



# BEMS Newsletter

Volume 14, Issue 5

September 2014-November 2014

- We have a new online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the [Course and Exam Schedule](#).
- While there, check out the list of Initial, Refresher, and SOP courses we have currently running. **Jump into an RTP now and save yourself some hassle come March!**

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## Message from the Bureau Chief

I hope everyone had a good summer! It is always too short. Thanks to everyone that attended our 9/11 ceremony; May we never forget their ultimate sacrifice.

### Rules:

Our rules are still moving forward, but slowly. We will let you know when the public hearings are.

### Mobile Integrated Healthcare (MIH):

The Department of Health and Human Services and the Homecare Association of NH and the Bureau have been working on a DHHS rule change. All members are supportive of an exception for EMS while we implement our programs. In addition, an updated protocol and

application to use the prerequisite protocol are being developed for use. Once the rule is filed it will take 90-120 days to complete the process of becoming active. We will continue to send updates. For questions contact Chief Mercuri or Vicki Blanchard.

### EMS in the Warm Zone:

The task force continues to meet and work on a best practice document. We continue to review national information and anticipate publishing a final product by December. For questions please contact Chief Mercuri.

Stay safe. As always please contact the Bureau if you have any questions or concerns.

-Chief Mercuri

## Message from State Medical Director

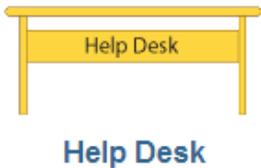
It has been almost four months since I've become the State EMS Medical Director. Under Dr. Tom Daprix's leadership, New Hampshire continued to be at the forefront of evidenced-based prehospital care. I am honored to continue this legacy. I've been involved in EMS for almost 25 years, starting out as a volunteer First Responder at the age of 16, and later becoming a Paramedic working in EMS systems in New York, Colorado, and Connecticut. After medical school, I completed a residency in Emergency Medicine at the University of Connecticut and an EMS Fellowship at Hartford Hospital. Throughout my EMS career, change has become the norm as prehospital research is now abundant and the profession has become more evidenced-based. Some of us remember when MAST pants were routine in trauma care. Now we are witnessing the backboard for spinal immobilization become part of history as well. Using the best available data, New Hampshire has begun working collaboratively with our neighboring states to explore the concept of standardizing our EMS protocols. The New England states are also working closely with the Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States (PEGASUS) project. The goal of this project is to create and implement evidenced-based guidelines for pediatric shock, spinal immobilization, allergic reactions, and airway management. I am proud to serve as an EMS Physician in New Hampshire and am looking forward to continuing to use research to drive great patient care in the Granite State.

Jim Suozzi, DO, NRP, FACEP



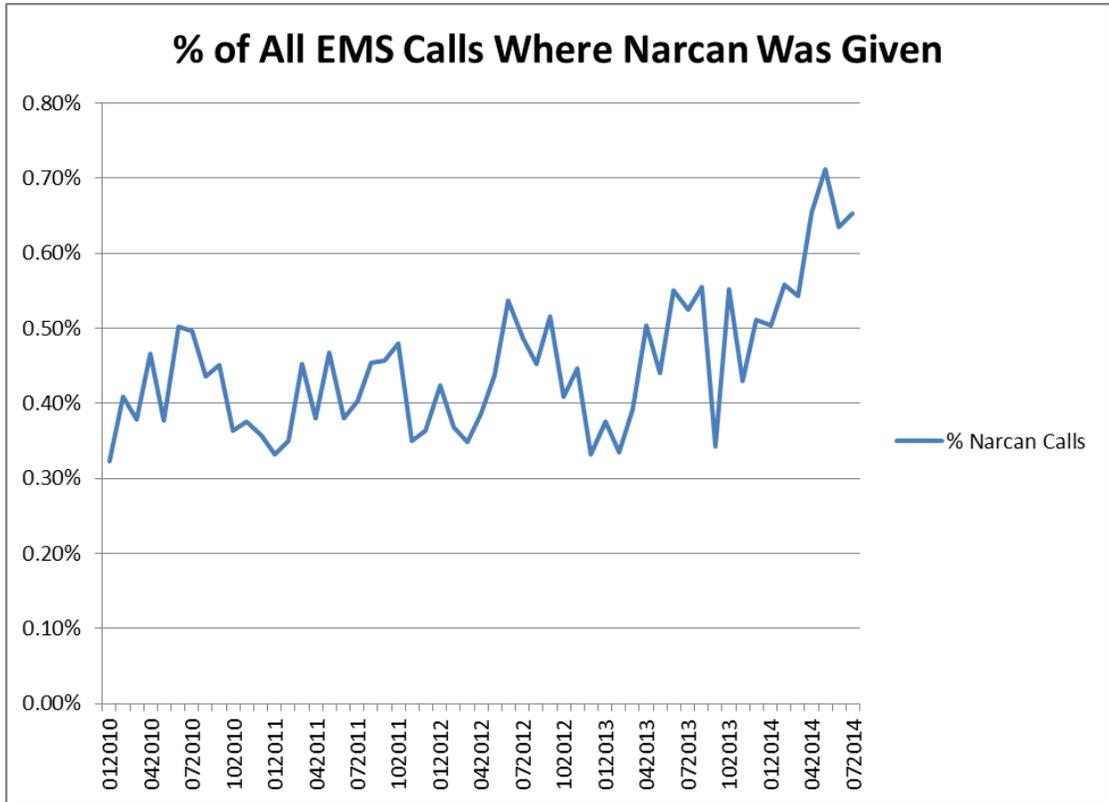
The helpdesk links will take you to a form to describe your issue that is then emailed to the TEMSIS staff.

Currently, this is only an email form and there is no tracking program to log into.



“Abe” the BEMS Adult Simulation Manikin  
 Contact Michael Kennard to schedule this valuable training to come to your department!  
 Abe and Hal are both available: Adult and Child Simulation Manikins.  
[Michael.kennard@dos.nh.gov](mailto:Michael.kennard@dos.nh.gov)

**Data Reporting**



Services are now receiving two monthly reports on their EMS Data quality by email. One is for the previous month, and one is for the year-to-date. These will go to the email address for the service’s primary contact on the first of each month. Services may designate more than one Primary Contact.

Last month we reported that TEMSIS is showing that only 50% of cardiac chest pain patients are receiving aspirin. We know that many of our chest pain patients have already taken aspirin by the time we arrive on scene. If this is the case, then insure that you document that aspirin was given “Prior to arrival” in the regular medications section. This will meet protocol requirements insuring they received aspirin, even if you didn’t actually give it to them (you made sure they received it).

**Overdoses and Narcan Use:** Data is showing that Narcan use is on the rise over the last couple of years. (See Graph above) It jumped dramatically in May of this year about the time that the Narcan training came out. Some of this may be due to increased awareness simply from the training (something called the Hawthorne effect in studies-which will wear off within a few months likely), but we also know some of it is due to increasing numbers of opiate overdose cases. If you have a case where you are sure that you have an intentional overdose of drugs or medication, be sure to include “Drug Overdose / Misuse of Medications (Intentional)” as one of your provider impressions to help your service and the state track this important issue.

**Online Training: Narcan and Spinal Protocol**

We have had a great response to our Nasal Narcan and our Spinal Protocol Online Training. If you haven’t completed these programs please visit [nhoodle.nh.gov](http://nhoodle.nh.gov) and click on “Online Learning Academy”. These trainings are both under “EMS” and then “Continuing Education”. Log In and complete the programs!

## Education

The Education Section continues our normal daily operations of course reviews, approvals, and course audits. 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. All three of these programs are being presented at the North Country EMS Conference in October, in addition to the ongoing demands for them. Representatives from the State of Maine are planning to visit one of our Mobile Testing Lab sites in the near future to determine if this is a program that they can emulate and utilize in their state.

The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are enjoying a 66% first-time pass rate and a 77% overall pass rate. We currently have 725 EMT-Intermediates who have yet to license at the transitioned AEMT level.

Our planning for the pilot of the NREMT's National Continued Competency Program continues to move forward. The Education Section is working with the

Instructor Cabinet to determine the best course of action for implementation here in NH and we will be holding special meetings with the Cabinet to effect this implementation within the very tight timeline necessary. The NCCP program redefines how EMS continuing education is delivered and represents a substantial evolution in our profession's education. We will begin the monumental task of implementation with a targeted start date of April 2015. We scheduled the NCCP Rollout for Instructor/Coordinators and Training Officers. It is scheduled for November 12, 2014 here at the Academy, and will run from 8am (Registration with a start time of 8:30) -12pm.

We have also met with the reconvened Commissioner's Ad-Hoc Committee on Refresher Training with the focus of evolving the course audit process 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.

AEMT Mobile Testing		
Pre-Approved Testing Sites	12	
Tests Conducted	27	
Individuals Tested	126	
AEMT Prep Classes		
Classes Conducted	57	
Individual Participants	613	
Classes Scheduled	5	
AEMT Transition Tests		
NH 1st Time Pass Rate	66%	366
NH Overall Pass Rate	77%	425
Candidates Tested	553	
Current AEMTs	583	
Transitioned AEMTs	425	
EMT-Is Still to Transition*	725	
Vouchers Issued	611	

## I/C Development Seminar

Please check out our [flyer](#) for the upcoming National Continued Competency Program Roll-out scheduled for November 12, 2014. We also have the link for the online registration [here](#). Because this is on our NHOODLE site, opening in Mozilla Firefox, or Chrome is going to work whereas opening it in Internet Explorer is not.

Prerequisites apply, please apply accordingly.

The NH Division of Fire Standards and Training & Bureau of Emergency Medical Services presents...



An I/C Development Seminar :  
National Continued Competency  
Program Roll-out



LOCATION	DATE	TIME
NH Fire Academy 98 Smokey Bear Blvd Concord, NH 03301	November 12, 2014	8:00am - 8:30am Registration 8:30am - 12:00pm Seminar

**PREREQUISITES:** Those Interested must be a  
NH EMS Instructor/Coordinator and, or  
a NH Training Officer for a Fire/EMS Department.

**COURSE NUMBER:** [50-610](#)

To Enroll, click the course number link and completely fill out the online application. You will get a separate email confirming you into the course once prerequisites have been verified.

There is no fee for this course.

Feel free to contact [Kim Mattil](#) with questions

Totals for  
 “Complete”  
 status on our  
 online training  
 for :  
**Spinal Protocol**  
**3,228**  
**Nasal Narcan**  
**1,418**

Info as of 9/2014

We're on the Web!

[www.nh.gov/ems](http://www.nh.gov/ems)

There are  
 currently **5,394**  
 licensed EMS  
 Providers in the  
 State of New  
 Hampshire.

## Field Services: Ambulance Inspections

In recent ambulance inspections the EMS Bureau staff has encountered some issues that we would like to address with Unit Leaders:

As has been the case for over ten years, ambulance inspections are valid for a two-year time period. It is the responsibility of the unit/owner of the vehicle to be aware of the individual vehicle inspection expiration dates (just as it is with our personal vehicles).

**Before the inspection:** When preparing for a vehicle inspection a packet which includes the following needs to be assembled and submitted by the unit/owner prior to the actual inspection date:

- the **EMS Vehicle License Application** (found on the Bureau's web site) must be filled out by the Head of Unit or authorized designee,
- a copy of the current vehicle registration,
- a copy of the insurance binder, and
- inspection fee, if applicable.

This packet must be sent to the EMS Licensing Coordinator prior to scheduling the inspection. Once the inspection packet arrives at the Bureau of EMS, the Licensing Coordinator will process and prepare the inspection paperwork. If all is complete, EMS inspection staff is notified, availability is confirmed, and the inspection is scheduled. As often as is possible, we attempt to coordinate scheduling to correspond with other inspections in the region.

**NOTE:** Accessing the vehicle inspection sheets prior to the inspection allows Units to fully prepare prior to our arrival resulting in a more streamline inspection process. With this stated, there is no reason a vehicle should not be ready for a positive inspection outcome with no deficiencies noted.

**Day of inspection:** Once an inspection appointment is scheduled and confirmed, it is the responsibility of the Unit to arrange for a trained and knowledgeable member(s) of their staff to be assigned to work with the Bureau of EMS inspector(s). This person(s) should not be responding to emergency calls during the inspection. The vehicle(s) should be taken out of service until the inspection is complete. The purpose is twofold: having a member available who knows the truck makes the retrieval of equipment and supplies more efficient and also keeps the inspection moving in an organized manner.

**NOTE:** If a large number of vehicles are to be inspected on the same date, there should be one staff member available for every Inspector on site.

**During the inspection:** If equipment or supplies are found to be missing from the vehicle, the assigned staff person should either retrieve the equipment from the stock room and go back to the inspection, or ask another member of staff to obtain the missing equipment and bring it to the vehicle. Any other action will slow the inspection and delay licensure and the inspection staff from attending to additional inspections as scheduled.

**Please note:** on average a Paramedic level inspection takes about sixty minutes; the lower levels have less required equipment and typically take less time per inspection.

**In summary** the expectations of a Unit for vehicle inspections are;

1. Track vehicle inspection expiration dates,
2. Submit appropriate re-inspection application and documents **prior to** expiration,
3. Prepare to have a staff member(s) assigned to the inspection process for the full time period.

By adhering to these guidelines, you can be assured that the inspection will go quickly and smoothly, allowing the vehicle to be back in service in a timely fashion.

If you have further questions, please do not hesitate to contact us:

[EMSLicensing@dos.nh.gov](mailto:EMSLicensing@dos.nh.gov)

## Advanced Life Support: Spinal Motion Restriction and working with Athletic Trainers

Recently Dr. Suozzi and I, Vicki Blanchard, had an opportunity to meet with the President of the NH Athletic Trainers' Association and the Director and Assistant Director of Safe Sports Network at NH Musculoskeletal Institute. We met in part because of the change in our spinal injury protocol and how it impacts athletic trainers, in particular, how patients will be extricated from the field and the removal of helmets and pads. We learned that the athletic trainer's protocol is to leave the helmet and pads in place and assist EMS. At our meeting we all agreed that ideally we would like to have the helmets and pads safely removed from our patients, however depending on the nature of the injury/illness we are not always able to do so.

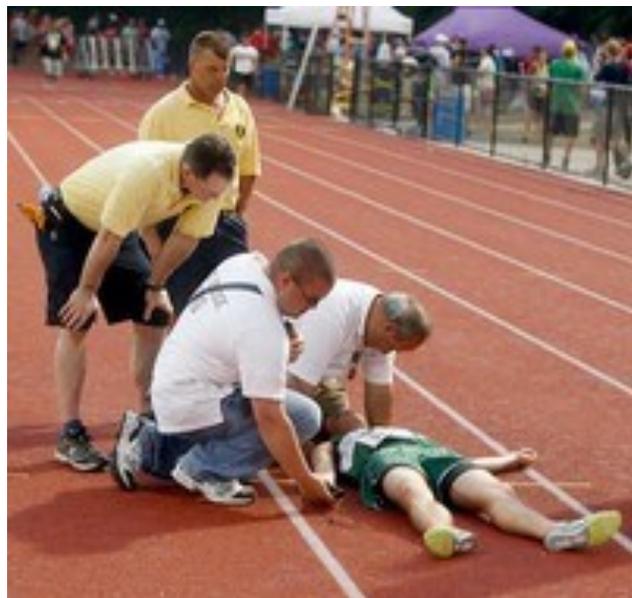
It is ideal for EMS agencies to reach out to their local schools and sports organizations to develop a relationship with the athletic trainers before meeting during an emergency to discuss how transfer of patient care will occur. Are you going to utilize the backboard to extricate your patient from the field? If so explain to the athletic trainers that you will be removing the board once the patient is on the cot, and providing spinal motion restriction. Do you plan to remove helmet and pads? If so, although it is the athletic trainer's protocol to leave

them on, they are the experts when it comes to helmets and pads. The athletic trainer works with this equipment every day; preplan with them on how you can work as a team to safely remove them.

As with other healthcare professionals, the Athletic Trainers Associations has become aware of changes in spinal injury care. Their protocols are scheduled to be updated in 2015 and they anticipate similar changes to ours; however in the meantime, this has not necessarily trickled down to all of the trainers, so I ask for your help to connect with the trainers and preplan.

Finally, if you are not aware, athletic trainers have extensive training and education in the assessment and treatment of athletes. They have worked with these athletes throughout the season; they know their baseline and are great wealth of information. Please take the time to listen to their report and work collaboratively with them.

If you need assistance please do not hesitate to contact [vicki.blanchard@dos.nh.gov](mailto:vicki.blanchard@dos.nh.gov).





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Medical Services

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**BEMS: North Country Training Facility**



Pictured here, the “non-destructive” training building at the North Country Training Facility. Please contact [Nick Antonucci](mailto:nick.antonucci@dos.nh.gov) (603-419-9444) to schedule training for EMS classes running in the area.



**Administration:**

Name	Title	E-mail Address
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Jon Bouffard	Deputy Chief of EMS / Trauma Coordinator	<a href="mailto:jon.bouffard@dos.nh.gov">jon.bouffard@dos.nh.gov</a>

**Advanced Life Support / PIFT / Protocols:**

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**Education:**

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**Field Services & Licensing :**

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Liza Burrill, NRAEMT	Field Services Representative	<a href="mailto:liza.burrill@dos.nh.gov">liza.burrill@dos.nh.gov</a>
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Diane Carrier, NREMT-I	Licensing Coordinator	<a href="mailto:EMSLicensing@dos.nh.gov">EMSLicensing@dos.nh.gov</a>

**Research & QA :**

Chip Cooper, NREMT-P	RQM Coordinator, TEMSIS Administrator	<a href="mailto:richard.cooper@dos.nh.gov">richard.cooper@dos.nh.gov</a>
Jack Hedges	TEMSIS Support Specialists	<a href="mailto:charles.hedges@dos.nh.gov">charles.hedges@dos.nh.gov</a>

**Preparedness; AED and Special Projects:**

William Wood, NREMT-I	Preparedness & AED Grant Coordinator	<a href="mailto:william.wood@dos.nh.gov">william.wood@dos.nh.gov</a>
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