is collaborative oversight of education, advice, critiques, treatment can be discussed, medications. The purpose is not to encourage practice that deviates from what the current protocols say.

Mid-cycle changes can occur, a process is in place if needed. Offline medical direction or guidance that's followed by EMS provider that violates the current patient care protocols puts that provider and unit at risk for action against their license, even if they are listening to their Medical Director, if it is against protocol that is on the provider to know that they must follow the protocols.

Item 2. COVID-19

This will be removed from New Business and discussed in the Bureau report.

- a. Emergency Rules → Rules
- b. Emergency Protocols → Protocols
- c. Provider Personal Protective Equipment (PPE)
- d. COVID-19 General Discussion
 - Electrostatic Sprayers
 - FROST Program
 - Vaccination of First Responders
 - First Responders as Vaccinators

VII. Good of the Order / Items of Interest

Item 1. Looking ahead, the Division will use Zoom for future Board meetings, but would ultimately like to institute Microsoft Teams. Some connection issues occurred and Zoom was easier this time around. If everybody can get on board with Teams and download the application (if required) to be prepared for future Board meetings. More information to come.

VIII. Adjournment

A motion was made (Kelly/Jarvis) – to adjourn the meeting at 2:08 PM; passed unanimously.

NEXT MEETING REMINDER: May 20, 2021 - Virtual – Zoom/Microsoft Teams