

MEMORANDUM

TO: NH EMS Medical Control Board
NH EMS & Trauma Services Coordinating Board

FROM: Sue Prentiss, BA, NREMT-P, Chief
FST & EMS
Bureau of EMS

RE: Division of Fire Standards and Training and Emergency Medical Services
(FST & EMS) – Bureau of EMS Report

DATE: March 18, 2008

On behalf of the New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FST & EMS), I would like to thank you for attending our March 2008 meeting! As always, we are busy and below is an update on FST & EMS activities.

As of March 18, 2008, the Bureau licensing numbers are:

Apprentice	18
First Responders:	328
NH EMT-B	74
NREMT-B	1971
EMT-I	1050
EMT-P	642
IFTE	<u>4</u>
TOTAL:	4087

We have 147 I/C's, including 141 Provisional. There are 278 licensed Units.

Bureau of EMS Report: Although I can't tell you exactly who, I can tell you that we have made a preliminary offer to a candidate for the Program Specialist III position. What I will say is this person is a long time member of the NH EMS community, is a Paramedic and an active I/C.

The office space located in Gorham has made it through the final contract preparation and is on its way to Governor and Council for approval. We need to move by May 2008, and with this latest action, we should be okay.

New London Hospital EMS Conference: will be held this year April 25 – April 27, 2007. As always, the program will be held at Mount Sunapee and FST & EMS will be one of the co-sponsors.

Emergency Preparedness – As the Snow Melts: On Friday March 14, 2008, Governor John Lynch met with the staff and state emergency preparedness partners in our Emergency Operations Center. The focus of this meeting and subsequent discussion among the group was how we can best prepare for the high likelihood of floods this spring in NH, including what we can do now, talk about now, with our constituents. From an EMS perspective, here are the things that I have been worrying/thinking about and suggest that EMS Units, if they have not already, start to put some thought into them as well and this has gone out over our list-serve:

- 1) Warnings of high water and road closure(s)? Is your EMS agency in the loop with public works and local emergency management so that you and your members can be kept up to date?
- 2) Are there parts of your town/city that have been subject to flooding problems in the past? If so, contingency plans for accessing patients? Is it possible that a neighboring EMS organization may have better access in the face of flooding and can you make a plan ahead of time for them to cover that part of your town/city?
- 3) If you have a difficult time getting to a patient, it may be equally difficult to get them to the hospital. Think about extended time on the scene caring for patients, alternative routes to a hospital as well possibly having to transport to a hospital that you don't normally transport to. In your MCI resource books as well as on our website there are directions to every hospital in the state. There is a list of direct phone lines into each Emergency Department and mobile radios installed under the radio interoperability grant program have every NH hospital in them and border hospitals.
- 4) Is it possible that an EMS station that normally has staff/providers responding from home may need to have that building/vehicle staffed if there is a threat that would make it impossible for EMS providers to get to the ambulance from their homes due to road conditions? Do you need to move your ambulance to a different location because its normal/current location is in jeopardy?

These are just a few of the things that I have been thinking about. You may have some experiences and/or preparedness thoughts you want to share; please do. I have asked all EMS Units to talk with their local Emergency Management Director now, not the day of the flood, but before. This may have all been covered, but I just wanted to lean forward and check. Let me know if FST & EMS can help in any way.

Emergency System for Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP): is a program designed to provide a database of current state-licensed healthcare personnel including EMS for use in a large scale emergency situation. Any call-up is based on a formal request processed through NH Homeland Security and Emergency Management (HSEM). This program is ready to go and providers, including EMS can begin to register if they want to be on the list for call-up. Additional details are covered in an enclosure with this report. If an out-of-state activation occurs, any personnel would be covered by federal emergency credentialing standards. Skills utilized would be based on the individual's state licensure level.

Emergency Medical Care Provider Requirement(s): Under our Administrative Rules, Saf-C 5902.06, it describes what a legal crew for transporting patients is in the state of NH. Two licensed providers are required, one of which can be a licensed First Responder. Failure to meet the minimum crew standard can subject parties to a licensure action, expose an organization to risk, as well as not being legal to bill Medicare for these cases. The ability for an organization to not be able to staff an ambulance for a second call constitutes the need for mutual aid, and is subject to interpretation as to whether or not it is considered a Mass Casualty Incident. If you are having routine staffing problems, especially for the first ambulance out, we would be happy to assist you with strategies to solve that problem. If this is about additional calls for assistance, again, the question of whether or not that's a Mass Casualty needs to be explored, and the real question is why not use mutual aid? Assumptions are made from time to time on what the rules are. Take the time to look, and/or ask, before you put yourself at unnecessary risk.

Field Services Section: It is licensing crunch time!! Providers that lapse on the 3/31 expiration deadline are sending in application paperwork fast and furious, but there are still many outstanding (over 1000). It is a mystery that the typical EMS Provider waits until the last few weeks of their certification to refresh and forward their paperwork to the National Registry, with the expectation that the Division can turn around a license within days. Although Tammy Fortier and Kristy Dewey are working diligently to review and enter applications, many licenses could actually lapse if received in the last days of this month. Waivers, for appropriate personnel, should be requested by Unit Leaders if there is an expectation that a Provider's license may not be processed in time. No EMS personnel should be providing patient care without a current license. We did take an extra step this year, thank you Tammy, Kathy and Kristy, and write to all EMS Unit leaders that had five or more providers lapsing to let them know of this status.

Investigations are a large segment of our ongoing responsibilities. They are processed as timely as possible but the process is lengthy and requires focus on the details. This is a highly necessary process and will in the long run create a higher level of patient care and a more professional career field as Providers and Unit Leaders pay closer attention to the laws, requirements and expectations placed on them by the system and the public.

The Field Officer Training (FTO) Program is a course previously specific to the EMS FTO. This is now being reviewed and rejuvenated to create an FTO program for emergency services personnel. The Division's Captain Chris Rousseau and Field Services Specialist Liza Burrill are integral to this program's success and worthiness. The plan is to have this program open to all responders and available on an annual basis at the Fire/EMS Academy in Concord.

HeartSafe Communities: The New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services, the New Hampshire Department of Health and Human Services, and the American Heart Association kicked-off the New Hampshire HeartSafe Communities Program on March 3, 2008 with a well attended meeting at the NH Fire Academy. The primary goal of the New Hampshire HeartSafe Communities Program is to increase survival rates from out-of-hospital sudden cardiac arrest. Through the New Hampshire HeartSafe Communities program,

each New Hampshire town/city can develop and implement lifesaving networks that will focus on coordinating local tools and resources to prevent sudden cardiac arrest from becoming sudden cardiac death. EMS is in a position in communities to provide expertise for the implementation of this community-based activity that will empower individuals, corporations, city officials, public service personnel, and your emergency medical services to make the difference between life and death.

Here are some of the objectives for achieving our goal of a HeartSafe New Hampshire:

- Increase awareness of sudden cardiac arrest, its signs and symptoms
- Increase the availability of community CPR/AED programs
- Increase law enforcement agency defibrillation
- Increased placement and use of AEDs in public areas, business and schools
- Assistance in emergency planning for facilities that carry AEDs in the community

Thanks to Mary Sansone of Hanover NH, the application process is complete and the packet is available at our website. For further information contact Bill Wood at 603-223-4228.

Advanced Life Support: Working with the content review committee of the MCB, here are the major protocol items up for discussion:

- Apparent Life-Threatening Event (ALTE) – Pediatric: This specific language from Routine Patient Care had been exported and made into its own separate protocol.
- Thoracic Injuries: Formatting changes and a specific bullet stating, “Do not splint the chest” for a thoracic injury.
- Cyanide Poisoning Protocol: Formatting and clarification changes
- The Airway Protocols:
Nasotracheal Intubation: Removing the contraindication for “less than 12 years of age”, as it already contained the contraindication “length less than a pediatric length based resuscitation tape.”
RSI protocol: Maximum dosages of induction medications.
Combi-tube, KING-L-TD and LMA: Replaced with a generic blind or supraglottic insertion device protocol.
Cricothyrotomies: In following the new national scope of practice, the subcommittee will recommend replacing the needle and surgical cricothyrotomy protocols with one reflecting use of a commercially made cricothyrotomy device.
- Umbilical Vein Cannulation: Grammatical changes
- Do Not Resuscitate: The new DNR law will be tabled until after the March MCB meeting. There is some further discussion to be had as well as a better format for this protocol to ease in the decision making of the EMS provider is under construction.
- Special Resuscitation Situations and Exceptions: This protocol has been updated to reflect the American Heart Association’s recommendation that “emergency medical response systems should not require field personnel to transport every victim of cardiac arrest to a hospital or emergency department (ED). Transportation with continuing CPR is justified if interventions are available in the ED that cannot be performed in the field, such as cardiopulmonary bypass or extracorporeal circulation for victims of severe hypothermia (Class IIb). ...evidence confirms that ACLS care in the ED offers no advantage over ACLS care in the field. Stated succinctly, if ACLS care in the field cannot resuscitate the victim, ED care will not resuscitate the victim¹” Additionally the committee expressed concerns regarding the increased risk to EMS providers while performing CPR in a moving ambulance. This protocol will result in a change in the paradigm many are accustomed to and will require enhanced training.

- Refusal of Care: Formatting and clarification changes.

The following protocols reviewed with no new changes expected for 2009:

Airway Management	Advanced Spinal Assessment
Gum Elastic Bougie	Vascular Access via Central Catheter
Orotracheal Intubation	Crime Scene/Preservation of Evidence
Advanced Suctioning	On-Scene Medical Personal
Tracheostomy Care	

1. November 28, 2005: Journal of the American Heart Association: Circulation Part 7.2: Management of Cardiac Arrest, Circulation 2005;112;IV-58-IV-66. Page IV 61 – 62.

Education Section Updates: Wrapping up refresher season! 800 + refresher students were tested in January and February. This refresher season had many new pieces for us including; CBT Exam-in-Lieu, new database and administrative handling of course documents and some changes at practical exams. To date, we have processed 16 exams in lieu, with a few more on the way to completion; a full report on that process will be presented in May. After March 31st we will be reviewing positives and negatives of the season and looking for areas we can improve administratively to be more efficient.

New National Education Standards; initial planning meeting in late February went well and included Field Services staff who were involved in previous roll-outs plus current Education staff. We reviewed the document and will be discussing with the Coordinating Board and staff supervisors the full effects on NH implementing / accepting the standards as a whole. We will continue to watch the progress of the final draft and continue to work on an implementation plan for NH.

Instructor Cabinet Roundtable Discussions: The Instructor Cabinet will be hosting a roundtable discussion in each region with the goal of getting feedback from EMS Instructor / Coordinators on current challenges they face, any suggestions for improvement and what the Cabinet / Bureau can do to assist them.

The third edition of the "Instructor Insight" hit Instructor's mailboxes last week. This newsletter has proven to be a powerful communication tool for the Bureau and a great resource for NH's EMS I/C's. We have received positive feedback and have committed to publishing the newsletter on a quarterly basis. A copy of the most recent edition is in your packet.

The Education section staff continues to work with the Regional Councils to discuss exam consolidation and regionalization. Feedback from the councils has been positive, to date Regions 1 & 3 have regional model in place and Regions 2, 4 & 5 have created exploratory committees to look into the concept. The PEETE list is fully up to date and we are in the final stages of updating the training program so we can offer some PEETE programs over the summer. Also, our Field Training Project is taking a slight change in direction and will soon be offering a series of continuing education across the state. We are hoping to partner with PSTC and use their video-conference technology to distribute the programs state-wide.

Trauma System: The Trauma Medical Review Committee continues to work on the NH Trauma Plan Revision. Currently working on hospital standards for Level III trauma hospitals. Hoping to have done by the fall. Unfortunately, the last two meetings have been cancelled due to weather.

Trauma Sim program resuming in April. Was on hold due to bad weather this winter. Received grant from federal rural health Flexibility program that will enable us to hire a

per-diem instructor. The educational process is stronger with a second instructor, but we haven't had the funds to do that before. We are also working with the Homeland Security Grant program to purchase a second manikin for EMS use.

Research & Quality Management: After the January software upgrade, the R&QM section began work on redesigning the run form templates used to create document EMS incidents in TEMSIS. These changes are primarily being done to reduce the amount of time it takes to create a report while attempting to improve the quality of the data. The R&QM section is now going around the State to present these new templates and receive feedback about the design and flow. By the end of March a total of 11 90-minute sessions will have been conducted around the State. Also the TEMSIS workgroup met in February and provided guidance on the run form templates along with contributing to other changes. These other changes mainly have to do with the available choices on some of the pick lists. Once again, the goal is to simplify what currently exists to make it easier for someone wanting to create a TEMSIS report.

The run form templates will be launched to coincide with Image Trend's next software release which is being scheduled.

The inaugural Quality Management Workgroup met in February. The group consists of EMS providers from around the State and will be working on the establishment of a formal quality management process within New Hampshire. This includes the rewrite of the current Administrative Rule through the development of a Quality Management Policy. Those participating in the process have two options to contribute to the process. The first will be through a standard meeting format. The other avenue, which is new for the R&QM section, is by means of the Internet. Known as a "wiki", the R&QM section has established a website where all material has been posted. From there, the participants provide commentary on various topics and can also post documents and other material. It is the hope that this website will garner more commentary from around the State plus establish a continuous dialogue about the quality management system. Anyone who is interested in participating should send an email to:

Michael.schnyder@dos.nh.gov.

Thanks again for your time and support. If I, or any member of my staff can be of assistance, please let me know at (603) 223-4212.

New Concord Phone Lines – Direct:

Sue Prentiss	603-223-4212
Tammy Fortier	603-223-4218
Eric Perry	603-223-4222
Michael Schnyder	603-223-4226
Bill Wood	603-223-4228