



# Washington Update

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**August 2014**

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**UPCOMING EVENTS**

**1. NASEMSO Annual Meeting Council and Committee Agendas Posted**

Planning on attending the 2014 NASEMSO Annual Meeting in (Cleveland, OH) the Rock and Roll Capital of the World?? Program updates are being posted as new information becomes available. Council and program agendas have been posted for this year's event on October 6-10, 2014. Don't forget our inaugural **POSTER SESSION**— applications are being accepted until August 31, 2014!! Exhibitors: Booths are going fast, reserve one today by downloading our prospectus.... ALL at <http://www.nasemso.org/Meetings/Annual/AnnualMeeting2014.asp>.

**2. NASEMSO Participates in Update to BLS Data on EMS Professions**

The Joint National EMS Leadership Forum (JNEMSLF), a group of national EMS organizations including NASEMSO has submitted suggested changes to the Standard Occupational Classification Policy Committee, U.S. Bureau of Labor Statistics, regarding the broad group of emergency medical technicians (EMTs) and Paramedics (29-2040) and creation of new detailed occupations under the broad group of EMTs and Paramedics (29-2040) to replace the existing detailed occupation EMTs and Paramedics (29-2041). The JNEMSLF has identified concerns about the current data collecting structure, which results in serious under reporting of critical EMS-related work place data. The JNEMSLF, which supports and represents professionals and agencies responsible for the EMS delivery in the United States, works collaboratively on issues of national importance impacting the provision of EMS at the community level and as part of U.S. disaster preparedness and response activities. [Download comments here](#).

**3. NASEMSO Posts New "Need to Know" Resource for Paramedic Students on Program Accreditation**

NEW from NASEMSO!! *Is Your Paramedic Program Accredited?* is a one-page guide for candidates thinking about a career in paramedicine. CAAHEP accreditation is the gold standard in paramedic education that ensures career mobility and enhances opportunities for licensure reciprocity among the states. Find out what you need to know when considering, applying for, or enrolled in a paramedic program [here](#).

**4. NASEMSO Offers Licensure Compact Webinar for EMS Stakeholders**



Join NASEMSO Executive Director Dia Gainor in a presentation on the EMS Licensure Compact. Dia will provide an overview of the objectives, criteria, and plans for implementing this important opportunity on September 16, 2014 at 2PM EDT. Register [here](#).

**5. NASEMSO Ventures into the World of Social Media**

NASEMSO does maintain a presence on Twitter and Facebook. As information and breaking news about NASEMSO services become available, we will attempt to post happenings as they occur--

 Follow us on Twitter <https://twitter.com/nasemso>



Please note that while some items MAY be repeated in Washington Update, social media provides us an opportunity to transmit items on a timelier basis so be sure to add notices to your "safe" lists!!

**6. NHTSA RFI Seeks to Integrate ICD-10 and AIS into Mapping Software**

This notice announces NHTSA's Request for Information (RFI) and comment on the potential development of a mapping software to translate the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification (ICD-10-CM) discharge diagnoses into Abbreviated Injury Scale (AIS) pre-dot codes, injury descriptors, and severity scores. NHTSA is issuing this RFI in collaboration with, and on behalf of, its member agencies within the DOT Traffic Records Coordinating Committee (DOT/TRCC), specifically the Federal Highway Administration (FHWA), the Federal Motor Carrier Safety Administration (FMCSA), and the Bureau of Transportation Statistics (BTS). Feedback and comments on any aspect of the RFI are welcome from all interested public, private, and academic entities. While all feedback is welcome, DOT is particularly interested in feedback on the questions provided in the last section of this RFI. The notice in the Federal Register is available at <https://www.federalregister.gov/articles/2014/06/12/2014-13727/icd-10-cmais-mapping-software>. The deadline for comment is August 11.

**7. NIOSH Has MERS Information for Healthcare and Laboratories**

To aid providers and facilities, the U.S. Centers for Disease Control and Prevention has developed two checklists that identify key actions that can be taken now to enhance preparedness for MERS-CoV infection control. MERS-coronavirus (MERS-CoV) is an emerging cause of viral respiratory illness, which is frequently very severe. MERS can spread through close contact and has been transmitted from patients to healthcare workers. Learn more at <http://www.cdc.gov/niosh/topics/healthcare/>.

**8. CDC Releases Guide for Health Departments on Climate Change**

The CDC has released [Assessing Health Vulnerability to Climate Change: A Guide for Health Departments](#). The report features a Building Resilience Against Climate Effects (BRACE) framework to help health departments prepare for and respond to climate change. In addition, the White House has announced it is taking action to support climate preparedness, which addresses the CDC report and integrating climate change into FEMA hazard mitigation plans. [For more information...](#)

**9. CPH “Unsung Heroes of Public Health” Award Nominations Sought**

Nominations are being accepted for the Campaign for Public Health Foundation's *5th Annual Unsung Heroes of Public Health Awards*. To learn more about the event and how to nominate someone for their inspirational work, click [here](#). The deadline for nominations is November 3<sup>rd</sup>.

**10. FAA Proposes Fines on Two Air Medical Operators**

The U.S. Department of Transportation’s Federal Aviation Administration (FAA) is proposing a \$428,000 civil penalty against Air Methods Corporation of Englewood, Colo., for allegedly operating two helicopters when they were not in compliance with Federal Aviation regulations. The FAA alleges Air Methods, which provides emergency air ambulance services, violated its operations specifications by flying the helicopters despite failing to perform required inspections of their Night Vision Imaging System Compatible Lighting Filtration (NVIS) installations. The FAA also alleges the failure to perform the required inspections rendered the helicopters unairworthy. Between June 8 and Sept. 7, 2011, Air Methods allegedly operated one of the helicopters on 489 flights totaling 144 hours when the NVIS inspections were overdue. During the same period, it allegedly operated the other helicopter on 431 flights totaling 139 hours when the inspections were overdue. Air Methods has 30 days from the receipt of the FAA enforcement letter to respond to the agency.

In related news, The U.S Department of Transportation’s Federal Aviation Administration (FAA) is proposing a \$110,000 civil penalty against Air Evac EMS Inc., of West Plains, Mo., for operating a Bell BHT 206 helicopter that was not in compliance with Federal Aviation Regulations. The FAA alleges a company mechanic installed a chin bubble window on the aircraft without following the manufacturer’s instructions, and then failed to document the installation in the aircraft’s maintenance logbook. As a result of the improper installation, the aircraft was not in compliance with Federal Aviation Regulations. The company, which provides air medical services, returned the aircraft to service and flew it on eight passenger-carrying flights. On Sept. 4, 2012, after only 7.3 flight hours, the chin window fell off during cruise flight, resulting in a precautionary landing. The FAA alleges Air Evac operated the aircraft in a careless manner that endangered the lives of people on the aircraft and on the ground. Air Evac has been in communication with the FAA about this matter.

**11. Former California Helicopter Pilot Pleads Guilty to ID Theft**

John M. Dial, a Skaneateles NY man, who used fake IDs to get credentials to fly air ambulances and news helicopters, recently pleaded guilty in a federal court in California to aggravated identity theft. Federal investigators tracked Dial, 58, to Mercy Flight Central's base in Marcellus where he was arrested in July 2013. He had been flying helicopters for the service for about eight months under the name Alex Coussirat and presented all the certifications he needed to be a pilot, according to EMS Air Services of NY, which provides Mercy Flight Central its pilots. Dial had passed the company's background check, which included calling the references he listed, the company said at the time of his arrest. Federal authorities in Sacramento said Dial used a former co-worker's name to get a job at the air ambulance service in New York. Dial also created a fraudulent United States passport using that person's identity. Dial is scheduled to be sentenced by United States District Judge Morrison C. England Jr. on

Aug. 14. He faces a mandatory statutory penalty of two years in prison and a \$250,000 fine. [For more information...](#)

**12. FAA Corrects Air Ambulance Requirements**

The Federal Aviation Administration (FAA) is correcting a final rule published on February 21, 2014. In that rule, the FAA amended its regulations to revise the helicopter air ambulance, commercial helicopter, and general aviation helicopter operating requirements. This document corrects errors in the codified text of that document, Helicopter Air Ambulance, Commercial Helicopter, and Part 91 Helicopter Operations. [For more information...](#)

**13. CONCERN Network Warns of Old Airport Radar Effect on Zoll X Series Monitors**

From the pages of Concern Network Bulletin comes this cautionary report from the team at Northwest MedStar: “At the beginning of April, the Medstar base in Missoula, Montana acquired new Zoll X-series monitors. Shortly after being placed into service, we began to notice that the monitors would turn off at the Missoula International Airport base (MSO). This occurred exclusively at MSO in a couple of locations. Initially we believed the monitors were faulty and sent them back to Zoll for evaluation. Other MedStar bases had used these monitors for over a year without any problem. In early June, the Spokane Medstar team experienced a monitor 'reset' at MSO during takeoff with a patient on board with a monitor that had never had a problem. As we looked further into the problem, we observed that the monitors 'reset' during a radar sweep by one of the radars at the west end of the MSO runway. Our evaluation process was repeated to assure that the timing of the radar sweep coincided with the monitor 'reset'. We were informed that these are late model (70's era) radars which are still in use across Montana. While there has been no harm to our patient population up to this point we believe flight teams transferring patients into and out of Missoula or other airports with these 70's era radars should be aware of the potential problem if your patient happens to be attached to a Zoll X series monitor and especially if they are being paced. We are working with Zoll to find a solution. Our temporary fix is that we shield the monitor with a foil-backed device such as aluminum foil or a reflective sun shade. Apparently the foil disperses the signal and a monitor 'reset' does not happen.”

**14. NIST Seeks Public Comment on Updated Guide Assessing Network Security Measures**

The National Institute of Standards and Technology is seeking public comment on a draft updating a guide designed to help agencies and others better assess how they're protecting federal information systems and networks. NIST said public comments on the [updated draft](#) - popularly known by its number, SP 800-53A - is due by Sept. 26. The full name of the special publication is "Assessing Security and Privacy Controls in Federal Information Systems and Organizations: Building Effective Assessment Plans." It essentially provides the methodology for determining how well an agency is protecting its system or network. The newly updated draft guide, SP 800-53A, contains significant changes to the 2010 version in content and format, including new assessment procedures and a new appendix to support continuous monitoring and ongoing authorization programs. [For more information...](#)

**15. Official Date for ICD-10 Implementation Announced**

The U.S. Department of Health and Human Services (HHS) has [issued a rule](#) finalizing Oct. 1, 2015 as the new compliance date for healthcare providers, health plans, and healthcare clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies, and others in the healthcare industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.

**16. REMINDER: August 5 Webinar Focuses on Tourniquets and Hemostatic Dressings**

National experts in emergency medicine and trauma care will join the NHTSA Office of EMS to discuss the lessons learned from Iraq and Afghanistan and how prehospital tourniquet application is saving the lives of fighters overseas. The panel will address the guideline development process using external hemorrhage control as a model and will discuss suggestions for guideline implementation. Download the tourniquet and hemostatic dressing guideline [here](#) to learn more about the guideline and to prepare questions for the webinar panel. Register [here](#) for tomorrow’s webinar at 2pm EDT.

**17. Saving Lives on the Battlefield: Lessons for Prehospital Care**

In 2013, the US Central Command Prehospital Trauma Care Assessment Team published “[Saving Lives on the Battlefield](#)” with the stated goal to “assess pre-hospital trauma care within the Combined Joint Operations Area – Afghanistan (CJOA-A) and provide recommendations to reduce preventable combat death among U.S., Coalition, and Afghan forces to the lowest incidence achievable.” In the meanwhile, the military has more broadly implemented the evidence-based Tactical Combat Casualty Care (TCCC) Guidelines which has been proven to reduce morbidity and mortality on the battlefield. Many of these lessons are applicable to civilian EMS. The report has been recently updated and is now available on the [NASEMSO web site](#) as “Saving Lives on the Battlefield (Part II) – One Year Later.”

**18. DHS Announces FY2014 Grant Allocations for Preparedness Grants**

On July 25, the U.S. Department of Homeland Security (DHS) announced final allocations for seven FY2014 DHS preparedness grant programs totaling \$1.6 billion to assist states, urban areas, tribal and territorial governments, non-profit agencies, and the private sector. Of the total, \$1 billion is allocated for the Homeland Security Grant Program (HSGP) to states and urban areas to prevent, protect against, mitigate, respond to, and recover from acts of terrorism and other threats. The HSGP funding breaks down as follows:

- State Homeland Security Program (SHSP) — \$401 million to support the implementation of the National Preparedness System to build and strengthen preparedness capabilities at all levels.
- Urban Areas Security Initiative (UASI) — \$587 million to enhance regional preparedness capabilities in 39 high-threat, high-density areas.
- Operation Stonegarden (OPSG)—provides \$55 million to enhance cooperation and coordination among local, tribal, territorial, state, and Federal law enforcement agencies to jointly enhance security along the United States land and water borders where there are ongoing U.S. Customs and Border Protection missions.

[For more information...](#)

**19. Alaska Invites Participants to Disaster Forum**

Please join us September 27-30, 2014 for the **Hale Borealis Forum**. This year’s theme - Alaskan Partnerships Securing and Providing Health and Medical Care Before, During and After a Disaster – builds upon last year’s conference and our collective experiences with the Alaska Shield/Hale Borealis 2014 exercise by providing significant cross-disciplinary opportunities in public health preparedness, emergency medical services and trauma care. The **Hale Borealis Forum** will showcase evidence-based practices, current trends, standards of care, and latest innovations in emergency medical care, across the four-day event. This conference is designed to bring together public health professionals, prehospital providers, healthcare facilities, trauma designated hospitals, emergency managers, fire, law enforcement, Alaska Respond volunteer health professionals, and other non-governmental and governmental organizations with equities in emergency preparedness. [The conference website is www.haleborealis.com.](#)

**20. FEMA Announces Availability of Strategic Plan**

The Federal Emergency Management Agency (FEMA) [2014 - 2018 FEMA Strategic Plan](#) reflects objectives the Agency will accomplish to provide the best possible support to the American people before, during, and after disasters. It sets forth the strategies FEMA will employ to accomplish the objectives and also establishes measurable outcomes to achieve. This Strategic Plan was developed through the involvement of hundreds of FEMA employees and many external stakeholders who contributed to generating our objectives, strategies, and outcomes, and who are now working to execute this Plan. The Strategic Plan provides a strategic lens to focus FEMA's efforts and guide the allocation of resources over the next four years. The FEMA Strategic Plan supports the Department of Homeland Security's [2014 Quadrennial Homeland Security Review](#) Mission 5 (Strengthen national preparedness and resilience) and is built on five strategic priorities and two strategic imperatives outlined in the [Fiscal Year 2015-2019 Administrator's Intent](#). [Click here](#) to read the plan.

**21. Response to Radiologic Incidents Focus of New CDC Report**

CDC's Public Health Law Program has published [Public Health Preparedness: Examination of Legal Language Authorizing Responses to Radiological Incidents](#), an assessment of state and local laws that authorize restriction of movement and decontamination of people during a radiological event. The assessment is the result of a partnership between CDC's Public Health Law Program, CDC's National Center Environmental Health, Radiation Studies Branch, and the National Association of County and City Health Officials.

**22. US Influenza Vaccine Supply Expected to Top 150 Million Doses**

Influenza vaccine producers recently began shipping the first doses of a US supply that's expected to top 150 million doses for the coming season, with more quadrivalent (four-strain) products in the mix this year. The three biggest suppliers for the US market, Sanofi Pasteur, GSK, and Novartis, announced the start of vaccine shipments this month. Three others—MedImmune, bioCSL, and Protein Sciences—expect to start shipping their products soon. Most of the doses are given in the late summer and fall, though health officials stress that immunizations later in the season can still be beneficial. One new wrinkle this year is that the ACIP, which develops federal immunization advice, expressed a preference for use of the intranasal vaccine (FluMist, made by MedImmune) in children from 2 through 8 years old, because of evidence of higher efficacy in that age-group. [For more information...](#)

In related news, August is National Immunization Awareness Month. The National Public Health Information Coalition (NPHIC) has assembled an excellent [communications toolkit](#) to help promote vaccinations.

**23. NIST Announces Competition for Community Resilience Center of Excellence**

The National Institute of Standards and Technology (NIST) has announced a competition to create a [Community Resilience Center of Excellence](#) dedicated to collaborative, interdisciplinary research aimed at developing tools and standardized methods that will enhance the ability of localities to reduce the impact of disasters and to speed recovery in their aftermath. NIST anticipates funding the new center at about \$4 million annually for five years, with the possibility of renewing the award for an additional five years. Funding is subject to the availability of funds through NIST's appropriations. The competition is open to accredited institutions of higher education and nonprofit organizations located in the United States and its territories. The proposing institution may work as part of a consortium that could include other academic institutions; nonprofit organizations; companies; or state, tribal or local governments. Full details of the solicitation, including eligibility requirements, selection criteria, legal

requirements and the mechanism for submitting proposals are found in an announcement of Federal Funding Opportunity (FFO) posted at [Grants.gov](http://Grants.gov) under funding opportunity **2014-NIST-CR-COE-01**. See [www.grants.gov/web/grants/view-opportunity.html?oppld=259088](http://www.grants.gov/web/grants/view-opportunity.html?oppld=259088).

**24. 2014 National Preparedness Month Theme Announced**

The theme for National Preparedness Month is "Be Disaster Aware, Take Action to Prepare". The Department of Homeland Security (DHS) has already started a [2014 National Preparedness Month thread](#) in the NPC Member Discussion board, discussing NPM 2014 and to provide a space to share any preliminary plans or questions the community might have. Head over to [Ready.gov/September](http://Ready.gov/September) for more information about National Preparedness Month, including weekly break-downs and many other resources as we move towards September! 2014 National Preparedness Month logo and toolkit coming soon!

**25. FEMA Releases National Protection Framework**

The Federal Government and its partners released the National Protection Framework, one of the five National Planning Frameworks directed in Presidential Policy Directive 8: National Preparedness. The National Protection Framework covers the capabilities necessary to secure the homeland against acts of terrorism and manmade or natural disasters. It is focused on actions to protect against the greatest risks in a manner that allows American interests, aspirations, and way of life to thrive. The Protection Framework describes the core capabilities; roles and responsibilities; and coordinating structures that facilitate the protection of individuals, communities, and the Nation. There is one Framework for each of the five mission areas: Prevention, Protection, Mitigation, Response and Recovery. The National Disaster Recovery Framework was the first to be released (September 2011). The Prevention, Mitigation and updated National Response Framework were released in May 2013. The National Protection Framework was released after the other Frameworks to ensure alignment with other National protection policies, such as Presidential Policy Directive 21: Critical Infrastructure Security and Resilience, the National Infrastructure Protection Plan. Together, the National Planning Frameworks document the roles and responsibilities of the whole community in all facets of national preparedness and illustrate how we work together to support one another before, during, and after an emergency. The benefit of this unified effort is a more informed, shared understanding of risks, needs, and capabilities across the whole community; and, in the end, a more secure and resilient nation. You can download the National Planning Frameworks at <http://www.fema.gov/national-planning-frameworks>.

**26. NACCD to Hold Inaugural Meeting This Week**

The National Advisory Committee on Children and Disasters (NACCD) will hold its inaugural meeting on August 8, 2014 from 9:00 AM to 11:00 AM ET. This public meeting will be dedicated to swearing in the 15 new voting members. The Board members will be briefed on the Department of Health and Human Services activities related to the medical and public health needs of children in relation to disasters. This meeting is open to the public and will be held in Washington DC, Thomas P. O’Neill, Jr. Federal Building located at 200 C Street SW, Washington, DC 20024, and via teleconference and webinar. [For more information...](#)

**27. House Passes Bill to Increase Use of Social Media Use During Disasters**

The US House of Representatives has passed bill HR 4263 to amend the Homeland Security Act of 2002 to authorize the Department of Homeland Security to establish a social media working group, and for other purposes. The bill defines interoperable communications as "utilizing information technology systems and radio communications systems to exchange voice, data, and video in real time, as necessary, for acts of terrorism, daily operations, planned events, and emergencies." The social media working group would be charged with providing guidance and best practices to the emergency preparedness and response community. [For more information...](#)

**28. Free Online Emergency Responder Health Monitoring and Surveillance Training**

An Emergency Responder Health Monitoring and Surveillance (ERHMS) system is a critical component in protecting emergency workers from the safety and health risks inherent in emergency response work. An ERHMS system includes specific recommendations and tools for all phases of a response, including the pre-deployment, deployment, and post-deployment phase. Medical monitoring and surveillance can help identify worker exposures and symptoms early in the course of an emergency response that in turn can prevent or reduce adverse physical and psychological outcomes. The National Institute for Occupational Safety and Health (NIOSH) and the U.S. National Response Team are offering a free ERHMS training course that provides the necessary tools for implementing health monitoring and surveillance of emergency response workers. Important procedures for pre-deployment, deployment, and post-deployment are outlined. The intended audience includes local, regional, state, tribal, and federal personnel who are responsible for the occupational safety and health of responders. [For more information...](#)

**29. Learning in Disaster Health 2014: Registration Now Open**

The National Center for Disaster Medicine and Public Health is hosting the 2014 Learning in Disaster Health Workshop (LDH '14) in the DC Metropolitan area (Fort Myer, VA) on September 9-10, 2014. This event is the only National workshop of its kind that addresses learning and disaster health. There is no registration fee for this event, so register today! The keynote speakers for LDH '14 include Edward J. Gabriel, MPA, EMT-P, CEM, CBCP, the Principle Deputy Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services and Arthur L. Kellermann, MD, MPH, the Dean of the F. Edward Herbert School of Medicine at the Uniformed Services University of the Health Sciences. [For more information...](#)

**30. New GAO Report Focuses on FEMA Efficiencies and Operations**

Preparing for, responding to, and recovering from disasters is becoming increasingly complex and costly. GAO reported that from fiscal years 2002 through 2013, the federal government appropriated about \$41 billion for preparedness grant programs and \$6.2 billion to FEMA's Disaster Relief Fund in fiscal year 2014. In addition, FEMA obligated over \$80 billion in federal disaster assistance for major disasters declared from fiscal years 2004 through 2011 and responded to more disasters than in any other year in its history during fiscal year 2011. The larger number and size of disasters has required increasingly complex and costly FEMA operations and processes to prepare for and respond to these events. For example, Hurricane Sandy in September 2012 required one of the largest deployment of disaster personnel in FEMA's history. Similarly, FEMA's own administrative costs—such as the cost to house and deploy its disaster personnel—have also increased. This testimony discusses GAO's work on opportunities to enhance efficiencies in FEMA's operations in three areas: (1) disaster administrative costs, (2) workforce management, and (3) preparedness grant management. This testimony is based on previous GAO reports issued from 2008 to 2014 with selected updates and preliminary observations from GAO's ongoing work on disaster administrative costs and workforce management issues in response to Hurricane Sandy. Read *Federal Emergency Management Agency: Opportunities to Achieve Efficiencies and Strengthen Operations* GAO-14-687T at <http://www.gao.gov/products/GAO-14-687T>.

**31. BUMC Publishes Study on EMS in Active Shooter Scenarios**

Emergency Medical Service (EMS) responders felt better prepared to respond to an active shooter incident after receiving focused tactical training according to a new study by researchers at Boston University in the journal [Prehospital and Disaster Medicine](#). This is the first study to specifically examine the EMS provider comfort level

with respect to entering a scene where a shooter has not yet been neutralized or working with law enforcement personnel during that response. [For more information...](#)

**32. BPC Publishes Follow-up Report on Terrorist Threats**

Founded in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell, the Bipartisan Policy Center (BPC) is a non-profit organization that drives principled solutions through rigorous analysis, reasoned negotiation and respectful dialogue. The Bipartisan Policy Center and the Annenberg Public Policy Center has released a new report, [Today's Rising Terrorist Threat and the Danger to the United States: Reflections on the Tenth Anniversary of The 9/11 Commission Report](#), which outlines concerns of international as well as domestic terrorism.

**33. NIOSH Issues First Closed-Circuit Escape Respirator Approval Under New Certification Requirements**

The National Institute for Occupational Safety and Health (NIOSH) has issued the first approval for a respirator that complies with the new requirements for Closed-Circuit Escape Respirators (CCERs). The approval comes approximately nine months ahead of the deadline established for companies to transition to the new requirements. The new requirements are intended to strengthen emergency respiratory protection for workers relying on these devices during life-threatening escape situations. Approval TC-13G-0001 was issued to Avon Protection Systems, Inc. on July 24, 2014 for its ER-2 EEBD. The ER-2 EEBD is certified by NIOSH as a Cap I, 20-liter, CCER for use in non-mining applications. This device provides the user with 20 liters of oxygen to escape from atmospheres considered to be immediately dangerous to life and health. Known in the Navy and commercial shipping industry as emergency escape breathing devices/apparatus (EEBD/EEBA) and in the mining community as self-contained self-rescuers (SCSR), closed-circuit escape respirators are the most compact technology capable of providing self-contained, breathable air to workers in emergencies, such as escape from a shipboard fire below deck or a smoke-filled mine from a mine fire. The devices are also found in other work environments such as tunneling operations in construction and for crewmembers in locomotive cabs on freight trains carrying hazardous materials. Due to their compact size, CCERs are often carried on a worker's belt or they may be found stored in close proximity to be accessible in an emergency. Closed-circuit technology re-circulates and replenishes the user's breathing air making the most efficient use of the oxygen it contains. Carbon dioxide is chemically removed, and oxygen is replenished from either chemical reaction, or from a compressed-oxygen supply. The newly certified product relies upon compressed gaseous oxygen. More information about NIOSH's testing and certification program can be found at <http://www.cdc.gov/niosh/nppt/>.

**34. Senate Committee Announces FY2015 LHHS Spending Bill**

The Senate Appropriations Committee has released their [bill](#) and [report language](#) for the FY2015 Labor-HHS spending bill. The bill includes:

- \$415 million for BARDA, including \$15 million to be used for antibiotic development;
- \$407 million for the Special Reserve Fund, including a call for the PHEMCE 5-year spending plan;
- \$644 million for CDC public health emergency preparedness grants, level with FY14;
- \$255 million for the Hospital Preparedness Program, equal to FY14;
- \$130 million for pandemic flu preparedness, including \$100 million in no-year funding.

**35. Highway Reauthorization Update**

With the clock ticking down before August recess, Congress passed an \$11 billion Highway Trust Fund (HTF) bailout and MAP-21 authorization extension that will last through May 2015. The Senate passed the final bill with hours left before the August 1 deadline after which the U.S. Department of Transportation (U.S. DOT) would have started

cutting highway reimbursements to states. The bill is funded through a combination of customs user fees, a budget maneuver known as "pension smoothing" which allows companies to delay contributions to employee pension plans, and a transfer from the leaking underground store tank fund. Passage of the final bill came about in typical Washington fashion with yet another showdown between the House and Senate. The day before Congress was scheduled to leave town for the month-long recess, the Senate passed an amended version of the House bill that attempted to use a different set of funding offsets and shorten the extension period to December in order to force a vote on a long-term authorization by year's end. The next day the House again took up the measure, stripped the funding and extension date Senate revisions, and sent the original language back to the Senate floor for a vote. On the second time around, the Senate ultimately passed the original House language and sent the bill to the President to be signed into law. [For more information...](#)

**36. FDA Approves Ultraportable Ultrasound in US**

Royal Philips recently announced that it has received 510(k) clearance from the U.S. Food and Drug Administration to market its innovative ultra mobile ultrasound system, VISIQ, in the U.S. VISIQ is the first Philips ultrasound system to combine the benefits of greater mobility, performance and simplicity into a single miniaturized solution, helping clinicians increase access to quality diagnostic scans for more OB patients. This breakthrough ultrasound device can be easily transported wherever care is needed, and its quick-start technology and long battery life make it an ideal system for physician offices, hospitals and other clinical settings. [For more information...](#)

**37. USAG Announces Plans for Federal Law Enforcement Personnel to Begin Carrying Naloxone**

In a new memorandum released Friday, Attorney General Eric Holder urged federal law enforcement agencies to identify, train and equip personnel who may interact with a victim of a heroin overdose with the drug naloxone. This latest step by the Attorney General will pave the way for certain federal agents -- such as emergency medical personnel -- to begin carrying the potentially life-saving drug known for effectively restoring breathing to a victim in the midst of a heroin or opioid overdose. The Justice Department wants federal law enforcement agencies, as well as their state and local partners, to review their policies and procedures to determine whether personnel in those agencies should be equipped and trained to recognize and respond to opioid overdose by various methods, including the use of naloxone. Seventeen states and the District of Columbia have amended their laws to increase access to naloxone, resulting in over 10,000 overdose reversals since 2001. [For more information...](#)

**38. States to Consider Measure to Expedite Multistate Medical Licensure**

The Journal of the American Medical Association (JAMA) is reporting that a proposed Interstate Medical Licensure Compact would provide a streamlined, expedited way for physicians to get medical licenses in multiple states. Currently, physicians apply directly to a state medical board. If the compact were approved, they could instead apply for new state licenses through the interstate commission. The possible benefits include helping with physician shortages in underserved regions and allowing more physicians to practice via telemedicine. It could also enable patients with complicated or rare diseases to have easier access to specialists. The Federation of State Medical Boards revealed the updated draft interstate compact last week. Among the eligibility criteria, physicians must have had their licenses for at least 3 years and must have passed each component of the U.S. Medical Licensing Examination within three tries. Participating state boards would be mandated to share complaints and investigations with other participating state boards. The federation says that model legislation is expected to be available for state legislatures to consider beginning in 2015. [For more information...](#) See also the [Federation of State Medical Board's website on Interstate Medical Licensure Compact](#).

**39. New Document Highlights Childhood Ag Research**

A new NIOSH publication *A Summary of NIOSH Childhood Agricultural Injury Prevention Extramural Research under the Childhood Agricultural Injury Prevention Initiative: A Quindecennial (1997–2011) of Progress* has recently been released. The document provides a compilation of completed extramural research funded as part of the NIOSH Childhood Agricultural Injury Prevention Initiative. This document will be useful for researchers, stakeholders, and others with an interest in childhood agricultural injury prevention. To access the document, go to <http://www.cdc.gov/niosh/docs/2014-121/>. For more information contact David Hard at DHard @cdc.gov.

**40. Down on the Farm; Fifteen Years of Childhood Agricultural Injury Prevention**

A new publication from the National Institute for Occupational Safety and Health (NIOSH) summarizes fifteen years of childhood agricultural injury data and highlights the agency’s extramural research in childhood agricultural injury prevention. This summary describes research that has been funded by grants from the Childhood Agricultural Injury Prevention Initiative (CAIPI) that serves to protect any child living, working or visiting a farm. The Childhood Agricultural Injury Prevention Initiative (CAIPI) was initiated by NIOSH and its partners in October 1996 with funds appropriated by Congress to conduct and apply research for childhood agricultural injury prevention. Through a tripartite approach of surveillance, research, and information dissemination, the initiative continues to prevent injury and death to children and youth in an agricultural work environment, most frequently on farms. [For more information...](#)

**41. NHTSA Provides Useful Prevention Resources on Kids in Hot Cars**

While the full scope of the fatalities of children due to heatstroke in vehicles is not fully known, NHTSA and other safety advocates and academic institutions have recognized the safety threat heatstroke poses for young children left in hot cars. Together, the Federal Government, automakers, car seat manufacturers, health and safety advocates, consumer groups, and others are working together to tackle this important safety issue. View the heatstroke toolkit at <http://www.safercar.gov/parents/heat-involved.htm>.



**42. Keeping Kids Safe: Opportunities and Challenges in Bullying Prevention**

The upcoming 2014 Federal Bullying Prevention Summit is scheduled for Friday, August 15, 2014 from 8:30 a.m. to 5:30 p.m. EDT. It will focus on State Education Agencies (SEA) and Local Education Agencies (LEA) administrators, teachers, and partner Community Based Organizations (CBOs) and Non-governmental Organizations (NGOs). At this Summit, the Federal Partners in Bullying Prevention aim to highlight successful strategies that support the creation of a positive school climate. The Summit will kick off with a look at current trends and data, as well as the state of the research in bullying prevention. SEA and LEA administrators will share their successes and lessons learned regarding their bullying prevention work. Focus groups will allow audience members to express their opinions concerning the opportunities and challenges they face in implementing their bullying prevention programs. Participants will also be able to share suggestions regarding the future direction of federal bullying prevention efforts to support local programming. Youth, who have worked to reduce bullying in their schools and/or communities, will be participating as an integral part of the Summit. The Federal Partners will highlight recent and past accomplishments and future directions. Other topics that will be covered include cyberbullying, related bullying behaviors that impact healthy school climate, and the relationship between bullying prevention programs and school discipline. [For more information...](#)

**43. NCDMPH Releases "Radiation Disaster Issues in Children: A Case-Based Activity"**

The National Center for Disaster Medicine and Public Health (NCDMPH) released an accredited [case-based activity](#) complementary to the previously released primer, [Radiation Disaster Issues in Children: An Approach to the Patient](#), and [knowledge check](#). Similar to the primer, this new activity discusses the unique needs of pediatric patients during and after exposure to a radiological disaster. This activity is accredited for continuing education for physicians and nurses. NCDMPH Acting Director Kenneth Schor, DO, MPH and Project Associate Thomas Fitzgerald, MPH authored the lesson. Learners can also access this lesson on the Public Health Foundation's TRAIN services under the course number 1050965. Visit NCDMPH's [Online Learning](#) page for other accredited and pediatric-focused online lessons.

**44. Ohio Geriatric Trauma Guidelines Improve Triage Sensitivity**

In a recent article published by the Annals of Emergency Medicine, study authors evaluate the sensitivity of Ohio's 2009 emergency medical services (EMS) geriatric trauma triage criteria compared with the previous adult triage criteria in identifying need for trauma center care among older adults. Ichwan et al studied a retrospective cohort of injured patients aged 16 years or older in the 2006 to 2011 Ohio Trauma Registry. Patients aged 70 years or older were considered geriatric. Authors identified whether each patient met the geriatric and the adult triage criteria. The outcome measure was need for trauma center care, defined by surrogate markers: Injury Severity Score greater than 15, operating room in fewer than 48 hours, any ICU stay, and inhospital mortality. Researchers calculated sensitivity and specificity of both triage criteria for both age groups. The study concludes that standard adult EMS triage guidelines provide poor sensitivity in older adults. Ohio's geriatric trauma triage guidelines significantly improve sensitivity in identifying Injury Severity Score and other surrogate markers of the need for trauma center care, with modest decreases in specificity for older adults. Ichwan et al. Geriatric-Specific Triage Criteria Are More Sensitive Than Standard Adult Criteria in Identifying Need for Trauma Center Care in Injured Older Adults. (2014) In press. [Abstract](#). Subscription required.

**45. New Study Shows Even Mild Brain Injury Causes Brain Damage**

The Journal of Neurology recently published a study from Newcastle University that found that even mild brain injury causes brain damage. The study tested 53 people, age 16 to 68, who suffered mild or moderate concussions and sought emergency room care. The 53 test subjects had MRIs within 6 days of their injury to scan for damage, according to ScienceDaily.com. Compared to a control group, the test group showed nerve damage in the part of the brain that transmits information. Thinking and memory skills were so affected that test subjects scored 25% worse than people without brain injury. Even though the test group improved a year later, the members still exhibited signs of brain damage. The study concluded that "even mild traumatic brain injury may cause brain damage and thinking and memory problems". Most news about traumatic brain injury focuses on severe cases related to combat veterans, NFL players, and life-threatening car accidents. The truth is, 90% of brain injuries are mild to moderate and are caused by relatively minor incidents such as falling off a bike or being shaken in a low-speed car accident. Brain damage – even minor brain damage – injures the "white matter" in the brain made up of nerve axons. These nerve axons act as a sort of information highways between brain cells. Damaged nerve axons are kind of like a road riddled with cracks and potholes. A brain damaged person's cognitive, verbal, and memory skills become impaired because information within the brain can't travel between cells as quickly as it needs to. In light of the information from this study, it's even more important for bicyclists and motorcyclists to wear helmets while riding. A helmet can protect your brain from injury to its information pathways in a minor accident and lower your risk of dementia and other diseases later in life. To view Duffan's article in *The Legal Examiner*, please click here: <http://northeast-nc.legalexaminer.com/head-brain-injuries/dont-forget-your-helmet-new-study->

[shows-even-mild-brain-injury-causes-brain-damage/](#) For the original study in the Journal of Neurology, please click here: <http://www.neurology.org/content/early/2014/07/16/WNL.0000000000000666>

**46. NHTSA OEMS Research Notes Break Down National EMS Assessment**

When the Federal Interagency Committee on EMS (FICEMS) sponsored the first nationwide assessment of emergency medical systems across the country, researchers analyzed data from four principle data sources to describe EMS Systems, EMS preparedness and 911 systems at both the State and national levels. "The 2011 National EMS Assessment report contains a tremendous amount of information about the nation's EMS systems," said Cathy Gotschall, ScD, with the Office of EMS. "But the 500-page report can be overwhelming. We want to summarize the information in a way that will be more accessible to EMS leaders." NHTSA's Office of EMS has created its first National EMS Assessment EMS Research to provide a condensed snapshot of the data in a 7-page summary of a topic of particular interest. This first EMS Research Note focuses on EMS Systems Demographics, addressing:

- Number of licensed local EMS agencies nationwide
- Types of EMS agencies licensed by states
- Percentages of agencies that are fire-based or rely on volunteer service

Review the [Research Note](#) or download the complete [National EMS Assessment](#) report.

**47. FDA Approves New Extended Release Oxycodone with Abuse Deterrent Properties**

The U.S. Food and Drug Administration has approved Targiniq ER (oxycodone hydrochloride and naloxone hydrochloride extended-release tablets), an extended-release/long-acting (ER/LA) opioid analgesic to treat pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Targiniq ER is the second ER/LA opioid analgesic with FDA-approved labeling describing the product's abuse-deterrent properties consistent with the FDA's 2013 draft guidance for industry, [Abuse-Deterrent Opioids – Evaluation and Labeling](#). Targiniq ER has properties that are expected to deter, but not totally prevent, abuse of the drug by snorting and injection. When crushed and snorted, or crushed, dissolved and injected, the naloxone in Targiniq ER blocks the euphoric effects of oxycodone, making it less liked by abusers than oxycodone alone. Targiniq ER can still be abused, including when taken orally (by mouth), which is currently the most common way oxycodone is abused. [For more information...](#)

**48. New AHRQ Monograph Addresses Mental Health: 1st Versus 2<sup>nd</sup> Generation Antipsychotics**

A continuing-education monograph from AHRQ is now available that compares individual first- and second-generation antipsychotic medications in adults with schizophrenia, schizophrenia-related psychoses or bipolar disorder. The monograph, based on a comparative effectiveness review from AHRQ's Effective Health Care Program, reviews evidence comparing the effectiveness and side effects of individual drugs and lists questions for patients and health care providers to consider before choosing a treatment. [For more information...](#) In addition to this new resource, previous materials related to this subject include the following: a [consumer summary](#) of antipsychotic medications for adults, a [clinician research summary](#) that outlines the clinical bottom line of this comparative effectiveness review, an [educational slide set](#) for clinicians to share the evidence with colleagues and students, and the [full research review](#).

**49. SAMHSA Invites Comments on 2015-2018 Strategic Plan**

SAMHSA is the agency within HHS that leads public health efforts to advance the behavioral health of the Nation. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.

This strategic plan outlines work to increase the awareness and improve understanding about mental and substance use disorders; promote emotional health and wellness, and the prevention of substance abuse and mental illness; increase access to effective treatment; and support recovery. An important component of the plan is to prioritize six Strategic Initiatives and the linkages between these initiatives and SAMHSA's policy, programmatic, and financial planning. At its core, this plan offers a framework for common categories of initiatives that enables cross-collaboration and organization of SAMHSA's work. **Feedback Deadline: Monday, August 18, 2014.** [Download Leading Change 2.0](#)

**50. SOPHE/CDC Announces Student Fellowship in Injury Prevention and Control**

The Society for Public Health Education (SOPHE) is accepting applications for one-year student fellowships in injury prevention and control, funded by the CDC's National Center for Injury Prevention and Control. This fellowship is designed to recognize, assist and train students working on projects in injury prevention from the perspective of health education or the behavioral sciences. Recipients of the award will receive the following:

- \$2,000 stipend to be distributed throughout the year
- Fellowship certificate of completion
- Free student membership in national SOPHE for one year
- Complimentary registration at the 2015 SOPHE Annual Meeting and awards banquet, where they will have an opportunity to display and/or provide an oral presentation on the proposed project
- Recognition in SOPHE's newsletter, News & Views, on SOPHE's web site, and CDC's Injury Center web site.

*All applications must be received on or before September 12, 2014 to qualify for consideration.* [For more information...](#)

**51. New Resource Helps Practitioners Enhance Posture Assessment Practices in the Workplace**

The National Institute for Occupational Safety and Health (NIOSH), in partnership with the Canadian Centre of Research Expertise for the Prevention of Musculoskeletal Disorders, has released a new report that can help occupational health and safety practitioners more accurately and efficiently assess postural stress of workers performing their duties at work. The ability to conduct posture assessments in the workplace can assist with the prevention and control of musculoskeletal disorders. The report, Observation-Based Posture Assessment: Review of Current Practice and Recommendations for Improvement, describes a research-based approach to classifying the severity of torso and arm posture. This approach has been demonstrated to improve the accuracy and efficiency of workplace posture analysis. Authors address enhancements such as the benefits of digital video, computer software, training and use of visual cues. Additionally, the report provides practitioners with useful tips for digitally recording and analyzing workers' posture. [For more information...](#)

**52. NIOSH Health Hazard Evaluation Highlights Importance of Preventing Heat-Related Illness**

A recently released Health Hazard Evaluation Report from the National Institute for Occupational Safety and Health (NIOSH) is raising awareness of the risks of working in extreme heat. The report, which is based on an evaluation of heat stress at a national park, provides recommendations that can be applied to other worksites where extreme heat may be a factor. To see if recent (2008–2013) cases of occupational heat-related fatalities have occurred near you, see OSHA's [Heat Fatalities map](#). [For more information...](#)

**53. CDC and EPA Join Forces to Prevent Vector-Borne Diseases**

The Environmental Protection Agency (EPA) and Centers for Disease Control and Prevention (CDC) are recommending that the public use insect repellents and take other precautions to avoid biting insects that carry serious diseases. The incidence of these diseases is on the rise. This joint statement discusses diseases that are transmitted by ticks and mosquitoes, the role of government in vector control and disease prevention, the history

of repellents, how to use repellents as part of an integrated control program, and how to select and use a repellent. [For more information...](#)

**54. New Interactive Map Reveals Info on Fire Fighter Investigations**

A new NIOSH interactive mapping application is now available at <http://wwwn.cdc.gov/wisards/fffmap/>. The site combines fire fighter fatality data from the U.S. Fire Administration (USFA) with information about NIOSH fire fighter fatality investigations. The map shows all fire fighter deaths tracked by USFA and those with “pending” or “completed” NIOSH investigations. Links to final NIOSH reports are included.

**55. New Hand-Hygiene Guidelines Available**

The Society for Healthcare Epidemiology of America and others have released expert guidance on proper hand hygiene in the healthcare setting in *Infection Control and Hospital Epidemiology*.

Among the recommendations:

- Soap and alcohol-based hand rubs (ABHR) should be conveniently located for routine hand hygiene in all areas where patients are seen. Staff members should be consulted on the products' tolerability.
- Healthcare workers should wash their hands with soap and water or use ABHR before direct patient contact, preparing or handling patients' medications, and moving from a contaminated body site to a clean body site on a patient.
- Hands should also be cleaned before and after using an invasive device and after contact with bodily fluids, direct contact with a patient, or contact with a patient's surroundings.
- When hands are visibly soiled, healthcare workers should use soap and water, not ABHR.
- Soaps containing triclosan should be avoided because of the risk for antimicrobial resistance.
- Hand hygiene adherence should be monitored either directly (e.g., by technology) or indirectly (e.g., by tracking the volume of product used).

[For more information...](#)

**56. New ISO Standards Address Medical Device Connectors**

The most important root cause of misconnections in healthcare is the universal design of the Luer connector on medical device tubing and syringes. New design standards from the International Organization for Standardization (ISO) ensures that all manufacturers of feeding tubes and associated administration sets and syringes will use one standard design for the connector that will be universally adopted into practice that does not allow connectivity with any other type of connector. These changes are part of a larger initiative that will later introduce standards for connectors used in other applications. The Luer connector will continue to be used for vascular connections and most drug injections. Besides the new enteral connectors, over the next few years the industry will also see introduction of newer connectors specific for spinal and epidural use, respiratory and driving gasses, limb cuff inflation, and urogenital use. ISO 80369-1:2010 specifies general requirements for small-bore connectors used in medical devices or accessories intended for use with a patient which convey liquids or gases in healthcare applications. [For more information...](#) See also [Tubing and Luer Misconnections: Preventing Dangerous Medical Errors...](#)

**57. NFPA's 2013 Firefighter Fatality Study Released**

A total of 97 on-duty firefighter deaths occurred in the U.S., which is a large increase over the total for the past few years. The increase is due almost entirely to two high-fatality incidents. According to a new NFPA report, despite the large number of traumatic and burn injuries that occurred in those incidents, stress and other medical-related issues continue to account for the largest number of fatalities. [For more information...](#)

**58. NEMSMA, IAEMSC Announce Merger**

International Association of EMS Chiefs (IAEMSC) President-elect Rob Farmer joined National EMS Management Association (NEMSMA) President Troy Hagen during a recent national conference to announce that discussions are underway to merge the two management organizations within the next year. According to Hagen, the “new dynamic organization [will be] positioned better than ever to support the profession.” In related news, Michael Touchstone, the executive director of the Philadelphia city & county EMS region, was installed as the incoming NEMSMA president at the meeting.

**59. Institute on Disabilities Releases New Video on Autism and First Responders**

The Institute on Disabilities at Temple University, in collaboration with Willow Grove Fire Company, Upper Moreland Police Department and Horsham Fire Company, has produced and just released the video, *Autism and First Responders: Seeing Beyond the Smoke* to help increase awareness of the unique issues presented by people with autism, and to inform fire fighters, police officers and other first responders on how to recognize signs of children and young adults with autism. Parents, family members, educators and others who support people with autism will also find valuable information in the video. The 20-minute video features a house fire scenario with suggestions on how to recognize and manage challenges that people with autism may present, along with interviews with Chief Brian Focht, fire fighters Tom Winterberg, Marc Medoru, family members and children with autism. Funded by PA Developmental Disabilities Council the video is available on the Institute's You Tube channel: [www.youtube.com/watch?v=mnua3jeek30](http://www.youtube.com/watch?v=mnua3jeek30).

**60. AHA Launches New EMS Course**

The American Heart Association has announced a new course designed to meet the needs of EMS professionals. [Basic Life Support for Prehospital Providers](#) (BLS for PHP) is the first training program from AHA specifically designed to meet the new National EMS Education Standards and training needs of prehospital providers. The blended learning course, with both online and classroom portions, improves the learning experience by providing greater flexibility, while still ensuring hands-on instruction proven to enhance performance and outcomes in the field. The training course with customizable components for adaptive learning will prepare prehospital providers with the ability to recognize several life-threatening emergencies, provide one- or two-rescuer or team CPR and use an AED for cardiac arrest in adults, children and infants, and relieve choking. Each state or local agency can customize the course to ensure EMS professionals get the resuscitation training they need in a way that incorporates local protocols.

**61. Nonintravenous Therapy for Acute Renal Colic**

Researchers enrolled patients 18-55 years with a clinical diagnosis of acute renal colic to receive either 2 mg sublingual buprenorphine with an IV placebo, or 0.1 mg/kg IV morphine sulfate with a sublingual placebo. Subjects graded their pain with a standard 11-point numeric rating scale (NRS) before medication administration and 20 and 40 minutes after that. The need for rescue analgesia and occurrence of side effects were also recorded in the two groups. Conclusion: Sublingual buprenorphine (2 mg) is as effective as morphine sulfate (0.1 mg/kg) in acute renal colic pain management. [For more information...](#)

**62. Efficacy of Paracetamol for Acute Low-back Pain**

Regular paracetamol (acetaminophen) is the recommended first-line analgesic for acute low-back pain; however, no high-quality evidence supports this recommendation. Researchers in Australia aimed to assess the efficacy of paracetamol taken regularly or as-needed to improve time to recovery from pain, compared with placebo, in

patients with low-back pain. Despite being widely recommended as a first-line intervention in low-back pain, acetaminophen does no better than placebo, according to a recent Lancet study. [For more information...](#)

**63. Researchers Study Usefulness of Telephone Triage in Reducing Unnecessary Visits**

Telephone triage is becoming increasingly popular in UK general practice as a response to managing patient care. Overall, the [ESTEEM study](#) – one of the first robust investigations in this field – concludes that telephone triage by a doctor or a nurse only results in a redistribution of practice workload, not a reduction. It also highlights how telephone triage is no more expensive or cheaper than care provided by traditional face-to-face appointments. The findings are discussed in an accompanying [Comment](#).

**64. Non-invasive Arterial Pressure Measurement Evaluated**

Thirty-one subjects undergoing elective surgery under general anesthesia were included in a British study to evaluate Nexfin™, a non-invasive monitor (finger sensor) that measures acute variations in arterial pressure and cardiac output. Measurements were regarded as a somewhat unreliable although the technology seems to show promise in monitoring patients in Weiss E et al., Use of the Nexfin™ device to detect acute arterial pressure variations during anaesthesia induction. Br J Anaeth 2014 Jul 113:52. [For more information...](#) A similar article was published last year as an editorial in Anesthesia and Analgesia, the Journal of the International Anesthesia Research Society. Imhoff M. Alea lacta Est: A New Approach to Cardiac Output Monitoring? August 2013 - Volume 117 - Issue 2. [For more information...](#)

\*\*\*STATEWIDE EMS CONFERENCES\*\*\*

\*\*\*National Conferences and Special Meetings\*\*\*

**UPCOMING EVENTS**

PLEASE NOTE: CALENDAR ITEMS ARE ALWAYS WELCOME!!! Send to [robinson@nasemso.org](mailto:robinson@nasemso.org)

**\*\*\*STATEWIDE EMS CONFERENCES\*\*\***

Pennsylvania 37th Annual Statewide EMS Conference, August 13-15, 2014, Lancaster Marriott at Penn Square, Lancaster, PA. [For more information...](#)

Pennsylvania 37th Annual Statewide EMS Conference, September 17-19, 2014. Blair County Convention Center, Altoona, PA. [For more information...](#)

35<sup>th</sup> Annual Virginia EMS Symposium, November 5-9, 2014, Norfolk Waterside Marriott, Norfolk, Va. For more information, visit <http://www.vdh.virginia.gov/OEMS/symposium/index.htm>.

**\*\*\*National Conferences and Special Meetings\*\*\***

**NAEMSE Instructor Course Level 1**

- \*August 8-10, 2014 Houston TX
- \*August 24-24, 2014 Manheim, PA
- \*September 16-18, 2014 Reno, NV

**NAEMSE Instructor Course Level 2**

- \*August 15-16, 2014 Greenville, SC
- \*September 16-17, 2014 Reno, NV

[For more information...](#)

Pinnacle EMS Leadership and Management Conference. July 21-25, 2014. Scottsdale, AZ. [For more information...](#)

\*[2014 EMSC Program Meeting. July 29-August 1, 2014](#) in Arlington, VA. Registration ends June 30, 2014.

ITS America World Congress. September 7-11, 2014. Detroit Marriott at the Renaissance Center. Detroit, MI. [For more information...](#)

Public Meeting of the National EMS Advisory Council. September 9-10, 2014

NAEMSE Symposium. September 16-21, 2014. Peppermill Resort Hotel. Reno, NV. [For more information...](#)

Air Medical Transport Conference. September 22-24, 2014. Nashville, TN. [For more information...](#)

\*Hale Borealis Forum: Alaskan Partnerships Securing and Providing Health and Medical Care Before, During and After a Disaster. Hosted by State of Alaska Department of Health and Social Services. September 27-30, 2014 in Anchorage, AK. [For more information...](#)

NASEMSO Annual Meeting. October 6-10, 2014. Westin Cleveland and Cleveland Public Auditorium, Cleveland, OH. [For more information...](#)

ENA Annual Meeting. October 7-11, 2014. Indiana Convention Center. Indianapolis, IN. [For more information...](#)

ACEP Annual Meeting. October 27-October 30, 2014. Chicago, IL. [For more information...](#)

EMS Expo. November 9-13, 2014. Nashville, TN. [For more information...](#)

[IAEM 62nd Annual Conference & EMEX 2014. November 14-19, 2014](#) in San Antonio, Texas.

\*APHA Annual Meeting. November 15-19, 2014. New Orleans, LA. REGISTRATION IS NOW OPEN! [For more information...](#)

Public Meeting of the National EMS Advisory Council. December 3-4, 2014

See more EMS Events on NASEMSO's web site at <http://www.nasemso.org/Resources/Calendar/index.asp>

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