Message from the Bureau Chief

I hope everyone had a good fall, I think winter has arrived! Thanks to everyone that attended our Committee of Merit Awards Ceremony in September and congratulations to all who received an award. The Bureau’s staff continues to work on major projects and this newsletter will highlight these. If you have any questions please feel free to contact any of us. We enjoy the feedback and have made several changes over the past year to make sure you, our customers, are being taken care of professionally and promptly. Stay safe!
Thanks, -Chief Mercuri

Message from the Deputy Chief

Hello New Hampshire EMS Community,

My name is Jon Bouffard, and I am the (fairly) new Deputy Chief at the Bureau of EMS. By the time you finish reading this letter, you will know more about my involvement in the EMS world and what my assignments are as the first Deputy Chief to be appointed in the Bureau.

I began working with the Bureau of EMS on Friday, July 25, 2014. Initially, most of my time was spent familiarizing myself with the many and varied aspects of the job. My responsibilities include being the Trauma Coordinator, overseeing the ALS Section and the Education Section, and having administrative responsibilities within the Division of Fire Standards and Training & Emergency Medical Services (NHFST&EMS).

Needless to say, taking on this new job required some past experience. My career in Fire and EMS spans over 20+ years, starting at the age of 15 as a junior call firefighter in Wells River, VT. I have also served in other fire departments; namely Athens (WV), Woodsville (NH), Ryegate (VT), and St. Johnsbury (VT).

I became a First Responder with the Groton-Ryegate FAST and then eventually joined Woodsville Rescue Ambulance as an EMT. After going through school and an internship in Pittsburgh, PA, I became a Paramedic in 1999. Since then, I have served with Lamoille Ambulance and Stowe Rescue (both in VT), Upper Valley Ambulance (VT & NH), Greenville County EMS (SC), Dartmouth-Hitchcock Advanced Response Team (NH), and CALEX Ambulance (VT & NH). I have also worked in the Emergency Departments of Weeks Medical Center, Littleton Regional Healthcare, and Cottage Hospital. In fact, prior to starting at the Bureau of EMS, I was the EMS and Emergency Preparedness Coordinator and Intercept Paramedic based in the Emergency Department at Littleton Regional Healthcare.

In addition to my new career at the Bureau of EMS, I also currently work with the New Hampshire 1 Disaster Medical Assistance Team (NH-1 DMAT) as a healthcare technician (paramedic) and am specially trained in the Joint Patient Assistance Tracking System.

Education is a strong theme in my life; I hold an Associate of Science Degree in computer engineering, a Bachelor of Science Degree in healthcare administration, and a Master of Business Administration Degree in strategic leadership. I am clinically boarded as a flight paramedic. To top it all off, I have taught a multitude of alphabet soup courses!

As I continue to learn at NHFST&EMS, and I look forward to the many challenges that lie ahead. Director Pendergast and Chiefs Mercuri and Phillips have made my transition much easier than expected, and we are very busy working towards a seamless operation. I look forward to working with all of you in the pursuit of providing the best EMS system possible for the residents and visitors to our state!
There are currently 5,214 licensed EMS Providers in the State of New Hampshire.

The number of EMS 911 incidents where Narcan was given for opiate overdoses in 2014 is still on the rise, as you can see from this table. The Department of Safety and DHHS are closely monitoring these cases.

Providers are reminded to insure good documentation when they use Narcan, including at least one impression of “Overdose” (if it appears intentionally taken), supporting symptoms, drug use indicators, vital signs before and after administration, cardiac arrest etiology of “drug overdose” or “other” (if it was a cardiac arrest) and the effects of the Narcan given (Improved, Unchanged, or Worse). Lastly, make sure that the provider level for the person giving the Narcan is documented—almost 23% of Narcan doses given do not have a provider level credited!

October saw our first month of incidents where EMR/First responders gave Narcan. EMT administration has been rising since May, with a total of 50 doses given this year.

<table>
<thead>
<tr>
<th>2014 Month</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT/EMT-I</th>
<th>Medic</th>
<th>No Level Documented</th>
<th>Monthly Total</th>
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<tbody>
<tr>
<td>January</td>
<td></td>
<td>32</td>
<td>88</td>
<td>33</td>
<td></td>
<td>153</td>
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<tr>
<td>February</td>
<td></td>
<td>31</td>
<td>97</td>
<td>33</td>
<td></td>
<td>161</td>
</tr>
<tr>
<td>March</td>
<td></td>
<td>25</td>
<td>100</td>
<td>33</td>
<td></td>
<td>158</td>
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<td>April</td>
<td></td>
<td>37</td>
<td>95</td>
<td>34</td>
<td></td>
<td>166</td>
</tr>
<tr>
<td>May</td>
<td>1</td>
<td>44</td>
<td>131</td>
<td>33</td>
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<td>June</td>
<td>4</td>
<td>34</td>
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<tr>
<td>July</td>
<td>7</td>
<td>36</td>
<td>110</td>
<td>43</td>
<td></td>
<td>196</td>
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<td>August</td>
<td>6</td>
<td>75</td>
<td>208</td>
<td>105</td>
<td></td>
<td>394</td>
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<td>September</td>
<td>10</td>
<td>48</td>
<td>126</td>
<td>55</td>
<td></td>
<td>239</td>
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<td>October</td>
<td>3</td>
<td>22</td>
<td>46</td>
<td>127</td>
<td></td>
<td>370</td>
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<tr>
<td>Totals</td>
<td>3</td>
<td>50</td>
<td>408</td>
<td>1259</td>
<td>529</td>
<td>2249</td>
</tr>
</tbody>
</table>

Note: This table shows the number of DOSES of Narcan given. More than one dose may be given by different providers and levels on a single incident.
**Education: Day to Day**

The Education Section continues our normal daily operations of course reviews and approvals. The Simulation Program, the AEMT Test Preparation program, and the PearsonVUE Mobile Testing Lab have all continued to be very well-received and in high demand around the state. They were scheduled to be presented at the North Country EMS Conference in October.

**Education: House Bill 1603 Withdrawn**

Bureau staff met with House Representatives McGuire and Goley of the Executive Departments & Administration Committee to discuss the interim study of House Bill 1603 (the EMT-Intermediate Grandfathering Bill). The Representatives and their constituents present were very happy with the efforts that the Bureau has made to assist EMT-Is with the transition to AEMT and voted to withdraw the legislation. The Bureau is committed to continuing to provide programs to support the transition of EMT-Is to the Advanced EMT level. The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are still enjoying a 66% first-time pass rate and a 77% overall pass rate.

**Education: National Continued Competency Program (NCCP) News**

Our planning for the pilot of the NREMT’s National Continued Competency Program continues to move forward. The majority of the logistics of this program have already been worked out and we are working with the NREMT to iron out some of the final details. The Education Section held a program rollout to Instructor/Coordinators and Training Officers on November 12th that filled the Fire Academy Auditorium to capacity. Reviews of this program were extremely positive and there is high demand to offer more rollouts for those that were not able to make the November 12th session. We are hoping to provide a WebEx option for this training so that I/Cs and Training Officers can review it from the comfort of their own locations and at their leisure. The NCCP program redefines how EMS continuing education is delivered and represents a substantial evolution in our profession’s education. Providers that are eligible for this program have already begun the process of “opting in” to this optional program by taking the NREMT’s self-assessment tool available online since October 1. We will continue with implementation with a targeted delivery start date of April 2015. We are working to assemble a stakeholder group to identify the specific topic areas that will be required for the State/Local education requirements.

**Education: Commissioner’s Ad-Hoc Committee on RTP**

The Commissioner’s Ad-Hoc Committee on Refresher Training concluded their work and recommended that the course audit process be evolved into a Peer Review and Mentorship program with the aim of improving the instructional abilities of our I/Cs. The Education Section is working with the Ad-Hoc Committee and the Instructor Cabinet to craft model guidelines for the Peer Review and Mentorship program.

**Education: Mobile Exam**

A representative from the State of Maine’s EMS Office visited our PearsonVUE Mobile Exam that was offered in Portsmouth in October. Maine EMS hopes to emulate the program that NH has been running and they were very impressed with our operation.
Field Services: The North Country EMS Field Office is moving!

Our North Country EMS Field Office, located in Gorham, has moved to a new location. Although just down the street on Rte. 16, the new location will be more spacious and will share space occupancy the NH DMV and State Police. Mailing address and phone numbers of EMS staff members will be changing and we will get the word out over our list serve and web site once all is final. Please take time to visit once our staff is settled in!

New Address:
Northern NH EMS Field Office
491 Main Street
Gorham NH 03581
Liza Burrill: 603-271-0789
Diane Bunnell: 603-271-0787
Lucie Roy: 603-271-0793
Fax: 603-752-2054

Field Services: LIN Numbers are coming out soon!

Yes, the License Identification Numbers are back and because the electronic process for license renewal has worked out well over the last two years, we are hoping to expand it to the unit licensure that will be due at the end of 2015.

This is a reminder for all Providers who are up for renewal: Your “LIN Letter” will be in the mail, to the address we have on file for you, during the first week of January 2015. If you have moved or plan to move soon – you must make sure to update the Bureau of EMS with your new address so that we can contact you. Without this number, you cannot relicense electronically, and must complete a paper application with all appropriate signatures and documentation attached. Please take note!

Field Services: Annual Award nominations of the future

The EMS Annual Awards nomination form for 2015 will be changing. Located on the Division/Bureau of EMS web site, this process of nomination will now include the need to submit digital photos of the event surrounding the nomination and/or photos of the nominee.

Each year the Committee attempts to produce a slide show presentation for the conclusion of the fall awards ceremony, and has a difficult time tracking down photos from the Unit Directors/Chiefs or peer member that made the nomination. We hope that this change will make the presentation more meaningful and enjoyable for all who attend. Thank you for your help with this and please remember to recognize your fellow EMS providers and units during the nomination time frame, as so much good work is accomplished each day in the NH EMS System!

Administration: Mobile Integrated Healthcare (MIH)

We continue to have planning meetings and will be discussing education and documentation. Our application and protocol are basically complete. The goal is to open the applications for use of the prerequisite protocol just after the first of the year. We will continue to send updates. For questions contact Chief Mercuri or Vicki Blanchard.
Advanced Life Support: 2015 Protocol Sneak Peak

I would like to take this opportunity to discuss some of the upcoming changes you will see in the 2015 version of the NH Patient Care Protocols. These are NOT all the changes and the Protocol review process is not yet complete. We are planning on rolling out the 2015 Protocols around May 2015, this is to allow time for other New England states to better align their rollouts so we are on similar timelines.

New Protocols:
- Abdominal Pain
- OB/GYN
- Childbirth
- Syncope
- Pediatric Sepsis
- Tourniquets
- Cricothyrotomy

Separation of Protocols:
We have broken the Diabetic Protocol out into Hyperglycemia and Hypoglycemia.
Shock Protocol has been divided into Traumatic Shock and Non-Traumatic Shock.

New Medications:
- Ondansetron OTD (oral dissolving tablet), the trade name people are more familiar with is Zofran. This will be moved to the AEMT level in the Nausea/Vomiting Protocol. AEMTs will not be able to use it until they have completed some form of training. At this time we do not have the training developed.
- Prednisone, by mouth, in the Extended Care portion of the Allergic/Anaphylaxis Protocol for Paramedics.
- Hydromorphone, trade name Dilaudid, will be added to the Pain Protocol for Paramedics.

Complete Overhauls—The following protocols were re-written:
- Community Paramedicine, which is now called Mobile Integrated Healthcare
- Vascular Access via Central Catheter
- Quantitative Waveform Capnography

Administration: Investigations Update & Training Available from BEMS

As licensed EMS providers we have the responsibility to be competent patient advocates. The investigation process is to assure safe patient care was performed. Our first responsibility is to help correct the issues, not to remove a provider. We still find many misconceptions and assumptions about our process. To help clarify our processes the Bureau has a training program available to services interested in how investigations are done. We have performed a few classes and received some great feedback and recommended changes to our processes. We are here to answer questions and guide providers and services through any process. We want to emphasize, New Hampshire has over 5000 providers and we only have 26 open cases, and half of these involve criminal activity. Keep up the good work! For questions please contact Richard Cloutier or Bureau Chief Nick Mercuri.

Administration: EMS in the Warm Zone

The task force continues to meet and work on a best practice document. We anticipate being able to release the document just after the first of the year. It will stress the importance of responder safety, rapid delivery of care, and especially working collaboratively on a local response that especially includes training together. I thank all members of the group for their input and guidance. For questions please contact Chief Mercuri.
Don’t forget to contact Nick Antonucci (603-419-9444) to schedule training for EMS classes running in the area. Pictured here, the “non-destructive” training building at the North Country Training Facility.