



# State of New Hampshire

## Department of Safety

Division of Fire Standards and Training and Emergency Medical Services

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John J. Barthelmes  
*Commissioner*

Richard A. Mason  
*Director*

### MEMORANDUM

**TO:** NH EMS Unit Leaders  
NH EMS Hospital EMS 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:** June 11, 2009

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 provide you with an update on our latest activities:

As of June 11, 2009, the Bureau licensing numbers are:

|                   |             |
|-------------------|-------------|
| Apprentice        | 17          |
| First Responders: | 254         |
| NH EMT-B          | 72          |
| NREMT-B           | 2170        |
| EMT-I             | 1246        |
| EMT-P             | 754         |
| <b>TOTAL:</b>     | <b>4513</b> |

There are 299 (164 transporting and 135 non-transporting) licensed Units. We have 133 I/Cs, including 7 Provisional. Licensed and inspected vehicles to date 427.

**Bureau of EMS Report:** During EMS Week our staff attended events throughout the state including Portsmouth, New London, Peterborough, Brookline, Milford, and Brentwood. We followed the NH members of the National EMS Memorial Bike Ride, Jennifer Frenette, Doug Martin and Mike Kennard. Tony Maggio from Barrington EMS rode with the group over the first weekend. Updates from Mike Kennard were posted on the list-serve. This is not only a week to celebrate what good work EMS does, but to honor those lives lost in the line of duty – thank you Muddy Angels.

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We are looking at changing 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 the other Field Offices that have an Educational Specialist do. 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, sure, but that is not the primary reason. Will keep you posted.

Mike Schnyder resigned and has become a full-time student again. He is enters Physician's Assistant School on June 11, 2009. Richard "Chip" Cooper, MPH, NREMT-P, has accepted our offer and will assume the role as the Research and Management Coordinator on June 19, 2009. Chip has been managing the Critical Access Hospital program at the Department of Health and Human Services (DHHS), formerly served as a DHART Paramedic and currently volunteers on Dunbarton Fire & EMS. As you know Tammy Fortier retired after 20 plus years of state service, 17 with the Bureau. We are preparing to post that position.

**NH EMS Response to Swine-Origin Influenza A (H1N1):** FST & EMS has been engaged with the state's response to H1N1 situation since April 25, 2009. Since that time the Director and I have participated in 3 Department Head meetings with Governor Lynch, met with the Commissioner and coordinated the following activities:

- Used the list-serve to update EMS on the situation, sometimes daily, including clinical considerations and manpower planning for a protracted response to this situation.
- Collaborated with DHHS on the review of the "Interim CDC" guidance for EMS and First Responders, and ultimately endorsed this and forwarded it along to EMS Units
- Used our Website to set-up a "most current" happenings section on the front page with important links to guidance documents and information on the All Health Hazards Region information.
- Updated its Airborne Pathogens Protection educational module, which has been available on the website since 2005. In addition, a version of the PowerPoint presentation with audio was developed and placed on NHOODLE in the "Just-in-Time" training section.
- Posted an ambulance disinfection video that meets the CDC requirements on NHOODLE.

The intensity of the situation has shifted, however the importance has not. Using some grant funds through HSEM – Hospital Bio Terror, I am bringing on a person on a temporary basis to help finalize the EMS Pandemic Flu Operations Guidance document I developed last year. This person will complete the peer review, and will conduct Regional EMS Pandemic Flu Operations training in each EMS Region over the summer. As noted in Vicki's report, we are ramping up the Immunizations Training also. All efforts are focused on next flu season and what it might bring.

**Advanced Life Support:** Vicki was fortunate enough to travel to 23 hospitals around this Granite State during the awakening of springtime to deliver the 2009 NH Patient Care Protocol Rollout(s). The rollouts were quite a success having Vicki introduce the changes to over 450 providers. As expected there were questions to be answered and suggestions for change. All of the ideas and comments have been recorded and will be brought forward to the Medical Control Board for further consideration in the 2011 Protocols.

We continue to work with Jon Politis on the Medical Directors' Training project. Currently we are putting the final touches on the scripts and collecting images for the presentation. I invite anyone who has EMS shots or picturesque photographs that they are willing to share for this project to email them to me.

[vicki.blanchard@dos.nh.gov](mailto:vicki.blanchard@dos.nh.gov).

Now more then ever we are planning to re-introduce the Immunization program AKA: EMS Vaccine Program this summer. I am currently updating the material to include the H1N1 information and establishing a network to more efficiently deliver the training. Please stay tuned. Having more Paramedic level services trained prior to next flu season is a priority and many more are interested now in light of H1N1.

At the May Medical Control Board meeting changes were made to the Pain (2.10), Tachycardia (3.1) and Cricothyrotomy (5.6) protocols. This announcement was sent out on our list-serve and is posted:

<http://www.nh.gov/safety/divisions/fstems/ems/bulletins/documents/bulletin09changes.pdf>

Clay and Vicki continue to work with the Critical Care Transfer Committee. See the Trauma Report for further information.

With the EMT-I changes in the 2009 Protocols Vicki has been working closely with Eric Perry, not only on the development of the models but on the rollout to I/Cs. More to follow in the Education report.

#### **Education Section Update:** Highlights from Education below:

- **Alternative Refresher Program (ARP):** To date eight ARP programs have been authorized and a majority of them are currently in progress. Four of the programs are being held in Region IV, three in Region II, and one in Region I. The feedback from instructors about this new format has been mostly positive and the Education Section continues to work with the instructors to make improvements to the process.
- **National EMS Education Standards:** There is a level of uncertainty with the timeline to implement the National EMS Education Standards. NH was originally targeting April 2010 to start implementation, but it appears we would be significantly ahead of the rest of the nation, which in theory sounds great, but would leave us without adequate educational support materials, textbooks and potentially certification exams. 2010 was truly an optimistic target and it now appears that 2011 is a more realistic target.
- **2009 EMT-Intermediate Transition Programs:** We have completed six 2009 Intermediate Transition Instructor Orientations. There were 110 instructors eligible to take the program with 73 attending. This is a much higher percentage of attendance than most of our instructor offerings. We are in the process of scheduling two additional programs, one summer, one fall.
- **Summer Projects:** The non-refresher season time of April to August is when the Education Section takes time to catch up on projects, work on the administrative process for courses and exams as well as preparing for the busy fall season. Examples of this summer's projects are as follows:
  - Full review of EMT-Basic station scenarios. The two new scenarios have been in use for a full year and we will be reviewing the comments from our Exam Coordinators, Instructors and Candidates.
  - Reviewing the Bleeding, Wounds and Shock skills station for the First Responders to evaluate the need of adding tourniquets to the skills station.
  - Creating minimum requirements for practical exam personnel (patients, assistants, etc.).
  - Creating an annual calendar with dates of key instructor programs that take place throughout the year such as; I/C Enrichments, New Instructor Orientation, PEETE Instructor Orientation, etc..
  - Creating an evaluator newsletter to keep our BLS evaluators current on any exam changes or administrative process.
  - Planning two additional 2009 Intermediate Transition Instructor Orientation Programs.

**Research and Quality Management (RQM)/TEMSIS:** Brad has been doing a great job holding down the fort in the Research & Quality Management Section with the Coordinator's vacancy. One item very important to this section is that grant funding from Highway Safety. I am the point person between Highway Safety, the Office of Information Technology (OIT) and our Counsel. The funds have come through the Governor and Council process to Safety, now we are working on the complexities of the contract with ImageTrend, which will need to go to Governor and Council.

The RQM Section has been hosting "Rescue Service Administrator" programs. To date there have been 6 classes with a total of 53 participants from 35 different Units. These have been mostly heads of Units and/or local QM contacts. The program is divided in to two sessions. The first sessions focuses on the TEMSIS platform and how

to administer TEMSIS such as, how to get Providers into or out of TEMSIS, re-setting passwords and customizing certain settings to suit the service to include auto call numbering. The second session aims at the querying the services' TEMSIS data and placing the data into Excel and formatting it so that is easy to use and understand. This includes the use of a training query, an accompanying Excel template, and pivot tables. Query building and Excel formulas are also discussed.

We have been working with the Department of Health and Human Services (DHHS) on Swine-Origin Influenza A (H1N1) surveillance since April 26, 2009. Initially daily reports were submitted to DHHS, now we send them once a week.

Since the first of the year, we have 49,012 records entered into TEMSIS with a total since going on-line of 401,000,000. Throughout the next few months the RQM section, specifically Brad will be working on:

- NHOODLE
- Finish up Rescue Service Administrator Programs
- Continuing to work with services to start reporting to TEMSIS
- Continuing to work with services using third party reporting software to report to TEMSIS
- Working with services to establish Quality Management programs

**Trauma System Report:** At the May meeting of the Trauma Medical Review Committee (TMRC) attendees began working on the pediatric component to the NH Trauma Plan. The EMS for Children Program under Janet Houston had drafted a document for consideration by the TMRC. Following considerable discussion the TMRC reaffirmed plans to have pediatric care as a third section of the NH Trauma Plan. The first two sections of the NH Trauma Plan were approved by the Emergency Medical and Trauma Services Coordinating Board at the April 2009 meeting. The TMRC hopes to have the pediatric section completed by the end of summer.

The Air Medical Transport Utilization Review Committee met on April 22, 2009. The group reviewed cases from April and May of 2008. The committee reviewed flight records and EMS Patient Care Reports from TEMSIS. The group suggested that future meetings include EMS reports that were not in TEMSIS and trauma registry data. The next meeting is scheduled for June 3, 2009.

Based on a request from the NH Hospital Association the TMRC has established a subcommittee to consider issues related to imaging studies for trauma patients. The intent of this project is to establish guidelines that hospitals may use regarding what kinds of imaging studies (plain film x-rays and CT scans) are recommended for certain categories of trauma patients.

The NH Trauma Sim Program has been to Cheshire Medical Center this season and is working on some dates with LRGHealthcare in Laconia and Parkland Medical Center in Derry.

Doreen Gilligan, RN has been nominated by the TMRC as that Board's representative to the Emergency Medical and Trauma Services Coordinating Board. Doreen is the Clinical Coordinator for Emergency Services at Lakes Region General Hospital and serves as the trauma nurse representative on the TMRC.

At the April meeting the Critical Care Study Committee (CCT) had an opportunity to meet with Jay Bradshaw, Director of EMS for the State of Maine to discuss that state's experience in developing a training program for paramedic interfacility transport, which they call PIFT. The committee met last week to further discuss the Maine model, and to determine what kind of conditions a PIFT level provider would be able to handle versus a true critical care transport provider. The group discussed developing a decision tree document to delineate PIFT vs. CCT. Once that task is done and approved the group will begin to develop an educational program. The group discussed the need to add a critical thinking skills component to the training, as they anticipate there will never be a "black and white" division between PIFT and CCT.

**Field Services (FS):** With the Licensing Coordinator (LC) position vacated, the remaining Field Services Staff has jumped into action and, on a rotating basis, are covering the Licensing "desk" at the main office. Christy Dewey, the Division's part time PEETE Coordinator and Licensing back-up, has been able to schedule three days each

work week to fill-in and keep the ball rolling. On her days away from the office Shawn Jackson, Liza Burrill and Kathy Doolan are taking care of the LC duties. Although, because of the coverage by multiple staff members, there may be a slower response to some matters, all licensing issues are well in hand and moving along. We all agree that we are grateful to Tammy for not retiring from this position during the height of the re-licensing "season".

The LC direct phone number (223-4218) remains intact and operational with voice mail if someone is not at the desk when a call is received. All email is being automatically forwarded so that nothing will be missed, and notifications have gone out over the Bureau's ListServe and via email auto response.

We are hoping to have this position filled by the middle of this summer.

All other Field Services responsibilities are being maintained and we look forward to answering all requests that come to us.

We appreciate everyone's patience while applications are being processed – please remember that the Licensing Coordinator's phone is overly busy at this time of year and that any of the field office Field Service Staff members are also available to assist with licensing questions or concerns.

Again, reminders for EMS Units:

- **EMS Coverage at sporting events** - The only time an EMS Provider may provide "medical standby coverage" is as an authorized representative of a New Hampshire Licensed EMS Unit. NH EMS Provider Licenses are based upon active affiliation with a NH EMS Unit. With that affiliation come Medical Resource Hospital agreements, Medical Control oversight, and liability insurance. With the exception of rendering care due to happenstance, at no time should an EMS Provider "freelance" their services without acting on behalf of a Licensed EMS Unit, as they would then be rendering unauthorized treatment contrary to RSA 153-A:13. (For additional information, please refer to the Divisions Memo dated 01-14-09 on this topic)
- **License waivers** – EMS Heads of Units can request a license waiver for any Provider who has completed all necessary re-registration requirements by 3/31/09 but is concerned that the National Registry card will not reach the Provider in time to re-license with the Division by that deadline. The request must be signed by the Head of Unit, be presented on Service letterhead and received at the Division prior to the March 31<sup>st</sup> expiration date. In addition to renewal time waiver requests, one other appropriate reason for a waiver request would be for an individual who has diligently attempted to complete any "Transition Programs" required by the Division, but that has not been able to schedule a class. In this example, a class date and location must be included in the waiver request.
- **National EMS Week** – was celebrated May 17 – 23, 2009.
- **Protocol Exams** - All licensees at the EMT-B, I or P levels MUST take the protocol exam within the three months preceding the application. If an application is received without an exam documented, the packet is sent back to the applicant and the **original** packet must be sent back to the Bureau once the exam is completed by the applicant. This process keeps the paperwork from piling up in a "Hold" status at the Bureau and keeps the applicant responsible for their own license.

As always, the Field Services Staff is available for inquiries and assistance if operational questions arise from EMS Providers and Unit Leaders. Asking questions ahead of time is much better than being counseled after a violation has occurred.

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