



State of New Hampshire  
 Department of Safety  
 Division of Fire Standards and Training and Emergency Medical Services  
 Richard M. Flynn Fire Academy



98 Smokey Bear Blvd, Concord, New Hampshire

Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002

John J. Barthelmes

Richard A. Mason

**Commissioner**

**Director**

**MEMORANDUM**

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

**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:** August 4, 2009

On behalf of the New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FST & EMS) I hope that everyone is having a nice summer season. Below is an update on our activities.

As of July 15, 2009, the Bureau licensing numbers are:

Apprentice	17
First Responders:	256
NH EMT-B	72
NREMT-B	2218
EMT-I	1266
EMT-P	766
<b>TOTAL:</b>	<b>4595</b>

There are 301 (164 transporting and 137 non-transporting) licensed Units. We have 136 I/Cs, including 7 Provisional. Licensed and inspected vehicles to date 429.

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**Bureau of EMS Report:** Please join me in welcoming Chip Cooper to FST & EMS as the Research and Quality Management (RQM) Coordinator. Chip has been with us for a little over three weeks. Chip is busy getting acclimated and still supports some of the Rural EMS initiatives he was a leader in while at DHHS during this transition. I would like to take this opportunity to thank Brad Weillbrenner for covering the RQM during the vacancy between Mike and Chip. I heard from Mike Schynder, he was elected President of his PA class, is busy and very happy. He sends his best.

We continue the process to change the Epping Office to a part-time status and basing Karen Louis, and coverage for the Seacoast and Central aspects of NH out of the Concord office. Epping Fire for many years has been gracious enough to provide space for a staff member to work out of their station for only the costs of our equipment, communications etc. We have been paying for a storage area for equipment and we have no room for staff support, as do the other Field Offices that have in particular an Educational Specialist. Karen continues to do good work for her areas and the Bureau, however, with the centralization of the training records and the difficulty presented when you are not routinely with staff support have us seriously evaluating the situation. There would be NO change in service to the Seacoast in particular, just the routine base of operations. We would, Epping Fire Department willing (which they are) like to keep a space available for part-time operations, like I do with the Lebanon Field Office. Will we save some money, but that is not the primary reason. Karen has started working Mondays, Wednesdays and Fridays in Concord.

The second floor EMS area has undergone a reconfiguration to make the area more workable and welcoming for Karen. The Licensing Coordinator's station has been better located for customer access. Feel free to stop by and see the latest look, it's very new and we are hoping it works out well. We are also transitioning to a new phone system, including in the Field Offices. The updated map of coverage with new numbers has been posted. Bottom line, you can call one number if you choose and be transferred to any office, any desk in our system, as well as direct lines have been published.

The Licensing Coordinator position has undergone an analysis for reclassification. This is a tough time to get any position reclassified in state government; however, we have gone through the process and will be before Governor and Council in August. Reclassified or not, we will be in a place where we can post this position before the summer is over. In the mean time, the Field Services Staff and the part-time assistant Christy Dewey, have been doing a great job holding down the fort. Please welcome Steve Allen to our part-time staff (grant funded) to work on Preparedness Projects discussed in the next section of the report.

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**NH EMS Response to Swine-Origin Influenza A (H1N1) & Preparedness:** We received some additional funds from the federal ASPR program to support expanding our pandemic related planning as well. This includes the resource guide that has been developed and conducting regional workshops to orient EMS, in collaboration with the All Health Hazard Regions, to the basics of pandemic planning and response. Also, the revision of the Nerve Agent & Organophosphate poisoning protocol to include DuoDote Auto-injector in place of Mark One is done and the training module is being updated. It's the same protocol, same indications and contraindications, just a different delivery method. Homeland Security and Emergency Management (HSEM), using grant funds, has purchased DuoDote Kits for EMS to replace the expiring Mark One kits. Once the training is ready, the kits will be distributed, I hope by the end of the summer. Also underway is an effort to introduce Medical Reserve Corps to EMS and EMS to Medical Reserve Corps. In cooperation with the All Health Hazard Regions, we will be conducting introductory meetings and planning sessions to exchange information about each entity's role and how they can work together now, not in a time of crisis. Mitchell Harrington is spearheading this process as he has so many other collaborative ones between public health and EMS.

**Field Services:** The Field Services (FS) Section has been fortunate enough to have part time employee Christy Dewey accept expanded hours in order to cover the Licensing responsibilities four out of five days each week. The entire FS staff rotates in to cover any time Mrs. Dewey is unavailable. She has been reviewing Licensing processes and giving input to the licensing process and the different database formats that exist in order to make them more comprehensive, efficient and effective. With this said, once the Licensing Coordinator position is available to post and the newly hired employee is on board, a smooth transition process waits ahead.

Vehicle inspections are up to date with many new ambulance inspections requested. Bill Wood has been covering the Units within the central portion of the state, and each EMS field office FS staff member is responsible to cover their assigned region(s), with this in place the required inspections have had no delays in scheduling.

Investigations are underway with the majority of them focused on individuals practicing patient care during a time of lapsed licensure. The Bureau struggles to find new ways to make the very black and white point that no one should be practicing without a current EMS Providers License, for any period of time. With the waiver request process available to each EMS Unit, no one has reason to allow non-licensed Providers to exist on their duty rosters. Field Services encourages all Unit Leaders to be in touch with questions that may exist related to waivers or any other licensing issue.

Field Services continues to support the Best Practices Subcommittee of the EMS & Trauma Services Coordinating Board. A report on the Fire Scene Rehabilitation practices will be presented at the July meeting – still under construction based on comments, specifically the legal aspects of EMS providers recommending Firefighters to return to duty. That will be asked of Department Counsel.

**Education:** updates listed below

- **2009 EMT-Intermediate Transition Programs:** We have completed seven 2009 Intermediate Transition Instructor Orientations. To date 83% of the eligible licensed instructors have attended one of the orientations.
- **Exam Coordinators:** The Bureau of EMS has hired 7 new per diem Exam Coordinators to assist in the delivery of practical exams throughout the state. These new Exam Coordinators will bring our roster to five Exam Coordinators per region. Our annual Exam Coordinator training & update will be held on August 26<sup>th</sup>.
- **Practical Exam Changes:** As part of the Education Section's continued efforts to streamline the administration of the BLS practical exams some changes have been made to go in effect September 1, 2009. Most of the items involve the administrative process which will be transparent to the candidates testing. These changes include:
  - The minimum number of candidates to host a practical exam will increase from 10 to 15.
  - Exam results will be reported by Bureau of EMS staff only.
  - Bureau of EMS staff will apply moulage to simulated patient assessment patients.
  - Persons serving as patients at exams must be at least 16 years old.
  - Persons assisting at an exam who are under 18 years of age shall have parent / guardian consent.
  - Candidates and evaluators shall only assume one role at an exam and will not routinely be scheduled to serve as both at an exam.
 Other changes that have been made are to the exam documents, excluding the skills sheets. The documents will be easier to read and more clearly labeled.
- **Refresher Season:** The 2009-2010 Refresher Season will soon be upon us all. First responder expirations are September 30<sup>th</sup> with all other levels falling on March 31<sup>st</sup>. It is recommended that providers complete their refresher course and practical exam as early as possible. The most up to date list of authorized courses and practical exams can be found in the "Course & Exam Schedule" on our website.
- **NH / VT Instructor Recognition:** The NH Bureau of EMS and Vermont Office of EMS Education & Training sections have partnered to address some cross-border education and training issues. A survey went out to all NH & VT Instructors to solicit interest on recognition / licensure in both states. Essentially the goal is to enable authorization of courses in both states which is particularly helpful for refresher training programs for providers who have certification / licensure in both states.

**Advanced Life Support:** The Medical Directors' Project continues to progress. Last report we asked EMS Units to donate photographs for the project. Currently we have just over 100 images, however, we could use more! If you have not had a chance to forward some photographs of your EMS providers in action, it is not too late! Please send them to [vicki.blanchard@dos.nh.gov](mailto:vicki.blanchard@dos.nh.gov). Besides collecting images for the project, I have been busy filming various leaders for the video sections of the project.

The Protocol Subcommittee will be reconvening in September. It is hard to believe it is almost time to start the review process again. All NH EMS Providers should have been rolled out the 2009 Protocols by this time. If you have not, and need assistance, please contact me.

The fall flu season is approaching and there are many worries as we are not even through with H1N1. This year we would like most, if not all, NH Paramedics to be trained in the Bureau of EMS' Immunization Program. We are currently developing an online version of the program to help facilitate the implementation of the training to be available on NHOODLE.

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Additionally, this is a prerequisite protocol which means it will require some additional items besides the training. Those requirements are:

Licensure level approved: Paramedic

Education: Completion of the NH Bureau of EMS Immunization Program

Medical Direction: Medical Director approval and medical oversight at the site of clinic or Point of Distribution (POD)

Recommendation: Letters of recommendation from your Medical Director and Unit Leader

Experience: Intramuscular (IM) injections and advanced life support skills

Quality Management: Completion of the EMS Vaccine Skill Sheet following vaccination clinic

Reporting: Quarterly reporting on provider form, to the Bureau of EMS; Bureau of EMS to report the Medical Control Board

Competence: Five documented IM injections as part of supervised vaccinations

Retention: Participate in a vaccine clinic every two years

Complete any Bureau of EMS refresher trainer as it applies to the Immunization program

Resources: various equipment necessary for IM injections, PPE, CDC/Federally required forms

**Trauma:** At the June meeting of the Trauma Medical Review Committee (TMRC) attendees continued work on the pediatric component to the NH Trauma Plan. Discussions focused primarily on the hospitals' standards. The concept is that there will be four levels of pediatric hospital standards. All hospitals seeking assignment under the NH Trauma System will be required to meet at a minimum the standards for Level IV pediatric trauma. Hospitals may then elect to seek credentialing at a higher level. Hospitals may have a different level of assignment for adult trauma than pediatric trauma, for example a hospital may be a Level III for adult, but a Level IV for pediatric. The TMRC hopes to have the pediatric section completed by the end of summer.

The Air Medical Transport Utilization Review Committee has met twice now, and has reviewed four months' worth of cases. The group will meet again in late July or early August to review two more months of cases. At that time the committee will decide whether it has enough information or wishes to extend the process.

The committee that is charged with considering issues related to imaging studies for trauma patients was scheduled to meet in June, but several key members were unable to attend, so the meeting was cancelled. It is hoped that the meeting can be rescheduled soon, but a number of members have indicated that they have vacation plans in July and August.

The NH Trauma Sim Program is scheduled to travel to Parkland Medical Center in Derry in August.

The annual NH Trauma System Conference is scheduled for November 18, 2009 at the Inn at Mills Falls in Meredith. The planning committee is working on the details. We are appreciative that the Office of Rural Health and Primary Care as well as the Elliot Hospital assist us with the sponsorship of this important Trauma System event.

The CCT Study Committee met on June 25<sup>th</sup>. There were a number of new participants who had not been to previous meetings, and a considerable amount of time was spent giving an

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overview of previous work and decisions, and addressing misperceptions. It must be emphasized that the committee is intended to reflect the stakeholders and membership is open. At the meeting there was discussion regarding the draft document for deciding whether a patient met the criteria for the proposed "PIFT" (paramedic inter-facility transport) level or the CCT (critical care transport) level. That document requires further work, and the committee will also continue to develop the PIFT scope of practice and curriculum.

**Research and Quality Management (RQM)/TEMSIS:** As of July 15<sup>th</sup>, 2009 there have been 59,420 TEMSIS runs entered in 2009 with a total since inception of 429,561 runs entered. There are 274 services reporting for a total percent reporting of 91% of services. The average time to completion is 25.9 minutes.

As you know, Chip Cooper, MPH, EMT-P started in the RQM Coordinator position (Mike Schnyder's old position) on June 19<sup>th</sup>. Chip has worked in EMS for 16 years and transferred over from DHHS where he was the Rural Health Manager and managed "Flex" Grant funding and worked with rural EMS and Critical Access Hospitals.

As part of an update to his job description more accurately describing his duties, Brad Weilbrenner's position will be re-titled to "EMS Data and Technical Systems Specialist". He will, however, continue to be known as "Mr. TEMSIS".

The grant funding for the TEMSIS programming changes is before Governor and Council today. Work will begin on the proposed updates shortly thereafter. Chip will be working closely with Image Trend on this project. The end goals are to improve the ability for EMS providers to enter a PCR in a more efficient and more accurate manner, with the result being a shorter average PCR entry time, improved PCR documentation and data quality. The programming will likely take several months to complete and test. Rollout will be well publicized and transition education will be made readily available before any changes occur.

We are reviewing areas of TEMSIS that we have some degree of ability to change internally. These areas include aligning the protocols field to more closely represent NH's protocols, adjusting the order of the templates to help providers choose the correct template (particularly for transfers), adjusting some pick fields to address data collection or documentation issues that we have discovered or have received feedback about, and adding in a question or two under service questions to help identify particular situations more easily, such as a potential flu case. We are also in the process of developing a list serve for designated TEMSIS Rescue Service Administrators so that we can quickly distribute important information, such as scheduled upgrades, server problems, tips for optimizing the system and so forth. RSAs can opt out of the list serve if they so choose. All RSAs and TEMSIS users should check under their name in the TEMSIS staff listing and insure that you have the most up-to-date email listed to contact you in a timely manner. These e-mail addresses are only used for Bureau and Emergency Operations notifications.

Brad will be scheduling more Rescue Service Administrator courses as we head into the fall. These have been very successful and well received. We have received a rural health grant to purchase copies of both Excel 2003 and 2007, so that RSAs can receive training with the particular version of software that their service owns. We will also be developing course content to help providers improve documentation, and provide introduction to quality management for EMS. The quality management training will be particularly important to service managers and leaders as the Pay-For-Performance program begins to be phased in for Medicare and Medicaid reimbursement.

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As always, thanks for all that you do and for all your dedication and support for NH EMS. Have a great summer! If we can be of assistance, please do not hesitate to call me at (603)223-4212.

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