

# NH EMS MEDICAL CONTROL BOARD

Division of Fire Standards and Training & Emergency Medical Services  
Richard M. Flynn Fire Academy  
Concord, NH

## MINUTES OF MEETING - APPROVED January 15, 2015

- Members present:** James Suozzi-Chair; Kenneth Call, Frank Hubbell, Patrick Lanzetta, Mathurin Malby, Douglas McVicar, John Seidner, Brian Sweeney, Thomas Trimarco, Harry Wallus
- Members on phone:** David Hirsch, Joshua Morrison (not able to vote)
- Members absent:** Joseph Leahy, Jonathan Vacik
- Guests:** Jeffrey Stewart, Aaron McIntire, Jason Preston, Jeanne Erickson, Steve Erickson, Michael Flynn, Joel Coelho, MaryEllen Gourdeau, Christopher Gamache, Andrew Merelman, Bruce Goldthwaite, Kevin Blinn, Janet Houston, Mark Hastings, Sue Prentiss, Sean Ellbeg, Richard Riley, Rick Murnik, Thomas Greig, Ken Berkenbush, Jason Grey, Stacey Meier, and Grant Turpin
- Speaker:** Dr. Manish Shah
- Bureau staff:** Bureau Chief Nick Mercuri, Deputy Chief Jon Bouffard, Captains: Vicki Blanchard, Chip Cooper, Kathy Higgins-Doolan, and Shawn Jackson; and Field Representative (Investigations) Richard Cloutier

**NOTE: "Action items" are in bold red.**

### Welcome

The meeting was called to order at 9:00AM, and introductions were made. A quorum was determined to be present.

### Introductions / Disclosures

A nomination letter was received from Region 3 for Dr. Trever Eide. His ratification is in process.

## November 20, 2014 Minutes

*Frank Hubbell made a motion to approve the minutes from the November 20, 2014 MCB meeting; seconded by John Seidner; motion passed unanimously.*

### Item 1

#### **Bureau/Division Updates – Bureau Chief Nick Mercuri**

**MIH** – BC Mercuri asked the DHHS to file the rule exemption on Jan. 14, 2015, and it could be in place in 90 – 120 days. After filing, it will go in front of the Joint Legislative Committee on rule making, and a public hearing will also take place. The exemption will be for 4 years. The application is done; the protocol is on the slate of the protocol committee and will be presented to the MCB in March, 2015.

#### **EMS Education:**

- **NH Connect System** – The Division received 4 high fidelity systems that will connect to UNH and be located in Concord, Milford, Bethlehem, and Gorham. The ability to hold a class in Concord and have it go out over the network should be up and running in 6 months or less.
- **Education Plan for the Division** – The Director has asked for more EMS education to be presented by the Division; Jeff Stewart has been brought in part time to help with this. General education presented by the Division will be separate from anything done involving regulation. Currently, there are no plans for the Division to deliver MIH education, but discussions are on-going with the task force.

**LIN letters** – 2,000 were sent out to providers; 100 came back. A LIN number is needed for anyone wanting to re-certify online.

**Law Enforcement Rules (Narcans) – Governor’s Opioid Task Force** was formed. One of the recommendations was to put forth the concept of a Law Enforcement Provider which will be a new level of EMS licensure with the licensees having to be affiliated with a licensed EMS unit. This will be presented in more detail at the Coordinating Board meeting held later today (January 15<sup>th</sup>) at the Academy, and a press release should also be forthcoming.

#### **Potential legislation affecting EMS:**

- An **exemption for the Fire Academy and EMS was removed** and needs to be put back in; otherwise, the Division will wind up under the Dept. of Education’s rule set (RSA); this was an oversight.
- The Division has asked for some **changes in MIH**; widening the definition of “patient” by removing the word, “emergent”.
- **Blue Light bill filed** – allowing ambulances to be more visible. The blue light would be affixed to the upper left hand corner rear of the ambulance.

- **A bill has been proposed to expand where EMS providers can work to include many types of healthcare facilities.**
- **The Assistant Commissioner has asked for legislation to be filed to change how “ethics” is defined within EMS to make it match more closely with how it is defined in the nursing profession.**

**Grant** – The Director put in a grant request for a new ambulance and a high fidelity “OB” mobile patient simulator at a total cost of just under \$300,000. The AFG Grant awards will start in March and go through July.

## **Item 2**

### **Coordinating Board update – Dr. Frank Hubbell**

Dr. Hubbell summarized the last meeting, held on November 20, 2014; here is the link to the minutes from that meeting:

<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

The next meeting of the Coordinating Board is this afternoon at 1:00PM. (Jan. 15, 2015)

## **Item 4 (out of order)**

### **TEMSIS update – Captain Chip Cooper**

Narcan overdose tracking is ongoing; there is room for improvement in education on the difference between a provider impression (working diagnosis) and patient symptoms. There has been an improvement in documentation, and now that data is being fed back to agencies, there will be more of an inclination to increase TEMSIS usage.

### **Data Advisory Committee – David Hirsch volunteered to be on this committee.**

Captain Cooper presented a PowerPoint presentation on [Aspirin tracking](#) and [Stroke Management](#).

Currently, approximately 15,000 runs per month are being reported to TEMSIS, and a great amount of time is spent cleaning up the data to make it presentable. A comment was made that better QA results would occur if there were mandatory fields. Chip explained that the better the functionality, the better the data because people are more apt to cooperate with filling out the form correctly. He added that putting higher subtraction points on certain things has improved the data and that other ways of improving functionality continue to be examined.

## **Item 3 (out of order)**

### **Trauma Medical Review Committee update – Dr. Kenneth Call**

Dr. Call summarized the last meeting held on December 17, 2014; here is the link to the minutes from that meeting:

[http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma\\_minutes.html](http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html)

The next TMRC meeting is on February 18, 2015, from 9:30 – 11:00AM at the Richard M. Flynn Fire Academy, Classroom 2.

### Item 5

#### **Education Section update – Captain Shawn Jackson**

Implementation of the National Registry's National Continued Competency Program (NCCP) goes on. Local continued competency requirements are the focus right now. A stakeholder group is being formed, and a physician representative from the Medical Control Board is needed to give advice on what the statewide continued competency requirements for education should be, such as documentation being required for training as part of the every 2 year recertification process. (**Dr. Harry Wallus volunteered to help out!**) The following groups have been contacted regarding becoming part of the Stakeholders' Group:

- region councils (3 have responded / 1 has declined)
- hospital coordinators,
- the Paramedic Association,
- the EMT Association (Jeffrey Stewart named as the representative)
- Professional Firefighters of New Hampshire (PFFNH – Jeremy LaPlante named as the representative)

Local topics should be identified and ready to roll out as the April 1, 2015 deadline approaches. **Shawn is hoping to have all of the seats on the Stakeholders' Group filled by the end of the day today, January 15<sup>th</sup>.**

**Intermediate to AEMT transition** – Pass rates continue to well above the national average with 65% for a first time pass rate and 75% for an overall pass rate. Intermediates should keep in mind that March, 2016 is the first deadline for the even year expiration dates and March, 2017 is the deadline for odd-year expirations.

NOTE: By March 1, 2015, all EMT Basic Providers MUST transition to the EMT level or the National Registry will downgrade them to EMR status. The Bureau of EMS has identified 156 people as needing to transition.

### Item 6

#### **Drug Diversion – Jeffrey Stewart**

The task of the Drug Diversion Subcommittee is to identify and make recommendations to the Medical Control Board regarding the issue of EMS drug diversion. The next meeting is on February 26<sup>th</sup>. Meetings will be scheduled on the 4<sup>th</sup> Thursday of the even months at 1:00PM at the Richard M. Flynn Fire Academy; the call in option will be available.

Gaps have been identified using the Prevention, Intervention, Treatment, and Supportive Services model (PITSS®). Mr. Stewart identified these gaps in a [Drug Diversion PowerPoint presentation](#) and then focused on the one regarding

notification. The task force recommended an addendum in the language in the MRH agreement dealing with notification to not only include the pharmacist and Unit Control Drug Coordinator (UCDC), but also the unit medical director and the Bureau of EMS within 24 hours of verbal notification. A discussion ensued regarding the validity of having this change in the MRH agreement versus the UCDC contract.

*Dr. Hubbell made a motion, seconded by Dr. Trimarco, to support amending the language submitted from the Drug Diversion task force into the MRH agreements; passed unanimously.*

### **Item 7**

#### **PEGASUS Project Presentation – Dr. Manish Shah**

The goal is to implement some evidence-based pediatric guidelines based on the work that this project has done in cooperation with many people throughout New England. The presentation focused on the “Do’s and Don’ts” for the following:

- Seizure management
- Pain assessment & management
- Respiratory distress
- Airway management
- Allergic reactions
- Shock
- Spinal care

(Click on the link above to see the PowerPoint presentation.)

### **Item 8**

#### **Protocol Updates – Vicki Blanchard**

##### **Seizure – Pediatric:**

- Emphasis on administering IN midazolam for active seizing and not waiting to place an IV.
- Stressed 5mg/mL concentration for midazolam for IN/IM administration

##### **Pain Management - Pediatric:**

- Changed sucrose administration for infants newborn to 12 months to newborn to 60 days.
- Increase fentanyl dose from 0.5mcg/kg to 1.0 mcg/kg IV/IM/IN with repeat dose of 0.5mcg/kg.
- Changed morphine repeat doses from every 10 minutes to every 5 minutes and changed repeat dose from 0.1mg/kg to 0.05mg/kg.
- Added a new bullet in the Red Flag regarding cautions for administering narcotics.

*Motion was made by John Seidner; seconded by Kenneth Call, to increase the pediatric fentanyl dose to the pediatric pain management protocol; passed unanimously.*

### **Asthma/Bronchiolitis/Croup - Pediatric**

- Changed MDI 2 puff administration to 4-6 puffs.
- Moved DuoNeb and albuterol administration up to AEMT level.
- Separated out treatment for Asthma, Bronchiolitis, and Croup at the Paramedic level.
- Added Dexamethasone for croup and asthma.
- Increase maximum dose of methylprednisolone to 125 mg from 62.5mg. This is to apply to the Adult protocols as well.
- Added CPAP, pressure range and equipment needs to be researched by protocol committee.

*Motion was made by Kenneth Call; seconded by Frank Hubbell, to change the maximum, throughout the protocol, of methylprednisolone to 125mg; passed unanimously.*

*Motion was made by Thomas Trimarco; seconded by Kenneth Call, to add pediatric dexamethadone at the appropriate dose for asthma and croup.*

### **Airway Management Protocols**

- Least invasive method of airway management should be utilized in this order:
- NRMF → BVM → SGA → ETT → Cric.
- Added bullet to decompress stomach

### **Allergic Reaction - Pediatric**

- Changed bullets for EpiPen; if less than 25kg use EpiPen Jr. if greater than 25 kg use Adult EpiPen.
- Moved albuterol administration to AEMT level.
- Added epinephrine infusion to Paramedic level and removed epinephrine IV push.
- Increased diphenhydramine doses in Extended Care

### **Pediatric Shock Protocols**

- Increase maximum fluid bolus from 40 mL/kg to 60 mL/kg to be given by syringe push or pressure infusion with a goal of less than 15 minutes.
- Added treatment for pediatric cardiogenic shock under Non Traumatic Shock
- Added glucose and lactate tests.

## **Spinal Trauma**

- Added torticollis under indications for padding within bullet that talks about poorly tolerating collars

## **Poisoning/Substance Abuse/Overdose – Adult:**

- EMR/EMT: added a repeat IN dose of naloxone in 3-5 minutes. Then any additional to contact Medical Control.
- At AEMT level change the naloxone dose from 0.4 mg to 0.4 – 2.0 mg IV with repeat doses every 3-5 minutes up to 10mg.

*Motion was made by John Seidner; seconded by Kenneth Call, to change the naloxone dose at the AEMT level from 0.4mg to 0.4 – 2.0mg IV with repeat doses every 3-5 minutes up to 10mg; passed unanimously.*

*Motion was made by John Seidner; seconded by Frank Hubbell, to add a repeat IN dose of naloxone in 3-5 minutes at the EMR/EMT level; then Medical Control should be contacted for any additional doses.*

*A motion was made by Frank Hubbell; seconded by John Seidner, that this is a mid-cycle change; passed unanimously.*

## **Item 9**

### **Topics ad libitum**

- Janet Houston reported that NH Highway Safety has given money for another round of car seats. Applications are due February 20, 2015.
- A moment of silence was held for Stephanie Riley, who recently succumbed to a long battle with cancer. In her 47 years of life, she became the highest ranking female in the National Guard; she also leaves behind two children and her husband, Shawn Riley, a member of the Trauma Medical Review Committee.

## **Adjournment**

*Motion to adjourn at 12:25PM made by Dr. Hubbell and seconded by Dr. Call; passed unanimously (and enthusiastically!)*

**Next meeting: Thursday, March 19, 2015 at 9:00AM /  
Richard M. Flynn Fire Academy,  
Dormitory Building/Classrooms 5 & 6**

**Future meetings: May 21, July 16, September 17, and November 19, 2015**

Respectfully submitted,  
James Suozzi, DO, Chairperson

Prepared by:  
June Connor  
Administrative Assistant I  
[june.connor@dos.nh.gov](mailto:june.connor@dos.nh.gov)