

NHBEMS Bulletin

State of New Hampshire Bureau of Emergency Medical Services

Letter from the Bureau Chief

Hello and thank you for reading the BEMS Bulletin. I apologize for the delay in getting this out to you. As you can imagine it has been a busy transition! I am excited to be at the helm of the Bureau with a great bunch of professionals!

Please know this is your Bureau and our focus is assisting all of EMS provide safe and efficient patient care to their communities. In the current and future healthcare environment this will be a challenge, but working together we can achieve great things for our patients.

We are happy to announce our open Trauma Coordinator position is in the process of being reclassified to a Deputy Chief of EMS for the Bureau. This person will oversee the Trauma System as well as other Bureau duties. While this is still in process we are hopeful we can have this posted soon. More to come later!

Congratulations to all the providers transitioning to the new National Provider Levels. This has been 10 years coming and now puts us on the same education level as our counterparts in healthcare. I especially want to thank all Advanced EMTs. I know the process has been a challenge, but you all are doing very well on the test. New Hampshire has a better than National average pass rate!

EMS is at a crossroads and it will be exciting for us all. We have the ability to continue being known as 'Ambulance Drivers' or taking the opportunities in front of us.

Major projects planned in 2014 include

- Community Paramedicine, continuation of partnerships with stakeholders to craft a system covering our communities.
- Patient Protection and Affordable Care Act (PPACA) Summit, bringing information about opportunities for EMS including treat and release.
- Interfacility Transfer Summit, to be rescheduled soon.
- Implementing the new Spinal Protocol, and producing a video for training, to be out shortly
- Bariatric equipment purchases. We have a \$260k grant and are convening work groups now to determine how to roll this program out.

Investigative Process Update

Please see the "Legal Section" on page 4 for information on our Investigation Process. Thanks, and feel free to contact me with questions at 223-4212.

-Nick Mercuri, Bureau Chief



Take a peek at our [Course and Exam Schedule](#) for all the upcoming EMS Courses and Exams throughout the state.

Inside this issue:

Letter from the Bureau Chief	1
Field Services	1-2
Research & Quality Management	2
Education Section	3
Advanced Life Support	3-4
Emergency Preparedness & Special Projects	4
Legal Section	4

Field Services

LIN numbers coming soon!

This year, the second year for **renewal** licensing via an on-line process, will begin soon. Letters with the required "License Identification Number" (LIN) will be mailed directly to each currently licensed NH EMS provider that is scheduled to expire on March 31, 2014.

A slight delay has occurred in the mailing of these letters because of maintenance that is being carried out by the Departments OIT section on

the Division's Resource Center, which is the foundation for this on-line licensing process. The letters will be out in plenty of time to get all licensees relicensed by the spring deadline.

All providers need to remember that the National Registry requires that ALL recertification requirements must be completed and submitted by March 31st.

The relicensing date, again this year, is extended to April 30, 2014 – this gives a 30

day extension, in essence, to the provider who sends National Registry (NR) paperwork for re-certification, after the suggested mid-February deadline. The sooner the paperwork is submitted to NR and an up-to-date certification card is received, the sooner relicensing can take place.

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Field Services

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Spot Inspections - Ambulances and Wheelchair Vans

The Bureau of EMS Field Services Inspection staff has been completing regular spot inspections on various licensed vehicles, and we are pleased to report that they are going very well. A few deficiencies have been noted, but the majority of these have been minor in scope. These inspections will continue and are planned to take place at stations, hospitals and other locations but are coordinated so as not to hinder patient care or response.

Biennial Unit Licenses

On December 31, 2013 each EMS Unit and Wheelchair van-for-hire Company that was licensed with the Bureau of EMS expired. Only one-third of these licensees had appropriately re-licensed two weeks prior to this biennial deadline. This license is always a two-year license scheduled to expire on December 31st.

Please take note: The next license due for these entities (Unit/Company) is scheduled for December 31, 2015.

Research & Quality Management

TEMSIS Procedure List to be Updated ALL PROVIDERS:

The Procedure List in TEMSIS will be updated the week of January 20th. The new procedure list will include updated name changes and removal of many procedures (primarily outdated procedures and procedures where there is also a vitals sign). The name changes were made in an effort to make an easier transition to the system update in July. All of the procedures will be grouped into body systems. There will be a "cheat sheet" emailed out within the week to show the old names and new names for reference-please post this up at your services. This will also have some explanation about the changes for each procedure.

The procedure list was thoroughly reviewed and approved by the EMS Data Advisory Committee and EMS Coordinating Board. The change to the procedures list will be scheduled to coincide with the change to the new Spinal Protocol (estimated to be the end of February), so the new procedure names will be available.

As there will also be an overlap period while EMS providers review the training in order to be eligible to use the new protocol, both the new procedure (Spinal Motion Restriction) and the old procedure (Full Spinal Immobilization) will be available until the end of March. Please use the correct procedure based upon whether you have completed the training or not.

Note: Services who have set procedures by provider level in their service settings will need to review these settings after this change to make sure they are still correct.

Administrators Recreate Your Reports in Report Writer 2.0-March 31st Deadline

The drop-dead date for Report Writer 1.0 to be shut off has been extended to March 31st. Service leaders need to start rebuilding and reports they are using regularly from Report Writer 1.0 into Report Writer 2.0. RW 1.0 is no longer getting updated by Image Trend and is getting more unstable and having more problems. NH will be shutting this off and fully moving to only having the more robust Report Writer 2.0 after this date.

Major System Upgrade Scheduled for July 2014

The TEMSIS system is scheduled for a Major System upgrade in July of this year. Currently, it is scheduled for the first full week of work after the 4th. Here is what you will want to know:

- All states will need to be making this upgrade by the end of 2014.
- Silver Light is going away!!
- The program is being rewritten to work on all devices (no more separate programs for desktop, laptop and tablet). I'm told this includes Apple products as well.
- We will be conducting many training sessions, providing training resources and public meetings (mostly by internet and conference call) prior to the rollout of the program.

More details to follow....

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Click the [link](#) for information regarding the EMS Licensing Process

Education Section

The Education Section has had a very busy refresher season thus far. This time of year historically brings with it a sharp increase in the number of course requests that we receive and must review, process, and approve. This year has been no different. In addition to our usual duties of course approvals, the ongoing transition to the National EMS Education Standards, especially of the EMT-Intermediate/85 to Advanced EMT has kept the section very busy.

The Division has invested a significant amount of time and resources to easing the transition of providers from EMT-I/85 to the Advanced EMT level as this level has the most requirements that need to be met, including successfully passing the National Registry computer-based test (CBT). NH providers have performed admirably on this exam – maintaining a 73% overall pass rate on the exam. The Division is issuing each licensed EMT-I/85 a one-time voucher to cover the \$70 exam fee. Please contact your Regional Education Specialist to obtain yours.

The Education Section, with significant assistance from the Field Services Section, has spent hundreds of hours presenting the AEMT Exam Prep course to over 400 providers throughout the state. This course uses audience polling devices to present exam questions similar to those used on the National Registry exam to help EMT-Intermediates with test-taking strategies. These classes have been very well-received and have helped providers to overcome some of the anxiety surrounding the exam.

The Division has also become a certified PearsonVUE Mobile Test Center. This enables us to bring the NREMT AEMT Transition exam around the state – right to your agency with prior site approval. There are very specific site requirements that must

be met in order for us to remain in compliance with our PearsonVUE certification, so please contact your Regional Education Specialist to go over the requirements and to set up a site visit.

As we continue to move forward with the transition to the National EMS Education Standards, we frequently field inquiries from Instructor/Coordinators and Providers about many of the provisions in the Standards. The most common question lately has been in regards to the requirements for providers to become certified in Incident Command System (ICS), National Incident Management System (NIMS), and Hazardous Materials Awareness. Any service that has received Federal grant monies since 2006 has likely already had their personnel complete the ICS and NIMS requirements as a prerequisite to grant awards. This requirement, along with HazMat Awareness or “HAZWOPER” is now a part of the National EMS Education Standards. There are many ways to achieve the requirements, either through previous completion of the certification programs, in-class components of approved courses, or through online education. FEMA.gov offers the ICS (IS-100) course and the NIMS (IS-700) course online free of charge. The Center for Domestic Preparedness has teamed up with the Texas A & M Engineering Extension to provide a course that meets the Federal “HAZWOPER” standard and is also available online at www.TEEX.org. Transition course Instructors may require these components to be completed as pre-requisites, co-requisites, or as an integral part of the Transition course. Be sure to check with your instructor to determine how these components are expected to be completed.

Advanced Life Support

The New Spinal Injury Protocol

I would like to take this opportunity to address the upcoming Spinal Injury Protocol. When developing the new protocol the Protocol Committee together with the Medical Control Board reviewed the position statement [EMS Spinal Precautions and the Use of the Long Backboard](#) by the National Association of EMS Physicians and American College of Surgeons Committee on Trauma. Their statement concluded there is no evidence that the use of backboards provide any benefit to our patient, but could cause harm.

The paper pointed to evidence that

backboarding can cause harm by inducing:

- Pain
- Patient agitation
- Respiratory compromise
- Decreased tissue perfusion, which can lead to pressure ulcers.

The new protocol will include a spinal injury assessment; if the patient is ruled to have a potential spinal injury, they will be placed in “Spinal Motion Restriction” and not onto a backboard.

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Advanced Life Support

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What is Spinal Motion Restriction? If the patient is ruled in for a potential spinal injury, the protocol reads, in part, as follows:

- Apply a cervical collar.
- For ambulatory patients, allow the patient to sit on the stretcher, and then lie flat. (The "standing take-down" is eliminated.)
- Once the patient is moved to the stretcher, remove any hard backboard device by using log roll or lift-and-slide technique.
- Patients should only be transported to the hospital on a rigid vacuum mattress or hard backboard if it is necessary for patient safety (e.g., combative patient), or other treatment priorities (e.g., to address suspected increases in intracranial pressure associated with traumatic brain injury. See also Traumatic Brain Injury 4.5), or removal would delay transport of an unstable patient.
- Lay the patient flat on the stretcher, secure firmly with all straps, and leave the cervical collar in place. Elevate the back of the stretcher only if necessary to support respiratory function, patient compliance or other significant treatment priority.

An online training program is in the post production phase and will be released shortly. Providers CANNOT use the Spinal Injury Protocol until they have completed the online educational training program. We will be posting the link and instructions to the training program within the next few weeks.

Emergency Preparedness & Special Projects

Automated External Defibrillator (AED) Program:

Three thousand and two (3,002) AED's have been entered into the NH AED Registry as of 1/10/14. All AED's in New Hampshire are required to be registered with our Bureau utilizing the NH "AED Registry" form available electronically. The VERY popular NH AED "direct purchase" Opportunity remains in effect through June 30, 2015 for any interested individuals or organizations in New Hampshire. Two AED brands and associated accessories are available at reduced pricing.

Legal Section

I want to address concerns about our investigation process. First, we understand this can be stressful for providers and services so we are making changes to reduce the stress this causes while still protecting the patients. Next, we try to protect the confidentiality of providers and services from malicious allegations, so some of our investigation information won't be public (Saf-C 5903.10(k)). However, we are publically accountable for our actions. Briefly our process includes; receiving a complaint, determining if there is merit to the complaint, dismissing the complaint or investigating further after determination if any violation occurred compared to rule and protocol and sound medical decision in the best interest of the patient, providing the accused an opportunity to present their side and see the complaint, notifying the provider and service of the investigation and results (Saf-C 5903.10(e)), and present findings which can be challenged in a hearing not run by the Bureau of EMS(Saf-C 5903.10(n)). At any time a provider or service can have representation for their own attorney (Saf-C 203.09). Once an investigation begins it becomes confidential to protect the patient, provider and service from malicious allegations (Saf-C 5903.10(k)). This is not a complete step by step, nor did I list all the rules we need to follow, but a snapshot of the process. Contact Rich Cloutier (richard.cloutier@dos.nh.gov) about teaching your unit and providers our 2 hour Investigative Process Course. -Nick M.



State of New Hampshire Bureau of Emergency Medical Services

98 Smokey Bear Blvd
Concord NH 03305 (physical)
33 Hazen Drive
Concord NH 03301 (mailing)

Phone: 603-223-4200
Fax: 603-271-4567

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out on
the web!**

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