National EMS Week, May 19th to 25th 2019.

Dear EMS and Fire Professionals:

It is safe to say that spring has finally arrived here in New Hampshire as most of the snow has melted in the Northern part of the State. On behalf of the State of New Hampshire and the Division of Fire Standards and Training & Emergency Medical Services, I would like to say thank you for all you do for our State. The sacrifices you make on a daily basis and the dedication exhibited by you and your families is immeasurable and does not go unnoticed. Across the State, our residents and visitors are well protected because of the professionalism of over three hundred volunteer, private, and career departments that make the New Hampshire Emergency Medical System. Although the week of the 19th through the 25th of May is set aside to recognize EMS professionals throughout the country, we are thankful every day for your service and commitment to saving lives and making our communities a better place in which to live.

Last year at this time, I was writing a similar letter as your newly hired Bureau Chief of EMS for the State of New Hampshire. Throughout the last year I have had the opportunity to travel around our State and meet with many of you and hear your personal stories about being a first responder. I am truly honored to be amongst some of the best pre-hospital care givers that I have ever had the luxury of working with. In my twenty plus years of working in this field in other countries and closer to home, I continue to grow increasingly proud of what we are doing, what we are capable of doing, and what we have yet to achieve. I look forward to continuing our progress and working together to make sure that New Hampshire has the best EMS System in the Country and that those that live and visit the State are well protected. As we spend this week recognizing those in our agencies and communities at home, please also keep in mind those who are serving as medics with our military and government organizations overseas and in harm’s way.

Once again on behalf of Director Pendergast and all of us at the Division of Fire Standards and Training & Emergency Medical Services, thank you for all you do.

Remain vigilant, and please be safe.

Justin Romanello
Bureau Chief
The Challenge Coin Story

Many traditions have helped to build camaraderie among military personnel over the years. However, carrying challenge coins is one of the most well-respected ones. And today, they aren’t restricted to the military. Challenge coins are essentially small tokens or medallions that signify that people are members of certain organizations.

The Coin’s Origination

It’s not completely clear exactly where and why the challenge coin tradition began. However, we do know that military service and coins go back much farther than the modern age — possibly as far back as Ancient Rome. In Rome, if soldiers excelled in battle one day, they would receive their typical day’s wages along with a separate bonus coin each. According to some accounts, these bonus coins were specially minted, featuring the marks of the legions from which they came. As a result, some soldiers apparently kept their coins as mementos, instead of spending them on wine and women. These types of coins are still handed out today to reward people for jobs well done, particularly in the military. However, some administrators treat them much like autographs and business cards that they can store in their own collections. Still, some soldier’s use challenge coins today as identification badges proving that they served in certain units. Meanwhile, other challenge coins are distributed to the civilian population for publicity purposes or are sold as fundraising tools.

Possibly the First Challenge Coin

Another well-known story about the emergence of the challenge coin dates back to the First World War. At that time, a rich officer gave his men bronze medallions featuring the insignia of their flying squadron. Not long after that, a young flying ace was shot down and captured. Germans are said to have removed everything from the ace’s person except for a pouch he was wearing — one that held his medallion. After he escaped to France, he was sentenced to die, as the French labeled him a spy. However, the ace presented his medallion as proof of his identity. Because one of the French soldiers recognized the insignia, France delayed the ace’s execution. After his identity was confirmed, the ace was returned to his flying unit. Later, holes were drilled in these types of medallions so that military men could place them around the neck rather than inside leather pouches.

The Challenge

According to some stories, “the challenge” started after the Second World War in Germany. Americans stationed in Germany began to conduct “pfennig checks,” or checks for this low-denomination German coin. If you couldn’t produce a pfennig when someone else called a check, you had to buy the beers. The pfennig check later evolved to a unit medallion check, with unit members challenging one another by slamming their medallions down on a bar. Any member who lacked his medallion had to purchase drinks for everyone else who had their coins. Meanwhile, if everyone could present a medallion, the challenger was the one who had to buy the drinks.

New Challenge Coins are in!

Division of Fire Standards and Training & Emergency Medical Services is pleased to announce the release of our very own challenge coin! Two coins have been designed and minted.

The first coin will be available for sale in the Fire Academy gift store for $10. These coins can be seen below and are brushed silver in color.

The second coin is a “Chief’s Coin” and can be identified by its brushed gold color and separate engraving identifying, Chief’s Coin. This coin is in limited quantities and is not for retail but can only be giving by a member of Senior Leadership here at the Division.

Division News and Bureau Updates
EMS Operations Section Update:

The EMS Operations Section oversees the regulatory aspects of the EMS Bureau. This section has five full-time and nine part-time personnel. These individuals take care of all aspects of licensing, vehicle inspections and course authorization and oversight, including the BLS practical skills examination. The licensing of our statewide EMS Units, Providers, emergency vehicles and Instructor/Coordinators, as well as Wheelchair van companies and associated van licenses are coordinated, implemented and maintained by this section. The authorization of EMS initial training programs at the four recognized levels (EMR/EMT/AEMT/Paramedic) is managed by “EMS Operations”. Our staff also acts as liaison to the various EMS Associations, Regional Councils and Districts, and the Emergency Medical and Trauma Services Coordinating Board. Questions from the field concerning logistics and day-to-day operations of the state’s EMS services fall to this group’s full-time staff members. Additionally, the EMS Annual Awards, presented during the NH Fire and EMS Committee of Merit recognition ceremony in the Fall of each year, is a responsibility that this section proudly oversees.

Clinical Systems Section Update:

The Clinical Systems section coordinates and oversees the development of the NH Patient Care Protocols for approval by the NH EMS Medical Control Board. Included in the protocols are the prerequisite protocols: Advanced Sepsis, Immunizations, Interfacility Transfers, Mobile Integrated Healthcare, Rapid Sequence Intubation and Surgical cricothyrotomy, all of which require additional oversight and management. The Trauma Medical Review Committee (TMRC) falls under Clinical Systems which oversees the establishment of the NH Trauma System and ensures the continuous improvement of the system. The trauma registry is managed by Clinical Systems. Clinical Systems also participates in the NH Stroke Collaborative and Resuscitation Academy, as well as serving as the liaison to the Board of Pharmacy and oversight of the controlled substance agreements for EMS Units. Clinical Systems sits on the various fatality committees for the state including Child Fatality, Sudden Unexplained Infant Death, Sudden Death in Youth, Domestic Violence Fatalities and Elderly and Incapacitated Adult Fatalities. These reviews work towards identifying risk factors related to the death and makes recommendations aimed at improving systematic responses in an effort to prevent similar deaths in the future.
Data Management Section Update:

The Emergency Services Data Management team manages the statewide ePCR system TEMSIS and all resultant data in the system. This includes system management and configuration the system, the run form used, data values that support the operational needs of EMS and meet national standards, and support for users. The team works with data from the system, providing de-identified aggregate data for projects such as the opioid crisis, motor vehicle data for highway safety grants and projects, trauma data for the TMRC, pediatric data for EMS-C programs and data to support protocol review by the MCB. The team also works closely with services, medical directors and hospital coordinators to develop and manage performance and quality improvement programs, assisting over 10% of the states EMS services to start programs in the last year.

Beginning in late February 2019, the team started implementing a new software system to manage all EMS license records as well as all Division training and education records and user profiles that will be pushed to TEMSIS to remain up-to-date. All state stakeholders using the services of the Division will be able to create their own online account and manage all of their own course and license applications and license and training records. The new system will vastly improve the timeliness and efficiency in the Division's ability to support and provide customer services to our stakeholders. The team will also begin implementing an expansion of the TEMSIS system to include an integrated NFIRS system into one state system to provide a statement Emergency Services Reporting system for both EMS and Fire. The Division will be working with stakeholders and the Fire Marshal’s office over the summer to implement this system addition.

Education Delivery Section Update:

The Division is actively hiring for Part-Time Staff Instructors wishing to teach EMS related education. Both a Simulation Program Coordinator as well as a State Initial Program Coordinator are in the hiring pipeline. Once these positions are filled the Division will begin the process of developing program and course scheduling in order to better serve the needs of the New Hampshire EMS System. Stay tuned for more information! The Division has increased its continuing education programming over 200% from previous years. We also are offering courses remotely throughout the State.

Register today for one of our Monthly Continuing Education Sessions! Offered multiple times throughout the month in Concord and at remote sites throughout the State!

Special Projects Section Update:

The Division’s Special Projects team has been actively working alongside of the Coordinating Board’s Workgroup for IC Renewal & EMS Education. The concept of Educational Training Agencies and a State EMS Instructor License has been under development for nearly a year. More information will be available soon on both of these concepts and how they will benefit the current Instructor /Coordinator program here in the State.
Introduction

Emergency medical response is provided by volunteer EMS and fire organizations in many areas of the United States. The demographics and characteristics of volunteer EMS professionals is not widely understood, especially for those professionals for whom volunteering is their main EMS job. Understanding volunteerism can help recruitment and retention of this important subset of EMS professionals.

Objective

Compare the characteristics of nationally-certified volunteer and paid EMS professionals in the United States.

Methods

Data Source

National EMS Certification database

- Participants were asked demographic and EMS-related questions, including if they volunteered as their main EMS job, as part of the biennial recertification application.

Participants

EMS professionals who recertified their National EMS Certification between October 1, 2017 to March 31, 2018.

Included currently working, non-military, full-time, EMS or higher, aged 18-85 years with data on volunteer status.

Variables

Proportion of volunteers per state

- Volunteer defined as receiving nominal or no compensation for the provision of EMS services at an agency as their main EMS job.

Demographic characteristics

- Age
- Sex
- Certification level
- Service type
- Geographic location (State)

Analysis

Descriptive and comparative (Chi-square, Wilcoxon rank sum) statistics calculated.

Results

87,471 responses received (response rate = 82%) with 80,742 respondents included.

Of all included respondents, 13% volunteered at their main EMS agency.

Median age of volunteers was 40 years (IQR 30-50) compared to 36 years (IQR 29-45) for paid (p<0.001).

Table: Demographic characteristics of EMS professionals paid versus volunteers at their main EMS agency

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Paid, n (%)</th>
<th>Volunteer, n (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>18,193 (21.2)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Male</td>
<td>54,226 (62.9)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>58,811 (68.0)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19,368 (22.3)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School or less</td>
<td>12,353 (14.4)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Some college</td>
<td>22,844 (26.2)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Associate degree</td>
<td>13,877 (16.2)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s degree or more</td>
<td>18,752 (22.4)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Certification Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT</td>
<td>24,122 (28.1)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>AEMT</td>
<td>1,095 (1.3)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Other</td>
<td>33,337 (39.4)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Community size</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>21,052 (24.4)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Urban</td>
<td>64,419 (75.6)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Primary Role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient care provider</td>
<td>57,402 (66.3)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Administrative supervisor</td>
<td>6,077 (7.1)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3,314 (3.8)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Agency Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire department</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Municipal</td>
<td>26,017 (30.2)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12,084 (14.1)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Service Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Paramedic</td>
<td>23,855 (27.7)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Pre-hospital</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>33,337 (39.4)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
<tr>
<td>Part Time</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td></td>
</tr>
</tbody>
</table>

Analysis

Descriptive statistics were calculated.

Results (continued)

Figure 1. Proportion of volunteers.

Figure 2. Proportion of respondents who volunteered at a main EMS job per state. The highest proportion of volunteers were in Vermont (49%) and North Dakota (44%).

Limitations

Paying occupation of volunteers and actual time spent volunteering in EMS was not assessed. Respondents were sample of entirely nationally-certified population so differences from whole population may exist.

Conclusion

Volunteers comprised 13% of the EMS workforce in a sample of nationally-certified EMS professionals.

A larger proportion of volunteers were female, higher educated, EMTs, from rural communities, and providing predominantly 911 service than their paid counterparts.

Future work is needed to understand the regulations and policy implications that promote volunteerism in EMS.

Special thanks to the EMS professionals serving our communities who make this work possible and to Martin Craver, PhD for their work on the project.

Introduction

EMS professionals are a key aspect of healthcare services in the U.S. Little information available that describes the national EMS workforce who provides patient care and roles and settings in which they work.

Objective

Describe the workforce characteristics of nationally-certified EMS professionals who provide patient care in the U.S.

Methods

Data Source

National EMS Certification database.

This was a cross-sectional analysis of an optional 10-question workforce profile on demographics and job characteristics for EMS professionals.

Population

EMS professionals who recertified their National EMS Certification between October 1, 2017 – March 31, 2018.

Included EMS professionals who were functioning as a patient care provider for at least one non-military organization, certified at EMT level or higher, aged 18 to 85 years.

Analysis

Descriptive statistics were calculated.

Results

87,411 / 106,667 responses received.

Response rate = 82%

69,422 responses included in analysis.

Table: Certification levels of study population

<table>
<thead>
<tr>
<th>Certification</th>
<th>Overall, n (%)</th>
<th>EMT, n (%)</th>
<th>EMT, n (%)</th>
<th>Paramedic, n (%)</th>
<th>EMT, n (%)</th>
<th>Paramedic, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
</tr>
<tr>
<td>Male</td>
<td>18,193 (21.2)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
</tr>
<tr>
<td>Female</td>
<td>54,226 (62.9)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>26 (24.4)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
</tr>
<tr>
<td>Age (months)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
</tr>
</tbody>
</table>

Results (continued)

Table 3: EMS position by specialty. whale worked at fire or private agencies, and provided 911 service while working in urban setting.

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Overall, n (%)</th>
<th>EMT, n (%)</th>
<th>EMT, n (%)</th>
<th>Paramedic, n (%)</th>
<th>EMT, n (%)</th>
<th>Paramedic, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS AEMT</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
<td>30,318 (37.8)</td>
</tr>
</tbody>
</table>

Limitations

Potential exclusion of EMS professionals who hold multiple roles.

Evaluation includes only nationally-certified EMS professionals.

Conclusion

In this sample of nationally-certified EMS professionals providing patient care, the majority worked full-time, at fire or private agencies, and provided 911 service while working in urban settings.

Future work should describe regional variations in characteristics of EMS professionals, as well as EMS professionals working in multiple roles.

Special thanks to the EMS professionals serving our communities who make this work possible.
2019 Committee of Merit / EMS Awards

It’s Official, the NH Fire Service and EMS Awards Ceremony will be held on September 30th, 2019 at the Capital Center for the Arts in Concord, New Hampshire.

The EMS Awards that were presented this year are as follow:

◊ EMS Lifetime Achievement Award—30/40 Years of Service
◊ Mitchell/Connolly EMS Achievement Award
◊ Bound Tree EMS Unit of the Year Award
◊ Lawrence Volz Memorial EMS Heroism Award
◊ *New* Civilian Heroism Award
◊ Dr. David Connor Memorial EMS Appreciation Award
◊ EMS Educator of the Year Award
◊ David D Memorial EMS Provider of the Year Award:

Please contact Kathy Doolan, Captain EMS Operations at (603) 223-4281 or Kathy.doolan@dos.nh.gov for questions regarding the awards event.
Staff Contacts

Division of Fire Standards and Training & Emergency Medical Services

Deborah Pendergast  Director  deborah.pendergast@dos.nh.gov
Jeffrey Phillips  Assistant Director  Jeffrey.phillips@dos.nh.gov

Bureau of Emergency Medical Services

Justin Romanello  Bureau Chief  justin.romanello@dos.nh.gov

Special Projects Section

Liza Burrill  Special Projects  iza.burrill@dos.nh.gov

Education Delivery Section

Karen Louis  Education Delivery  karen.louis@dos.nh.gov

Continuing Education, Challenge Courses, and High School Programs Coordinator
VACANT  Education Delivery  Simulation Program Coordinator
VACANT  Education Delivery  State Initial Program Coordinator

EMS Operations Section

Kathy Doolan  Captain, EMS Operations  kathy.doolan@dos.nh.gov

Licensing, Inspections, and Education Regulation
Diane Carrier  Licensing Coordinator  diane.carrier@dos.nh.gov
Diane Bunnell  EMS Operations  diane.bunnell@dos.nh.gov
Kimberly Mattil  EMS Operations  kimberly.mattil@dos.nh.gov

Inspections and Education Regulation Coordinator (Regions 1 and 5)
Lucie Roy  EMS Operations  lucie.roy@dos.nh.gov

Licensing and Education Regulation Coordinator (Regions 2, 3, and 4)
EMS Operations and Bureau Support

Clinical Systems Section

Vicki Blanchard  Captain, Clinical Systems  vicki.blanchard@dos.nh.gov

Mobile Integrated Health, Critical Care/PIFT and Protocol Management
Gerard Christian  Program Coordinator  gerard.christian@dos.nh.gov

Data Management Section

Richard "Chip" Cooper  Captain, Data Management  richard.cooper@dos.nh.gov
Joanne Lahaie  Data Analyst  joanne.lahaie@dos.nh.gov
Rachel Horr  Records Management Coordinator  rachel.horr@dos.nh.gov