NH EMS MEDICAL CONTROL BOARD

Portsmouth Hospital
Portsmouth, NH

MINUTES OF MEETING

July 17, 2008

Members Present: Donavon Albertson, MD; Tom D'Aprix, MD; Frank Hubbell, DO; Patrick Lanzetta, MD; Jim Martin, MD; Joseph Mastromarino, MD Douglas McVicar, MD; Norman Yanofsky, MD; Sue Prentiss, Bureau Chief

Members Absent: Chris Fore, MD; William Siegart, DO; John Sutton, MD;

Guests: Steve Achilles, Chairman, NH EMS Coordinating Board, Jeanne Erickson, Steve Erickson, Michael Pepin, Jonathan Dubey, David Dubey, Chris Dubey, Kevin Drew, Dave Tauber, Shawn Riley, John Levitow, Janet Williamson, William Riley, Kelley Sweeney, Dick Cooper, Gail Wasiewski, Georgette Shapiro, Lukas Kolms, MD, Doug Martin.

Bureau Staff: Vicki Blanchard, ALS Coordinator; Kathy Doolan, Field Services Coordinator; Mike Schnyder, Research and Quality Management Coordinator; Clay Odell, Trauma Coordinator;

I. CALL TO ORDER

McVicar welcomed all to the meeting, and asked for all in the room to introduce themselves.

Albertson then welcomed all to Portsmouth Hospital and gave a sixty second recap of the first two hundred years of Strawberry Banke (Portsmouth) history.

EMS Community. Prentiss sadly reported the death of Dr. Jamison (Jamie) Thissel of Concord Hospital's Emergency Department. Dr. Thissel came to Concord four or five years ago with a back ground in EMS. He was well loved by his colleagues, patients and the EMS community. Kevin Drew, EMS Hospital Coordinator for Concord Hospital, stated the hospital is selling memorial t-shirts with 100% of the proceeds going to Dr. Thissel's wife and three young children. A moment of silence was observed.

Acceptance of Minutes. D'Aprix moved to accept the May 15, 2008 minutes, Martin 2nd.
Vote: Unanimously passed

II. DISCUSSION AND ACTION PROJECTS

Item 1. Diltiazem:
At the May 15, 2008 MCB meeting, Blanchard was asked to contact the manufacture of ADD-Vantage® system diltiazem to inquire as to why the label stated "not for IV push."

Blanchard said she was informed by the manufacturer that the restrictive labeling is in place only because this product is not sold with a medication port to draw up the medication for IV push administration. The diltiazem in question itself is safe to give via IV push. (Of course it would have to be drawn up using an appropriate device beyond what is provided in the ADD-Vantage® system.)

Discussion: None

Decisions: No change in the protocol. Blanchard is to write an EMS Bulletin and circulate to hospital pharmacists and ALS squads, stating that diltiazem packaged in the ADD-Vantage® system may be drawn up and administered via IV push per NH protocol.

Item 2. Jet Insufflation
Following up from the May 15, 2008 MCB meeting. Blanchard and Houston investigated the use of jet insufflation in pediatric patients. This modality is not well documented for field use in pediatric patients.

Discussion: No discussion

Decision: Jet insufflation airway is eliminated.

Item 3. IM Fentanyl
McVicar was recently presented with the question as to why fentanyl was not offered intramuscular (IM).

Discussion:

- S. Riley stated that recently his service had a cancer patient with a painful fracture who was allergic to morphine and had very poor IV access. They were unable to give the patient any pain relief.
- Albertson stated that IM fentanyl is standard practice; he just did not have any experience himself, but felt it was not unreasonable.
- McVicar pointed out that fentanyl is approved for intranasal use, so the IM route may not be necessary.
- Lanzetta felt it should be made available IM.
- D. Martin thought if the cases where it was needed were rare, then why not call medical control.

Decision: Albertson moved to approved fentanyl for IM administration at the same dose as IV, to be repeated every 10 minutes to a maximum of 150 mcg. Lanzetta 2nd.

Yanofsky questioned the pharmacodynamics of IM absorption. We should not assume that the IV and IM doses and timing are the same. The information was not readily available so the motion was tabled until September. S. Riley to work with Blanchard to find an authoritative source regarding the dosage and absorption of IM fentanyl.

Item 4. Continuous CO2 Monitoring

Schnyder was asked to research the use of continuous CO2 monitoring by NH EMS. Schnyder reported that a search in TEMSIS revealed 71 agencies reported intubation of 763 patients. Of these 248 or 38% documented use of End-Tidal CO2 monitors. There was no documentation to indicate that ET-CO2 monitoring identified misplaced tubes. McVicar reminded the group of the importance of this information from TEMSIS, since the board is considering making continuous CO2 monitoring mandatory beginning in 2011.

Discussion:

- J Dube inquired if the 38% included both colormetric and continuous monitoring. Schnyder answered that it was the continuous, as the study looked at records that included numeric monitoring values.
- Achilles reminded the board that if they do decide to make this a mandatory piece of equipment, then they need to show that it is a standard of care. For example, he questions whether it is consistently used in hospital Emergency Departments.
- A board member stated that there was support for its use, including a white paper by NAEMSP and the American Heart Association.
- D Martin suggested that if we were going to require it for intubated patients, it should also be required for combitubes. Martin said he feels it is the standard of care in the ED, and even more so in an ambulance which may travel on a bumpy road, with frequent patients moves creating a greater risk of accidental tube dislodgement, and fewer staff available to detect it.
- Albertson pointed out that there was a nasal device that could also monitor CO2. He thought it could also be a useful tool, for example in unintubated COPD patients. He would like to hear of any EMS experience.

Decision: Yanofsky moved "That the goal of NH EMS is to have continuous capnography 2011." Albertson 2nds. Vote: Passed.

Item 5. Intraosseous infusion by EMT-Intermediates

D'Aprix explained to the board that in the National Scope of Practice, Adult IO was not included in the Intermediate skill set but pediatric IO was. In NH EMS, Intermediates do not have IV access in their skill set for pediatrics. D'Aprix would like to discuss the possibility of adding the IO skill to the Intermediate's scope of practice, provided it was via the use of a commercial device, such as the EZ-IO and only in adult patient's in cardiac arrest.

Discussion:

- D Martin was concerned it would become another required piece of equipment.
- S Riley stated that recently his service has had 3 cardiac arrests saves using the EZ-IO. He pointed out that on many squads a single paramedic works with an intermediate. During a cardiac arrest typically it is the intermediate who establishes the IV access, while the paramedic performs more advanced skills. So if peripheral access is not possible, it would be very useful for the EMT-I to be able to start an IO line.
- D Martin questioned the lidocaine administration by intermediates. Yanofsky pointed out that what has been proposed is for the intermediate only to perform IO access in cases of cardiac arrest, so anesthesia is not needed.
- D Tauber pointed out that Maine has had the IO for Intermediates for more than 10 years.
- Yanofsky asked whether the skill should be allowed in all unresponsive patients, not just those in arrest, since narcan and D50 could also be administered via the IO route. Another member disagreed with this suggestion since narcan is available IM and IN. D50 will be less critical for intermediates after the 2009 protocols are rolled out and the new education programs are implemented because glucagon will be allowed at the EMT-I level..

Decision: D'Aprix moved the use of commercial IO devices (such as the EZ-IO or B.I.G.) for EMT-Intermediates for adult patients in cardiac arrest. Albertson 2nd. Vote: Passed, with 4 voting Yes, 0 No, and 3 abstaining.

Prentiss reminded all that this would require a transition module as it was outside the National Scope of Practice, and therefore the Bureau would have to develop educational materials.

<u>Item 6. Protocols:</u> Blanchard and D'Aprix presented the remaining protocols reviewed for the 2009 edition. It was explained that after today's meeting the review of the protocols will be complete. The final review now begins, Each MCB member will each receive one section for review, and will report recommended edits to the Board at the September meeting. A draft will be distributed for peer review. as well.

- <u>Refusal of Care:</u> Per the request of the MCB from the March 2008 meeting, the protocol section on competence was to be reworked. A complete re-write of the section was made.
    - Discussion: There were questions as to "who is a patient". Prentiss read the following definition of a patient from RSA 153-A:2: XVI. '"Patient" means an individual who, as a result of illness or injury, needs immediate medical attention, whose physical or mental condition is such that the individual is in imminent danger of loss of life or significant health impairment, or who may otherwise be incapacitated as a result of a physical or mental condition.'

- Further it was explained that if a person does not appear ill or injured and they say they are not ill or injured then they are not a patient.
- K Sweeney stated that she has always been taught that every person she has contact with requires an assessment, vital signs and a signed refusal of care. She continued to state that this would even include 3rd party calls where a person did not even request an ambulance.
- Hubbell explained that the refusal of care was specifically for those people you, as an EMS provider, feel should go to the hospital, and the person is refusing to go. It is not for the person who is not hurt or injured. He asked how someone could refuse care when no care was required.

- Mass/Multiple Causalty Triage: No changes.
- Nerve Agents & Organophosphates MCI protocols 8.2, 8.2P & 8.3: Added DuoDote Injectors and matrix box for ease of reading. In addition, because an MCI could involve hours or days, the albuterol dose was changed from a total of 3 nebulizers to "as needed."
- Radiation Injuries MCI Adult and Pediatric: No changes.
- Special Resuscitation Situations and Exceptions: Blanchard explained to the board that the Youth Suicide Prevention Assembly had recently developed EMS Response to Suicide guidelines and suggested adding some a section in the protocols for "Response to Completed Suicide."
  - Discussion: Albertson stated that the items in this section are already addressed and suggested removing it. In addition he stated that there is little evidence to support critical incident stress debriefing for EMS.
  - Decision: Section removed.
- Cardiac Arrest and the Intermediate: The National Scope of Practice does not have the cardiac module for the Intermediates. Did the NH MCB want to keep the epinephrine and atropine for cardiac arrest for the intermediates?
- Decision: Yes, keep the Intermediate cardiac arrest medications and module.

Further Discussion: Gail Wasiewski and Dr. Kolm presented the board with stroke assessment cards entitled "ACT F.A.S.T!" (The "F.A.S.T." acronym stands for Face, Arm, Speech and Time.) Wasiewski explained that they were working with Mass. General to be a stroke center and are incorporating the F.A.S.T. assessment on all suspected stroke patients. They asked if it could be incorporated into the stroke protocol. The board agreed that they would recognize the F.A.S.T assessment for providers who wanted to use it, but felt that there was no need to change the stroke protocol as it already contains all the elements of F.A.S.T.

Decisions: D'Aprix moved to accept the protocol changes as discussed and finalize the document for this session. Albertson 2nd. Vote: passed unanimously.

Item 7. Cardiac System

McVicar suggested the board look into a cardiac system similar to the trauma system. He explained that this is important from the perspective of smaller hospitals that do not have their own cath labs. The question is whether it is feasible to develop a system that moves STEMI patients to cath labs in the shortest amount of time.

Discussion:

- Yanofsky felt it was up to the hospitals and people doing the PCIs not the MCB.
- Hubbell asked who would decide where patients should go? Basic EMTs cover a lot of the north country and they cannot read 12-lead EKGs.
- McVicar suggested a study group be formed and an agenda item be added our agenda in order to assure that the discussion continues.
- Prentiss asked that stroke be added as well.
- Albertson stated that 20 years ago the American College of Surgeons had 10 or so items and included an inventory checklist. Some of the items were, cardiac, lung, stroke, OB, and burns. Each item had its own checklist. He would like to see more than just MI and stroke looked at.
- Achilles stated he thought it might be a good retreat item to look at model systems.
- McVicar asked for a group that was interested in working on this, and coming back to the Board in September after the retreat, and after some homework has been done. Achilles, Albertson, McVicar and Yanofsky volunteered to start a preliminary discussion on this.

III. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: No report.

Bureau and Division Update: See attached report.

Coordinating Board: Achilles reported that the draft minutes from the May meeting were in the packet for their review. Today the board would be discussing the equipment list, the retreat and best practices. He reiterated the fact that the retreat would be a great opportunity for all board members to attend. He felt it was important for as many members as possible to attend.

Critical Care Paramedic: Blanchard and Odell reported that per last meeting's request, a critical care paramedic study committee has been initiated. The first meeting is set for August 12, 2008 at the Fire Academy at 09:00 AM. 20 people have been invited and the invitation is open to any other interested providers. Finally, they are looking for any ICU nurses who would typically transfer care of the critical patient over to the paramedic who are interested in joining.

Legislative Update: HB1235, The Move Over law was signed by the Governor last week. The Line of Duty Death Bill: Members of the study committee have not yet been named.

TEMSIS Report:
NHOODLE: Schnyder reported on the online education – see attached.
TEMSIS report presented by Schnyder – see attached.

NH Trauma System: See the Bureau Chief's report.

<u>Other Business:</u>

Achilles reported that at 12:30 Portsmouth's new safety ambulance would be outside for viewing.

IV. ADJOURNMENT

Motion by Yanofsky, seconded by Martin to adjourn. Approved. Meeting adjourned at 12:00 PM

VI. NEXT MEETING

18 September 2008, Conway Fire Department, Conway, NH

Respectfully Submitted,
Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard, ALS Coordinator)

New Hampshire's EMS and Fire Online Learning Environment

Project Sponsors:

- New Hampshire Division of Fire Standards and Training & Emergency Medical Services
- New Hampshire Department of Human & Health Services, DPHS, Rural Health & Primary Care Section

Purpose of NHOODLE: To create the ability to provide education via the Internet as a means to:

- Provide education to those who have limited time and resources
- Provide additional and expanded educational opportunities
- Provide an online / in-person approach to education
- Provide timely education in times of need

What will be on NHOODLE: Both EMS and Fire education courses will be placed online:

- General EMS Continuing Education (Immunization, pandemic Influenza, etc.)
- Expanded EMS Courses (Facilitation, quality management courses, etc.)
- Expanded Fire Courses (Instructor orientation and mentoring programs

How will NHOODLE Work: Somewhat similar to systems used by colleges across the country, but in a simplified manner.

- The user will access the system and select an appropriate course to enroll in
- Follow a step-by-step process to complete the course
- Some courses will have a quiz and when they are done the user can print off a certificate of completion

The Timeline: The system is in it preliminary stages and courses are being developed.

- Rural Health (Funding the program) is securing a web host for the site. The NHOODLE site will be set up sometime this Summer.
- Preliminary courses are being developed and will be online when the NHOODLE comes online.
- Additional courses will be developed in accordance to the demand of our customers.

Questions or Comments? Please contact

Suzanne Prentiss (603-271-2661, suzanne.prentiss@dos.nh.gov) or

Michael Schnyder (603-223-4226, michael.schnyder@dos.nh.gov)

Funding for NHOODLE being provided by:
NH DHHS, DPHS, Rural Health & Primary Care Section

MEMORANDUM

TO: NH EMS Medical Control Board
NH EMS & Trauma Services Coordinating Board

FROM: Sue Prentiss, BA, NREMT-P, Chief
FST & EMS
Bureau of EMS

RE: Division of Fire Standards and Training and Emergency Medical Services (FST & EMS) – Bureau of EMS Report

DATE: July 14, 2008

On behalf of the New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FST & EMS), I would like to thank you for joining us on the Seacoast for our July 2008 meeting! As always, we are busy and below is an update on FST & EMS activities.

As of March 13, 2008, the Bureau licensing numbers are:

Apprentice	21
First Responders:	300
NH EMT-B	73
NREMT-B	2003
EMT-I	1055
EMT-P	654
IFTE	1
TOTAL:	4107

There are 200 licenses that were deactivated last week due to CPR card expiration.

We have 146 I/C's, including 10 Provisional. There are 296 licensed Units.

Bureau of EMS Report: If you have not already heard, Bill Wood has been out of work since June 13, 2008. Bill was hospitalized for two weeks. He is now home and recovering nicely, but slowly. He will be out for 3 to 4 more weeks and then will return part-time. His wife Ann had knee surgery at the same time Bill was an in-patient. Both Ann and Bill stopped by last week to visit. They are both well and we look forward to having Bill return. I am handling all AED related inquires during this period.

Eric Perry and his wife Darah welcomed their son Carter Mason Costello into the world on June 12, 2008. Carter, mom and dad are well. Eric returns to work on August 11, 2008.

The Northern NH EMS Field Office, located in Gorham, is finally, finally, on-line and the new office furniture is in. Phones and computers all work . There are some issues with the physical set up of the furniture that are being taken care of. The staff has been very patient during this tough transition.

Clay and Vicki attended the mid-year meeting of the National Association of Sate EMS Officials (NASEMSO) in Washington, D.C. in June. Vicki attended a portion of the EMS for Children Grantee Meeting with Janet Houston. Clay also attended the federal office of Rural Health's Flex Grant, grantee meeting in Kansas City, MO.

Collaboration with the NH Office of Rural Health Policy: As you may already know, through the federal Rural Hospital Medicare Flexibility Program, funds are available to address EMS & Trauma System issues. At the last meetings we talked about the development of an educational module for Medical Directors to be developed and implemented using some of these funds. Additionally, within the next year the program is funding the on-line distance education "NHOODLE" Program, staff for trauma simulation training, a new print out format for TEMSIS, funds to open the Computer Based Testing Site in Conway and to help with the costs at the Whitefield Site as well funding for the North Country OB Safety Initiative, the Trauma Conference and to support both the North Country EMS Conference and the New London Hospital conferences. Our partners Alisia Butler-Druzba and Chip Cooper at the NH Office of Rural Health Policy continue to support rural EMS efforts and work closely with our staff in the implementation of these projects.

TEMSIS and Quality Management: the latest data -

Total Number of Reports:	287,177	(From 1/05 through 7/7/08
2006	101,379	
2007	111,419	(Increase of 9.9%)
2008	59,191	Through 7/7/08

Average Time to Complete a Report	
2006	**26.7 minutes**
2007	**25.9 minutes**
2008	**24.9 minutes**
Since 6/11/08	**25.7 minutes***
*No statistical difference from rest of 2008	

Overview of TEMSIS :

New Run Form Templates were launched on 6/11/08 in conjunction with the software update. Some minor adjustments needed to be made and are in the process of being

made to the templates. The quality of the reports have improved because we invested in redesigning the validity scores.

TEMSIS 3.8 (ImageTrend's next release). The launch occurred with few issues. Over the past few weeks we have had intermittent issues with a slow screen-to-screen response. We have addressed the issue with ImageTrend each time the situation arose as well as when some minor bugs have been reported.

With the addition of Brad, we have been able to get the remainder of EMS Units not reporting through TEMSIS to do so. Finally, Rockingham Regional Ambulance. Yes, Manchester and Nashua data has made its first electronic submission. Also, Antrim Fire Dept. has started submitting data as of April 2008. We are in conversations with:

1. Keene Fire Dept.
2. Nashua Fire Rescue
3. Manchester Fire Dept.
4. Pelham Fire Dept.

Upcoming Research and Quality Management work include:

- Our focus still remains on how to improve the TEMSIS system.
- We continue to work on a training course using the Report Writer and Microsoft Excel to create better reports.
- We are working with Rural Health and the other sections within FST & EMS on establishing the online distance learning program called NHOODLE (NH EMS and Fire Distance Learning Environment).

One of the first quality management courses will be on Facilitation and will be delivered through "NHOODLE".

Advanced Life Support: Protocol review is nearing its completion. This month the Mass Casualty Incident protocols were reviewed. Changes were grammatical, with no clinical and/or operational changes.

By the summer's end, it is the goal of the protocol subcommittee and Medical Control Board to have the 2009 NH Patient Care Protocols completed and ready for peer review. A draft will be circulated for comment at that time.

With the recent approval of the Medical Control Board, a committee is being formed to explore critical care paramedics. The committee will investigate other state policies, laws and protocols. In addition we will explore the curricula available and the validity of the examination process. Clay Odell and Vicki Blanchard will co-chair the committee.

As mentioned earlier in the report, an "On-Line" Medical Director Training Program is being developed with funds from the Rural Hospital Flexibility Program. This project will involve the production of a DVD and support materials which will explain NH Patient Care Protocols, EMS provider levels, provider levels' capabilities as well the role of a Medical Director in New Hampshire. This project is expected to be completed by fall 2008 or winter 2009.

During the protocol review process questions were raised regarding various piece(s) of EMS equipment; some of which are not required equipment. Based on the questions asked by the MCB, it is important to get a clear picture. A perfect example would be the IV pump. As we know an IV pump is required for pressor agents, however it is not a mandatory piece of equipment. In addition, the CB is currently working on updating the required equipment list and a request was made to survey EMS Units on specific items. In an effort to assist the MCB and CB in decision making, recently a survey was sent to all EMS Unit Leaders. The survey is in an electronic format, which requires only a few moments of the EMS Unit leader or designee's time, but will provide vital information for these Boards to properly plan for NH EMS. The survey asks if the EMS Unit utilizes the following and if yes, what make/model:

An updated AED - meeting 2005 AHA standards
12 - Lead EKG
CPAP
Continuous CO2 Monitoring
Cyanide Antidote Kit
Non-invasive Cardiac Support Pumps
Portable Ventilators
Commercial Mechanical IOs
Medication Pumps
Commercial Cric. Kits

The MCB and CB recognize that as we continue to move into evidence based medicine built protocols, updated equipment requirements may emerge. Some could be reasonably tied to the use of a specific protocol, while others need to be part of the required equipment list. By completing and returning the survey, a better understanding of who may already have certain pieces of equipment, versus those who do not, will be helpful during decision making time. The survey contains some items that are already required, as well as others that are not required. However, we want to know how many Units are utilizing them, and finally, items the MCB and CB will recommend as required pieces of equipment beginning in 2011. Any new items, as always could have a financial impact. It is the plan of the MCB to post a notice regarding protocol changes which will have monetary impact, once the final draft of the 2009 NH Patient Care Protocols is approved. A "sun setting" in of more costly pieces of equipment items would have a compliance date of 2011.

Lastly Vicki stated, "I would like to thank the Director and Bureau Chief for sponsoring me to participate in the Pilot Management of EMS course held at the National Fire Academy this past June. The program stressed efficient management of resources, dealing with personnel, team building, quality service strategies and research techniques. The knowledge, experience and networking achieved were extensive and truly appreciated. Thank you, Rick & Sue." Vicki, you are welcome.

Trauma System: The Trauma Medical Review Committee continues to work on changes to the hospital standards requirements for the update of the NH Trauma Plan. This is a time consuming and contentious topic, but the meetings have been well attended and we believe that we are working toward a consensus document. At the June meeting the board voted to put any applications for trauma hospital assignment on hold until the revised plan goes into effect. In other business the TMRC recently approved

renewal applications for Level III assignment to Androscoggin Valley Hospital and Memorial Hospital. The renewal process is now complete.

We continue planning and preparations for the 8th annual NH Trauma Conference. The meeting is scheduled for Wednesday November 12th. The planning committee has identified the following topics of interest: Discussion of the new revision of the NH Trauma Plan, hospital surge capacity, tying NH trauma data to the national trauma database, performance improvement projects and best practices.

The NH Trauma Sim Project continues to move forward. We will be conducting sessions at Cottage Hospital in July and hopefully Littleton Regional Hospital in August.

Field Services and NH EMS Awards: The Field Services (FS) Section is appreciating summer time and the post re-registration, renewal of licensing season. This is noted with a lower call volume in reference to licensing and day-to-day operational issues. Currently Field Services is keeping busy with the responsibilities of inspections, investigations and ongoing projects and Board/Committee responsibilities. Christy Dewey has returned to work part-time assisting in the Licensing section and we are grateful to have her back. With the assistance of an EMS Provider that is completing community service at the Bureau, we have been able to prepare the new 2008 Emergency Response Guidebooks for delivery to all EMS Units via the Hospital Coordinators and our own scheduled visits. First Responder (FR) “reminder” packets have gone in the mail for all FRs whose certifications expire on September 30, 2008. On August 8 – 10, Kathy Doolan attended one of the first Department of Safety (DOS) “Front Line Supervisor Training” programs which gave valuable information to all thirty-five DOS employees that attended.

It is NH EMS Awards time! The Bureau has received very few EMS Awards nominations to date. Please take the time to review the awards listed below and nominate a colleague you believe deserving. One of the key recommendations made is to enhance the visibility of our EMS nation, and in NH to recognize the efforts of our colleagues. Again this year, the NH EMS Awards ceremony will be combined with the Fire Service Committee of Merit Awards. The awards ceremony will be held on October 8, 2008, at the Capital Center for the Arts in Concord. The awards are as follows:

Pamela Mitchell/Richard Connolly Achievement Award
BoundTree Corporation EMS Unit of the Year
EMS Educator of the Year
Lawrence A. Volz Heroism Award
David J. Connor Memorial EMS Appreciation Award "The Connor Honor"
David F. Dow Memorial Award EMS Provider of the Year

The David F. Dow Provider of the Year was a new award for 2007. The deadline for nomination submission is August 1, 2008. For more information on the Awards Ceremony and/or the NH EMS Awards program, please contact Kathy Doolan at Kathy.Doolan@dos.nh.gov. You can visit our website for more detail on each award.

Reminder: August 1, 2008 is the deadline for nominations for each of the six EMS Annual Awards.

EMS & Trauma Services Coordinating Board and Medical Control Board Retreat:
On August 14, 2008, a planning type of retreat will take place in Concord. The event has been moved to the Health and Safety Council, Manchester Street in Concord,* beginning at 09:00a.m. Don Bliss will serve as the facilitator for this event. More details to follow.

*The event's location needed to be rescheduled due to yet another conflict. It was being held at the Local Government Center in Concord. Thanks for your cooperation and patience.

Thanks again for your time and support. If I or any member of my staff can be of assistance, please let me know at (603) 223-4212.

New Concord Phone Lines – Direct:

Sue Prentiss	603-223-4212
Tammy Fortier	603-223-4218
Eric Perry	603-223-4222
Michael Schnyder	603-223-4226
Bill Wood	603-223-4228