

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 21, 2016

- Members present:** James Suozzi-Chair; Kenneth Call, Trevor Eide, David Hirsch, Frank Hubbell, Douglas McVicar (late), Michelle Nathan, Brian Sweeney, and Thomas Trimarco
- Members absent:** Patrick Lanzetta, Joseph Leahy, Joshua Morrison, John Seidner, and Harry Wallus
- Member pending:** Joey Scollan
- Bureau staff:** Director Deborah Pendergast, Bureau Chief Nick Mercuri, Deputy Chief Jon Bouffard, Captains: Vicki Blanchard, and Shawn Jackson; Richard Cloutier (Compliance) and Administrative Assistant, June Connor
- Guests:** Brian Allard, Jameson Ayotte, Kevin Blinn, Sean Ellbeg, Jeanne Erickson, Steve Erickson, Bruce Goldthwaite, MaryEllen Gourdeau, Mitchell Gove, Jason Grey, Mark Hastings, Fred Heinrich, Paul Leischner, Stephanie Locke, Michael Kelley, Scott Schuler, and Patrick Twomey

Welcome

The meeting was called to order at 9:00AM. A quorum was determined to be present with 8 voting members present; Douglas McVicar arrived at 9:40AM, increasing the voting member count to 9.

Introductions

Introductions were made. Dr. Joey Scollan was present and will be replacing Dr. John Seidner as medical director for the Elliot Hospital. Dr. Scollan is an Emergency Physician double board certified in Emergency Medicine and Pediatrics. She was informed by Chair Suozzi that she will need a Region 2 letter of support, and then after attending a couple of meetings, she will become a member of the board once ratified by the MCB.

November 19, 2015 Minutes

Motion made by Kenneth Call; seconded by David Hirsch – to approve the minutes from the November 19, 2015 MCB meeting; passed unanimously.

Item 1

Bureau and Division Updates – N. Mercuri and D. Pendergast

Bureau Chief Mercuri:

- **Ambulance Demo day – Jan. 20, 2016.** Eight vehicles were on display at the Academy’s fire house. Approximately 60-70 people attended. The purpose of the event was so that Division staff could take a look at the vehicles as they decide which one to buy using AFG grant money. The feedback was excellent, and it is hoped that this can be done again in the future.
- **ACS Trauma evaluation – February 16 – 19, 2016.** Invitations were sent out to NH participants.
- **Mobile Integrated Healthcare (MIH)** – One application has been received so far, and we are talking to 6 – 8 others to advise them on the application process and provide information.
- **Video conferencing equipment** – 4 sets have been purchased with grant money. The master set will be installed at the Academy, and the other 3 sets will be installed at the 45th Parallel, the Gorham EMS field office, and the Bethlehem Training Facility. Classes held at the Academy will connect to these sites; the system is part of the “Connect UNH” system. Hopefully, hospitals that are also part of the Connect UNH system will be able to access BEMS conferenced programs.
- **Narcan Project – Phase II.** Approximately \$34,000 from a DHHS grant was received to continue this next phase of law enforcement training (CPR, Narcan, First Aid, and some train-the-trainers for around the state). The agreement goes through December, 2016, but the funding could run out before then.
- **Rules – moving forward.** Proposed conceptual changes were sent to the Coordinating Board. There is one outstanding issue with the National Registry on how to include their brochure in our rule when the information in the brochure is apt to change.
- **EMS legislation:**
 - * A public hearing was held on Tuesday, January 19, 2016. Legislators had questions on background checks, changing the definition of the word “patient”, ethics, and replacing the exemption for the fire and police academies that was inadvertently removed during the last year.

- * It is important to note that the teachers have filed “**Line of Duty Death Benefit**” proposed legislation; the BEMS is in the process of getting more details about this. Stacy Meier and Bureau Chief Mercuri are still doing the background work in preparation for similar legislation to be proposed regarding EMS line of duty death benefits. Conversations will be held with legislators once the current legislative season is over.
- * **CPR in Schools** – This is another bill that has been filed. There will be a hearing on Tuesday, January 26, 2016. The general premise of this legislation is to have CPR as a graduation requirement for high school students, modeling what other states have done.
- The **Warm Zone** program is progressing quickly; some of the videotaping has begun. Hopefully, by the next board meeting, some awareness training will have been beta tested with a small group.
- A question was asked as to when the **next newsletter** will come out. Bureau Chief Mercuri answered that it should be out soon. It will probably be sent out quarterly in the future.

Director Pendergast:

- Focus on apparatus and facilities – The Division is aggressively going after grant funds because the “Fire Fund” will not be around forever. Grants have either been awarded or are in process for the following:
 - * **Airport Rescue Firefighter (ARFF) facility** – This facility is now 13 years old and needs upgrading. We applied through the FAA for \$360,000 to achieve this goal and are still waiting to hear back.
 - * **Mini-pumper** – This new vehicle was delivered in December, 2016.
 - * **2014 AFG grant** – This grant involves the purchase of a new **ambulance** as the Division sets out to put together a mobile EMS platform. The new ambulance will be a “sim lab” that will be able to travel out to other regions in the state.
 - * **Female OB mannequin** – This will be added to our collection of mannequins that now includes a male adult and a child. The bid will be going out shortly.
 - * **2015 AFG grant** – With the continued goal in mind of obtaining the major items needed for our mobile training platform, we put in for a **trauma mannequin** which will be useful for warm zone active shooter training. It can be intubated and given chest decompressions, and it has audible and palpable vitals. A video feedback system goes along with this new mannequin so students will be able to get immediate feedback after doing a scenario.

- * **Cardiac monitor defibrillator and hydraulic stretcher** – These items were also part of the 2015 AFG grant.

Item 2

Coordinating Board Update – F. Hubbell

- The last CB meeting was held on the afternoon of November 19, 2015.
- Two new members joined the board; Matthew Petrin (NH Assoc. of Rehabilitation) and Don Johnson (third public member).
- One of the highlights of the meeting was an EMS rules update presented by Bureau Chief Mercuri and discussed by the CB. A vote was taken to accept the entire rule set as modified; it was passed unanimously.
- The CB will meet again on the afternoon of March 17, 2016.
- 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 December 16, 2015.
- Matthew Petrin, a new member on the CB and a representative of the Association of Rehab Administrators, spoke to the group. An enthusiastic discussion ensued about brain injury and rehabilitation.
- Alf Rylander, a new TMRC member from the Medical Examiner's Office, also spoke to the group, offering his assistance in gathering data regarding such things as seat belt fatalities (NOTE: A meeting was held on January 26th regarding the new seat belt law.). The members of the TMRC also asked if Mr. Rylander could help clarify the autopsy process.
- A "Pre-Hospital" sub-committee was formed with no shortage of volunteers; the first meeting will be held at 8:30AM on February 10th.
- Finally, though the registry has been slow to start, Vicki Blanchard is fielding phone calls from hospitals with questions.
- The TMRC will meet again on February 10, 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

TEMSIS Update – N. Mercuri

- There is a viewer function for hospital coordinators and medical directors so that they can see calls. There will also be a hospital dashboard which will be more limited in information.
- The Advisory Committee is looking at developing a best practice document; they had a conversation with 3 different billing companies on how the transition from TEMSIS to Elite was going to go. Please contact Chip Cooper with any questions.

- **Elite** – This has been pushed back slightly so that a few remaining “bugs” can be corrected. The goal is to have several departments do some beta testing first before it gets rolled out gradually to everyone throughout the month of March.
- While Elite and TEMSIS have done a lot of training and the new system will be much easier to use, there are a few things that will not be possible:
 - * Repeat patients will be migrated, but their medical histories, including medications, will not be able to go in and will need to be re-entered.
 - * Bureau Chief Mercuri asked everyone to take a look at their ambulance and fire apparatus data for accuracy so that incorrect information will not go into the new system.
 - * Some of the default values are going to need to be re-entered.

Item 5

Education Section update – S. Jackson

- Mike Kennard, our simulation program coordinator, has resigned. A supplemental job description (SJD) is being drafted for his position.
- Special thanks go out to Captains Bob Leuci and John Keller and the O-51 staff for their hard work to make the Ambulance Expo such a great success.
- Intermediate to AEMT transition – The pass rates are the same as they have been for the past year (64% first time pass rate / 76% overall). Many phone calls are coming in now that the deadline is just two months away.
- Though the bureau does not have precise information, it is estimated that there are approximately 300 intermediates who will lapse.
- NCCP – continues to move forward. The National Registry put out brochures and YouTube videos that have been linked to our website: <http://www.nh.gov/safety/divisions/fstems/ems/training/NationalContinuedCompetencyProgram.html>
This program is still in the pilot phase and changes frequently take place.

Item 6

Drug Diversion Meeting – V. Blanchard

- The December meeting of this committee was cancelled. The committee completed a drug diversion reporting form, and it is ready for the board to approve. **Vicki will email the form to the MCB members so that they can look it over and be ready to vote at the next meeting.**
- The next project is the UCDC’s training.
- The next meeting is at 1:00PM, February 24, 2016, at the Academy.

H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016 (see attachment):

- Chair Suozzi moved the discussion of this item to this point on the agenda.

- This bill amends the original DEA rules written in the 1970's when there was not a great deal of paramedic care. It is actually illegal for paramedics to give narcotics under standing order anywhere in the country, and so this has to be fixed. The basic bullet points of this act:
 - * EMS agencies can now deliver drugs via standing order
 - * They have to have a physician EMS medical director
 - * EMS agencies can license with the DEA directly rather than through the physician medical director.
 - * Storage regulations have been updated.
- This bill is supported by many associations.

David Hirsch made a motion; seconded by Thomas Trimarco - for the MCB to draft a letter to congressional representatives supporting this bill; passed unanimously

- During the discussion of the above motion, Chair Suozzi explained that this bill means that EMS will now be able to operate within the law. In NH, EMS units have medical directors who have DEA licenses; while some EMS units get their non-controlled drugs from their medical resource hospital (MRH), by rule, all controlled drugs come from the agencies' medical resource hospitals. Chair Suozzi will confirm that this rule will not be affected by the proposed legislation. A question was asked if hospitals would be willing to give up their legal responsibility for narcotics. Dr. Suozzi answered that the MRH pharmacy would still hold the DEA for this. There are also going to be issues with cost, timing, and impact. **A suggestion was made to put something in the newsletter on the subject.**
- Providing consistency in the way that all hospitals handle narcotics is of key importance in this bill. Vicki Blanchard explained that under the Board of Pharmacy, there is a sub-committee of the hospital pharmacists who are working on the consistency issue.

Item 7

Cardiac Arrest Summit update – V. Blanchard / J. Suozzi

- The Coordinating Board supported the idea of a multi-disciplinary team in the state to look at how cardiac arrest is approached in NH; **invitations should be coming out in the next couple of weeks for a conference call meeting to discuss the next steps for NH.** This will be the first meeting of the team.
- Information from [CARES](#) (Cardiac Arrest Registry to Enhance Survival) – The goal is to get 50% of the U.S. population under the CARES umbrella; to that end, some scholarship funding has been proposed for Vermont, New Hampshire, and Maine to join forces and work collaboratively to join CARES.

- Heart Rescue group in Seattle – This group has offered NH 6 positions in their “[Resuscitation Academy](#)”, being held in Seattle from March 21 – 23, 2016. All expenses will be paid except for lunches and dinners. **Please contact either Chair Suozzi or Nick Mercuri before January 29th if you are interested.** The group that goes to Seattle will be expected to help disseminate the information upon its return to NH. Topics covered will be team-focused CPR, and how to improve cardiac arrest care in our systems; there will also be some train-the-trainers on the third day of the program.
- **Cardiac arrest data information** from Chair Suozzi - The Cheshire catchment area has a standard CPR rate of 74%. By contrast, the Brattleboro, VT area has a 24% CPR rate. Chair Suozzi attributes this disparity to the success of the NH 911 system.

Item 8

Protocol Committee – V. Blanchard / J. Suozzi

Report below provided by Vicki Blanchard and Chair Suozzi:

Protocols (See attachment.)

Bradycardia Adult:

Dopamine is being removed because it is associated with an increased incidence of arrhythmias compared with norepinephrine. Current research also suggests that norepinephrine has a mortality benefit over dopamine in subgroup populations of cardiogenic and septic shock.

New bullet added in the PEARLS regarding pushing glucagon too quickly causing nausea and vomiting.

Bradycardia Pediatric: No change

Post Resuscitative Care:

Removed Dopamine for same reasons as above.

Removed Phenylephrine as it is rarely used pre hospital with the other pressors available, and there are more steps to administration.

Tachycardia Adult:

Added additional medications contraindicated in Wolff-Parkinson-White syndrome to red flag.

Removed redundant adenosine dosing.

Tachycardia Pediatric: No change

A motion was made by Frank Hubbell; seconded by Trevor Eide – to accept the protocol changes for bradycardia and tachycardia; passed unanimously.

There was a discussion about wording in the cardiac arrest (3.2A) protocol regarding epinephrine. No motions were made, and no changes were made.

Motion was made by Frank Hubbell; seconded by Kenneth Call – to strike “or to maximum of 25 grams” in the hypoglycemia protocol(2.10); passed unanimously. Vicki Blanchard will send out a bulletin.

Item 9

Operational Medical Director – J. Suozzi / N. Mercuri

The group’s conference call was cancelled and will be rescheduled. Chair Suozzi welcomed anyone’s involvement.

Item 10

Topics ad libitum

(HR 4365, on the revised agenda, was discussed at the end of Item 6 above.)

- Congratulations to Dr. Trimarco and Dr. Wallus for passing their EMS Boards, making 4 people in NH who have done this.
- National Association of EMS Physicians Conference – David Hirsch attended and was impressed by the NH system as compared to those from other states; many states do not have statewide protocols, for example. In fact, NH state protocols are being copied by other states. Tom Trimarco commented about the universality of issues being dealt with by all of the states. Chair Suozzi attended the state medical directors’ council and was similarly appreciative of what NH is doing after hearing stories of things going on in other states.
- **Vented patient issue** – If an EMS agency gets a call from a facility for a vented patient who is in respiratory distress, and the agency has no available paramedic, what should it do? Chair Suozzi was uncomfortable with the notion of an advanced EMT having this type of patient without an RT or other provider in the back of an ambulance. A question was asked that if the EMS agency received a call from a family rather than a facility, and a family member was familiar with the patient’s venting system, would it be appropriate for the family member to ride on the ambulance to lend assistance? Chair Suozzi answered that if it was a non-respiratory complaint, then a family member would be acceptable. The consensus of the MCB was that the facilities and their area ambulance services should work out, in advance, a response plan for vented patients.
- **Re-entry policy for paramedics (See attachment)** – Bureau Chief Mercuri asked for input from MCB members regarding this internal policy (3-6-27B). The last time this was discussed was at the Coordinating Board in 2007, when significant requirements to receive authorization from the state were established. Currently, the National Registry has a list of what paramedics need to do when they want to re-enter (see below), and one of

the requirements is an approval letter from the state. Because there have been a lot of changes since 2007, input is needed so that the BEMS can update the policy. Bureau Chief Mercuri proposed for discussion that the local medical director and service, intent on hiring the individual, write “sponsoring” letters that would also support the state’s letter of support. During the ensuing discussion, stories were shared about paramedics who had been out of practice for 10 or more years; some had been doing other things in medicine while others had been completely inactive. Concern was expressed over whether or not time limits/ceilings should be addressed. Other practical factors were discussed, such as the feasibility of institutions training one paramedic at a time and the willingness of all medical directors to participate in this process. The group discussed having the Bureau of EMS come up with guidelines that could be used by medical directors and services in helping them make these kinds of decisions. Bureau Chief Mercuri concluded that it is also important to note that paramedics can go across the NH border to get their cards from states that are using just the NR’s steps without requiring anything else.

- NR’s requirements for paramedic re-entry (from the NR website)

Paramedic (NRP) Re-Entry Policy:

Entry and/or re-entry into the National Registry may be granted to a previously state licensed or Nationally Certified Paramedic (NRP) provided you:

1. Officially document completion of a DOT Paramedic (NRP) Training Program after January 1, 1977. *
2. Show satisfactory evidence to the NREMT of prior state licensure at the Paramedic (NRP) level.
3. Have current ACLS provider or instructor credential.
4. Completed either PHTLS or ITLS as a provider or instructor within the past two (2) years.
5. Have completed a state-approved Paramedic (NRP) refresher or 48 hours of equivalent continuing education covering the mandatory and flexible core content topics specified within the past two years.
6. Have a letter of approval from the state EMS office in the state where you work or are to work. The letter should show the state's support for you to obtain state licensure through this process.
7. Successfully complete the NREMT Paramedic (NRP) cognitive and psychomotor examinations.

* All candidates for NREMT’s National EMS Certification at the Paramedic level whose Paramedic program began on or after January 1, 2013 must have successfully completed Paramedic education from an accredited program sponsored by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or one who held a valid

Letter of Review (LOR) issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Bureau Chief Mercuri welcomes more input on this issue so that he can then present it to the Coordinating Board.

- Safety restraint giveaway - This year, ambulance child restraints (ACR) for children ranging from 4 – 99 pounds, in sets of 4, will be given away. Children will be able to be restrained in either the upright or flat position. Janet Houston was able to purchase 18 of them, thanks to money from Highway Safety. **Information will be in the next newsletter and sent out on the trauma list serve. The application will be on the website.**
- Trauma patients and anticoagulants– at the Fire Academy, on the evening of February 2, 2016, co-hosted by Concord Hospital and the Division of Fire Standards and Training & EMS.
- Catholic Medical Center – Conference on February 12, 2016 from 7:45AM to 3:30PM. **(See attachment.)** CEU's will be offered, and there are a couple of seats left. (Contact Michael C. Kelley at CMC for more information.)

Adjournment

Motion made by Frank Hubbell; seconded by Trevor Eide – to adjourn the MCB meeting at 11:30AM; passed unanimously.

**Next meeting: Thursday, March 17, 2016 at 9:00AM
Richard M. Flynn Fire Academy,
Classrooms 5 & 6 in the dormitory**

Future meetings: May 19, 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