

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) March 17, 2016

- Members present:** James Suozzi-Chair; Kenneth Call, Trevor Eide, Frank Hubbell, Douglas McVicar(late), Joshua Morrison, Michelle Nathan, John Seidner, Brian Sweeney, Thomas Trimarco, and Harry Wallus
- Members absent:** David Hirsch and Joseph Leahy
- Member pending:** Joey Scollan
- Bureau staff:** Deputy Chief Jon Bouffard; Captains: Vicki Blanchard, Chip Cooper, and Kathy Higgins-Doolan; Richard Cloutier (Compliance); and Administrative Assistant, June Connor
- Guests:** Brian Allard, Kevin Blinn, Pamela Drewniak, Sean Ellbeg, Jeanne Erickson, Steve Erickson, Michael Flynn, Christopher Gamache, Bruce Goldthwaite, MaryEllen Gourdeau, Jason Grey, Fred Heinrich, Janet Houston, Eric Jaeger, Jeremy LaPlante, Stephanie Locke, Aaron McIntire, Stacy Meier, Jeffrey Stewart, and Grant Turpin

Welcome

The meeting was called to order at 9:00AM. A quorum was determined to be present with 9 voting members present; Michelle Nathan arrived at 9:15, and Douglas McVicar arrived at 9:40AM, increasing the voting member count to 11.

Introductions – All present introduced themselves.

January 21, 2016 Minutes

Motion made by Frank Hubbell; seconded by Kenneth Call – to approve the minutes from the January 21, 2016 MCB meeting; passed unanimously.

Membership

- Patrick Lanzetta submitted his resignation letter. He will be presented with a plaque at the NHTI Paramedic Advisory Committee meeting on April 22, 2016. Dr. Lanzetta has been a member of the MCB since January, 2000. He will still be a resource for the Protocol Committee for information related to hospice and palliative care.
- Frank Hubbell – Region V renewal letter received. By a show of hands, **the voting members voted unanimously in favor of Dr. Hubbell’s re-appointment to the MCB.**
- Jim Suozzi and Joseph Leahy – still waiting for renewal letters from Region II. **Vicki Blanchard will look into whether or not Chair Suozzi needs a letter renewing him as the chair of the MCB.**
- Doug McVicar – (Region IV) Dr. McVicar’s term will be expiring at the end of May, 2016
- Joey Scollan – Dr. Scollan has introduced herself to Region II; a vote is forthcoming on her appointment to the MCB. She is also in labor today! Congratulations Joey!

Item 1

Bureau and Division Updates – Deputy Chief Jon Bouffard

Legislative Update:

- **Licensed Alcohol and Drug counselor at the Academy** – This bill passed the House Committee but the Finance Committee voted 10-0 to “ITL” it (inexpedient to legislate); it will have to be brought forth again next year.
- **EMS Bill (modified locations where paramedics can work)** – passed all committees and is going to the House floor for a vote. A section specifying the list of different types of healthcare facilities was added to the bill.
- **Impersonation Bill** (illegal to impersonate an EMS provider or firefighter) – out of committee and is going to the House floor; it was voted “ought to pass” on April 9th.
- **Ambulance Marking Bill (HB 1131)** – This bill would have revoked last year’s bill of the same name. Last year’s passed law will stand, and ambulance markings will still have to be removed from ambulances that are sold for private use and no longer used as ambulances.
- **HB 1475 (Line of Duty Death Benefits for Teachers)** – This proposed bill failed (195-160 vote) in the House on March 9th.
- **EMS rules** – These have gone to the Commissioner’s legal counsel, which begins the rule-making process.
- **CPR in schools** – failed in the House

Grants:

- **Ambulance and OB mannequin** – Purchase orders have been issued. The bid process is the next step.
- **Infection control** – Details are being worked out with DHHS on how the money will be spent.
- **Narcan training** – We are continuing to work with DHHS to provide more law enforcement trainers. (NOTE: EMS providers do not need to take the trainer program in order to educate the public.)
- **User Management Module** – awaiting a funding letter. Thanks go out to Chip Cooper for all of the work he is doing on this.
- **NHTSA (National Highway Traffic Safety Administration) review for the EMS System** – The review will be moving forward now that a funding letter has been received.

Education:

- **Simulation Program Coordinator** – The job description is being expanded to include a specialist who will help to bring the program across the state.
- **Warm Zone training** – This should go out by March 23rd. Feedback has been favorable for this 45 minute program.
- **Video conferencing equipment** – This is now installed at the Academy as well as at the 45th Parallel; two events have been broadcast so far. The equipment will be installed in Gorham within the next couple of weeks with Bethlehem to follow shortly thereafter.

Item 2

Coordinating Board Update – F. Hubbell

- The last CB meeting was held on the afternoon of January 21, 2016.
- The CB voted to support the following:
 - * changes to the Administrative Rules, as amended.
 - * a combined letter with the MCB to support passage of H.R. 4365 (how paramedics give out narcotics) (NOTE: See “Topics Ad Libitum” for a follow up to this topic.)
- 2 members of the CB volunteered to be part of a multidisciplinary team to examine cardiac arrest.
- The CB discussed the Paramedic re-entry internal policy which the Division considers to be overly restrictive given the existence of the National Registry process; Bureau Chief Nick Mercuri asked the CB for their input on the issue.
- The I/C renewal issue was also a topic of discussion. I/C’s are finding it difficult to fulfill their 20 hour teaching requirement now that most people renew online.

- Here is the link to the minutes from the CB meetings:
<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

Item 3

Trauma Medical Review Committee – K. Call

- The TMRC meeting was held on February 10, 2016, a week before the ACS review.
- Highlights of the meeting:
 - * The TMRC will be focusing on reaching out to the northern hospitals to seek designation status.
 - * The education sub-committee hopes to combine its trauma conference with other conferences in the future in order to ensure better attendance.
 - * There was also a discussion about how to re-engage hospitals in general in the trauma registry.
 - * A new “Pre-Hospital” sub-committee met for the first time and, amongst other things, set a goal of ensuring that pre-hospital providers get trauma patients to the most appropriate hospital. The group will be meeting 30 minutes before every TMRC meeting.
 - * Dr. Call encouraged everyone to take a look at Debra Samaha’s injury prevention report which gives information about many different conferences and events that are scheduled.
 - * Matthew Petrin presented the results of his questionnaire sent out to rehabilitation staffs in 10 NH hospitals. Most feel that their services are being used inappropriately in hospital emergency departments.
 - * Alf Rylander gave a presentation on the role of the Medical Examiner.
 - * The TMRC met just before the first issue of its newsletter was sent out to ED directors, nurses, physicians, and EMS coordinators.
- The TMRC will meet again on April 20, 2016 at 9:30AM.
- Here is the link to the minutes from the TMRC meetings:
http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

[ACS NH Trauma System Consultation Exit Summary](#): (Vicki Blanchard)

The review team came to the Academy from Feb. 16 – 19, ending their stay with a summary of their conclusions. The “take home” message from the team was that although it was impressed with the high level of volunteerism in NH, if the trauma system in NH is to improve, people need to be hired to concentrate solely on this issue. They suggested a full time trauma coordinator and a full time data person. They also recommended that the ACS do reviews for hospitals seeking designation status for levels I, II, and III while the TMRC concentrates on hospitals that do not fall into these categories. The team will send a full report in 6-8 weeks.

Item 4

TEMSIS Update – R. Cooper

- Chip has been asked by the National Data Managers Council to be a liaison to the NASEMSO clinical guidelines group as they work on their QA documentation. This will meld well with what the Protocol committee is doing.
- Elite – 6 services are doing live piloting, and Chip expressed his appreciation to all who are participating. Chip passed around an ever expanding feedback log (**See attachment**) from the services listing a broad range of items that need to be fixed.
 - * Challenge with picking a final date to move over – ImageTrend changed the format in which all users from the licensing database were being transported into Elite. With resource restrictions, the move over date will probably be at the end of April.
 - * NOTE:
 - Everything about repeat patients will pull over except for their medications.
 - In addition, headers and footers will appear on every page if a report is printed out, but not if it is brought up on a screen as a pdf file.
 - The software has a lot of room for maturity which is understandable seeing as ImageTrend had to start from scratch.
 - It is difficult to set up service-defined questions.
 - Service ability to put in default values is not possible right now.
 - Hospital “Hub” – will allow hospital staff to see records from both systems. (Chip demonstrated this to the MCB.)
 - For a while, it will take longer to fill out reports using the new system, as it would for any new system.
 - Once more of the bugs have been worked out, then it will be imperative to communicate with EMS services to teach them about the new system.

Item 5

Education Section update – J. Bouffard

- NCCP – successful
- AEMT transition – The current pass rate remains about 63% first time with 504 people taking the exam; overall, 629 people took the exam with a 79% pass rate. There are 939 AEMT’s and 629 transition AEMT’s.

- * PearsonVUE has a substantial backlog so a test lab has been set up at the Academy and also at S.O.L.O. The National Registry is sticking to their deadline of March 31st.
- * Last week's numbers: 20 people took the exam and 10 passed. Students who fail have 14 days before they can take it again.
- Initially, the Bureau of EMS was told that people had to transition before they could get in the NCCP, but as it turned out, the registry will allow people to enter the NCCP without a transition until March 31, 2016. As of April 1, 2016, they will have to take a transition before they can do NCCP.

Item 6

Drug Diversion Meeting – J. Stewart

- The group met on February 25th and considered the MCB's advice to change the name of the form; a decision was reached that the name is appropriate as it stands.
- The best practices document is ready and waiting for confirmation on the drug diversion form.
- The group reviewed its goals – Resources are still being collected. A location is needed for the living document. Best practice, UCDC, and EMS education are all in progress.
- The next meeting is at 1:00PM on April 28, 2016, at the Academy. Call-ins are welcome. (NOTE: December's date for 2016 was changed to the 15th of the month.)
- A discussion ensued about the form, particularly focusing on the pros and cons of using the word "diversion" as well as how it fits into the current administrative rules. Mike Flynn spoke about the state and federal reporting requirements. Grant Turpin emphasized the importance of involvement on the part of the Bureau of EMS.
- **A motion was made by John Seidner; seconded by Frank Hubbell – to approve the form as presented on drug reporting; passed unanimously.**
- This item will stay on the agenda for the next meeting.

Item 7

Cardiac Arrest Summit update –J. Suozzi

NH has launched the cardiac arrest process but has not yet found a funding source as have other New England states. The states are considering collaborating in terms of resources and data collection.

The Resuscitation Academy will start in Seattle on Sunday, March 27th. A roll-out is planned after the group comes back from Seattle.

Item 8

Protocol Committee – V. Blanchard

Report below provided by Vicki Blanchard:

Restraints:

Under Paramedics: Ketamine was added for suspected Excited/Agitate Delirium or extreme agitation. There was a lengthy discussion regarding the dosing of ketamine, particularly the risk of under dosing and incomplete dissociation. It was decided that Blanchard would work with Mike Flynn and Josh Morrison to develop a chart for dosing.

Pediatric: A new section was created in the Restraints protocol to address pediatrics. It was agreed to mirror the benzodiazepine dosing in Seizure – Pediatric 2.19P.

Cooper requested additional language be added to address the medical patient, Blanchard will work with Cooper to come up with some verbiage.

12 Lead ECG Acquisition:

Under Indications added Cardiac Arrest with ROSC.

Intraosseous Access

Approved Sites: Referenced manufacturer's recommendations.

Procedure: Added if using an extension set without stopcock to prime the line with lidocaine 2%.

Tasers:

Deleted one line in opening statement regarding the device not being a lethal tool.

Vascular Access via Central Catheter:

We will be added a link to the training modules for this protocol.

Eye & Dental Injuries:

Under Eye AEMT: Added to consider anti-emetics.

Under Dental: Changed "cell-culture medium (Save-a-tooth) to Hank's Solution, and address in the rollout.

Under PEARLS: Added 3 new PEARLS

Musculoskeletal Injuries

Under AEMT & Paramedic: Changed fluid administration to reference the Shock – Traumatic Protocol 4.4.

Under PEARLS: Added 2 new PEARLS

Shock – Traumatic

Under AEMT: changed fluid resuscitation to:

- Administer 0.9% NaCl (in the form of small boluses, i.e., 250 mL) to return the patient to a coherent mental status or palpable radial pulse.
- In the setting of traumatic brain injury, however, fluids should be titrated to maintain systolic blood pressure greater than 90 mm Hg or MAP (mean arterial pressure) greater than 65 mm Hg.

Spinal Trauma:

Reworded a double negative in the flow chart.

Traumatic Brain Injury:

Removed lidocaine for pre intubation.

(See attachments for supporting documents.)

A motion was made by John Seidner; seconded by Frank Hubbell – to approve the changes in the protocols, as amended; passed unanimously.

Item 9

Operational Medical Director – J. Suozzi

A conference call was held with medical directors and BEMS to see how to better define how EMS physicians work in the field. The following draft language was put up on the screen, and a discussion ensued.

NH Operational Medical Director Requirements

- Hold current New Hampshire medical license
- Credentialed by a licensed EMS unit's Medical Resource Hospital Medical Director
- Have one of the following
 - Board certification by American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine
 - Subspecialty board certification in EMS by American Board of Emergency Medicine
 - Completed a residency program in anesthesia, general surgery, internal medicine or family medicine, by a residency program accrediting body recognized by the State Board of Medicine and hold ACLS, PALS or APLS and ATLS certification.
 - Currently enrolled in and completed one year of Emergency Medicine Residency and currently hold ACLS, PALS or APLS and ATLS certification.
- Complete NH Paramedic Protocol Exam

Cycle:

2 year cycle.

? certification vs. credentialing vs. licensure by NHBEMS

Scope of Practice:

May perform skills within a paramedic's scope of practice and other skills within the practice of medicine or osteopathic medicine. May not perform a skill that he/she has not been educated to perform.

- How to proceed:
 1. The BEMS needs to make a recommendation and work through any conflicts with the Board of Medicine.
 2. Then, it will have to go through the rules making process.
- Frank Hubbell cautioned that it might be better if physicians stayed out of the pre-hospital realm and let the paramedics do their jobs.
- Grant Turpin, chair of the Coordinating Board, explained that the licensing aspect of this is a CB function. It will be contingent upon the MCB to show that there will be an improved patient outcome in NH by adding this level of licensure. He suggested that a group be put together to gather to work on

this. Mr. Turpin asked what the difference was between creating this new level of licensure and simply challenging the paramedic exam. Dr. Trimarco answered that paramedic exams can no longer be challenged by physicians; instead, they must go through accredited paramedic courses.

- Jim Suozzi concluded by saying that models are needed from other states to present to the Coordinating Board, and there needs to be communication with the Board of Medicine as this process begins. It needs to be determined if physicians can have both EMS and physician licenses in the state or if there needs to be some sort of certification or credentialing.

Item 10

Topics ad libitum

- **Paramedic Re-entry (Internal Policy 3-6-27B)**
 - * Jon Bouffard reminded the board that at its last meeting, there was a discussion about letters to be sent out by physician medical directors and NH-licensed EMS unit heads to support candidates for paramedic re-entry. Bureau Chief Bouffard passed out draft letters to the MCB members for their perusal. **(See attachments)** These letters would go in the policy as “best practice”; it would be up to the service head and medical director whether or not to use these letters or write something themselves. Once the Bureau of EMS receives these letters, a final letter of support from the bureau will go to the National Registry.
 - * The next step is to write a policy to go with the letters.
 - * **A motion was made by Frank Hubbell; seconded by John Seidner – to support the letters for paramedic re-entry; passed unanimously.**
- **HB 4365 (Protecting Patient Access to Emergency Medications Act of 2016 – DEA legislation)**
 - * This bill has been introduced to committee. Chair Suozzi was hesitant to draft a letter of support until the bill is more formalized. Current NH rules state that we have to get controlled substances from a hospital pharmacy, and we do not yet know how this bill will affect that.
 - * **Legal counsel should be sought, and Jon Bouffard will find out the name of the senator who is supporting this bill. Members of the MCB are urged to reach out to their respective congressional delegations.**
- **Attachments and links to MCB minutes:**

From now on, hand-outs will be attached to the specific minutes on the website. When you open up the minutes, click on the paperclip icon to see the list of attachments.

- **Solution to outdated EMS board manuals:**

The outdated manuals have been replaced with online ones! Click on the following link and scroll down to see the new online “EMS Boards Reference Manual”:

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

Adjournment

Motion made by Frank Hubbell; seconded by Michael Cloutier – to adjourn the MCB meeting at 12:10PM; passed unanimously.

**Next meeting: Thursday, May 19 2016 at 9:00AM
Richard M. Flynn Fire Academy,
Classrooms 5 & 6 in the dormitory**

Future meetings: July 21, September 15, and November 17, 2016.

Respectfully submitted,

James Suozzi, DO, Chairperson

Prepared by June Connor, Administrative Assistant I, Office of the Director, NHFSTEMS