

## MEMORANDUM

**TO:** NH EMS Units  
NH EMS Hospital Coordinators  
NH EMS Regional Chairs

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

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

**DATE:** **December 11, 2007**

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On behalf of the New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FST & EMS), wish you and the members of the organizations you represent a Happy Holiday season !!! As always, we are busy and below is an update on FST & EMS activities.

As of December 11, 2007, the Bureau licensing numbers are:

Apprentice	12
First Responders:	300
NH EMT-B	77
NREMT-B	1929
EMT-I	1047
EMT-P	648
IFTE	<u>4</u>
<b>TOTAL:</b>	<b>4017</b>

We are up to 140 I/C's, including 11 Provisional. There are 299 licensed Units.

**Bureau of EMS Report/EMS Community:** As you may have already heard, a former Dover Firefighter/Paramedic John Stumpff was killed last week. John had been working as a Flight Nurse in Alaska when the helicopter he was in crashed during transport. I attended Paramedic school with John and have fond memories of him, and came to know his love of patient care. Please keep John, his family and his colleagues in Dover in your thoughts. The Division has undergone two major operational changes, a new

phone system and a new e-mail and operating system, including e-mail. There have been a few hiccups along the way with e-mail not working, now it does and with the phone system auto-attendant. All staff members will have new e-mail address, for now, the next three months, the old ones will work. We also won't be able to update our website for a few days. I will send out all the new e-mail addresses once the system is completely ready. The e-mail addresses we have had still work, so use them.

Reference checks on the two top candidates for the Program Specialist III position have been performed. We hope to make a decision and an offer shortly.

I was fortunate to take a quick trip to Miami to represent the EMS Community at a NASCAR, AAA Press event at the track in Homestead, Florida. This press conference is set to launch the "Slow Down, Move Over" Campaign, focused on encouraging the public to slow down and move over when coming upon the scenes of motor vehicle accidents. This coalition will work to have all states adopt a uniform approach to roadside safety, reduce and ultimately eliminate responders and roadside workers being struck by motor vehicles passing these scenes.

Representatives from our office attended the National Association of State EMS Officials (NASEMSO) annual meeting in Minneapolis, Minnesota. Each of the Council, Data, Trauma, Training and State Directors have important items on their agenda, however, much of this meeting and the meetings of NASEMSO over the next few years will be geared towards implementation of the Education Agenda for the Future. As we have discussed over the past few years, the new Education Standards are due out in the fall of 2008, and states can begin the work of implementing these standards in 2009. The good news for NH is that we paid attention and participated during the Scope of Practice discussion/debate. This means what the standards are anticipated to look like are close to where NH is today. The one standout for discussion is the EMT-Intermediate and that the scope does not include the advanced cardiac arrest module with pharmacology as we have it today. As a state, we can exceed the national model if we so choose and I am not implying we won't, that's not solely up to the Bureau. However, just like with statewide protocols, if we exceed, we will have to bold the educational materials, and provide verification as a public protection. This is an agenda item we will need to take up.

**Advanced Life Support:** ALS has been very busy updating the protocols for 2009.

The MCB had approved the following changes so far:

- Routine Patient Care: Added tourniquets as a last resort and the Apparent Life Threatening Event sections was pulled out and is being prepared as its own separate protocol.
- Status Determination and Transport Decision: updated by adding definitions to the status categories as well as modifying the examples to reflect the updated definitions.
- The following five protocols were reviewed and it was determined that no changes were necessary:
  - Air Medical Transport
  - Communication
  - Communication Failure

- Anaphylaxis – Adult
- Anaphylaxis – Pediatric

The subcommittee will come forth with requests for changes in the following protocols at this meeting:

- Asthma/COPD/RAD1 Adult & Pediatric
- CHF
- Behavioral Emergencies
- Diabetic Emergencies
- Stroke
- Hyperthermia
- Hypothermia
- Obstetric Emergencies
- New Born Resuscitation
- Pain Management
- Seizures
- Nausea/Vomiting

The protocol subcommittee and MCB have all been given copies of the “National EMS Scope of Practice Model 4.0” and will be cross referencing the document as we consider changes to the protocols and NH’s Scope of Practice. The new Educational Standards, based on the Scope of Practice Model will be delivered to the State EMS Directors and Training Coordinators in the Fall of 2008 (September – October 2008). States should be gearing up to adopt these standards and begin the implementation in 2009.

As we all know, RSI is out, no new services enrolled at this time. Waived services have had their waivers continued until December 31, 2007 and given instructions for the renewal process. We have received many calls requesting information on the Immunization Prerequisites and have been forwarding the updated packages.

**North Country EMS Conference:** the 15<sup>th</sup> annual North Country EMS Conference was held on October 18 – 21, 2007 at the Attitash Grand Summit Hotel & Conference Center, Bartlett, NH. The Program is sponsored by Littleton Regional Hospital, and supported by Northern NH EMS Council, FST & EMS, NH DHHS – Office of Rural health and Primary Care, NE Medical Reserve Corps – U.S. Department of Homeland Security, National Response & Rescue Training Center. The Division, as always, sponsored a keynote speaker, provided administrative staff, faculty, and staffed a booth for the weekend. Thanks to Kurt Lucas and Jennifer Frenette for keeping us in the loop.

**Licensing Update and Reminders:** One more time....NH RSA 153-A:21 prohibits any person from providing emergency medical services without having obtained the appropriate license. NH RSA 153-A: “Licensure of Emergency Medical Care Providers” is the section of the law that provides the statutory description of who should be licensed, specifically:

I. Except for automated external defibrillation pursuant to RSA 153-A:28-31, a person shall not provide emergency medical services as a paid or volunteer member of a public or private emergency medical services unit in this state, or as a paid or volunteer member of any police or fire department who, as a condition of employment, may be

expected to routinely provide emergency medical services in the line of duty, without being licensed by the commissioner.

Our Administrative Code, Saf-C 5900 covers the details of the application that needs to be filed and requirements for licensure. It is each Providers responsibility to maintain their certification and licensure status. When Providers file an application for licensure, please assure the following:

- The appropriate signatures have been obtained
- That you have supplied copies of your National Registry and current CPR card
- That you have complete a Protocol Exam
- That you have completed a Transition Program

All new/initial providers into the system need a Transition Course at whatever level of certification they are seeking licensure for in NH. Currently, licensed Providers renew/recertify between August 1, 2006 and March 31, 2008, need a Transition Course and a Protocol Exam. When changing your certification level and applying for a license (upgrades and/or step downs) you will need to complete a Transition for that level of care. Most times this material is covered in the training program they have attended.

As Providers, and Unit Leaders, don't assume once you have place the application with the required documentation into the mail, that you are licensed. We have found cases of missing CPR cards, non-authorized signatures, etc. We have 30 days to return the application so that the error or omission can be corrected and 60 days to review and process and application adhering to RSA 541 A-29. Certainly, we process applications with a much more expedient timeline. I just want everyone to be clear. Receipt of an actual license is proof, a Provider and/or the Head of an EMS Unit can call for verification. Also, Units using TEMSIS, your System Administrator can check the active staff list. We have and will continue to honor verbal verifications. We don't want to hold up getting Providers out on the street, but what we don't want are Providers putting themselves at risk by providing care technically they are not authorized to.

At any time, if you have questions, just call, we will help you.

**Field Services Update:** There are a number of activities on-going in this section including:

- Investigations underway - still keeping us very busy, with the addition of Shawn Jackson and Liza Burrill back to work full time, the process of conducting and completing these cases has improved;
- All Unit Licenses – December expiration (new MRH agreements needed or a notice from the MRH listing Units);
- Thanks to all Unit Leaders for returning the vehicle survey – we have received 125 out of the 162 sent (Nov 1 deadline) – please forward any that have not been returned – this will help us to make sure the database is accurate;
- "NH EMS Licensing Laws and Rules" brochure will be distributed with all Provider licenses mailed between Dec 1 – May 1 '08 – and will be available on the web site;
- Best Practices document distribution by 1/08 (one to each Unit and on the web site);
- NH EMS "Welcome" presentation recreated – info out to I/C's by 1/08.

**NH EMS Awards:** Once again we received a number of outstanding nominations for the EMS awards. Again this year, the NH EMS Awards ceremony was combined with the Fire Service Committee of Merit Awards. The awards ceremony was held on October 10, 2007, at the Capital Center for the Arts in Concord. Close to 300 guests were on hand to witness the ceremony and celebrate. The awards are as follows:

- **Pamela Mitchell/Richard Connolly Achievement Award – Frisbie Hospital EMS;**
- **BoundTree Corporation EMS Unit of the Year – Londonderry Fire Department;**
- **EMS Educator of the Year – Michele “Mickey” Rudolph, Hudson Fire Department;**
- **Lawrence A. Volz Heroism Award – Jason Albert Ferns, UCVH Ambulance, Colebrook, NH;**
- **David J. Connor Memorial EMS Appreciation Award "The Connor Award" – Steve Achilles, Portsmouth Fire Department;**
- **David F. Dow Memorial Award EMS Provider of the Year – Karen Seelley, Souhegan Valley Ambulance, New Ipswich.**

**Research & Quality Management:** most of the work in this section the last few months has been focused on collaborating with the staff at Image Trend and the thirteen other states in the consortium to prepare for a system update/new version. Listed below are anticipated updates:

- The number of destinations has been vastly reduced. The old number was 885 and it is now 340.
- The Bureau will be recreating the data entry screens in accordance to reducing the number of elements one has to fill out in order to complete a report. In other words, if you did not do or see it on the run, then you will most likely not have to see it as an element. This will include the creation of multiple report types that should better categorize the elements that need to be completed.
- **State Bridge Updates:**
  - Add batch print on billing export summary page;
  - Report options for Batch print (User can select which report they would like to batch print);
  - Prior Aid multi-select enhancement;
  - Run History Enhancements/Agency Defined Columns;
  - New Repeat Patient Administration module (inactivate specific repeat patients);
  - Services will now have the ability to create their own custom protocol/medication/procedure lists;
  - Modify sync download to include default run templates;
  - Customize the available meds, procedures, protocols based on the certification level of the current crew;
  - All new power tools (Cardiac Arrest, Medication, Active Protocols) will be editable from the State Bridge;

- New updated FIPS codes (Field Bridge and Service Bridge);
- Show/Hide Data Fields Based on disposition or provider impression.

**Number of Reports:**

This Year: 93,900 (from 1/1/07 through 10/31/07)  
 Total: 211,871 (from 1/1/2005 through 10/31/2007)

Rockingham Regional Ambulance will be coming on-line early 2008. This will provide a significant boost to the data available. Michael and the section staff will be working on education and engaging initiatives to improve the data entry side, addressing the quality of the data.

**Trauma System:** There are a number of projects on-going with NH's Trauma System that are listed below:

**2007 NH Trauma Conference:** was held on Wednesday November 28, 2007. This is the 7<sup>th</sup> annual conference and the theme this year is "NH Trauma Care at the Crossroads." The day began with a look at the 2006 Institute of Medicine's report on the crisis in emergency and trauma care, and then we will examine some solutions to the problems, such as telemedicine, neurosurgical care, and setting standards for trauma resuscitation. The venue for the event was once again at the beautiful Church Landing at the Inn at Mill Falls in Meredith. There were 91 participants with 23 of 26 hospitals represented.

The Trauma Medical Review Committee continues to discuss revising the standards for NH trauma hospitals. As reported previously, participants noted that the NH criteria for Level II trauma hospitals have dropped significantly below the national standards, and hospitals are having a difficult change even meeting the NH standards. The consensus of the TMRC at this time is that the NH standards for Level II should be brought up more closely to the American College of Surgeons (ACS) standards. It is important to realize that with this change none of the four current Level II hospitals in NH will meet the criteria, but have standards to work toward if they choose.

The feeling of the TMRC was that the ACS guidelines for Level III did not provide a sufficient level of resources for the care of trauma patients in the busy urban parts of the state. It is likely that the NH criteria for a Level III will need to be higher than national standards. This will have the result of most of the current Level III's being unable to meet the standards, and will require establishing a strong Level IV category.

Any changes resulting from the revision would go into effect upon expiration of the hospital's current trauma assignment. We anticipate an ongoing debate over the next few months. Attendance at the TMRC meetings is open to the public. The meetings occur on the third Wednesday of every other month from 9:30 – 11:30 am at the NH Fire Academy. The next meeting is December 19<sup>th</sup>.

**Education:** As we enter into the Refresher Training Program (RTP) season, the Education Section kicks into high gear. Here are some of the Sections highlights:

- 2 PA Scenarios are being piloted at exams. So far feedback has been positive.

- New Instructor Orientation Presentation & Handbooks have been updated to roll out this winter.
- Field Training: Very few sign ups so far except for New Durham and Nottingham which have decent numbers. In discussion about on campus EMT program after recruit school... very tentative.
- New PEETE Coordinator, Brad Weilbrenner... updating files and lists is the first priority, overall management of the program to be reviewed once we have the lists up to current.
- Exams: Meeting with Region 4 & 2 to discuss possibility of Regional involvement in exam process modeled after the successful Region 1 & 3 exam process.
- I/C Enhancement Seminar: Overall, went well. Low participation (50 +/-), we are looking for suggestions for topics for upcoming seminars. NREMT will be May 2009 topic.

In the last year the Education Section has been working with an "Instructor Cabinet". Each Regional Council was asked to bring forward two licensed I/C's to represent that area's educational community. This Cabinet meets quarterly and is focused on keeping the lines of communication open between the I/C' and the Education staff. Currently, the Instructor Cabinet: Working on "Model Course Guidelines" to share with instructors.

Here are the latest CBT statistics:

- 84 Programs have applied and been authorized by FST & EMS
- First Responder: 57 candidates have tested, 42 passed, 15 failed
- EMT-Basic: 851 tested, 530 passed, 321 failures
- EMT- Intermediate: 176 tested, 132 passed, 44 failures
- EMT-Paramedic 35 tested, 34 passed, 1 failure

Turn around time for tests results is a little over 24 hours. We will keep you posted on all corners of this program.

**Pandemic Planning:** Activities continue to move along on the local level with the 19 All Hazard Sites. FST & EMS have been active in Hospital and Medical – Surgical Planning as well. Information is available specific to local EMS planning from the Centers for Disease Control (CDC) at:

<http://pandemicflu.gov/plan/emgncymedical.html>

To learn more about NH Pandemic Planning, as well as the AHS you are a part of please go to:

<http://www.dhhs.state.nh.us/dhhs/cdcs/ppcc.htm>

As always, if we can be of further assistance, please do not hesitate to call me at (603) 271-4569.