



Bureau of EMS Newsletter

Volume 15, Issue 1

February -March2015

Message from the Bureau Chief

I hope everyone had a good holiday season and is staying warm!

The Bureau is working on many state wide projects you can read about in this Newsletter. We want to thank everyone for their assistance and input on the many projects. We have some very exciting updates for you. Please see below and as always, call us with any questions you may have.

Thanks,
Chief Mercuri

EMS in the Warm Zone:

We have released the first version of our Best Practice document, “EMS in the Warm Zone-Active Shooter Best Practice Guide”. The next step includes determining training to bring to the state. We will bring you more information very soon. For questions please contact [Chief Mercuri](#).

Investigations Update:

The Coordinating Board has proposed a set of rules for the Commissioner to review. If any service has any questions or would like us to come and discuss the process please contact [Richard Cloutier](#) or [Chief Mercuri](#).

Increasing Narcan availability—Law Enforcement administering Narcan

The Governor has created a Task Force on Opioid Addiction to review the epidemic of opiate overdoses in NH and make recommendations to address the problem. The Task Force is made up of stakeholders including; substance abuse specialists, the Bureau of EMS, the Chiefs of Police, the Attorney General’s office, and the Professional Firefighters amongst others. It has recommended increasing the availability of Narcan to include law enforcement officers. The Governor has requested the DOS implement this recommendation. We, therefore, have drafted rules to create a new level of EMS License: Law Enforcement Provider. This new level will need to be part of an EMS unit and will be governed by our current rules and protocols.

This voluntary level of provider can help get Narcan to patients quickly by adding another community first responder, one who is on scene first in some cases. This model will not work for every community. Discussions will need to take place in order for a community to decide if this strategy will work. If you have questions about the new Law Enforcement Provider level, or about incorporating it into your service, please contact [Kathy Higgins-Doolan](#) or [Chief Mercuri](#).

Richard M. Flynn Fire Academy & Bureau of EMS Phone: (603)-223-4200

- We have a new online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the [Course and Exam Schedule](#).
- While there, check out the list of Initial, Refresher, and SOP courses we have currently running. **Jump into an RTP now and save yourself some hassle come March!**

Inside this issue:

TEMSIS / 2
Data Reporting

Education 3

Field Services 4

Advanced Life 5
Support

Clinical Care Review 6
-Carbon Monoxide

List of Staff Contact 7
Information

Totals for
"Complete"
status on our
online training
for :

Spinal Protocol

3,424

Nasal Narcan

1,652

Info as of 2/2015

We're on the Web!

www.nh.gov/ems

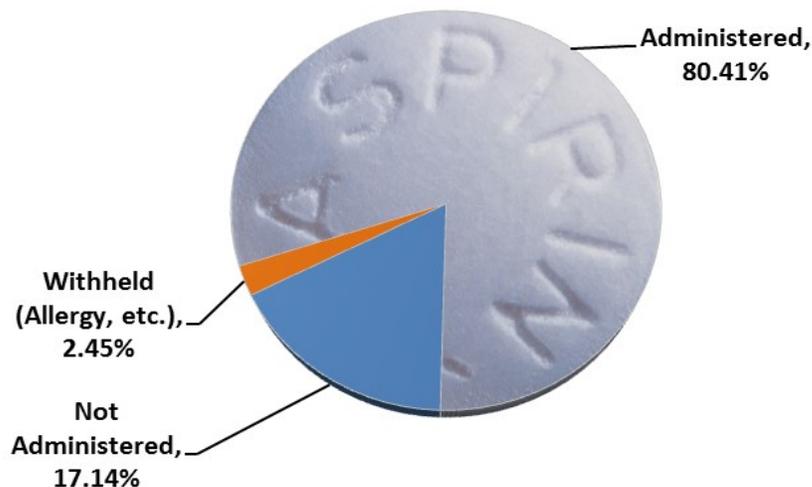
There are
currently 5,495
licensed EMS
Providers in the
State of New
Hampshire.

Research & Quality Management: Great Improvements!!

After initiating changes in TEMSIS and educating providers about where to document Aspirin administration, we are pleased to reveal that NH EMS providers are providing Aspirin to patients with cardiac chest pain at 83% of the time! This is great news and better reflects the care we knew NH EMS providers were giving all along.

However, there is still room for improvement! A QA review of the full run forms, including the narratives of the 17% of cases where no Aspirin was given show that there are still cardiac chest pain patients who did not receive Aspirin as part of their care protocol!

Aspirin Administration November 18, 2014 through December 18, 2014



Research & Quality Management: Stroke Care is Next!

We have taken a first look at stroke scale scores for patients with stroke-like symptoms and found significant room for improvement in documentation (less than 15% of these patients have a stroke exam scale recorded!). Additionally, there seems to be a need for clarification about the use of "Inconclusive" as a finding. We are putting together a plan for changes to TEMSIS to make it easier to enter a stroke exam and education plan for providers, services and Instructors. Stay tuned!

Education schedules for the transition to TEMSIS Elite will be posted this spring for the transition. The testing and training runform is currently accessible at the link below. We will be making several significant updates to the current runform draft after a major software version upgrade next week and again in March, so the current runform draft will continue to have improvements over the next 3 months.

You can access the training site for a preview at: <https://www.imagetrendelite.com/Elite>

The organization is: newhampshire (no spaces)

The username is: provider

The password is: Provider#1 (case sensitive)

Education: Day to Day

The Education Section continues our normal daily operations of course reviews and approvals. The Simulation Program, the AEMT Exam Preparation program, and the PearsonVUE Mobile Testing Lab have all continued to be very well-received and in high demand around the state.

AEMT Mobile Testing		
Pre-Approved Testing Sites	14	
Tests Conducted	35	
Individuals Tested	174	
AEMT Prep Classes		
Classes Conducted	61	
Individual Participants	592	
Classes Scheduled	1	
AEMT Transition Tests		
NH 1st Time Pass Rate	65%	406
NH Overall Pass Rate	75%	472
Candidates Tested	628	
Current AEMTs	659	
Transitioned AEMTs	472	
EMT-Is Still to Transition*	679	
Vouchers Issued	669	

Education: AEMT Transition Update

The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are still enjoying a 65% first-time pass rate and a 75% overall pass rate. EMT-Intermediate providers are reminded that the deadline to Transition is March 31, 2016 for even-year expirations and March 31, 2017 for odd-year expirations. Candidates are strongly encouraged to plan ahead, prepare for and attempt the exam early as seats will begin to fill up quickly as the deadlines approach. Additionally, the NREMT requires 14 days between attempts; so if a candidate needs to utilize all 6 attempts, they would actually need 12 weeks' lead time in order to complete the process prior to any deadline.

Education: EMT-Basic Transition Update

The deadline for EMT-Basics to transition to the EMT level is this March for odd-year expirations and next March for even-year expirations. An email communication was sent to all of the currently licensed EMT-Basics (202 providers) expiring 3/31/2015 for whom we do not have a record of a transition course in our files, explaining the need to take a transition course or that they would run the risk of being downgraded to EMR. The same notification will be mailed out to those Providers with the relicensing packet send via US Mail.

Education: NREMTs National Continued Competency Program

Our implementation of the NREMT's National Continued Competency Program pilot continues to move forward. The majority of the logistics of this program have already been worked out and we are continuing to work with the NREMT to iron out some of the final details. Providers that are eligible for this program have already begun the process of "opting in" to this optional program by taking the NREMT's self-assessment tool available online since October 1. We will continue with implementation with a targeted delivery date of April 2015. We are also working with the Regional Councils and other stakeholder groups including the Data Manager and State Medical Director to convene a committee to determine what the topics for the State/Local requirements will be.

Education: Peer Review and Mentorship Program

The EMS Instructor/Coordinator Cabinet continues its work on a Peer Review and Mentorship program with the aim of improving the instructional abilities of our I/Cs. The Education Section is working with the Instructor Cabinet to craft model guidelines for the Peer Review and Mentorship program which will be replacing the bulk of the Audit program as recommended by the Commissioner's Ad-Hoc Committee.

Field Services: LIN Numbers

New Hampshire EMS Providers, who are due to expire their NH EMS Provider license and National Registry certification on 3/31/2015, should have already received their numbers (LIN) in the mail. Once these letters are in hand, the Provider/Applicant can renew their license on-line as long as they have their **current** National Registry certification available and have the ability to scan and attach it to the submission of the on-line application ("current" = expiring 2017).

The process for submission is outlined in the renewal letter. The on-line application is accessible from the NH Bureau of EMS home page and is linked by the "Star of Life" to the renewal requirements page, and then to the available applications (paper or electronic options).

Please remember to keep the LIN renewal letter. This "License Identification Number" (LIN) is your personal identification number, which is needed for the on-line application process. It is your responsibility to maintain this document. The LIN number will not be given out by Bureau Staff over the phone or via email.

As has been in place for the past 2 years, NHBEMS continues to allow a 30-day licensing extension deadline (4/30/15). This license "extension" only pertains to NH Provider who has their National Registry (NR) certification renewal paperwork submitted, and in process with the NR, by their 3/31/15 deadline. Please remember that the earlier you submit your NR renewal and your subsequent NH Provider license application, the less worry you will have about a lapse in your NH EMS Provider license.

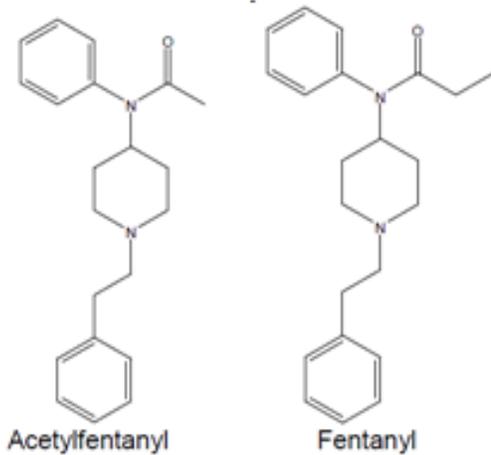
We look forward to receiving your application and serving you.

Mobile Integrated Healthcare

We have requested DHHS to file the rule that will allow EMS services to provide Mobile Integrated Healthcare! Once filed it will go to public hearing. If it passes the hearing, it will take about 90-120 days to complete the process of becoming active. The protocol is planned to go before the Medical Control Board in March and once we get closer we will release the application. For questions contact Chief Mer-

Advanced Life Support: Acetyl Fentanyl—The New Heroin

What is acetyl fentanyl? Acetyl fentanyl is similar to our Schedule II opioid fentanyl but has been molecularly modified by one methyl group.



At this time acetyl fentanyl is not scheduled under the Controlled Substance Act and is considered an analogue of fentanyl; meaning acetyl fentanyl resembles fentanyl. This leaves acetyl fentanyl legally in a gray area; if packaged such that it qualifies as “not for human consumption” it avoids regulations.

Acetyl fentanyl is an opioid analgesic, just like the fentanyl in our drug box, and acetyl fentanyl is suggested to be 5 to 15 times more potent than heroin. It produces euphoria along with respiratory depression in the same way that heroin does. Drug dealers

have taken advantage of the analogue form of fentanyl and are mixing it with heroin or substituting it for heroin. Drug users may not be aware their heroin has been mixed with acetyl fentanyl or completely substituted. As a result, the user could have a greater response to what they think is their “normal” dose. To reverse the effects of acetyl fentanyl larger doses of naloxone may need to be administered.

As EMS providers we will not know if a patient has overdosed on heroin, heroin cut with acetyl fentanyl, or straight acetyl fentanyl, therefore it is recommended that you start with your standard dose of 2mg IN naloxone; if there is no response, continue to administer naloxone, per protocol, until respiratory status is improved.

Advanced Life Support: Clinical Bulletin—Naloxone Dosage Change *(issued January 16th, 2015)*

Due to the reported need for increased doses of naloxone (Narcan) to reverse the effects of suspected opiate drug overdoses, the Medical Control Board voted on January 15th, 2015 to change the naloxone dose in the Poisoning/Substance Abuse/Overdose-Adult protocol 2.15A as follows:

At the EMR/EMT Level:

For suspected opiate overdose with severe respiratory depression consider:

- Naloxone 1mg (1mL) per nostril (IN) via prefilled syringe and atomizer for a total of 2mg.
- If no response, may repeat in 3-5 minutes.
- For additional doses call Medical Control.

At the ALS Level (AEMTs and Paramedics):

For suspected opiate overdose with severe respiratory depression consider:

- Naloxone 0.4-2.0 mg IV/IM or 2mg IN.
- If no response, may repeat initial dose every 3-5 minutes to a total of 10mg.

Clinical Care Review: Carbon Monoxide

You care called to a residence for a 46-year-old female with possible carbon monoxide (CO) exposure. The fire department is on scene and reports the home's boiler has malfunctioned and CO level of 400 ppm has been measured. The patient complains of headache, nausea, dizziness and thinks she may have "passed out" for several minutes a few hours earlier. She is 30 weeks pregnant. Her SPCO level (measured by a RAD-57 Pulse Co-Oximeter) is 2%. She would like to refuse transport because her level is normal. What should you do?

CO is an odorless, colorless gas. It is the most common cause of accidental poisoning morbidity and mortality in the United States. Under normal conditions, oxygen is transported in the body after binding with hemoglobin to form oxyhemoglobin (OHb). However, if CO is present in the blood, it will bind much more readily with hemoglobin than oxygen (about 200x) forming carboxyhemoglobin (COHb) instead of OHb. The formation of COHb reduces the blood's oxygen-carrying capacity and impairs tissue perfusion.

CO poisoning affects several different areas within the body but has its most profound impact on the organs with the highest oxygen requirement (i.e., brain, heart). Misdiagnosis is common because of the broad spectrum of complaints. Symptoms of CO poisoning include headache, fatigue, malaise, confusion, nausea, dizziness, visual disturbances, chest pain, shortness of breath, loss of consciousness, and seizures. The classic finding of "cherry red" skin is a late finding that is rarely seen in living patients.

Oxygen saturation (SpO₂) measurement is inaccurate in CO poisoning because it measures hemoglobin saturation and cannot distinguish oxygen from CO molecules. A CO-oximeter (e.g, RAD-57) measures carboxyhemoglobin (SpCO). SpCO monitoring can be useful in assessing potential CO poisoning. However, the accuracy of SpCO monitors has been questioned. CO poisoning should be considered for any symptomatic patient, regardless of their SpCO reading.

Patients with suspected CO poisoning should be transported to the hospital to have serum COHb levels checked. A nonsmoker would be expected to have a baseline level of less than 1% to 3% whereas smokers may have levels of up to 10%. COHb levels (15–20%) correlate with mild symptoms, such as nausea and headache, and levels greater than 60% to 70% are usually rapidly fatal. Intermediate levels do not seem to correlate well with symptoms or with prognosis. Treatment decisions cannot be based solely on COHb levels.

High-flow oxygen via NRFM should be administered to treat hypoxia resulting from CO poisoning and to accelerate elimination of CO from the body. If cardiac symptoms are present (e.g., chest pain, shortness of breath) a 12 lead ECG is recommended as CO poisoning may exacerbate underlying coronary heart disease. Hyperbaric oxygen (HBO) therapy may also be used to treat CO poisoning. Neurological findings (e.g., seizure, altered mental status), pregnancy, syncope or signs of myocardia ischemia or infarction are common indications for HBO therapy.

The patient in the first paragraph should be treated with high flow oxygen and transported. Although her on scene SPCO level was normal, the machine may not be accurate as she has a worrisome story for potentially serious CO poisoning. Her pregnancy with a possible history of syncope, makes her a potential HBO therapy candidate.



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BEMS: North Country Training Facility



Don't forget to contact [Nick Antonucci](mailto:nick.antonucci@dos.nh.gov) (603-419-9444) to schedule training for EMS classes running in the area. Pictured here, the “non-destructive” training building at the North Country Training Facility.

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