



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services

Richard M. Flynn Fire Academy

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John J. Barthelmes
Commissioner

Richard A. Mason
Director

MEMORANDUM

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

FROM: Sue Prentiss, BA, NREMT-P, CMO, 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 12, 2010

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 welcome you to what hopefully are the first days of spring. We know in NH that snow can still fall in March and April, I am holding out for more days at 45 plus degrees. The end of 2009 was as busy as that was the year for Unit re-licensing. Now we move on to Provider re-licensing season. That all being said, I am pleased to update you on our activities, as follows:

As of March 12, 2010, the Bureau licensing numbers are:

Apprentice	13
First Responders:	227
NH EMT-B	68
NREMT-B	2231
EMT-I	1299
EMT-P	762
TOTAL:	4600

There are 294 (168 transporting and 126 non-transporting) licensed Units. We have 137 I/Cs, including 7 Provisional. Licensed and inspected vehicles to date 451. We have seen a slight increase in the number of vehicles which we attribute to two Massachusetts companies that routinely do business in NH becoming licensed Units, which includes licensing vehicles.

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Bureau of EMS Report: The on-going process of filling the Licensing and Standards Coordinator position may be coming to a wrap. We received many applications and the process was very competitive. We interviewed six candidates yesterday and hope to name a person to that position by the end of the month. Thanks for your patience and as always, thanks for all the work that our Field Services section has been doing to hold down the fort.

Administrative Rules: As I stated in the September report, we are in an accelerated process to integrate what had been interim rule (statewide protocols, interfacility transport exception) as well as update the permanent rule to reflect work of the Coordinating Board, new Wheelchair Van rules, and update the Training and Instructor rules. This work has been done and is being filed by Department Counsel. The document that has been reviewed by this group and staff has been distributed for further review. The Commissioner has signed off on the document to enter the next steps of the process. We have not yet set the public hearing dates. We have committed to three public hearings, one north, one central and one south. Adequate notice and postings will be made.

Department Waiver for Licensing and the Process: If you are an EMS Unit leader who is applying for a waiver for one of your members please be aware that there are Administrative Rules that address this specifically:

Saf-C 5903.08 Waivers of Unit and Provider License Applications.

- (a) Pursuant to RSA 153-A:10, VI and RSA 153-A:11, V applicants for a unit or provider license may request a waiver of licensure from the commissioner for good cause.
- (b) For this section, "good cause" shall include:
 - (1) Evidence of a prior good faith effort to comply with each requirement for which a waiver is requested;
 - (2) A statement documenting why the unit or provider cannot comply with each requirement for which a waiver is requested, including any financial or other significant hardship resulting from efforts to comply;
 - (3) A statement and supporting documentation that non-compliance with each requirement for which a waiver has been requested shall not prevent the unit or provider from providing adequate care to patients;
 - (4) Reasons why non-compliance with each requirement for which the waiver has been requested is not possible for a given period of time; and
 - (5) A plan for compliance with each requirement within the period requested on the waiver application.
- (c) Requests for waivers shall be submitted in writing to the commissioner.
- (d) The waiver request application from the unit or provider applicant shall include:
 - (1) The full name of the applicant;
 - (2) Current mailing address;
 - (3) Telephone number(s);
 - (4) The specific rule for which the waiver is requested;
 - (5) The reason for requesting the waiver;
 - (6) The hardship that would occur if the waiver was not approved;
 - (7) A plan of compliance with the rule to be waived and the date of compliance; and
 - (8) The signature of the applicant.
- (e) The commissioner shall issue a written approval or denial of a waiver request to the applicant within 60 days of receipt of the request.
- (f) Upon a finding of good cause, the commissioner shall approve a waiver of licensure.
- (g) A waiver of licensure shall be considered as a fulfillment of the licensing requirements only for the period specified in the waiver.
- (h) The commissioner shall deny the waiver request if, after reviewing the material submitted in (d) above, it is determined that:
 - (1) Granting the request shall result in the waiver circumventing the rule for which the waiver was requested;
 - (2) The unit or provider shall be unable to meet the needs of the patient(s) or community; or
 - (3) The health or safety of the patient(s) or community shall be jeopardized.
- (i) A decision by the commissioner to deny a waiver request shall be final.

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It has been my experience that these requests do not come in with the necessary information and require follow up which costs time on both ends, the Bureau's and the person requesting the waiver. I have to review these for the Commissioner and make the recommendation if the request meets the standards outlined in Rule. I won't bring them forward without meeting the criteria defined in rule. I will continue to assist Unit Leaders in this process. It was a tough year for waivers last year as the National Registry was behind on the processing side, even if your re-registration paperwork went in and on time, it was a tough year and a NUMBER of waivers were in need of issuance. This is the second time I have provided this information as well as posted it on the list-serve. It is not about being difficult, it is about meeting the Administrative Rule, on both sides.

Trauma Section: The NH Emergency Medical and Trauma Services Coordinating Board has approved the full revision of the NH Trauma Plan. That document has been sent to the Commissioner's office for his approval. Clay Odell will be sending out copies of the document and scheduling meetings with hospital representatives to introduce the new plan, and to recruit non-assigned hospitals to active participation in the NH Trauma System. Several hospitals are coming due for renewal of their trauma assignment this year. The Trauma Medical Review Committee (TMRC) is recruiting individuals who are willing to volunteer their time to be a part of the site visit committees. Emergency physicians are particularly needed.

As part of the revision to the NH Trauma Plan the TMRC considered the potential of telemedicine in trauma. Although there are some ongoing projects in telemedicine for trauma, the concept was determined at the time to be insufficiently developed. Nevertheless the TMRC wanted to keep the door open for such programs, and proposed a way to deliberate such programs when available. After discussions with some hospitals, Clay Odell thought the concept is likely to come up sooner than expected. At least one hospital in NH is actively working with a larger Level I trauma center regarding telemedicine for neurotrauma. After considerable discussion, the consensus of the TMRC was that, while this is an exciting possibility, the trauma stakeholders need to educate themselves on the topic, have a healthy skepticism when presented with a plan, and be prepared to ask the hard questions. Clay will look for pertinent research in the medical literature and distribute papers to the members when he finds interesting publications.

The Critical Care Interfacility Transfer Committee has met both in January and in early March. They continue to work on a standardized training program for Paramedics who do are going to be doing these interfacility transfers, as well as working on the Draft 2011 Interfacility Transfer Protocol. There is also discussion about how to proactively educate Hospital staff about planning for transfers, including appropriate staffing.

The TMRC discussed conducting a research project to determine the common elements and consistency of trauma hospitals' written trauma team activation plans. In addition the group would like to examine the local EMS providers' awareness of this plan and whether they activate the trauma team from the field. Clay will work with the Research and Quality Improvement Section to create the study.

Education Section:

- **Refresher Requirements:** The Refresher Training Program (RTP) process requirement for re-licensing of First Responder, EMT-Basic or EMT-Intermediate Providers includes successful completion of a Division authorized RTP course and of a NH BLS practical exam. The Refresher Training Program (RTP) process requirement for re-licensing of Paramedic Level Providers includes successful completion of a Division authorized RTP course, no practical exam is required. Please remember that NH does not recognize out of State refresher courses.
- **Refresher Season Practical Exams:** Providers are highly encouraged to sign up early for a practical examination. Practical examinations are offered statewide and there are many exams scheduled between now and March 17th however, they fill quickly this time of year. Practical exams are listed in the Division's [Course & Exam Schedule](#) which can be found on the Division website. Please remember that candidates

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must be pre-registered for all practical exams at least five business days before the exam. To register for a refresher practical exam contact the Bureau of EMS at (603) 223-4200.

- **Refresher by “Exam-in-Lieu”:** NH accepts the NREMT “Refresher by Exam or Exam-in-Lieu” as an alternative to the traditional refresher training program. If providers choose this refresher option for their 2010 expiration they must complete the exam prior to March 15th. The process for NH EMS providers is outlined below:

NH Refresher by “Exam-in-Lieu” Process

- Register to take the CBT Exam (www.nremt.org).
- Complete the CBT Exam for your level of certification.
- Upon successful completion of the CBT exam you will receive notification and re-registration documents from the NREMT.**
- Complete the required NREMT documentation.
- Present a copy of the NREMT documentation to the geographically appropriate Education Specialist (Concord, Gorham, Wilton) who will review the documentation.
- Within 14 days of receipt of proper documentation a “Certificate of Completion” will be issued.
- Submit the NREMT paperwork and the **original** State of NH “Certificate of Completion” to the NREMT.

**** Failure of the Exam will require the candidate to complete the refresher process by traditional methods.****

- **NREMT Electronic Recertification:** The NREMT introduced a new Electronic Recertification process for this refresher season. NH BEMS supports the greater level of efficiency offered by this process. The success of this process hinges on EMS Units’ training officers and medical directors having a NREMT account to track their unit’s personnel. EMS Units are encouraged to appoint only one training officer to create an account for their agency. As of November 18, 2009 the online process has been available to NH providers. Training officers should only “sign-off” on their providers after they have seen that their provider has received a State of New Hampshire “Certificate of Completion” which has been issued within the provider’s two-year certification. Questions about the electronic recertification process should be directed to a member of the NH Bureau of EMS Education Section.
- **National EMS Education Standards Implementation:** The implementation team continues to their work on an implementation plan. Currently, Scott Taylor the Instructor Cabinet’s representative on the team is polling instructors for some feedback on instructor specific items. The implementation team meets monthly.

Advanced Life Support Section: the ALS section is very busy working with the Protocol Subcommittee in updating the 2011 Protocols. To date the following protocols have been reviewed and updated with approval from the MCB, again, for the next round of protocols in 2011:

Air Medical Transport – Updated call criteria

Allergic Reactions/Anaphylaxis – changed SQ epinephrine to IM

Asthma/COPD/RAD – MDI changes; changed pediatric nebulized epi dose

Diabetic Emergencies – Move glucagon to Intermediate level; changed pedi glucagon dose

Pain Management – increased the dose of fentanyl; added sucrose for infants

Cyanide Poisoning - removed the Lilly kit

Smoke Inhalation – New protocol

Thoracic Injuries – No changes necessary

Pain - Considered nitronox at Intermediate level

Seizure – assist with Diastat; increased benzodiazepine dosages for adults

Burn – transport consideration

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Traumatic Brain Injury – simplify pediatric blood pressure criteria for fluid administration; consider addition of benzodiazepines for sedation in pediatric patients.

The Airway Management Protocols 5.1 – 5.6 - Continuous CO2 monitoring for all patients with advanced airways at the paramedic level

Special Resuscitation Situations & Exceptions – Update “When to Stop” criteria.

Refusal of Care – consider language addressing patients in police custody

Nerve Agents & Organophosphates - Considered removing Mark 1 Kits due to replacement with DuoDote, however will keep in 2011 protocol as there are still unexpired kits in the field.

Again these protocol changes will be for the 2011 protocols and do not effect our current edition.

The business of off label use of the KING airway was recently addressed. Please see the bulletin posted on our website under “News and Events” at: <http://www.nh.gov/safety/divisions/fstems/ems/index.html>

The Bureau was approached with concern of DuoNeb and soy and peanut allergies as a contraindication to its use. I had contact with both manufacturers of the DuoNeb and Combivent. DuoNeb is a premix of albuterol and ipratropium to be used in an aerosol updraft to relieve bronchospasms. Per the manufacturer of DuoNeb (DEY Pharmaceuticals), there are NO peanuts, nuts, or soy in the formulation of DuoNeb, nor their individually packaged albuterol and ipratropium. Combivent, on the other hand, is a premix of albuterol and ipratropium in a metered dose inhaler, also for the relief of bronchospasms. In speaking to their manufacturer, Boehringer-Ingelheim, I have learned that soy is used in the propellant in the inhaler. In conclusion, for the prehospital provider using DuoNeb, soy and/or peanut allergies would not constitute a contraindication in its use. Patients prescribed the meter dose inhaler Combivent, will have been previously screen for the allergies prior to being prescribed.

At the next Medical Control Board meeting a number of important topics will be discussed that we would like to draw your attention to two decisions that will be made, that are both controversial and important for a wide-ranging group of EMS providers. Notice has been sent out on the list-serve and the agenda has been posted.

Specifically we will be deciding whether to create protocol that would allow EMT-Intermediates to use Nitronox® (nitrous oxide/oxygen) for control of pain. Preliminary discussions by the Board have determined that this is a potentially useful modality at the Intermediate level if Paramedics are not available to provide more effective intravenous analgesics. However we recognize there are significant training and equipment expenses, and that additional procedures would need to be implemented as controls against the known abuse potential of nitrous oxide. The National Scope of Practice Model 4.0 has this at the EMT-Intermediate level, which has not yet been implemented via the EMS Education Standards. It is not too early to have this conversation.

Secondly, the Medical Control Board will be deciding what type(s) of surgical airway (cricothyrotomy) – if any – will be allowed for New Hampshire Paramedics. It is always a difficult decision to remove or restrict a modality which has long been part of the Paramedic skill set. However preliminary discussions by the Medical Control Board have indicated that removal may be in the best interest of both the patient and provider. Cricothyrotomy is very rarely used in New Hampshire. In the handful of cases where it has been used it has not proven effective in saving patients lives. The skill is surgically very difficult and dangerous. Skill maintenance is problematic. Many other modalities are now available that New Hampshire Paramedics can use to manage a difficult airway. The equipment required is quite expensive. If the Medical Control Board decides to continue to allow cricothyrotomy, we may allow the procedure to only be performed using the guidewire (Melker) device, which we judge to be less dangerous than other devices.

If you feel either of these decisions would adversely affect patients or providers in your area, please let us know your opinion, and please present any objective evidence you have that could help us to make decisions that are best for everyone.

The meeting will be held at the New Hampshire Fire Academy, Classroom 2. The Fire Academy is located at 98 Smokey Bear Blvd, Concord, New Hampshire. The meeting will begin at 0900 on Thursday, 18 March 2010.

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Additionally over the past couple of months, the ALS section continues to work with RNs in challenging the National Registry exam, participates in the Youth Suicide Prevent Assembly, as well the Adult Fatality Review.

Field Services Section Report: The Field Services Section is has been **exceptionally** busy in the past few months with the re-licensing of First Responder (Sept. '09) & New Hampshire EMT and Apprentice (December '09) Providers, along with the biennial re-licensing of all EMS Units (December '09) and reaffirmation of the First Responder Skills waivers that were begun three years ago. Even with the mailing of application packets to each of these listed licensees, it is astonishing how many licenses are not submitted by the deadline which is outlined within the documents. Units and Providers need to be aware that it is the individual's responsibility to update the Division on any address changes that have occurred, and that this is not an excuse for licensure lapse. Units must be aware that they jeopardize each of the EMS Providers affiliated with their Unit, if the Unit license is not submitted – without an affiliation Providers cannot maintain a license to practice in New Hampshire.

Each member of the Field Services Staff has been involved with the licensing process and has noted the inefficiencies in our current database functionality. The Staff is hoping to identify a new system for the Division to implement in the next few years, that would be more effective, efficient and less awkward to process through.

The Staff is also looking forward to the filing of the EMS Licensing Coordinator position and expects that this position will be trained during the heat of refresher season by observing the current FS Staff processing licenses, requests for assistance and submission denials. It will not be practical to train this new employee at the same time as expecting them to fully function in this position by themselves. The FS Staff has done an exceptional job at making this work while accomplishing the tasks that they normally would fulfill without the licensing responsibilities.

All Providers and Unit Heads are requested to have patience during this busy time of licensing and are asked to use the newly created EMS Licensing email address for correspondence. This email address is accessible by all FS Staff and is most effective a quick response.

The address is: EMSLicensing@dos.nh.gov

Research and Quality Management Section: You will be seeing two changes to TEMSIS in the very-near future:

- **The login page and home page are being updated.** The new login page will be cleaner and feature the login fields right in the center of the page when you open it. No more hunting for the login link that takes you to another page to login! After the facelift, www.nhtemsis.org will take you directly to the login page.

Additional “About” and “Contact Us” tabs will be found at the top of the page to access other helpful information without confusing the login area. The home page (after you login) will also have a much cleaner and updated look with helpful links located on the right.

- **The TEMSIS format will switch over to the new Silverlight platform.** This will provide a single “smart” runform to start with (rather than eight different templates), that will modify the fields that you see and need to enter based on the information that you enter in the first two tabs.

We have been beta testing for some time to insure that we have all the functional bugs worked out. We will be adding two high-volume services to our testing for about a week to boost the volume of PCRs just to try and catch those hard-to-think-of scenarios that may cause a glitch. We are hoping to turn this on statewide in the near future.

While we will likely have a short transition period (about a week) where both formats will be available, this will only be in place as a back-up for any technology issues experienced at the service level. Providers will need to begin using the new format as soon as it is released.

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Brad and Chip have already begun talking to services about what will be different. We are developing transition start to use the system.

We will be primarily distributing this information online through NHOODLE and links on the TEMSIS site. We will also be coming out to services for traditional reviews; however many of the changes are designed to be intuitive and most providers will transition easily after watching the online demonstrations that will be available.

The turn-on date for both of these changes will be well posted on the list-serves and TEMSIS and we will be providing updates and transition information as soon as it becomes available.

I have attached a chart that shows the total calls by EMS Region, and month captured by our system. Additionally, a handout is available on what the new system will look like.

As always, thank you for support and dedication to NH EMS. As always, call if I can be of assistance (603)223-4212.

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