



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
Commissioner

Richard A. Mason
Director

MEMORANDUM

TO: NH EMS Unit Heads
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: January 6, 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 wish you and your families a peaceful and happy new year. The end of 2009 was as busy as the start. I am pleased to update you on our activities, as follows:

As of January 6, 2010, the Bureau licensing numbers are:

Apprentice	14
First Responders:	232
NH EMT-B	67
NREMT-B	2246
EMT-I	1301
EMT-P	769

TOTAL: 4629

There are 304 (168 transporting and 136 non-transporting) licensed Units. We have 139 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.

Bureau of EMS Report: We recently began the process of working to fill the Licensing Coordinators position. It's still an active process and all I can say is we hope to fill this position in a timely manner. The Field Services staff collectively managed the re-licensing of the EMS Units over the past two months as well as is handling the day-to-day licensing. They are doing a great job.

Fire Training – Certification – Fire Academy – Emergency Medical Services

Business: (603) 223-4200

Fax: (603) 271-1091

Toll Free: 1-800-371-4503

TDD Access: 1-800-735-2964

<http://www.nh.gov/safety/divisions/fstems>

This fall the Arkansas State EMS Director David Taylor passed away unexpectedly. I was asked by the Executive Committee of the National Association of State EMS Officials (NASEMSO) to serve out David's term as Treasurer of the group.

There have been numerous events and speaking engagements that the Bureau has been represented during October and November, in addition to the exams and meetings that we attend everyday, these include:

NH Government Officials at the Division of FST & EMS, Concord
North Country EMS Conference, Bartlett, NH
45th Parallel 1st Anniversary Celebration, Colebrook
North Country Public Safety Foundation 2nd Annual Dinner, Twin Mountain
Focus EMS Conference, UNH, Durham, NH
Northeast Cerebral Vascular Consortium, Boston, MA
American Heart Association STEMI System Development Conference, Springfield, MA
American Heart Association Stroke Systems Development Conference. Nashua, NH

I have seen a rise in anonymous complaints being mailed to the Bureau. We have a process for third-party complaints outlined in rule. It is tough to manage because many of these are either personal or they are containing information on a concern that would be an easy clarification, however, the inability for me to contact the person who wrote the letter leaves a void of communication. I have recently addressed this and hope the clarification helps those to understand the right thing to do!

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. Once "officially" filed, I will notify all EMS Units and EMS stakeholders, there will be public hearings. The draft documents were reviewed by members of the Coordinating Board during late November and throughout December as updates were made. Everyone will have an opportunity to review and if you are interested in seeing the "un-official draft", please contact me and I will get you a copy.

NH HeartSafe Communities & the AED Advisory Commission: well, after much ado, the first five NH HeartSafe Communities have been formally recognized by the Department of Safety and the Department of Health and Human Services. A ceremony was held at the Statehouse on October 14, 2009, the following communities were honored:

Hampton
Milford
Derry
Lyme
Manchester

We have three applications pending and more interest in this collaborative community initiative. The AED Advisory Commission was established to focus on funding and locating AEDs in every NH school. This group continues to meet. For a number of months we did not have a quorum and the Chairperson, Representative Christine Hamm worked to get a bill passed that changed the legal number for a quorum. With that said, we have held three meetings in the past three months and completed the awards process, granting funds for 22 new AEDs to be placed in schools who demonstrated a need as well as a plan to manage medical emergencies and a public access defibrillation program. There are over 700 public schools in this state. Today, through the previous work of the Rural AED grant and the generosity of a number of EMS, Fire and local civic groups, and this program's work, there are less than 50 public schools that need AEDs. The Commission will focus on raising additional funds so that we can lower that number to the "0" mark and have an A+ on NH's report card for AEDs in schools.

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.

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.

H1N1 & Preparedness: I understand that this is not new news, but it never hurts to have this as a reminder: President Obama's Declaration of a Public Health Emergency has potential implications for EMS that are not being reported as EMS concerns per se in the popular media. The President's declaration puts in motion the government's ability to grant "EMTALA waivers" to hospitals that are unable to manage patient surges in face of influenza. **As of today, we have not had that level of surge in NH and no waivers are pending.** In response to the 2009 H1N1 influenza virus, the Secretary of Health and Human Services, Kathleen Sebelius, first declared a public health emergency under section 319 of the Public Health Service Act, 42 U.S.C. 247d on April 26, 2009.

The Secretary has renewed that declaration twice, on July 24, 2009, and October 1, 2009. There have been no declarations within NH, either of a Public Health Incident or a State of Emergency. This activity is at the national level, however, there could be implications on NH, which would affect your operation, specifically the interfacility transfers of patients as well as patients being transported to temporarily established Acute Care Centers (ACC). Please review the following:

An EMTALA waiver allows hospitals to:

- Direct or relocate individuals who come to the ED to an alternative off-campus site, in accordance with a State emergency or pandemic preparedness plan, for the Medical Screening Exam (MSE)
- Effect transfers normally prohibited under EMTALA of individuals with unstable Emergency Medical Conditions (EMC), so long as the transfer is necessitated by the circumstances of the declared emergency.

By law, the EMTALA MSE and stabilization requirements can be waived for a hospital **only if**:

- The President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act ; **and**
- The Secretary of HHS has declared a Public Health Emergency; **and**
- The Secretary invokes her/his waiver authority (which may be retroactive), including notifying Congress at least 48 hours in advance; **and**
- The waiver includes waiver of EMTALA requirements and the hospital is covered by the waiver.

CMS will provide notice of an EMTALA waiver to covered hospitals through its Regional Offices and/or State Survey Agencies

Duration of an EMTALA waiver:

- In the case of a public health emergency involving pandemic infectious disease, until the termination of the declaration of the public health emergency; **otherwise**
- In all other cases, 72 hours after the hospital has activated its disaster plan
- In no case does an EMTALA waiver start before the waiver's effective date, which is usually the effective date of the public health emergency declaration.

It has been reported by NASEMSO that Secretary Sebelius has invoked her waiver authority but it *appears* that this situation is imminent. Should we learn of waivers being granted, specifically for EMTALA, we will notify EMS Units. Again, there has been no activity to date.

Whether or not you are giving the vaccine or getting the vaccine, if your EMS Unit has not already gotten in to the loop on H1N1 vaccine for your "first responders with direct patient contact", you need to let us know. The primary distribution plan for the H1N1 vaccine targets hospitals and medical practices. The Immunization Program at NH Department of Health and Human Services (DHHS) communicated with hospitals and requested that their numbers submitted for H1N1 vaccine included local "first responders with direct patient contact". However, in a follow up with the Immunization Program staff at DHHS it has been decided that EMS Units can apply for and become their own sites to receive the H1N1 vaccine and administer to EMS Providers (first responders with direct patient contact*). That being said, here are your options:

- 1) EMS Units can go to their local hospital and work with them to get vaccinations for their providers (first responders with direct patient contact*)
- 2) EMS Units can apply to receive H1N1 vaccine, run their own clinic and administer the vaccine to their own providers and/or in collaboration with other EMS Units
- 3) You can approach the AHHR you are a part of and discuss with them the option of having an EMS POD, basically an amendment to the plan they have already

If you chose to run your own clinic and vaccinate your own providers (and/or a groups of EMS Units together), then you will need to complete the prerequisites that go along with protocol 5.12. The waiving of prerequisites for that protocol by the Medical Control Board (MCB) was to meet the emerging needs of AHHR and their Points of Distribution (POD). EMS workers, Paramedics and EMT-I (for H1N1 only) practicing under this waiver must work

under the structure of an H1N1 POD established by an AHHR, there must be appropriate medical supervision, screening tools, storage plan etc.

If an EMS Unit wants to do this on their own, like seasonal flu and pneumococcal vaccinations, follow the simple prerequisites so that all are protected and we don't lose this privilege. This information was communicated on September 29, 2009, as well. A reminder, the Immunization Training program is available on www.nhoodle.org

(*According to the Department of Health and Human Services (DHHS), Division of Public Health Services)

Additionally, the Home Care Association (HCA) will be working under a contract with the state, Department of Health and Human Services (DHHS), to administer the large public H1N1 vaccination clinics. They have sent a notice to all EMS Units letting them know that they will be providing this service as well as being set up to subcontract with EMS Units to provide community-based clinics. Reimbursement is part of the subcontract, so people will be paid for their time. Whoever is the subcontracting EMS Unit will need to have met the prerequisites. The handling of vaccine and the medical supervision are very important to have in place and that's a major part, outside of training, that the prerequisites assure. There have been multiple LlistServe notices specific to the overall vaccination process. Also available on NHOODLE is an ambulance decontamination video that covers all the key Center for Disease Control (CDC) guidance and the Airborne Pathogens Education training program updated to include H1N1.

As discussed numerous times, there are 15 AHHRs. These groups, including EMS, Fire and Police are partners in these regional emergency planning and response models. If you are not engaged with these groups, even just knowing who the Point of Contact (POC) is and their information is important. There are resources for planning, response, training and most visibly these days, the PODs. AHHRs would play a major response role in an emergency, statewide or local, as they have Multi-Agency Coordinating Entities (MACES), which were stood up during the ice storm December 2008. Acute Care Centers (ACCs) fall under the AHHRs, in terms of planning and establishment – obviously in close collaboration with the medical community. The link to the AHHR information is:

<http://www.dhhs.state.nh.us/NR/ronlyres/eo7qxcsbl7r7zwlqyxi4dig3t6zsbfzr56i53gbyk2pzgik5gkyr2tceo7kq273avosj2u4l7d5zac7xzynghkuwynb/ahhrmap.pdf>

Since last spring our Division has been sharing data and performing surveillance of ILI (influenza-like illness) cases with the staff at DHHS, Division of Public Health (DPH). In order to improve the query, on September 16, 2009, within the TEMSIS system we have added a “yes or no” question above the narrative for ILI presentation. Answering this question will help the Bureau of EMS and Public Health Officials to track the frequency and location of cases and identify any clusters of infection that involve more or sicker patients.

The role of N95 masks has been in the forefront of the healthcare provider's response to H1N1. However, there are serious concerns about the availability and supply chain issues for access to N95s. In response, the CDC has issued a FAQ document regarding the use of N95s. OSHA is planning a soon-to-be released guidance document as well.

CDC: Questions and Answers Regarding Respiratory Protection For Preventing 2009 H1N1 Influenza Among Healthcare Personnel http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm

As for PPE, including N-95s there is training available at www.nhoodle.com Should you suspect an ILI case, prepare accordingly, respiratory protection being the most important for you and your patient. The Airborne Pathogens Education Program (APPE) was developed in collaboration with DHHS, DPH and has been updated to be inclusive of H1N1. Although we recognize there is a shortage of N-95s for all healthcare workers, it remains the best form of respiratory protection. The CDC has come out with the recognition, and it's time to think about alternative strategies. Earlier today I sent out a request for EMS Unit leaders to complete a survey about the N-95s, use and availability.

Also available on www.nhoodle.com is a training video on ambulance decontamination. This meets the interim guidance posted by the CDC. You can go to the NASEMSO website for an entire listing of EMS specific information and links:

<http://www.nasemsd.org/Resources/PandemicInfluenza.asp#H1N1InfluenzaA>

Prior to reaching a point of depleted resources, please consider contacting our office and discussing how to develop these plans as well as other proposals you may have developed based on your local/regional situation.

If your questions are specific to who get vaccinated, contact your local hospital or contact at your AHHR.

The Duodote education program has been completed and was distributed to the I/Cs as noted in the Education Section report. The kits themselves are also in distribution. If EMS Units want to stay with Mark-1 Kits, they can purchase them, as well additional Duodote kits can be purchased.

Field Services (FS) & EMS Awards: Licensing of First Responders is complete (9/30/09), NH EMTs were due as of 12/31/09 and then the majority of Providers, those Nationally Registered will be due on 3/31/10. The biennial licensing of Units is also behind us with the date of 12/31/09 being the deadline for all EMS Unit renewals. Application forms have been updated and are now current on the web site. The new/updated Provider license application (revised 11/13/09) has been modified for ease of processing and all Unit Heads are asked to dispose of any old forms that may be on file at their service. Ongoing projects include investigations, rules coordination, assisting with operational issues from the field, modification of internal process and regular communications to Providers.

The 2009 EMS Awards Program recipients were honored along with the Fire Service Committee of Merit members on October 7, 2009, 6:30PM at the Capitol Center for the Arts. This year we are honored to have the NH Association of EMTs as co-sponsors on the David Dow Memorial EMS Provider of the Year Award. This year's recipients are as follows:

- NH EMT Association – David F. Dow Memorial EMS Provider of the Year Award: Bobbie Canada, Brookline Ambulance
- BoundTree Medical – EMS Unit of the Year Award: New London Hospital Ambulance
- Lawrence A. Volz Heroism Award: Bob O'Donnell RN, NREMT-P, Speare Memorial Hospital, and Bobbie O'Donnell, Alec Brenton, Ty Cabone, Devon Thomas, Andrew Kerester, Kyle Sweezey – Lake Rescue and resuscitation on July 16, 2009, Meredith NH
- EMS Educator of the Year: Fran Dupuis NREMT-P, EMS I/C, St. Joseph's Hospital

For more information contact Kathy Doolan at (603) 223-4212

Research and Quality Management: As of December 31st, 2009 there have been 141,079 TEMSIS runs entered in 2009 with a total since inception of 500,870 runs entered. There are 278 services reporting out of 296 services for a total percent reporting of 94% of services.

Beta testing for the new Service Bridge run form has been going on with 5 services distributed throughout the regions and representing all models for providing EMS. The beta test providers have a direct link to a feedback website and ImageTrend is watching the list and building their work plan off of the feedback. We continue to resolve basic function issues that come up and are working to insure that navigation and flow of entering information is consistent and user friendly. Thanks to all of the providers at our Beta site for their patience, efforts and feedback. Based on the current progress of the beta testing, we will be into at least late January before we turn on the upgrade for the whole state.

Many people continue to call with trouble accessing NHOODLE. Remember, your USERNAME is your 5-digit NH license # and your initial PASSWORD is your 5-digit NH license #.

Services wishing to add a new member to their service MUST have the Unit Head send a letter (by e-mail is fine) to licensing (EMSLicensing@dos.nh.gov) requesting that the new member be affiliated with the service. Once Licensing receives the letter, your new member will be affiliated with your Unit in the licensing database. Within 24-48 hours, that update will populate into TEMSIS, and your new member will automatically be added to your service in TEMSIS.

There is a new general TEMSIS email account for questions, issues, suggestions, etc.: temsis@dos.nh.gov .

Advanced Life Support: Brad Weilbrenner is assisting Vicki Blanchard in putting the final touches on the Medical Director's Training video. As I reported in September, the original final draft had some audio problems which Brad has been working on. We re-taped a couple of the physicians after November's Medical Control Board Meeting; once these tapings are complete and edited we expect the project to wrap up quickly.

The protocol committee has met twice for the 2011 NH Patient Care Protocols since our last report. The committee brought forth to the Medical Control Board updates for the following protocols:

- Air-medical Transport,
- Allergic Reaction/Anaphylaxis
- Asthma/COPD/RAD
- Diabetic
- Pain
- Traumatic Brain Injury

- New proposed protocol, Smoke Inhalation.

Many NH EMS Units are working towards or have completed the EMS Vaccine Prerequisite requirements. This requires each of the Unit's Paramedics to complete the Bureau of EMS and Medical Control Board approved EMS Vaccine Training (available on www.NHOODLE.com) along with supporting documentation from the Unit's Director/Chief and Medical Director. The Medical Director's support includes medical oversight of any seasonal or H1N1 vaccine clinics the Unit may hold at the Community level. This medical oversight is specific in that it requires either a physician or registered nurse on site of any vaccine clinic held or assisted by the EMS Unit. As previously stated, this is different from the All Health Hazard Regions Point of Distribution (POD) H1N1 clinics, where the paramedic prerequisite requirements have been lifted except for the training module. These groups have their own accountability for, and medical supervision of, which are key components. Again, EMT-Is can work at the PODs for H1N1 vaccination administration with proof of the approved training module. Currently we have the following EMS Units that have completed the required documentation and training for the EMS Vaccine Prerequisite: Claremont Fire Department, Derry Fire Department, Goffstown Fire Department, Hampton Fire Department, Lebanon Fire Department, Milford Ambulance, Pelham Fire Department, and Woodville Ambulance.

The Medical Control Board hosted a Medical Control Consultation Conference in conjunction with the NH Trauma Conference on Wednesday, November 18, 2009. The purpose of this conference is to get input from every hospital within the state about improving the protocols. At this conference questions will be posed for input as well as solicitation of other suggestions from the various hospitals.

Education Section Update: The Refresher Training Program (RTP) process requirement for re-licensing of First Responder, EMT-Basic or EMT-Intermediate Providers includes successful completion of a NH 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. A reminder memo about this process was distributed to all Unit leaders in early November.

During the refresher season there is an increased demand for practical exams. It is recommended that Providers who need to take a practical exam register as early as possible. Practical exams are listed in the Division's [Course & Exam Schedule](#) which can be found on the Division website. To register for a refresher practical exam contact the Bureau of EMS at (603) 223-4200.

NH accepts the NREMT "Refresher by Exam or Exam-in-Lieu" as an alternative to the traditional refresher training program. 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.****

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 Unit's training officers and medical directors having a NREMT account to track their unit's personnel. EMS units are encouraged to appoint one training officer to create an account for their agency. As of November 18, 2009 the online process will be available to NH providers. It is highly recommended that training officers 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.

Updated Nerve Agent Module: An updated version of the Nerve Agent Transition Module has been distributed to instructors/coordinators. The updated program provides the training that enables services/providers to use either the Mark 1 or DuoDote to treat symptoms of a nerve agent exposure.

Please note: Administrative Rule calls for NH licensed providers to complete a NH authorized refresher training program. A letter to remind all NH EMS providers has been sent to EMS Unit leaders, posted on our website and through the list-serve.

Trauma System: At their October meeting the Trauma Medical Review Committee approved the final draft of the pediatric component of the NH Trauma Plan. The NH Emergency Medical and Trauma Services Coordinating Board already approved the adult component of the revision of the NH Trauma Plan. Clay Odell presented the pediatric revisions to the Coordinating Board at the November meeting.

Clay completed a report of the Air Medical Transport Utilization Review and presented the report to the TMRC at the October meeting. This topic was on the agenda for the November 18th Trauma Conference, which provided an opportunity for input from a wide range of trauma system stakeholders. The protocol review committee is drafting changes to the air medical transport protocol based on the findings, and the TMRC reviewed a proposal for an educational module on assessing neurological trauma for EMS providers.

The 9th Annual NH Trauma System Conference was held November 18, 2009 at the Inns at Mill Falls in Meredith. Registration was at maximum capacity. Topics included damage control surgery, air medical transport, the new pediatric component of the NH Trauma Plan, and breakout sessions on hospital trauma performance improvement, EMS trauma performance improvement, and regional medical and disaster resources. Attendance was at 106 this year with 22 of 26 acute care facilities in attendance. Once again, a great program with strong evaluations. The Medical Control Board's Medical Control Consultation ran concurrently with the afternoon session.

The CCT Study Committee met in November and December. There had been previous discussion on the legality of PIFT paramedics transporting patients with blood products infusing. After due diligence, the group decided there were no obstacles to that practice, and would include it in the program. The committee continued work on the PIFT education curriculum.

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