TITLE XII
PUBLIC SAFETY AND WELFARE

1.1 CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES

Section 153-A:1

153-A:1 Declaration of Policy and Purpose. –

I. The general court declares that it is the policy of the state of New Hampshire to save lives and speed the healing of persons in need of medical services by providing an emergency medical and trauma services system that will bring an injured or sick person under the care of properly trained individuals in the shortest practical time, and that will provide safe transportation to the most appropriate treatment center prepared to receive the sick or injured person. It is the policy of the state of New Hampshire to insure that the sick or injured person is safely transported in properly equipped vehicles which are designed to supply supportive care and which are able to communicate with medical treatment centers. The use of properly licensed wheelchair vans for hire is to ensure that patients confined to a wheelchair are transported in equipped vehicles driven by personnel approved by the division.

II. The general court recognizes that traumatic injury is a health problem in the state of New Hampshire and a cause of unnecessary death and that an organized system for the delivery of trauma care services in New Hampshire should be available. Emergency medical services in rural and wilderness areas require adequately trained and equipped personnel to treat and transport trauma victims. Therefore, the general court declares that the establishment of a coordinated statewide trauma and injury prevention system will benefit all residents and visitors to New Hampshire by reducing the incidence of traumatic injury and minimizing human suffering and disability.

III. The general court, recognizing that the provision of emergency medical and trauma services at the local level is a continuation of a long and valued tradition of neighbor helping neighbor that should be encouraged and maintained, and that the individual providers of emergency medical care must be part of a comprehensive system of care delivery, declares that it is the purpose of this chapter to assure the development, coordination, and administration of an emergency medical and trauma services system that reflects the differing needs and abilities of the state's communities and regions.

IV. The general court further recognizes that the delivery of adequate pre-hospital care is reliant on the thorough cooperation of the emergency medical care providers and, therefore, the general court urges the emergency medical care providers to cooperate with and follow the lead of each emergency medical service unit's medical resource hospital.

V. The general court recognizes that volunteers make up a large portion of the staffing of the emergency medical service units, especially in the northern portion of the state. Therefore, the general court believes that the training levels for minimum certification as an emergency medical care provider should continue to allow future volunteer emergency medical care provider participation.

VI. The general court declares that, to the extent it is possible, it is the policy of the state of New Hampshire to allow patients to be transported to the hospital, medical facility, or location of their choice in their area, if there is no compelling medical reason to the contrary. Further, the general court declares

that, if appropriate, durable power of attorney for health care and the living will statutes should be taken into consideration in providing emergency medical and trauma services.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:2

153-A:2 Definitions. – In this chapter:

I. "Coordinating board" means the emergency medical and trauma services coordinating board established in RSA 153-A:3.

II. "Commissioner" means the commissioner of the department of safety.

III. "Director" means the director of the division of fire standards and training and emergency medical services, department of safety, or his or her designee.

IV. "Division" means the division of fire standards and training and emergency medical services, department of safety.

V. "Emergency medical care provider" means an employee or volunteer member of a public or private organization having responsibility for the delivery of health services to individuals experiencing illness or injury at a location other than a hospital or other medical facility. The term shall not include lifeguards at swimming facilities or members of ski patrols, or New Hampshire fish and game department conservation officers, unless said individuals are performing invasive patient care procedures.

VI. "Emergency medical services" means the pre-hospital assessment and treatment of a sick or injured individual initiated at the scene of an incident and continued through the transport and transfer, if found appropriate, of the individual to a medical facility or other appropriate location in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

VII. "Emergency medical services instructor/coordinator" means a person who has completed the requirements of an instructor training program under RSA 153-A:20, VIII.

VIII. "Emergency medical services training agency" means an organization, public or private, which assumes the responsibility for providing emergency medical services education and which has completed the requirements of an agency training program which meets the requirements of rules adopted under RSA 153-A:20, VIII.

IX. "Emergency medical service unit" means an organization, public or private, operating alone or as part of a larger organization, which has the responsibility to provide emergency medical services. The term shall not include ski patrols or New Hampshire fish and game department conservation officers unless a ski patrol or a New Hampshire fish and game department conservation officer is providing invasive patient care procedures.

X. "Emergency medical service vehicle" means a land, air, or water vehicle designed, equipped, and used for the transport of sick or injured individuals.

XI. "Facility" means a hospital as defined in RSA 151:2, I(a).

XII. [Repealed.]

XIII. "Mass casualty incident" means any emergency event that cannot be resolved through the use of the emergency resources that are available locally on a regular daily basis.

XIV. "Emergency medical services medical control board" means the board established in RSA 153-A:5.

XV. "Medical control" means medical supervision and medical accountability for emergency medical care and includes direction and advice from a physician provided through:

(a) "Off-line" medical control which includes collaborative oversight of education, advice, critiques, medications, treatment modalities, and performance improvement with the head of the unit.

(b) "On-line" medical control which exists when pre-hospital providers communicate directly with a physician or the physician designee at a receiving or medical resource hospital. Such direction may be based on the personal preference of the specific on-line physician, but more ideally it is based on protocols for the management of specific problems. This physician assumes responsibility and gives orders for individual patient's care.

XVI. "Patient" means an individual who, as a result of illness or injury, needs immediate medical attention, whose physical or mental condition is such that the individual is in imminent danger of loss of life or significant health impairment, or who may otherwise be incapacitated as a result of a physical or mental condition.

XVI-a. "Prerequisite" means the education or demonstrated proficiency required as a prior condition to performing select skills or procedures contained in the standardized protocols issued by the emergency medical services medical control board.

XVII. "Protocol" means a written description of a patient care process specifying the circumstances under which emergency medical care providers may function under their own licenses or through medical control. Protocols are approved and issued by the emergency medical services medical control board.

XVIII. "Public agency" means the state or any of its political subdivisions, which provide police, firefighting, emergency medical, ambulance, or other emergency services.

XIX. "Response expense" means reasonable costs incurred by a public agency in making an appropriate response to an incident. This definition shall include, but not be limited to, the costs of police, firefighters, and rescue and emergency medical services, including the salaries of such persons.

XX. "Trauma hospital" means an acute care hospital licensed under RSA 151 to operate as a hospital and classified by the department according to the level of trauma care it is capable of providing.

XXI. "Trauma patient" means a person who has sustained a physical injury that may require immediate medical and surgical intervention to preserve life or prevent permanent disability.

XXII. "Trauma system" means the organized, managed, and rapid delivery of appropriate pre-hospital, hospital, and rehabilitative care to the injured person whose injury may require the services of trauma care specialized personnel and facilities to ensure an optimal outcome.

Source. 1999, 345:6. 2004, 171:29. 2005, 231:1, 2, 8. 2012, 282:11. 2013, 190:1, 2, eff. Aug. 31, 2013.

Section 153-A:3

153-A:3 Emergency Medical and Trauma Services Coordinating Board. –

I. The emergency medical and trauma services coordinating board is created, consisting of 22 members appointed as set out in paragraphs II and III.

II. The governor shall appoint persons to the board as follows:

(a) One member from the New Hampshire Ambulance Association.

(b) One member from the New Hampshire chapter of the American College of Emergency Physicians.

(c) One member from the New Hampshire Municipal Association.

(d) One member from the New Hampshire Hospital Association.

(e) One member from the New Hampshire Emergency Nurses Association.

(f) One member from the American Red Cross.

(g) One member from the New Hampshire Heart Association.
(h) One member from the New Hampshire Association of Fire Chiefs.
(i) One member from the New Hampshire Association of Emergency Medical Technicians.
(j) One member from the New Hampshire Medical Society.
(k) One member from the New Hampshire Paramedic Association.
(l) One member from the emergency medical services medical control board.
(m) One member from the Professional Firefighters of New Hampshire.
(n) Three members from the general public, representing geographic divisions of the state.
(o) One representative from the New Hampshire chapter of the American College of Surgeons, Committee on Trauma.
(p) One member from the New Hampshire chapter of the Academy of Pediatrics.
(q) One representative from the trauma medical review committee established in RSA 153-A:8.
(r) One representative from the New Hampshire Association of Rehabilitation Administrators.
(s) One representative from an organ/tissue donor organization.
(t) One member from the New Hampshire fire standards and training commission.

III. Each member from subparagraphs II(a)-(m) and (o)-(t) shall be nominated by the appropriate organization to the governor for appointment. The term of a member shall be 3 years or until a successor is appointed and qualified. The governor shall fill any vacancy in the same manner as the original appointment. In case of a vacancy other than by expiration of the term, the appointment shall be for the balance of the unexpired term and shall be considered a term for the purposes of the limitation on terms. No member shall serve more than 3 consecutive terms or 9 consecutive years.

IV. The members of the board shall elect a chair and a vice-chair who shall both serve for a term of 2 years. The director, or designee, shall serve as a nonvoting member and shall be the executive secretary of the board.

V. The board shall meet at least 4 times a year and at the call of the chair.

VI. Members shall receive no compensation.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:4

153-A:4 Powers and Duties of the Coordinating Board. – The board shall:

I. Develop and routinely update a plan for the operation of a statewide system of emergency medical services that reflects the abilities and needs of each municipality.

II. Routinely assess the delivery of emergency medical services, based on information and data provided by the department and from other sources the board deems appropriate, with particular attention to the quality and availability of care.

III. Review and offer comments on to the commissioner recommendations for rules required and other such rules as deemed necessary to carry out the purposes of this chapter.

IV. Review and offer comments on rules proposed by the commissioner prior to their adoption under RSA 541-A.

V. Designate emergency medical services regions and districts in the state, in accordance with RSA 153-A:6. The council established for a region shall include a New Hampshire licensed physician with a background in emergency medicine.

VI. Approve statewide trauma policies, procedures, and protocols of the statewide trauma system and the establishment of minimum standards for system performance and patient care proposed by the

commissioner prior to their adoption under RSA 541-A.

VII. Coordinate interstate cooperation and delivery of emergency medical and trauma services.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:5

153-A:5 Emergency Medical Services Medical Control Board; Chair; Duties; State Medical Director. –

I. There is established an emergency medical services medical control board which shall consist of:

(a) A minimum of 5 physicians representing different geographic areas of the state who shall be nominated by the councils established under RSA 153-A:6 and confirmed by the board and a physician representative of the trauma medical review committee.

(b) The commissioner, or designee, who shall serve as a nonvoting member and as executive secretary.

II. The terms of each member shall be 3 years. The chair shall be appointed by the commissioner, and the appointed chair shall become the state medical director. The emergency medical services medical control board shall nominate one of its members to the governor for appointment to the coordinating board established in RSA 153-A:3.

III. The duties of the emergency medical services medical control board shall include, but not be limited to, the following:

(a) Assisting the coordinating board in the coordination of a system of comprehensive emergency medical services and the establishment of minimum standards throughout the state by advising the coordinating board on policies, procedures, and protocols.

(b) Providing technical services required by the division pursuant to RSA 153-A:7, I and the coordinating board.

(c) Serving as a liaison with medical personnel throughout the state.

(d) Submitting to the commissioner standardized protocols concerning patient care to consider for adoption as rules, which shall address prerequisites within protocols governing their use by providers, living wills established under RSA 137-H, durable powers of attorney for health care established under RSA 137-J, and patient-requested, physician generated orders relative to resuscitation.

(e) With the concurrence of the state pharmacy board, specifying noncontrolled prescription drugs that emergency medical care providers licensed under this chapter may possess for emergency use as authorized in RSA 318:42, X.

(f) With the concurrence of the state pharmacy board, specifying controlled prescription drugs that advanced emergency medical care providers licensed under this chapter may possess for emergency use as authorized in RSA 318-B:10, V.

(g) Approving the protocols and procedures to be used by emergency medical care providers under their own licenses or through medical control.

(h) Adopting statewide adult and pediatric resuscitation protocols for licensed emergency medical care providers.

Source. 1999, 345:6. 2001, 236:1. 2005, 231:3, eff. Jan. 1, 2006.

Section 153-A:6

153-A:6 Regions and Districts. – The coordinating board shall delineate emergency medical services regions and districts and shall establish councils to oversee each designated area. The coordinating board shall assure that each council meets its responsibilities in a manner consistent with the emergency medical care needs of the area it serves. The council established for a region shall include a licensed, board-certified emergency physician or a licensed physician experienced in emergency medicine. The director shall implement the provisions of this section.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:7

153-A:7 Duties of the Commissioner. –

I. The commissioner is responsible for the statewide supervision of emergency medical services.

II. The commissioner shall:

(a) Adopt rules, under RSA 541-A, with the advice and assistance of the coordinating board, the emergency medical services medical control board, and the trauma medical review committee, in accordance with RSA 153-A:20.

(b) Oversee the administration of the division by the director.

III. The commissioner may establish standing or ad hoc committees on a regional or statewide basis as deemed necessary.

Source. 1999, 345:6. 2005, 231:4, eff. Jan. 1, 2006.

Section 153-A:8

153-A:8 Trauma Medical Review Committee. –

I. There is established a trauma medical review committee which shall consist of:

(a) A minimum of 5 physicians representing the surgical disciplines of neurosurgery, general surgery, pediatric surgery, orthopedic surgery, and other physicians experienced in the treatment of adult and pediatric trauma patients.

(b) One member from the New Hampshire chapter of the American College of Emergency Physicians.

(c) One member from the New Hampshire Paramedic Association.

(d) One member from the New Hampshire Emergency Nurses Association.

(e) One trauma nurse coordinator.

(f) One member from the New Hampshire Association of Emergency Medical Technicians.

(g) The state medical examiner or designee.

(h) One member of the emergency medical services medical control board.

(i) One representative from a New Hampshire acute care hospital nominated by the New Hampshire Hospital Association.

(j) One representative of the Professional Firefighters of New Hampshire.

(k) One representative of the New Hampshire Association of Fire Chiefs.

II. Each member shall be appointed by the commissioner.

III. The commissioner or the commissioner's designee shall serve as a nonvoting member and as executive secretary.

IV. The term of each member shall be 3 years. The chair shall be appointed by the commissioner. The

trauma medical review committee shall nominate one of its members to the governor for appointment to the coordinating board established in RSA 153-A:3.

V. The committee shall:

(a) Develop and routinely update the adult and pediatric trauma system plan.

(b) Review statewide trauma system operations, including monitoring adherence to established guidelines and standards, the availability of appropriate resources, and the periodic review of trauma hospital classification criteria.

(c) Review the delivery of emergency medical services by providers and units concerning the provision of care to trauma patients.

(d) Make recommendations to the coordinating board based on the reviews described in subparagraphs (b) and (c).

(e) Recommend to the emergency medical services medical control board modifications of the protocols of trauma care as a result of system-wide review.

(f) Assist trauma hospitals in the development and implementation of trauma quality improvement programs.

(g) Establish such subcommittees as deemed appropriate to carry out the functions of the committee.

(h) Assist the coordinating board in the coordination of a system of comprehensive emergency medical services and the establishment of minimum standards throughout the state by advising the coordinating board on policies, procedures, and protocols.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:9

153-A:9 Proceedings Confidential; Liability. –

I. As used in this section, "records" means records of interviews and all reports, statements, minutes, memoranda, charts, statistics, and other documentation generated during the activities carried out by the trauma medical review committee and its subcommittees under RSA 153-A:8, V(b) and (c). Records shall not mean original medical records or other records kept relative to any patient in the course of the business of operating a hospital or an emergency medical service unit.

II. Records of the trauma medical review committee shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding.

III. No hospital, trustee, medical staff, employee of a hospital, nor any emergency medical service unit or volunteer or employee of a unit shall be held liable in any action for damages or other relief arising from the provision of information to the trauma medical review committee.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:10

153-A:10 Licensure of Emergency Medical Service Units and Emergency Medical Service Vehicles. –

I. A person shall not engage in the business or service of providing emergency medical services or the transportation of patients, upon any public way of the state, unless such person holds a license issued by the commissioner for engaging in such a business or service.

II. A person shall not operate an emergency medical service vehicle on public ways in this state if the vehicle is not licensed as an emergency medical service vehicle by the commissioner in accordance with this chapter.

III. The licensing requirements of this section shall not apply to out-of-state emergency medical service units which provide back-up services to New Hampshire emergency medical service units under written mutual aid agreements. In the event of a mass casualty incident, and if vehicles licensed under this chapter are not sufficient to transport the injured or sick, the vehicle licensing provisions of this chapter shall not apply for the period of the incident.

IV. A license shall become invalid if there is any change of ownership of a licensed emergency medical service vehicle, or of a business or service operating as an emergency medical services unit.

V. No license shall be required under this section for an emergency medical service vehicle, its owners, the driver, or its attendants, if the vehicle is owned by a nonresident and is licensed as an emergency medical service vehicle in another state, and is being operated on the public ways of this state to transport patients who are picked up out of state and brought to treatment centers in this state.

VI. If there is a hardship imposed on any applicant for a license under this section because of an unusual circumstance, the applicant may apply to the commissioner for a temporary waiver of the licensing provisions of this section. The commissioner may for good cause waive the licensing provisions of this section.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:11

153-A:11 Licensure of Emergency Medical Care Providers. –

I. Except for automated external defibrillation pursuant to RSA 153-A:28-31, a person shall not provide emergency medical services as a paid or volunteer member of a public or private emergency medical services unit in this state, or as a paid or volunteer member of any police or fire department who, as a condition of employment, may be expected to routinely provide emergency medical services in the line of duty, without being licensed by the commissioner.

II. The commissioner shall establish, by rule, levels of individual licensure and application forms for licensure under this section. The commissioner may use the guidelines established by the American College of Surgeons' Board of Regents as a standard or other such standards, except that a felony conviction shall not necessarily disqualify an applicant. The commissioner shall establish a separate licensure category of advanced emergency medical care provider for individuals who are qualified as emergency medical technician intermediates, paramedics, registered nurse emergency medical technicians, and physician assistant emergency medical technicians.

III. Any applicant seeking a license under this section, other than an apprentice license, shall be 18 years of age or older. Nothing in this chapter shall be construed to prohibit persons under 18 years of age from enrolling in any course necessary for licensing.

IV. Persons seeking the minimum level of licensure shall be required to pass examinations, as set forth in rules adopted by the commissioner.

V. If there is a hardship imposed on any applicant for a license under this section because of unusual circumstances, the applicant may apply to the commissioner for a temporary waiver of the licensing provisions of this section. The commissioner may for good cause waive the licensing provisions for this section.

VI. No license shall be required for students in established training programs leading to licensure as

an emergency medical care provider, provided that the student is supervised in accordance with rules adopted under this chapter and the training program is authorized according to rules adopted under this chapter.

Source. 1999, 345:6. 2000, 302:3. 2002, 156:5, eff. July 14, 2002.

Section 153-A:12

153-A:12 Authority for Licensed Advanced Emergency Medical Care Providers. – An advanced emergency medical care provider licensed under this chapter may render advanced emergency medical care, rescue, and lifesaving services in those areas of training for which such person is licensed, as defined and approved in accordance with the rules adopted under this chapter, at the scene of an emergency, during transportation to a hospital or while in the hospital emergency department, until care is directly assumed by a physician or authorized hospital personnel, and within the hospital in accordance with hospital policies.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:13

153-A:13 Revocation of License. –

I. The commissioner shall deny an application for issuance or renewal of a license, or suspend or revoke a license, when the commissioner finds that the applicant is guilty of any of the following acts or offenses:

(a) Negligence or incompetency in performing authorized services.

(b) Rendering treatment not authorized under this chapter.

(c) Fraud in procuring a license.

(d) Knowingly making misleading, deceptive, untrue, or fraudulent representations in the practice of his or her profession, or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

(e) The illegal use of drugs.

(f) Fraud in representations as to skills or ability.

(g) Willful or repeated violations of this chapter or of rules adopted pursuant to this chapter.

(h) Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the practice of an emergency medical care provider. A certified copy of the record of conviction or plea of guilty is prima facie evidence of a violation.

(i) Having a license or registration to practice as an emergency medical care provider revoked or suspended, or having other disciplinary action taken by a licensing or registering authority of another state, territory, country, or the National Registry of Emergency Medical Technicians. A certified copy of the record or order of suspension, revocation, or disciplinary action is prima facie evidence of such action.

(j) Negligent, unsafe, or illegal operation of an emergency medical service vehicle, or negligent or unsafe use or maintenance of the safety systems of an emergency medical service vehicle.

(k) Unauthorized disclosure of information regarding an individual who has received care or the services rendered to an individual.

(l) Delivering emergency medical care while drug or alcohol impaired.

II. A determination of mental incompetence by a court of competent jurisdiction automatically suspends a license for the duration of the license, unless the commissioner orders otherwise.

III. A denial, suspension, or revocation under this section shall be in accordance with RSA 541-A.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:14

153-A:14 Investigations. – The director shall investigate any complaint regarding the actions of any licensee licensed under this chapter or when the director has reason to believe that any licensed or unlicensed individual or entity is in violation of this chapter or any rules adopted pursuant to this chapter.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:15

153-A:15 Fees. – The commissioner may charge a fee for licensure of an emergency medical service unit, an emergency medical service vehicle, or an emergency medical care provider. However, no fee shall be charged to a nonprofit corporation or volunteer association. The sums obtained from fees charged for licensure shall be forwarded to the state treasurer to be deposited into the general fund.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:16

153-A:16 Exception for Physician, Registered Nurse, and Physician Assistant. –

I. This chapter shall not be construed to restrict a licensed physician, registered nurse, or physician assistant from serving on an emergency medical service unit at any level of licensure, provided that they have been certified by the commissioner as having education and training appropriate to the delivery of emergency medical services. The commissioner shall establish the qualifications required for such certification. The qualifications for certification shall be adopted as rule under RSA 153-A:20.

II. A physician, registered nurse, or physician assistant providing services in accordance with this section shall be immune from liability under RSA 153-A:17. Nothing in this section shall be construed as restricting the authority or practice of any registered nurse who cares for any patient while that patient is being transported by an emergency medical service vehicle, or other means of conveyance, from one hospital to another hospital under orders from a physician caring for that patient.

III. [Repealed.]

Source. 1999, 345:6. 2005, 163:1. 2006, 114:1. 2011, 62:1, eff. July 15, 2011.

Section 153-A:17

153-A:17 Liability. –

I. No approved emergency medical services training program nor any entity or person participating as

part of an approved educational program, as authorized by this chapter, shall be liable for any civil damages as a result of teaching or following primary and continuing educational practices as taught to and practiced by enrolled students under proper supervision, unless guilty of gross or willful negligence.

II. No licensed emergency medical care provider who in good faith attempts to render emergency medical services authorized by this chapter at an emergency scene while en route to a place of employment shall receive any form of reprimand or penalty by an employer as a result of late arrival at the place of employment. An employer may request written verification from any such licensed emergency medical care provider, who shall obtain the written verification from either the police officer, fire officer, or emergency medical services personnel in charge at the emergency scene.

III. No person who is an emergency medical services instructor or assistant instructor employed or retained by the department of safety or who is an emergency medical services instructor or assistant instructor employed or retained by a hospital, nonprofit fire department or emergency medical service unit shall be held personally liable in any action to recover for personal injury, bodily injury, or property damage arising out of any act performed or occurring in the furtherance of such instructor's official educational or training duties and responsibilities. Nothing in this section shall affect the liability of such person for damages arising out of willful misconduct, gross negligence, or providing educational or training services while under the influence of drugs or alcohol.

IV. The department of safety, its employees, and individuals under contract to the department for the purpose of administering or proctoring examinations, either written or practical, shall be held harmless in any lawsuit alleging that the testing was insufficient, inappropriate, or in any way deficient, if carried out in accordance with rules adopted under RSA 153-A:20, VIII. This paragraph shall not hold harmless any individual charged with conducting written or practical examinations who is negligent in his or her actions.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:17-a

153-A:17-a Critical Incident Intervention and Management. –

I. In this section:

(a) "Critical incident" means an event or events that result in acute or cumulative psychological stress or trauma to an emergency service provider as a result of response to the incident.

(b) "Critical incident stress" means an unusually strong emotional, cognitive, or physical reaction that has the potential to interfere with normal functioning and that results from the response to a critical incident or long-term occupational exposure to a series of critical incident responses over a period of time that are believed to be causing debilitating stress that is affecting an emergency service provider and his or her work performance or family situation. This may include, but is not limited to, physical and emotional illness, failure of usual coping mechanisms, loss of interest in the job, personality changes, or loss of ability to function.

(c) "Critical incident stress management" means a process of crisis intervention designed to assist emergency service providers in coping with the psychological trauma resulting from response to a critical incident.

(d) "Critical incident stress management and crisis intervention services" means consultation, counseling, debriefing, defusing, intervention services, management, prevention, and referral provided by a critical incident stress management team member.

(e) "Critical incident stress management team" or "team" means the group of one or more trained

volunteers, including members of peer support groups organized by a unit of state, local, or county government who offer critical incident stress management and crisis intervention services following a critical incident or long term or continued, debilitating stress being experienced by emergency services providers and affecting them or their family situation.

(f) "Critical incident stress management team member" or "team member" means an emergency services provider, including any law enforcement officer, sheriff or deputy sheriff, state police officer, civilian law enforcement employee, firefighter, civilian fire department employee, and emergency medical personnel, specially trained to provide critical incident stress management and crisis intervention services as a member of an organized and registered team.

II. (a) Team members shall undergo and sustain certification standards set forth in guidelines established by the International Critical Incident Stress Foundation (ICISF) approved by the commissioner of the department of safety, or a similar organization for which the commissioner shall not unreasonably withhold approval. The team shall be registered with ICISF, or a similar organization, and maintain training standards to date as required.

(b) All critical incident stress management team members, sworn or civilian, shall be designated by the police chief, sheriff, commander of the state police, fire chief, or director of emergency services.

III. (a) Any information divulged to the team or a team member during the provision of critical incident stress management and crisis intervention services shall be kept confidential and shall not be disclosed to a third party or in a criminal, civil, or administrative proceeding. Records kept by critical incident stress management team members are not subject to subpoena, discovery, or introduction into evidence in a criminal, civil, or administrative action. Except as provided in subparagraph (c), no person, whether critical incident stress management team member or team leader providing or receiving critical incident stress management and crisis intervention services, shall be required to testify or divulge any information obtained solely through such crisis intervention.

(b) The purpose of this section is to provide a consistent framework for the operation of critical incident stress management teams and their members. In any civil action against any individual, agency, or government entity, including the state of New Hampshire, arising out of the conduct of a member of such team, this section is not intended and shall not be admissible to establish negligence in any instance where requirements herein are higher than the standard of care that would otherwise have been applicable in such action under state law.

(c) A communication shall not be deemed confidential pursuant to this section if:

(1) The communication indicates the existence of a danger to the individual who receives critical incident stress management and crisis intervention services or to any other person or persons.

(2) The communication indicates the existence of past child abuse or neglect of the individual, abuse of an adult as defined by law, or family violence as defined by law.

(3) The communication indicates the existence of past or present acts constituting an intentional tort or crime, provided the applicable statute of limitation has not expired on the act indicated.

Source. 2013, 74:1, eff. June 6, 2013.

Section 153-A:18

153-A:18 Limitation of Liability for Failure to Obtain Consent. – No licensed emergency medical care provider or any health professional shall be subject to civil liability based solely upon failure to obtain consent in rendering emergency medical services to any person, regardless of age, where the person is unable to give consent for any reason, including minority, and where there is no other person

reasonably available who is legally authorized to give consent to the providing of such care, provided that the licensed emergency medical care provider, or health professional, has acted in good faith without knowledge of facts negating consent.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:19

153-A:19 Mutual Aid. –

I. The system of emergency medical services in this state shall include provisions for appropriate system response to incidents beyond the resource capabilities of individual emergency medical service units available on a regular daily basis. Written mutual aid arrangements may be established with neighboring emergency medical services systems to insure integration of care and shall consider the role of nonemergency medical services public safety agencies, their roles, relationships, and responsibilities in standard operation. A written mutual aid arrangement shall specify who shall be responsible for the direction of medical care at the scene. In the absence of a written agreement, while in the performance of their duties extending emergency medical services in a mutual aid situation, emergency medical care providers shall be under the overall direction of the local authority having jurisdiction but subject to medical control, as defined under RSA 153-A:2, XIV, and such providers shall have the immunities and privileges as if performing the same duties within their respective service areas.

II. Any emergency medical service unit may enter into a mutual aid agreement with other emergency medical service units, within or outside the state, for purposes of rendering aid.

III. Nothing in this chapter shall be construed to prohibit any emergency medical service unit extending such aid from donating equipment and services and assuming the damage or loss to such equipment or personnel. Any mutual aid agreement may authorize the head of the emergency medical service unit to extend such aid, subject to such conditions and restrictions, as may be prescribed in the agreement.

IV. There shall be no liability imposed by law on the emergency medical service unit, on any municipality, or on the personnel of the emergency medical service unit, for failure to respond or to respond reasonably for the purpose of rendering aid under a mutual aid agreement. This immunity is not intended to be exclusive of other immunities existing by statute, or at common law.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:20

153-A:20 Rulemaking. – The commissioner shall adopt rules, under RSA 541-A, relative to:

I. The licensing and operation of emergency medical service units, emergency medical service vehicles, and emergency medical care providers, including advanced emergency medical care providers.

II. Protocols approved and issued by the emergency medical services medical control board for provision of emergency medical care, which shall address living wills established under RSA 137-J, durable powers of attorney for health care established under RSA 137-J, and patient-requested, physician generated orders relative to resuscitation. Notwithstanding RSA 541-A:12, III, the department may incorporate by reference into such rules protocols pertaining solely to medical and pharmaceutical patient care processes issued by the emergency medical services board and approved by the commissioner.

III. Necessary equipment and staffing for emergency medical service vehicles, including standards of suitability for such vehicles used in the transportation of patients in relation to health, sanitation, safety, communications, maintenance, on-board medical equipment, safety equipment, extrication equipment, markings, garaging conditions, and care and condition of the emergency medical service vehicle and its equipment.

IV. Reporting by emergency medical service units and maintenance of patient records, including protecting the confidentiality of patient records.

V. Length of licensure and procedures for issuance, renewal, limitation, suspension, and revocation of licensure authorized under this chapter.

VI. Levels of qualifications for licensure, including demonstration of coverage for financial liability.

VII. Procedures for hearings and investigations.

VIII. Training, including training programs for students and emergency medical services instructor/coordinators, requirements for training agencies, testing and student supervision.

IX. Communication.

X. Patient triage and transfer.

XI. Mass casualty response.

XII. Certification standards for licensed physicians, registered nurses, and physician assistants, in accordance with RSA 153-A:16.

XIII. Fees required under this chapter.

XIV. Operation of emergency medical care units.

XV. Responsibilities and authority for councils established under RSA 153-A:6.

XVI. Methods of providing data to bodies established under this chapter while maintaining confidentiality as required under RSA 21-P:12-b, II(g).

XVII. What constitutes good cause for waiver of a license under RSA 153-A:10, VI and 153-A:11, V.

XVIII. A schedule of administrative fines imposed under RSA 153-A:22 for violation of this chapter or the rules adopted pursuant to it.

XIX. Procedures for notice and hearing prior to the imposition of an administrative fine imposed under RSA 153-A:22.

XX. The categories of classification of hospitals which provide adult and pediatric trauma services.

XXI. Procurement, storage, and security of noncontrolled and controlled prescription drugs approved for use by emergency medical care providers in accordance with RSA 318 and RSA 318-B.

XXII. Implementation and administration of the automated external defibrillator registry established in RSA 153-A:32.

XXIII. The administration of the quality management program established under RSA 153-A:34.

Source. 1999, 345:6. 2002, 156:3. 2005, 231:5, 7. 2006, 302:3, eff. Jan. 1, 2007.

Section 153-A:21

153-A:21 Prohibited Acts; Penalties. –

I. Any person providing emergency medical services who knowingly implies that such person is a licensed emergency medical care provider, or who uses any other term to indicate or imply that the person is a licensed emergency medical care provider, or who acts as a licensed emergency medical care provider, without having obtained the appropriate license under this chapter, shall be guilty of a misdemeanor for the first offense and a class B felony for subsequent offenses.

II. An owner of an emergency medical service unit or vehicle who operates or purports to operate an

emergency medical services unit or vehicle, or who uses terms to indicate or to imply such licensure without having obtained the appropriate license under this chapter, shall be guilty of a misdemeanor for the first offense and a class B felony for subsequent offenses.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:22

153-A:22 Administrative Fines. – The commissioner, after notice and hearing, pursuant to rules adopted under RSA 541-A, may impose an administrative fine not to exceed $2,000 for each offense upon any person or entity licensed under this chapter who violates any provision of this chapter or rules adopted under this chapter. Rehearings and appeals from a decision of the director shall be in accordance with RSA 541. Any administrative fine imposed under this section shall not preclude the imposition of further penalties or administrative actions under this chapter. The commissioner shall adopt rules in accordance with RSA 541-A relative to administrative fines which shall be scaled to reflect the scope and severity of the violation. The sums obtained from the levying of administrative fines under this chapter shall be forwarded to the state treasurer to be deposited into the general fund.

Source. 1999, 345:6, eff. July 1, 1999.

1.1 Reimbursement for Public Agency Response Services

Section 153-A:23

153-A:23 Statement of Intent. – This subdivision is intended to provide for the recovery of expenses of a public agency response which are due to certain actions of persons which result in a public agency response. This subdivision shall not be construed to replace any other provisions of civil or criminal law relating to the recovery of such expenses.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:24

153-A:24 Responsibility for Public Agency Response Services. –

I. A person shall be liable for response expenses if, in the judgment of the court, such person:

(a) Negligently operates a motor vehicle, boat, off highway recreational vehicle, or aircraft while under the influence of an alcoholic beverage or controlled drug and thereby proximately causes any incident resulting in a public agency response;

(b) Takes another person or persons hostage or threatens to harm himself or another person, thereby proximately causing any incident resulting in an appropriate public agency response; or

(c) Recklessly or intentionally creates a situation requiring an emergency response.

II. A person's liability under this subdivision for response expenses shall not exceed $10,000 for any single public agency response incident.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:25

153-A:25 Collections; Insurance. – The response expense shall be a debt owed by the person responsible and shall not be paid by an insurance company. The public agency which incurred the expense may collect the debt in the same manner as in the case of an obligation under a contract, expressed or implied. Public agency expenses may include reasonable attorney fees.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:26

153-A:26 Admissibility in Criminal Proceedings. – Any testimony, admission, or other statement made by the defendant in any civil proceeding brought pursuant to this subdivision, or any evidence derived from such proceeding, shall not be admitted or otherwise used in any criminal proceeding arising out of the same incident.

Source. 1999, 345:6, eff. July 1, 1999.

Section 153-A:27

153-A:27 Court Order. – When a person is sentenced for any criminal offense which resulted in a public agency response, the sentencing court may order that the person be required to pay the expenses of any public agency response or to perform up to 500 hours of uncompensated community service.

Source. 1999, 345:6, eff. July 1, 1999.

1.1 Automated External Defibrillator

Section 153-A:28

153-A:28 Intent. –

I. The use of automated external defibrillators addresses an important public health problem in New Hampshire. It is the intent of the legislature to encourage the use and availability of automated external defibrillators, along with training in the use of automated external defibrillators, for the purpose of saving the lives of people in cardiac arrest.

II. Further, the legislature strongly encourages dissemination of educational information regarding automated external defibrillators and encourages that access to these lifesaving devices be made widely available to businesses, schools, fire and police departments, and other public and private organizations throughout the state.

Source. 2000, 302:4. 2002, 156:5, eff. July 14, 2002.

Section 153-A:29

153-A:29 Definitions. – For purposes of this subdivision, "automated external defibrillator" means a medical device which combines a heart monitor and defibrillator and:

I. Has been approved by the United States Food and Drug Administration;

II. Is capable of recognizing the presence or absence of ventricular fibrillation;

III. Is capable of determining whether defibrillation should be performed; and

IV. Automatically charges and requests delivery of an electrical impulse to an individual's heart, upon determination that defibrillation should be performed.

Source. 2000, 302:4. 2002, 156:5, eff. July 14, 2002.

Section 153-A:30

153-A:30 Training. – Every person, association, corporation or other organization that acquires an automated external defibrillator shall require anticipated responders expected to use the automated external defibrillator to receive training in cardiopulmonary resuscitation and automated external defibrillator use. This section shall not limit the use of the automated external defibrillator to the anticipated responder nor shall this section limit the provisions of RSA 153-A:31.

Source. 2000, 302:4. 2002, 156:5. 2008, 207:2, eff. Aug. 15, 2008.

Section 153-A:31

153-A:31 Liability Limited. – Any person who, in good faith and without compensation, renders emergency care by the use of an automated external defibrillator shall not be liable for civil damages for any acts or omissions unless the acts or omissions were grossly negligent or willful and wanton. Any person, association, corporation or other organization that acquires and maintains an automated external defibrillator for emergency care shall not be liable for civil damages other than for gross negligence or willful and wanton acts or omissions. This section shall not limit civil liability protection provided by any other law.

Source. 2000, 302:4. 2002, 156:5, eff. July 14, 2002.

Section 153-A:32

153-A:32 Automated External Defibrillator Registry. – There shall be established in the department of safety a registry for all automated external defibrillators in the state. The department is authorized to release information from the registry to first responders in an emergency through the enhanced 911 system. Registration shall include the address and precise location of the automated external defibrillator.

Source. 2002, 156:2, eff. July 14, 2002.

Section 153-A:33

153-A:33 Registration Required. –

I. The owner of an automated external defibrillator shall register with the department of safety under

RSA 153-A:32 within 30 days of acquisition.

II. Manufacturers or distributors shall provide written notice to purchasers of the requirement to register automated external defibrillators with the department.

III. The provisions of paragraphs I and II shall not apply to owners who purchase an automated external defibrillator for use in a private residence.

Source. 2002, 156:2, eff. July 14, 2002.

1.1 Quality Management Program

Section 153-A:34

153-A:34 Quality Management Program –

I. In this section:

(a) "Quality management program" means a comprehensive, continuous, and organization-wide evaluation and measurement system established in accordance with the rules and definitions adopted by the division of fire standards and training and emergency medical services. The system shall be used to evaluate and monitor the quality and appropriateness of system operation and the care provided to patients in order to identify sentinel events and trends so that corrective action may be taken by the local provider agency.

(b) "Records" means records of interviews, internal review and investigations, and all reports, statements, minutes, memoranda, charts, statistics, and other documentation generated during the activities of a quality management program. "Records" shall not mean original medical records or other records kept relative to any patient in the course of the business of operating as an emergency medical services unit.

II. Records of a quality management program shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality management program, and any person who supplies information or testifies as part of a quality management program, or who is a member of a quality management program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:

(a) A judicial or administrative proceeding brought by the commissioner to revoke or restrict the license or certification of an emergency medical care provider or other person licensed under this chapter; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against an emergency medical care provider or other person licensed under this chapter.

III. No person or entity shall be held liable in any action for damages or other relief arising from their good faith participation in a quality management program, or from the providing of information to a quality management program or in any judicial or administrative proceeding.

Source. 2005, 231:6, eff. Jan. 1, 2006.