

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 21, 2016

- Members present:** James Suozzi-Chair; Kenneth Call, Trevor Eide, Frank Hubbell, John Seidner, Brian Sweeney, and Thomas Trimarco (7)
- Members absent:** David Hirsch, Joshua Morrison, Michelle Nathan, and Harry Wallus (4)
- Member pending:** Joey Scollan
- Bureau staff:** EMS Bureau Chief Nick Mercuri, Captain Vicki Blanchard, Compliance Officer Richard Cloutier, and Administrative Assistant, June Connor (4)
- Guests:** Brian Allard, Kevin Blinn, Joel Coelho, Pamela Drewniak, Jeanne Erickson, Steve Erickson, Michael Flynn, Christopher Gamache, Fred Heinrich, Janet Houston, Eric Jaeger, Stephanie Locke, Aaron McIntire, Stacy Meier, Andrew Merelman, Tim Monahan, Scott Schuler, Grant Turpin, and Jared Whalen (19)

Welcome

The meeting was called to order at 9:00AM. A quorum was present with 6 members present when the meeting began.

Chair Suozzi announced that the meeting would start out with protocols and operational medical director (Items 9 & 10) due to the possibility that one of the voting members might have to leave early. (NOTE: For the sake of clarity, the minutes are written in the usual order, following the agenda that was sent out.)

Introductions – All present introduced themselves.

Membership

- Jim Suozzi was re-appointed as a representative of Region II through May 31, 2019.

- Kenneth Call was re-appointed as a representative of Region 1 through May 31, 2019.
- Joseph Leahy will no longer be representing Region II on the MCB.

Approval of May 19, 2016 Minutes:

Motion made by John Seidner; seconded by Trevor Eide – to approve the minutes from the May 19, 2016 MCB meeting; passed unanimously.

Item 1

Bureau and Division Updates – Deputy Chief J. Bouffard for N. Mercuri

Legislative Update:

- **The EMS law has passed** and will go into effect on January 1, 2017. As a result, background checks will be required for initial, late renewal, and reinstated licenses. This should help with those who “state hop”.
- [HR 4365](#) – (Protecting patient access for emergency medications) This bill has not moved anywhere at the federal level.
- [Drug Supply Chain Security Act \(DSCSA\)](#) – went into effect last July and outlines critical steps to build an electronic, interoperable system to identify and trace certain prescription drugs as they are distributed in the United States. Some hospitals are struggling with having to give documentation to EMS. **Please inform Nick Mercuri and/or Vicki Blanchard if you hear about any problems with this.**

Grants:

- The **ambulance simulator** is moving along; a bid was awarded to PL Custom. *Tentatively*, the delivery date should be somewhere around the end of December.
- **Narcan training** continues, headed up by Bill Wood and Paula Holigan at the BEMS. At this time, there are approximately 91 officers in the state who are licensed to give Narcan, but, as far as we know, none have actually administered the drug.
- **User Management Module** – moving along slowly. It will accommodate not only the Bureau of EMS, but the Bureau of Fire Training and Administration as well. There are many details to work out with ImageTrend.

Education:

- **Simulation Coordinator** – This job has been posted and will be open until August 5th. Although only one application has been received, several others have called to express interest. **If you know of anyone who would be interested, please contact Nick Mercuri.**
- **Warm Zone online training** – 648 people have taken this training, a significant increase from the 240 people who were reported as having

completed it at the May MCB meeting. Other states have asked to use our program.

- **Paramedic Re-entry policy** – still being finalized
- **Mobile Test Lab** – experiencing significant issues with a lot of the hardware starting to break down. We may have to set up a permanent lab at the Academy. The deadline for testing is March, 2017.

BEMS Re-Organization:

- A memo was sent out about the re-organization which came as a result of a decline in courses/exams for EMS. Much more emphasis will now go into data management. Your patience will be appreciated as we transition to our new roles.

Item 2

Coordinating Board Update – F. Hubbell

- The last CB meeting was held on the afternoon of May 19, 2016.
- Highlights of the meeting included the following:
 - * A motion was made to support a firefighter level of licensure similar to that of law enforcement; passed with 10 in favor and 1 abstention
 - * On November 17, all of the boards will meet to discuss the future of EMS in New Hampshire
 - * EMS Region chairs/vice chairs will be invited to meet with 3 members of the CB to discuss EMS regions and their roles.
 - * An “Informed Consent” sub-committee was formed to delve into the issue of protection/liability issues for providers who encounter patients who refuse to be transported.
 - * The CB voted in favor of cancelling their July 21st meeting
- The CB will meet again on September 15, 2016 at 9AM.
- 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 June 15, 2016.
- Highlights from the meeting included the following:
 - * Portsmouth Regional Hospital is awaiting the final report from their ACS review.
 - * The TMRC voted in favor of granting St. Joseph Hospital their Level III adult and pediatric designation status for a term of 3 years, expiring on July 22, 2018.
 - * The Hospital Designation sub-committee is working on standardizing the entire review process.

- * The Trauma Conference will take place on November 17th and 18th.
- * The Pre-Hospital sub-committee has nearly completed their list of hospital capabilities to be made available to EMS services and providers. They are also developing an online training program.
- * The group discussed how to move injury prevention/trauma issues forward and agreed that building relationships with legislators was very important. An advocacy sub-committee was suggested.
- * In his rehabilitation report, Matthew Petrin spoke about what hospitals are doing regarding dealing with care paths for patients who fall.
- * The TMRC members and guests discussed the TEMSIS data dictionary; they will ask Chip Cooper to attend their next meeting.
- The TMRC will meet again on August 17, 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

Item 4

Elite Update – N. Mercuri for Chip Cooper

Chip Cooper is at an ImageTrend Conference in Minnesota, so Nick Mercuri gave the summary. Thanks to the 6 services that helped to pilot the program, the Elite transition is now complete. Remaining challenges include some slowness and saving issues. A comment was also made that putting in a “ticket” for help can be challenging. ImageTrend has recently purchased a significant amount of hardware that should help. **Please inform BEMS if you know of anyone who is experiencing issues other than what has been mentioned.**

Item 5

Education Section update – N. Mercuri

Done in Item 1

Item 6

Drug Diversion Meeting – J. Stewart not present

No report was submitted.

Item 7

Cardiac Arrest Summit update –J. Suozzi

- There is funding for 4 more people to go to Seattle for training in the fall.
- Work is being done on the cardiac arrest roll-out; filming today. Thanks go out to Concord Fire for their help with filming the high performance CPR passive ventilation protocol.
- CARES coordination will fall to Chip Cooper’s section. There will be a subscription fee. Funding is being worked out for a free 2-year scholarship.

Maine has already gone live and has started to enter data; Vermont is not far behind. It looks like eventually, all of New England will be a part of CARES.

Item 8

Protocol Committee – V. Blanchard (see attachments for informational articles and draft copies)

Report below provided by Vicki Blanchard:

Double Sequential Defibrillation: New protocol. Post ACLS care where patient remains in refractory ventricular fibrillation after high quality/team focused CPR, several rounds of defibrillation and ACLS medications. Suozzi explained there was not a lot of research, just some case studies that suggest there may be potential benefit without any further harm. There was a little discussion if anyone had ever used it, Suozzi and Sweeney have used it, but without success.

It was agreed the language in the protocol should include, “if available” and “cardiac arrest” ventricular tachycardia/fibrillation.

Continuity of Care: This new protocol is to address continuity of care within a provider’s scope of practice when responding to a 911 emergency where the patient has a pre-existing medical device or pre-established medication infusion that is outside the NH EMS Protocol.

No discussion.

Tranexamic Acid (TXA): This is another new protocol for paramedics to treat patients at risk of dying from hemorrhagic shock. This protocol is used successfully in the military, however not a lot of evidence in the civilian side. There was some discussion regarding the contraindication for patient who have or how will receive prothrombin complex concentrate (PCC) and it was agreed to remove the words “will receive” AND in the indications a bullet be added that the receiving facility be able to continue the therapy.

This protocol is to go on to the TMRC for their approval.

Hospice: A new protocol giving paramedics the authority to assist in the administration of medication within a hospice kit. Additionally, the protocol empowers the EMS provider to become engaged with the hospice team before the decision to transport or not is made. There was discussion regarding protection of the provider if asked to do something within their scope of practice yet outside the NH EMS Protocols and it was answered, they would work with their medical control and the hospice team and if need be invoke the Exception Protocol.

Pediatric Transport: New sentence addressing the fact that children are NOT to be held by another on the cot and a new section on newborn transportation in a child safety seat.

A motion was made by John Seidner; seconded by Trevor Eide – to approve the protocols, as amended; passed unanimously.

Item 9

Operational Medical Director – J. Suozzi

A discussion ensued as to whether or not “pre-hospital physicians” should be able to practice in New Hampshire as they do in other states and what would be involved to make it happen. In reviewing NH’s RSA’s, Bureau Chief Mercuri

stated that RSA 153:A-16 may be able to be expanded. There is already an exception within the RSA to create levels of licensure for MD's, but only at EMS levels; Dr. Suozzi, for example, is also a licensed paramedic. Creating a pre-hospital physician type level of licensure or credential would have to be done through the rule-making process.

There will have to be checks and balances if physicians go out runs with EMTs; namely, only physicians who are working directly with EMS providers should be "licensed" and their roles would have to be clearly defined and in line with protocols.

A motion was made by Tom Trimarco; seconded by John Seidner – to ask the CB to look at the issue of physician EMS licensure; passed unanimously.

Item 10

Topics ad libitum

What is an EMS provider? Some feel that the lines are getting blurred with so many from other professions doing what should only be done by EMS providers. When does the line get crossed between administering first aid and providing EMS care? Bureau Chief Mercuri has received questions on this topic from law enforcement and the fire service, and he asked for clarification from the MCB. He cautioned that starting to license law enforcement or fire service personnel to do first aid would require significant resources with limited, if any, benefit in safety. Licensing, when overdone, could actually discourage people in other emergency professions from participating in emergency care. In fact, these professions should be encouraged to help out without having to deal with too many bureaucratic constraints.

The group expressed concern over several issues, including the improper storage and treatment of EMS equipment in vehicles and improper patient treatment.

On the positive side, it was suggested that this could be a great opportunity for the BEMS to provide education on topics not covered by AHA courses. The Bureau could also review existing programs to make sure they meet specific objectives based on best practice and perform in a consulting role with law enforcement and the fire service.

Questions have been posed to the Bureau about whether or not tourniquets and hemostatic dressings are considered EMS, so Bureau Chief Mercuri asked for specific recommendations about these 2 things, as a start. Though the group considered expanding the motion to include other things; after more discussion, **a motion was made by Trevor Eide; seconded by Tom Trimarco – to support the concept that basic hemorrhage control with tourniquets and hemostatic agents does not require EMS licensure; passed unanimously.**

Support of the MCB requested from the Fire Marshal's Office – Chris Wyman would like to attend the MCB meeting in September to discuss mandatory reporting of injuries. (This should be put on the agenda.)

A moment of silence was held for Doug Clement and other EMS/Fire personnel who have succumbed to cancer.

Adjournment

Motion made by John Seidner; seconded by Tom Trimarco – to adjourn the MCB meeting at 10:50AM; passed unanimously.

**Next meeting: Thursday, September 15, 2016 at 9:00AM
Richard M. Flynn Fire Academy,
Classrooms 5 & 6 in the dormitory**

Last meeting for 2016: November 17, 2016.

Respectfully submitted,

James Suozzi, DO, Chairperson

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