

# 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) July 16, 2015

- Members present:** James Suozzi-Chair; Trevor Eide, David Hirsch, Frank Hubbell, Douglas McVicar, Joshua Morrison, John Seidner, Brian Sweeney (8)
- Members absent:** Kenneth Call, Patrick Lanzetta, Joseph Leahy, Thomas Trimarco, Harry Wallus
- Member pending:** Michelle Nathan (absent)
- Bureau staff:** Bureau Chief Nick Mercuri, Captains: Vicki Blanchard, Kathy Higgins-Doolan, Shawn Jackson; and Administrative Assistant June Connor
- Guests:** Brian Allard, Kevin Blinn, Pamela Drewniak, Jeanne Erickson, Steve Erickson, Christopher Gamache, Bruce Goldthwaite, Jason Grey, Fred Heinrich, Janet Houston, Aaron McIntire, Andrew Merelman, Brian Nicholson, Scott Schuler, and Jeffrey Stewart

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

### Welcome

The meeting was called to order at 9:15AM. A quorum was determined to be present (8 voting members).

### Introductions / Disclosures

Introductions were made. There were no disclosures.

### May 21, 2015 Minutes

*John Seidner made a motion to approve the minutes from the May 21, 2015 MCB meeting; seconded by Frank Hubbell; motion passed unanimously.*

## Item 1

### **Financial disclosures – Suozzi**

**MCB members, please fill out and give June Connor your “2015 New Hampshire Statement of Financial Interests – RSA 15-A”.** Going forward, the Bureau of EMS will check to make sure that these forms are required for the MCB.

## Item 2

### **Bureau/Division Updates – N. Mercuri**

- **Law Enforcement, Investigation, and Mobile Integrated Healthcare (MIH)** rules are moving forward and will hopefully be finalized by JLCAR at the end of August. **There will be a public comment session held on July 29<sup>th</sup> at the Academy; Nick will put this out over the list serve.**
- The **2015 protocol roll-out** is up and running; initial issues (servers crashing, etc.) have been dealt with. **Nick asked anyone encountering issues should give it a bit of time and then log back on.**
- **MIH:** the application for the pre-requisite protocol should be available by the end of July.
- **Warm Zone training:** Jon Bouffard traveled to Texas to take a 3-day active shooter training course which dovetails into our best practices document. **The Fire Academy will be a pilot site for the course from August 26 – 28, 2015.** Specific people will be asked to take the course in order to get feedback and develop a cadre of future instructors. This course will be grant-funded.
- **“Elite”** is still on track for the end of the year and will improve the current TEMSIS system in terms of data collection and user-friendliness.
- **Grants: (NOTE: Dollar amounts listed below were not given at the meeting but are listed here for clarification purposes.)**
  - AFG (\$439,000) – Thanks to Director Pendergast, more than half of this amount will be for EMS equipment such as an ambulance, a high-fidelity simulator, and an additional OB mannequin simulator. **With the new ambulance, the Bureau of EMS will be developing a mobile program to take on the road!**
  - DHHS (\$225,000) – This grant has been awarded for infection control (an expansion of what started out to be just ebola control) – **The Bureau will be bringing on a part-time person to develop an infection control officer program and do some training with the services in the state.**
  - Trauma System Evaluation Grant (\$72,000) – approved by Governor & Council. This has been awarded to the American College of Surgeons (ACS). ACS will be working with Deputy Chief Jon

Bouffard and Captain Vicki Blanchard over the next year to do a statewide trauma system evaluation. Though ACS will not be on site until March, 2016, a great deal of preparatory work needs to be done in preparation for their arrival.

- \$35,000 has been awarded to have the National Highway Traffic Safety Administration (NHTSA) come back in, after a 25-year hiatus, to do a statewide EMS system evaluation which will dovetail into what ACS will be doing. This should provide us with information which can be useful in developing a foundation for an effective strategic plan.
- Trauma Registry (\$172,000) – well on the way to implementation!  
**ImageTrend will be coming in to do some training from August 11 – 13<sup>th</sup>. The Bureau of EMS will be working internally with ImageTrend in preparation for the new registry going live.**
- User Management Module – We have received \$326,000 to develop a licensing and education module which will replace our outdated and antiquated Access-based system. Eventually, customers will be able to check their licensure status online, do renewals, look and register for classes, etc. Of particular importance will be an enhanced ability to communicate with all of our NH providers.
- 4 FREE Prehospital Trauma Life Support (**PHTLS**) classes! **More are coming in August, so please keep checking for future dates on the “[Course and Exam Schedule](#)” under the “Seminars, Orientations & Training” sub-heading. The goal is to have the Bureau of EMS offer PHTLS classes several times a year; more teachers will be needed.**

#### **Item 10 (out of order and included instead in the Bureau Chief’s Report)**

##### **CAT knock-off tourniquet**

Bureau Chief Mercuri reported that he was contacted about a significant issue with **defective CAT tourniquets and that a bulletin will be coming out shortly and will also go out on the list serve.** An EMS service filed a report on [E.V.E.N.T.](#) (EMS Voluntary Event Notification Tool) describing the failure of 2 CAT tourniquets on two of their patients. As it turned out, the tourniquets were knock-offs, not actually manufactured by North American Rescue which has exclusive rights to the product. EMS agencies are urged to not purchase these items on E-Bay or Amazon.com. Nick emphasized the importance of filing E.V.E.N.T. reports and reminded everyone that when these reports are filed, the Bureau of EMS is also alerted.

## **Item 2 (continued)**

- Nick added that it is very important to let the Bureau of EMS know when there is an interesting event. For example, Chief LaChapelle from Franklin, wrote an email about an unresponsive Narcan patient who was a known drug-user. As it turned out, the heroin he purchased from a drug dealer in Massachusetts was delivered to him along with some Narcan so that he could extend his high. As he was being put into the ambulance, he was quizzing the EMT's as to how much Narcan they had to give him in order to revive him. Many drug users are becoming very skilled at knowing just how far they can go in terms of dosing, knowing that Narcan will rescue them. EMT's will have to begin to recognize when they are being used as a source for such information.
- A discussion ensued about how to handle the Narcan problem. A suggestion was made that we take a hard look at NH data to find out what the trend is. In addition, EMS providers should have a hand-out to give to family members who may not be aware of the new laws that have been signed by the Governor regarding their ability to get prescriptions of Narcan. Along those same lines, Chip Cooper has started to develop a monthly [Narcan report](#) (on the Home Page, under "News and Events") which is on the Bureau's website.
- News about "Krocodil" – This is an illicit synthetic heroin drug common in China and manufactured in Russia. It is being cut with gasoline and other harmful substances. Vicki Blanchard wrote an article on this subject, and it will be in the upcoming "[Bureau of EMS Newsletter](#)". Dr. Hubbell, who also wrote a report on the subject, stated that it is being manufactured in NH in at least 6 sites. It is a lethal drug and causes infarction.
- Requests for EMS classes at the Division – This will be discussed at the Coordinating Board meeting this afternoon (July 16<sup>th</sup>).

## **Item 3**

### **Coordinating Board update – F. Hubbell**

Dr. Hubbell summarized the last meeting, held on May 21, 2015; 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 (July 16, 2015).

Some points emphasized by Dr. Hubbell:

- The Trauma Conference is going to be on November 5<sup>th</sup> and 6<sup>th</sup> in North Conway at the Grand Summit Hotel.
- He has received positive feedback about the protocol roll-outs; people are appreciating the embedded videos and exam feed-back at the end.

- The breakfast lectures will start up again in September. Please refer to the “[Course and Exam Schedule](#)” under the “Continuing Education” sub-heading for upcoming sessions.

#### **Item 4**

##### **Trauma Medical Review Committee update – K. Call**

Dr. Call was not present and no report was given. Here is the link to the minutes from the TMRC meeting held on June 17, 2015:

[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 August 19, 2015, from 9:30 – 11:00AM at the Richard M. Flynn Fire Academy, Classroom 2.

One important note from the TMRC reported by Vicki Blanchard: Next week, St. Joseph Hospital will be reviewed (Adult Level III)

#### **Item 5**

##### **TEMSIS – N. Mercuri for Chip Cooper**

- Chip is about to release a new update that will make destinations more visible; there will be better choices for hospitals. Also, some billing elements have been reduced in an effort to pare them down to what the billing companies are actually looking for.
- The Elite transition is still scheduled for the end of the year.
- The links between zip codes and town names are being cleaned up for better efficiency within TEMSIS. (Note for Chip: Littleton Hospital does not recognize its own zip code.)
- The Data Advisory committee is in recess until September.

#### **Item 6**

##### **Education Section update – S. Jackson**

- The education section is working on the “User Management Module”; specifically doing a lot of process mapping/improvement and work flows.
- The EMT Intermediate to AEMT transition rates remain stable with a 64% first time pass rate and a 76% overall pass rate.
- March, 2016 – The first wave of EMT Intermediates need to transition or they will be dropped to the EMT level. The education section is working on getting out the message to the people who will be affected.
- March, 2016 also marks the deadline for the second half of EMT Basics who have not transitioned to the EMT level. As long as they did a traditional refresher in NH, they can transition through the refresher training system.
- The NCCP is moving forward; currently, NH is the only state in which this is optional. The Bureau of EMS is available to answer questions from those

people who are hesitant. This is a pilot as far as the Registry is concerned, and so the more people who participate, the better the information we have.

- The opt-in process for all providers is active. The turn-around time is very quick.
- PHTLS classes – The instructor piece is an online course, but it is not grant-funded. With so many of these classes coming up, there are going to be many opportunities for mentoring.
- The education section is trying to work the continuing education lectures, coming up again in September, into the NCCP categories.

### **Item 7**

#### **Drug Diversion – J. Stewart**

- This committee is in the process of creating a universal fillable reporting form as part of the best practice recommendation. They are also finishing up a draft of an educational program for UCDC's.
- **Next meeting – August 27<sup>th</sup> at 1PM at the Academy.**
- **On July 28<sup>th</sup> at 5PM, there will be a public forum on the heroin epidemic at the Manchester Radisson Hotel.**

### **Item 8**

#### **Protocol Rollout update – V. Blanchard**

- As of this date, 960 people have enrolled and of those, 714 have completed the program. Because the system is set up so that it can be monitored, those who try to thwart the system can be contacted.
- On September 1<sup>st</sup>, the old protocols will be taken down. By rule, the Bureau can make people take the exam to get their license, but there is nothing specific in the rule that says they have to do the protocol roll-out; that said, the new protocols cannot be used until the roll-out is completed. It ends up being more of a professional responsibility with subsequent EMS service liability issues if the roll-out process is not followed.
- The Bureau is looking into the possibility of having a 2015 protocol book printed. In addition, the Bureau is also looking into having a protocol “app”!

### **Item 9**

#### **Epinephrine 1:10,000 shortage – Blanchard and Suozzi**

- Vicki checked with Mike Flynn, the pharmacist at Monadnock Hospital and also a member of the protocol committee, who confirmed that there is going to be a shortage at the end of August, 2015. Everyone is asked to keep this on their radar; if it turns out to be a bigger issue, then the MCB will have to

come up with some solutions. This is already an issue for Parkland Hospital. There are options, but none are ideal in terms of patient safety.

- **Dr. Suozzi said that the epinephrine issue will be worked on over the next week.**
- Nick Mercuri emphasized the importance of signing up for the list serve that often posts bulletins about impending issues. The new provider manuals will also include this type of information.
- MCB guests and members spent a few minutes sharing information about what is available now and how it can be administered.

**Item 10 (included in Nick Mercuri's Bureau Report – Item 2)  
CAT knock-off tourniquet**

**Item 11  
BiPap – Suozzi**

- Question posed by Dr. Suozzi: Should the MCB vote today to have the protocol committee develop something for BiPap or should CPAP be left in the protocol without BiPap being mentioned?
- A discussion ensued about the expense of buying equipment and whether or not using a state bid system would be worthwhile. The state system requires buying the same unit from a single manufacturer, and this can be problematic for EMS services. Grant-funding might be another option.
- Concern was expressed about having a protocol that suggests that CPAP is inferior to BiPap. Those who have the BiPap equipment would certainly use it, but the question is whether or not to force other services into making such a big investment when it might not be necessary.
- Dr. Suozzi would also like to check to see if extra training would be required for BiPap.

***Motion made by Frank Hubbell; seconded by John Seidner – to refer BiPap to the Protocol Committee for protocol development; passed unanimously.***

**Item 12  
Controlled substances par – Suozzi**

A hand-out was distributed dated September 16, 2010 which listed NH EMS controlled substances and maximum quantities allowed in controlled substance kits. Many are not even aware that this document exists. A discussion ensued about outdated quantities and medications that should be on the list but are not.

RSA 153-A:5 III(f) originally came from the Board of Pharmacy that was looking for limits to be set. MCB members began to work on the document and came up with recommendations.

*Motion made by David Hirsch; seconded by John Seidner – to vote on the proposed changes to present to the Board of Pharmacy including removing the column labeled “Size”; removing maximum vials and just have maximum milligrams; 40 milligrams of Midazolam; 10 milligrams of Lorazepam; 8 milligrams of Hydromorphone; and 1,000 milligrams of Ketamine; along with an added comment at the bottom of the memorandum stating that the medical director and pharmacist should collaborate as to the drug and quantity carried by the service; passed unanimously.*

**The next scheduled meeting of the Board of Pharmacy is August 19, 2015.**

**SIDE NOTE REGARDING KETAMINE from Dr. Suozzi:** The EMS community should be made aware of an event that took place at the University of Vermont in the ICU. Nurses in the ICU were pushing whole vials of Ketamine during RSI events; a patient wound up getting 500 milligrams instead of 100 milligrams IV and ended up having cardiac arrest.

### **Item 13**

#### **Minimum medication list - Suozzi**

- The list was handed out, and Jim Suozzi explained that EMS providers have never been told about the minimums they should have. This list is a draft and requires more work by the protocol committee when it starts back up in September. They will then have it looked at by the Coordinating Board’s equipment sub-committee.
- Concern was expressed about the need to clarify what is meant by minimums for intercept vehicles versus ambulances, etc. Nick Mercuri explained that the intent is for paramedic level service should be the same throughout the state, so the language will have to be thoughtfully constructed to include the sum of all of the vehicles that may be involved in providing paramedic level service.
- There were questions and concerns about what was and was not on the list and whether these medications should be required or not.
- Once it is worked on a bit more, this list should be sent out over the list serve in an effort to get feedback from EMS providers.
- The MCB agreed to “kick the can down the road” a bit more on this; it will not be ready by September.

## **Item 14**

### **Topics ad libitum**

[Dr. Hubbell](#) is starting an “Anti-Tick” campaign. Lyme disease is becoming more prevalent and serious. Also of concern is the [Powassan Virus](#) which is transmitted to humans by infected ticks. Please contact him if you would like to help with this.

### **Adjournment**

*Motion to adjourn at 10:50AM made by Dr. Seidner and seconded by Dr. Hubbell; passed unanimously*

**Next meeting: Thursday, September 17, 2015 at 9:00AM  
Richard M. Flynn Fire Academy,  
Classrooms 1 & 2 in the Administration Building**

**Future meeting: 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)