



New Hampshire Bureau of EMS



Quarterly Newsletter

April 2019 through June 2019

- The long awaited and much anticipated user management system will be online within the next six months! Stay tuned for more information regarding the new system called, **Respond NH**.
- **Remote Site** continuing education is now available at participating locations throughout the State! For more information speak to your EMS Hospital Coordinator.

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



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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.



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.

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 states EMS services fall to this groups 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 we 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 Divisions 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 at 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!

<https://www.nh.gov/safety/divisions/fstems/EMSConEd.html>

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.

Characteristics of Volunteer Compared to Paid EMS Professionals in the United States

Rebecca E. Cash, MPH, NRP^{1,2}; Madison K. Rivard, BS, NREMT^{1,2}; Ashish R. Panchal, MD, PhD^{1,2,3}

1. National Registry of Emergency Medical Technicians, Columbus, Ohio; 2. The Ohio State University College of Public Health, Columbus, Ohio; 3. The Ohio State University Wexner Medical Center, Columbus, Ohio



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 characteristics, 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, EMTs 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 main EMS job.

Demographic characteristics

- Age
- Sex
- Certification level
- Community size
- 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 job.

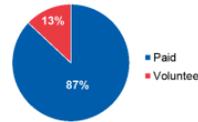


Figure 1. Proportion of volunteers.

Median age of volunteers was 40 years (IQR 30-52) compared to 36 years (IQR 29-45) for paid ($p < 0.001$).

Table. Demographic characteristics of EMS professionals with paid versus volunteer jobs at their main EMS agency.

Characteristic	Paid, n (%) (n=70,853)	Volunteer, n (%) (n=10,139)	p-value
Sex			<0.001
Female	16,194 (23.1)	3,816 (37.9)	
Male	54,023 (76.9)	6,250 (62.1)	
Minority status			<0.001
Non-Hispanic White	56,911 (83.3)	8,902 (90.7)	
Minority	11,380 (16.7)	909 (9.3)	
Education Level			<0.001
HS/GED or less	13,005 (18.4)	1,826 (18.0)	
Some college	22,944 (32.5)	2,887 (28.5)	
Associate degree	15,851 (22.5)	1,875 (18.5)	
Bachelor's degree or more	18,794 (26.6)	3,750 (37.0)	
Certification Level			<0.001
EMT	34,193 (48.4)	8,394 (82.8)	
AEMT	3,079 (4.4)	455 (4.5)	
Paramedic	33,331 (47.2)	1,290 (12.7)	
Community size			<0.001
Rural	21,053 (31.0)	7,312 (74.0)	
Urban	46,917 (69.0)	2,572 (26.0)	
Primary Role			<0.001
Patient care provider	57,102 (81.1)	8,710 (86.4)	
Administrator/supervisor	8,077 (11.5)	417 (4.1)	
Other	5,219 (7.4)	958 (9.4)	
Agency Type			<0.001
Fire department	30,340 (43.1)	4,980 (49.6)	
Municipal	8319 (11.8)	1,622 (16.2)	
Private	14,386 (20.4)	1,428 (14.2)	
Other	17,386 (24.7)	2,005 (20.0)	
Service Type			<0.001
Predominately 911	45,648 (65.0)	8,165 (81.2)	
Predominately medical transport	3,751 (5.3)	189 (1.9)	
Equal mix of 911 and medical transport	10,907 (14.3)	734 (7.3)	
Other	10,782 (15.4)	972 (9.7)	

Results (continued)

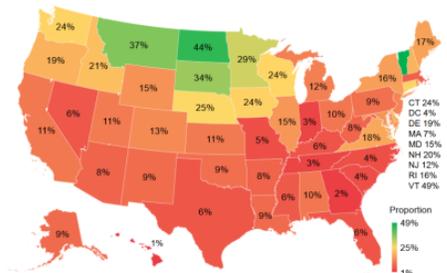


Figure 2. Proportion of respondents who volunteered at a main EMS job per state. The highest proportion of volunteers were in Vermont (49%) and North Dakota (44%).

Limitations

Paying occupation of volunteers and actual time spent volunteering in EMS was not assessed.

Respondents were sample of entire nationally-certified population so differences from whole population may exist.

Response rate was high but response bias still possible.

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 predominately 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 Remie Crowe, PhD for her work on this project.

Characteristics of Nationally-Certified Prehospital Patient Care Providers in the United States

Madison K. Rivard, BS, NREMT^{1,2}; Rebecca E. Cash, MPH, NRP^{1,2}; Ashish R. Panchal, MD, PhD³

1. The National Registry of EMTs, Columbus, Ohio; 2. The Ohio State University College of Public Health; 3. Department of Emergency Medicine, The Ohio State University Wexner Medical Center, Columbus, Ohio



Introduction

EMS professionals are a key aspect of healthcare services in the US.

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

87,471 / 106,677 responses received. Response rate = 82%. 69,422 responses included in analysis.

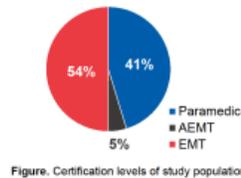


Figure. Certification levels of study population.

Table 1. EMS professional demographics of 3 certification levels and overall. Majority are male, in early- to mid-30's, non-Hispanic white, with some college experience.

Characteristic	Overall n (%) (n=69,422)	EMT n (%) (n=34,607)	AEMT n (%) (n=3,353)	Paramedic n (%) (n=31,462)
Sex				
Female	16,446 (23.8)	9,064 (26.4)	808 (25.7)	6,524 (20.8)
Male	52,621 (76.2)	25,325 (73.6)	2,479 (74.3)	24,817 (79.2)
Age - median (IQR)	36 (29-46)	35 (27-45)	36 (29-45)	36 (31-46)
Minority Status				
Non-Hispanic White	57,659 (85.6)	27,761 (82.7)	2,763 (84.9)	27,135 (88.8)
Minority	9,897 (14.4)	5,797 (17.3)	493 (15.1)	3,407 (11.2)
Education Level				
HS/GED or less	13,242 (19.1)	7,974 (23.0)	749 (22.3)	4,519 (14.4)
Some college	22,671 (32.7)	11,696 (33.8)	1,247 (37.2)	9,726 (31.0)
Associates degree	15,193 (21.9)	5,615 (16.2)	570 (17.0)	9,008 (28.6)
Bachelor's degree or more	18,307 (26.4)	9,318 (26.9)	787 (23.5)	8,202 (26.1)

Table 2. EMS professionals and time capacity of their current EMS position. Approximately 1/3 of EMS professionals hold multiple EMS positions at all three levels of certification, and most have worked for 3-7 years.

Characteristic	Overall n (%) (n=69,422)	EMT n (%) (n=34,607)	AEMT n (%) (n=3,353)	Paramedic n (%) (n=31,462)
Full Time	53,207 (77.4)	23,125 (67.7)	2,516 (75.7)	27,566 (88.2)
Number of Organizations				
1	49,831 (71.8)	26,934 (77.8)	2,253 (67.1)	20,644 (65.6)
2 or more	18,591 (28.2)	7,673 (22.2)	1,100 (32.8)	10,818 (34.4)
Years of Experience				
2 years or less	19,259 (27.7)	11,592 (33.5)	857 (25.6)	6,810 (21.7)
3-7 years	20,846 (29.7)	10,068 (29.1)	1,161 (34.6)	9,417 (29.9)
8-15 years	16,570 (23.9)	7,206 (20.8)	814 (24.3)	8,550 (27.2)
16+ years	12,770 (18.4)	5,839 (16.9)	513 (15.3)	6,618 (21.0)

Results (continued)

Table 3. EMS Main Job Characteristics. Majority worked at fire or private agencies, and provided 911 service while working in urban settings.

Characteristic	Overall n (%) (n=69,422)	EMT n (%) (n=34,607)	AEMT n (%) (n=3,353)	Paramedic n (%) (n=31,462)
Main Agency				
Fire	33,232 (48.0)	17,655 (51.3)	1,767 (52.8)	13,810 (44.0)
Private	14,855 (21.5)	7,449 (21.6)	729 (21.8)	6,677 (21.3)
Governmental Non-Fire	8,493 (12.3)	3,707 (10.8)	402 (12.0)	4,384 (14.0)
Hospital	7,428 (10.7)	3,089 (9.0)	319 (9.5)	4,022 (12.8)
Other	3,178 (4.6)	2,208 (6.4)	121 (3.6)	851 (2.7)
Air Medical	1,993 (2.9)	330 (1.0)	9 (0.3)	1,654 (5.3)
Service Type				
911	49,664 (71.9)	24,470 (71.1)	2,585 (77.5)	22,609 (72.1)
911 & Medical Transport	9,917 (14.4)	4,447 (12.9)	448 (13.4)	5,024 (16.0)
Medical Transport	3,518 (5.1)	2,058 (6.0)	132 (4.0)	1,328 (4.2)
In-hospital Services	2,952 (4.3)	1,664 (4.8)	89 (2.7)	1,199 (3.8)
Other	2,738 (4.0)	1,614 (4.7)	72 (2.2)	1,052 (3.4)
Mobile Integrated Health	282 (0.4)	143 (0.4)	11 (0.3)	128 (0.4)
Community Size				
Urban (>25,000 people)	45,141 (65.0)	20,288 (58.6)	1,952 (58.2)	22,901 (72.8)
Rural (<25,000 people)	24,281 (35.0)	14,319 (41.4)	1,401 (41.8)	8,561 (27.2)

Limitations

Potential exclusion of EMS professionals who hold multiple roles.

Evaluation includes only nationally-certified EMS population.

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.

Registration Closed!

Hot Topics in Cardiac Resuscitation



Loon Resort & Spa - Lincoln, NH

Conference registration at: <https://mmcem.com>

Rooms: \$95/club or \$120/studio

Room registrations at (800)229-7829 – ask for *Northern New England EMS Conference* rate.

Hear the leading experts discuss current topics/debates in resuscitative medicine.
 For: EMS Providers, Emergency Medical Dispatchers, Nurses, Medical Direction and EMS Leadership
 Price: \$25, which includes breakfast & lunch.

Sponsored by: Resuscitation Academy, Seattle, WA
 Coordinated by: Maine, New Hampshire and Vermont EMS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SAVE the DATES

NH Trauma Conference

THE WHOLE PICTURE



Pre-Conference: September 26, 2019

Conference: September 27, 2019

at the NH Fire Academy & EMS - Concord, NH

Presented by: The NH Division of Fire Standards and Training & Emergency Medical Services and The Trauma Medical Review Committee

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
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Special Projects Section

Liza Burrill	Special Projects	iza.burrill@dos.nh.gov
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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
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Diane Bunnell	EMS Operations	diane.bunnell@dos.nh.gov
	Inspections and Education Regulation Coordinator (Regions 1 and 5)	

Kimberly Mattil	EMS Operations	kimberly.mattil@dos.nh.gov
	Licensing and Education Regulation Coordinator (Regions 2, 3, and 4)	

Lucie Roy	EMS Operations	lucie.roy@dos.nh.gov
	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
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Data Management Section

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

98 Smokey Bear Blvd
Concord, NH 03301
33 Hazen Drive
Concord, NH 03305
Phone: 603-223-4200
Fax: 603-271-4567

