



Don't wait for a colleague to forward *Washington Update*! To direct subscribe, please click [here](#).

Fall 2015

In This Issue...

NASEMSO NEWS

1. NASEMSO Board Approves Three Resolutions During 2015 Fall Meeting
2. NASEMSO Recognizes Abstract Award Winners
3. EMS Compass Town Hall Meeting Highlights Steering Meeting Accomplishments
4. NASEMSO Awarded Two Federal Awards for Projects of National Significance
5. Summit Report on Continuing Competence in EMS Now Available from NASEMSO
6. CP/MIH Committee Invites CPIF Participants
7. Rose Johnson Named to NRC Council
8. NASEMSO Expresses Support of FRIENDS Act of 2015
9. NASEMSO Offers Commentary on Prehospital Management of Sports Injuries
10. NASEMSO Logo Gear Available Online

FOR THE STATES

11. FTC Offers New Guidance on Active Supervision by State Regulatory Boards
12. Health Resource Now Available from Government Printing Office

AIR MEDICAL

13. FAA Releases Updated Model Aircraft Guidance
14. UAS Close Calls Spur FAA to Require Registration
15. FAA and FBI Offer Resources to Create "Lasing" Awareness

COMMUNICATIONS

16. OIG Audit Leads to Revised Grant Guidance on Communications Interoperability
17. FirstNet Continues to Build Foundation for NPSBN

DATA

18. CMS Offers ICD 10 Resource Guide and Contact List
19. Predictive Modeling in Medicine Growing in Popularity

DOMESTIC PREPAREDNESS

- 20. NO MORE EXCUSES...IT'S TIME TO GET VACCINATED AGAINST INFLUENZA!!
- 21. High HCP Exposure Risk by Improper Removal of PPE
- 22. STOP THE BLEED Campaign Focuses on Bystander Support
- 23. IOM Report Highlights Successful Strategies Through Coordinated Regional Response
- 24. New Guidance on "SWATting" Available for PSAPs
- 25. HHS Launches Redesigned Online Radiation Treatment Resource
- 26. IAB Discusses First Responder Integration During Active Shooter/HTV Incidents
- 27. LLIS Content Consolidated Into HSDL
- 28. ASPR TRACIE Offers Webinar in Building Healthcare Coalitions to Support Disaster Response
- 29. CDC Updates US Airport Screening Guidance for Monitoring EVD
- 30. CDC Establishes New Prevention Epicenters
- 31. FEMA Releases 2nd Edition of National Preparedness Goal
- 32. THR Releases Independent Ebola Report
- 33. FEMA Seeks Comments on Draft Preliminary Damage Assessment Manual
- 34. DHS Offers Catalog of IED Training Resources
- 35. DHS Highlights Best Practices to Prevent FR Impersonation

HIGHWAY SAFETY

- 36. National Center Launches Website and First Training
- 37. GAO Suggests Improving Communications with States on Vehicle Safety Inspections
- 38. RESCUME – Policy Considerations for Connected Vehicles and EMS

MEDICAL DIRECTION

- 39. Drugmaker Initiates Voluntary Epinephrine Recall
- 40. FDA Approves First Reversal Agent for Pradaxa

PEDIATRIC EMERGENCY CARE

- 41. *Annals* Highlights Incidence of Epi-Pen Injuries in Kids
- 42. New Study Says Hospital Readmissions of Children May Be Underestimated
- 43. Florida Circuit Court Rules in Favor of Firearm Owners Privacy Act

TRAUMA

- 44. NIH Research Links Protein to TBI
- 45. NPHL Invites Participants to Webinar on Motorcycle Helmet Laws

FEDERAL PARTNERS

- 46. White House Outlines New Efforts to Combat Prescription Drug Abuse and Heroin Epidemic
- 47. CDC Offers Draft Guidelines for Prescribing Opioids for Chronic Pain
- 48. NIOSH Offers Free Online Training on Long Work Hours
- 49. CMS Offers Free Online Training on Infection Control Measures
- 50. FDA Warns of Drug Degradation When Stored in Certain BD Syringes
- 51. GAO Recommends Additional State Reporting to Address Prescription Drug Fraud
- 52. DEA Summarizes Trends in Heroin Use

- 53. AHRQ Focuses on Connecting Frequent Users to Community-Based Services to Reduce 911 Calls
- 54. New Patient Safety Primer on High Reliability
- 55. FDA Offers Industry Guidance on Physical Attributes of Generic Medications
- 56. USPSTF Guidelines Address HBP Screening in Ambulatory Settings
- 57. NIH: Health Care Costs for Dementia Outpaces Any Other Disease

INDUSTRY NEWS

- 58. AHA Publishes 2015 Guidelines for CPR and ECC
- 59. Health Professional Education Focus of New IOM Report
- 60. Sinclair Elected NEMSAC Chairman
- 61. JEMS Invites EMS Innovator Nominations
- 62. NFPA Rejects EMS Officer Proposal
- 63. Help Build a National EMS Data Strategy

INTERESTING ABSTRACTS

- 64. Using High-Flow Nasal Oxygenation During Intubation
- 65. Using High-Sensitivity Troponin to Evaluate CV Events

UPCOMING EVENTS

STATEWIDE EMS CONFERENCES

National Conferences and Special Meetings

NASEMSO NEWS

1. NASEMSO Board Approves Three Resolutions During 2015 Fall Meeting

At the recent NASEMSO Fall Meeting in Louisville, KY the Board approved three resolutions as follows:

- [Resolution 2015-01](#): Honoring the Lifetime Achievement of Drew Dawson, Colleague and Friend
- [Resolution 2015-02](#): Honoring the Memory and Lifetime Achievements of Norman E. McSwain, Jr., MD
- [Resolution 2015-03](#): Toward Completion and Implementation of a Data Standard for Tracking Emergency Patients (TEP)

2. NASEMSO Recognizes Abstract Award Winners

The top four entries in the 2015 competition received awards at the NASEMSO Fall Meeting in Louisville, Kentucky, at the luncheon on October 15, 2015. The winning abstracts are

- First Place: [Training Matters! How Utah Improved the Documentation of Pre-Hospital Pediatric Vital Signs](#)
- Second Place: [Outcomes Matter- Linking EMS Records to Hospital Diagnoses](#)
- Third Place: [Spatial Analysis of Opioid Mortality and EMS Administration of Naloxone in Oklahoma](#)
- Fourth Place: [Crosswalk Analysis of Community Paramedicine Program Activity and County Health Assessments and Improvement Plans in Arizona](#)

The lead authors or representatives of the top 3 entries gave brief presentations on their projects, which can be viewed [here](#). The goal of the NASEMSO-sponsored abstract/poster competition, which began in 2014, is to foster and develop system research and performance assessment and improvement skills in state offices of EMS and

trauma. “The level of competition has been outstanding,” noted NASEMSO Program Committee Chair, Gary Brown, who recognized Terry Mullins, Director of the Arizona Bureau of EMS and Trauma System, for his vision in initiating the annual competition.

3. EMS Compass Town Hall Meeting Highlights Steering Meeting Accomplishments

At the NASEMSO Fall Meeting in Louisville, Robert Bass, MD, Chair of the EMS Compass Steering Committee, updated the audience on the initiative’s status, acknowledging the work of nearly 50 volunteers who have provided their time and expertise in this critical effort. The Steering Committee and work groups are currently considering developing performance measures in several areas, including clinical conditions such as stroke, STEMI, cardiac arrest, seizures and trauma, as well as others such as safety and population health. The Steering Committee will prioritize the measures and release those that will be most helpful to local agencies in their efforts to continuously improve patient care. The next Steering Committee is scheduled for Jan. 13 in San Diego, California. [For more information on EMS Compass...](#)

4. NASEMSO Awarded Two Federal Awards for Projects of National Significance

The National Association of State Emergency Medical Services Officials (NASEMSO) is pleased to announce that two awards have been finalized:

- Ambulance Design Guidelines and Standards. The National Institute for Standards and Technology (NIST), Measurement Science and Engineering Office of Special Programs finalized a grant with NASEMSO to compile and organize all contemporary documents and resources related to ambulance design. This project will result in the development and dissemination of an Ambulance Design Resource Compendium, a one-stop means of accessing and learning about tools, standards, tests, and recommendation documents deemed essential for consideration in ambulance design and regulation. Additional information is available [here](#). Questions related to this project should be directed to the project’s Technical Subject Matter Expert, Jay Bradshaw (bradshaw@nasemsso.org).
- Developing Evidence-Based Guidelines for Fatigue Risk Management in Emergency Medical Services. Following a competitive request for proposals, the National Highway Traffic Safety Administration (NHTSA) finalized a contract with NASEMSO and the Department of Emergency Medicine at Carolinas HealthCare System (CHS) to address the growing concern for the sleep health and fatigue of emergency medical services (EMS) clinicians and the impact of fatigued workers on safety. The overarching goal of this project is to examine the published literature and develop Evidence-Based Guidelines (EBGs) for fatigue risk management in the EMS environment. A set of performance measures will accompany the EBGs and support evaluation of impact following adoption of one or more EBGs. Questions related to this project should be directed to NASEMSO Program Manager Kathy Robinson (robinson@nasemsso.org).

5. Summit Report on Continuing Competence in EMS Now Available from NASEMSO

In April 2015, NASEMSO’s Education and Professional Standards Council convened a multi-organizational summit to hear opinions and evidence to that could be used to improve the state relicensure processes used to measure and validate cognitive and psychomotor competency. Summit proceedings are provided in a new white paper available at <http://www.nasemsso.org/EMSEducationImplementationPlanning/Resources.asp>.

6. CP/MIH Committee Invites CPIF Participants

The Community Paramedicine Insights Forum (CPIF), a function of NASEMSO’s CP/MIH Committee meets by teleconference every other month (even-numbered months) on the third Monday at 3:00 p.m. Eastern Time. It is a presentation/discussion format for developments in CP system building from around the continent. Go to

<http://cpif.communityparamedic.org/> to see an archive of past presentations and to register for future ones. Contact mcginnis@nasemso.org to be put on the CPIF/CP-MIH mailing list.

7. Rose Johnson Named to NRC Council

NASEMSO member Rose Lawrence Johnson from Louisiana has been selected to serve on the Emergency Medical Services for Children (EMSC) National Resource Center (NRC) Council. NRC Council members provide input on and assist with the implementation of NRC activities as prescribed by the federal EMSC Program. Congratulations, Rose, on this prestigious appointment!

8. NASEMSO Expresses Support of FRIENDS Act of 2015

NASEMSO President Paul Patrick recently sent a letter to Congressional leaders expressing the association's support for the Jackson Lee Amendment in the Nature of a Substitute titled, the "Families of Responders Identification of Emergency Needs in Designated Situations" or the "FRIENDS Act." This bill (H.R. 2795) would provide an important report on factors that would result in first responders failing to meet expectations based upon training and planning for terrorist incidents and include first responder input on how the presence of family in the impacted area, the adequacy of personal protective equipment, and training gaps may influence performance and availability. [For more information...](#)

9. NASEMSO Offers Commentary on Prehospital Management of Sports Injuries

The National Athletic Trainers Association (NATA) recently solicited input on their policy document "Appropriate Prehospital Management of the Spine Injured Athlete." NASEMSO advised the group on growing evidence related to the use of rigid immobilization devices for transport that suggests the routine use of long spine boards during transport is without significant benefit and has the potential for harm. [For more information...](#)

10. NASEMSO Logo Gear Available Online

Register at the ASMI online merchandise store to view and purchase NASEMSO logowear! Browse available items to see an array of great styles and colors, in a full range of sizes. The NASEMSO logo can be added to any of these items, including men's and women's shirts, headwear, outerwear, bags, and accessories. See what's available to meet your needs at <http://www.companypromostore.com/stores/asm/>.

FOR THE STATES

11. FTC Offers New Guidance on Active Supervision by State Regulatory Boards

Seeking to address questions raised by a recent U.S. Supreme Court decision, the Federal Trade Commission recently issued guidance explaining how boards can regulate their own professions without violating antitrust law. It follows a Supreme Court ruling earlier this year in which the justices ruled that state licensing boards made up of active members of the professions they regulate are not immune from antitrust laws unless they are actively supervised by the state. The new FTC document, *FTC Staff Guidance on Active Supervision of State Regulatory Boards Controlled by Market Participants*, describes what exactly active supervision by the state means, who constitutes an active member of a profession and what it means for active members of a profession to control such a board. [For more information...](#)

12. Health Resource Now Available from Government Printing Office

The Health, United States series presents an annual overview of national trends in health statistics. *Health, United States, 2014 edition* contains a summary At a Glance table that displays selected indicators of health and their

determinants, cross-referenced to charts and tables in the report. This is followed by a Highlights section, a Chartbook, detailed Trend Tables, two Appendixes, and an Index. The 2014 Chartbook contains 29 figures, including 10 figures on this year's Special Feature on the health of adults aged 55–64 (Figures 20–29). The Special Feature figures provide an overview of the health and well-being of the current 55–64 group as they approach retirement age and enrollment in the Medicare program, noting similarities and differences with 55- to 64-year-olds a decade ago, who are now enrolled in Medicare. Data are presented on leading causes of death, prevalence of chronic physical and mental health conditions, health behavior patterns, health insurance coverage, and health care utilization and access. [For more information...](#)

AIR MEDICAL

13. FAA Releases Updated Model Aircraft Guidance

The Federal Aviation Administration (FAA) recently published updated guidance on model aircraft operations that reflects current law governing hobby or recreational use of unmanned aircraft. Advisory Circular (AC) 91-57A replaces the previous guidance that, as written in 1981, did not reflect the rules Congress wrote into Section 336 of the FAA Modernization and Reform Act of 2012. The guidance also makes it clear that model unmanned aircraft operations that endanger the safety of the nation’s airspace, particularly careless or reckless operations and interference with manned aircraft, may be subject to FAA enforcement action. [View AC 91-57A](#)

In related news, the FAA has released the beta version of a new smartphone application called “B4UFLY” for testing by up to 1,000 unmanned aircraft users. The B4UFLY app, aimed primarily at model aircraft enthusiasts, is designed to give users information about restrictions or requirements in effect at their current or planned flight location. The FAA expects the beta test will yield valuable data on how well B4UFLY functions, as well as uncovering any software bugs. The beta test is expected to run for several months, after which the FAA plans to make B4UFLY available to the general public. The beta test will be for iOS devices only, but the FAA is working to ensure the full version will be compatible with Android devices as well. Screenshots of the app are available at www.faa.gov/uas/b4ufly.

14. UAS Close Calls Spur FAA to Require Registration

U.S. Transportation Secretary Anthony Foxx and FAA Administrator Michael Huerta have announced the creation of a task force to develop recommendations for a registration process for Unmanned Aircraft Systems (UAS). The task force will be composed of 25 to 30 diverse representatives from the UAS and manned aviation industries, the federal government, and other stakeholders. The group will advise the Department on which aircraft should be exempt from registration due to a low safety risk, including toys and certain other small UAS. The task force also will explore options for a streamlined system that would make registration less burdensome for commercial UAS operators. The task force may make additional safety recommendations as it deems appropriate. Secretary Foxx directed the group to deliver its report by Nov. 20. While the task force does its work, the FAA will continue its aggressive education and outreach efforts, including the “[Know Before You Fly](#)” campaign and “[No Drone Zone](#)” initiatives with the nation’s busiest airports. The agency also will continue to take strong enforcement action against egregious violators. Several air medical services have reported encounters with drones at emergency incidents and during flight operations.

In related news, the FAA recently announced the largest civil penalty (\$1.9 million) it has proposed against a UAS operator for endangering safety in some of our most congested airspace and heavily populated cities, violating

airspace regulations and various operating rules. The FAA asserts that SkyPan International, Inc. of Chicago conducted 65 unauthorized operations involving aerial photography, more than half of them in restricted airspace.

15. FAA and FBI Offer Resources to Create “Lasing” Awareness

A pinpoint laser used to scan bar codes, highlight screen presentations, or entertain pet owners might seem innocent to most people but over long distances and flight paths, the light scatters, temporarily (and even permanently) blinding pilots and creating catastrophic risks to crews, passengers, and persons on the ground. The targeting of any aircraft, including air ambulances with lasers is regulated by a federal law passed in 2012 at 18 USC § 39(a)-- making “lasing” aircraft a felony that is punishable by up to five years in prison including fines up to \$250,000. The Federal Bureau of Investigation will offer up to \$10,000 for information leading to the arrest of any individual who intentionally aims a laser at an aircraft. A range of resources that states and EMS agencies can use to help educate the public including posters, PSA’s, and podcasts are available on a special [FBI web site](#). The FAA’s Laser Safety Initiative and instructions for reporting incidents are available [here](#).



COMMUNICATIONS

16. OIG Audit Leads to Revised Grant Guidance on Communications Interoperability

Federal officials are revamping guidance after an internal audit found that the Department of Homeland Security didn't require grantees to buy public safety communications equipment that was interoperable. DHS agreed with the recent findings of the inspector general, that the Office of Emergency Communications, within the National Protection and Programs Directorate, develops the National Emergency Communications Plan and the SAFECOM Guidance; however, neither document dictates specific requirements when purchasing emergency communications equipment. FEMA’s grant guidance also does not specify interoperability requirements. The IG recommended that both OEC and FEMA develop language across guidance and agreement documents that is consistent, requiring grant recipients to buy interoperable equipment. DHS said OEC is working with FEMA to incorporate such language into the fiscal 2016 SAFECOM guidance. [For more information...](#)

17. FirstNet Continues to Build Foundation for NPSBN

The FirstNet Board recently approved a national solution for the future nationwide public safety broadband network (NPSBN) that provides an opportunity for partnering among rural, small business, tribal, regional, and national providers. FirstNet CEO Mike Poth, a former police captain and first responder, said, “This approach lets the private sector do what they do best to rapidly deploy a network while FirstNet ensures that the network meets the mission of public safety every step of the way.” More info: <http://firstnet.gov/content/firstnet-board-meeting-october-1-2-2015>. FirstNet also recently planned for a robust second round of consultation in the states next year to get more input from public safety on the NPSBN, and seek to meet vital communications needs of first responders. For more information on how to be a part of these meetings, visit <http://firstnet.gov/consultation>

DATA

18. CMS Offers ICD 10 Resource Guide and Contact List

On October 1, the U.S. health care system moved to the International Classification of Diseases, 10th Revision – ICD-10. Recognizing that health care providers may need help with the transition, the Centers for Medicare and

Medicaid Services (CMS) has established an ICD-10 Ombudsman and ICD-10 Coordination Center to help track, triage, and resolve issues. [For more information...](#)

19. Predictive Modeling in Medicine Growing in Popularity

According to the Hospitals and Health Network, the growing popularity of personalized, predictive medicine, and its transformation into predictive modeling, may be just what the doctor ordered for an overwhelmed health care system. A marriage of data and evidence-based health care, predictive modeling has the power to bolster patient satisfaction and revitalize the health care field. Predictive medicine and predictive modeling use data and evidence-based care to help physicians treat patients and administrators to calculate utilization. A recent article in the group’s online magazine discusses the opportunities that await the medical community in this emerging field. [For more information...](#)

DOMESTIC PREPAREDNESS

20. NO MORE EXCUSES...IT’S TIME TO GET VACCINATED AGAINST INFLUENZA!!

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza. Health care workers include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, **emergency medical service personnel**, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients. [Get the FACTS about the 2015-2016 flu season...](#)

21. High HCP Exposure Risk by Improper Removal of PPE

A new study in JAMA Internal Medicine reveals that contamination of the skin and clothing of health care personnel (HCP) during removal of personal protective equipment (PPE) contributes to the dissemination of pathogens and places personnel at risk for infection. Using fluorescent lotion, 435 simulations of donning and doffing of gowns and gloves resulted in almost half (46%) of health care worker self-contamination of skin or clothing. Specific sites of contamination varied but most commonly involved the hands during glove removal and the neck during gown removal. The probability of self-contamination was much greater when using improper technique (70.3% vs 30.0%). [For more information...](#)

22. STOP THE BLEED Campaign Focuses on Bystander Support

During a recent event at the White House, representatives from numerous private sector groups and nonprofit organizations committed to working on building awareness, implementing and accelerating this initiative. The goal is to build national resilience by empowering the general public to be aware of the simple steps that can be taken to stop or slow life threatening bleeding, and to promote the general public’s access to Bleeding Control Kits in public spaces, while they travel, and in the home. For more information on these efforts and how to get involved in the “Stop the Bleed” campaign, please visit dhs.gov/stopthebleed.

23. IOM Report Highlights Successful Strategies Through Coordinated Regional Response



The Institute of Medicine’s (IOM) Forum on Medical and Public Health Preparedness for Catastrophic Events organized three regional workshops in 2014 to explore opportunities to strengthen the regional coordination required to ensure effective medical and public health response to a large-scale multijurisdictional disaster. Each of the three workshops covers different topics intended to strengthen regional disaster response. The sessions are summarized and now available in *Regional Disaster Response Coordination to Support Health Outcomes: Surge Management: Workshop in Brief*. [For more information...](#)

24. New Guidance on “SWATting” Available for PSAPs

The number of “SWATting” incidents – false reporting of an emergency aimed at getting a “SWAT team” response – has grown significantly in recent months, increasing the need for agencies to better prepare emergency personnel to identify and respond to such events. A guidance document for PSAPs is now available from the National 911 Program to deal with such incidents. [For more information...](#)

25. HHS Launches Redesigned Online Radiation Treatment Resource

Health care professionals now can easily find reliable guidance to help diagnose and treat patients who have been exposed to radiation. The first major redesign of the Radiation Emergency Medical Management (REMM) website since it launched in 2007 is available at <http://www.remm.nlm.gov/>. REMM gives health care personnel key information about the diagnosis and treatment of radiation injuries and access to interactive clinical tools and data. The site was developed by two agencies of the U.S. Department of Health and Human Services (HHS): the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) and the National Library of Medicine (NLM), part of the National Institutes of Health. [For more information...](#)

26. IAB Discusses First Responder Integration During Active Shooter/HTV Incidents

In a recent white paper, the Interagency Board (IAB) offers an overview of law enforcement, fire, and EMS coordination during active shooter and hybrid targeted violence incidents. The IAB suggests that just-in-time training provides an ineffective strategy when dealing with lone wolf or coordinated violent attacks. The white paper advocates for new response paradigms, elevated levels of operational interagency coordination, and cross-disciplinary training prior to an event. The concept, known as “escorted warm zone care,” often referred to as “Rescue Task Force,” utilizes an integrated team of law enforcement and fire/EMS personnel operating under a unified command structure to rapidly access, stabilize, and extricate the wounded. A further examination of these approaches will be conducted by the InterAgency Board and will produce follow-on documents. [For more information...](#)

27. LLIS Content Consolidated Into HSDL

FEMA’s Lessons Learned Information Sharing (LLIS) program has completed the consolidation of content previously available on LLIS.gov with the Naval Postgraduate School’s Homeland Security Digital Library (HSDL.org). As part of the consolidation effort, nearly 23,000 documents were transferred to HSDL.org, which will improve the community’s access to valuable information. Some of the most recent LLIS products include Hazard and Core Capability Trend Analyses, Grant Case Studies, and Lessons Learned and Innovative Practices. Additionally, you can access information on the LLIS program and find links to these documents on FEMA.gov. The content transferred to HSDL.org will maintain a similar level of accessibility as LLIS.gov. Documents that required a username and password to view on LLIS.gov will also require a username and password on HSDL.org.

28. ASPR TRACIE Offers Webinar in Building Healthcare Coalitions to Support Disaster Response

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and

Response (ASPR) sponsors the [ASPR Technical Resources, Assistance Center, and Information Exchange \(TRACIE\)](#). ASPR TRACIE will host a series of webinars for healthcare coalitions interested in operationalizing to support community disaster and recovery functions during and after an event. The first in this series, "Strategic Development for Building Operational Healthcare Coalitions," will take place on Tuesday, November 17, 2015 from 2:00-3:00pm ET (1:00pm CT, 12:00pm MT, 11:00am PT). Register [HERE](#) for this free webinar. The webinar will be recorded and archived on the ASPR TRACIE website.

29. CDC Updates US Airport Screening Guidance for Monitoring EVD

Enhanced entry screening was discontinued for travelers coming to the United States from Liberia in September 2015. These travelers will no longer be funneled through one of the U.S. airports that are conducting enhanced entry screening. At this time, travelers will still undergo exit screening before departing from Liberia. Travelers from Liberia are recommended to self-observe until 21 days after departing Liberia. Self-observation means that people should “watch their health” for possible symptoms of illness including feeling feverish, diarrhea, vomiting, weakness, fatigue, stomach pain, muscle pain, or unexplained bleeding or bruising. People who develop any of these symptoms should begin taking their temperature and notify public health authorities or seek healthcare at the earliest sign of illness. Recommendations and procedures have not changed for travelers entering the United States from Guinea or Sierra Leone—this includes travelers from Liberia who have also been in either Guinea or Sierra Leone within the past 21 days. The *Interim US Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure* was recently updated and is available [HERE](#). A Q&A about the update is located [HERE](#).

30. CDC Establishes New Prevention Epicenters

In 2015, CDC expanded the program to include 11 Prevention Epicenters. This expansion will enhance the capacity to find innovative strategies to protect patients by stopping the spread of germs in healthcare facilities, including Ebola virus and other important infection disease threats. This expansion was made possible awarding \$11 million of six additional academic institutions to join the CDC PE Program. These institutions will focus on preventing the spread of germs during interactions between healthcare workers, patients, personal protective equipment, and the healthcare environment, enabling healthcare workers to better protect the health and safety of their patients. [For more information...](#)

2015–2018 Prevention Epicenters

- [Cook County Health & Hospital System and Rush University Medical Center](#)
- [Duke University](#)
- [Emory University*](#)
- [Harvard Pilgrim Health Care and University of California, Irvine](#)
- [The Johns Hopkins University*](#)
- [University of Illinois, Chicago*](#)
- [University of Iowa Carver College of Medicine*](#)
- [University of Maryland School of Medicine*](#)
- [University of Pennsylvania](#)
- [University of Utah School of Medicine*](#)
- [Washington University](#)

*Oct. 2015: Prevention Epicenters to identify innovations for preventing transmission of pathogens, including Ebola, in healthcare settings.

31. FEMA Releases 2nd Edition of National Preparedness Goal

FEMA and its partners have released the 2015 National Preparedness Goal. The National Preparedness Goal sets the vision for preparedness nationwide and identifies the core capabilities necessary to achieve that vision across the five mission areas: Prevention, Protection, Mitigation, Response and Recovery. The 2015 National Preparedness Goal represents a refresh from the 2011 version and incorporates critical updates identified through real world events, lessons learned, and continuing implementation of the National Preparedness System. In working towards development of the refreshed National Preparedness Goal, FEMA and its whole community partners focused on assessing the existing content, to include the core capabilities. Resulting updates to the core capabilities include changes to select titles and definitions and the addition of one new core capability – Fire Management and Suppression. Changes made to the core capabilities will be reflected in the ongoing refresh efforts of the National Planning Frameworks and Federal Interagency Operational Plans for each of the mission areas. For a copy of the document go to: <http://www.fema.gov/national-preparedness-goal>. Questions can be directed to FEMA at: PPD8-NationalPreparedness@fema.dhs.gov.

32. THR Releases Independent Ebola Report

Texas Health Resources recently announced the findings of an independent panel that reviewed the treatment of the first patient diagnosed with Ebola Virus Disease in the United States and two health care workers who contracted the disease during his treatment. Based on the findings in the panel’s report, Texas Health has implemented national best practices that embrace team strategies and tools to enhance performance and safety. The emergency department also has been reorganized into team-based pods of care, and an integrated physician-nurse chain of command for problem solving has been implemented. [For more information...](#)

33. FEMA Seeks Comments on Draft Preliminary Damage Assessment Manual

FEMA seeks comments from state, local, tribal, and territorial emergency management practitioners on the draft FEMA Damage Assessment Operating Manual. The manual establishes national damage assessment standards developed from historic lessons learned and best-practices already in use by federal, state, local, tribal, and territorial, emergency management agencies. The FEMA Damage Assessment Operating Manual is built using a framework that encourages local information collection, state, tribal or territorial verification, and federal validation. This document better highlights and provides guidance to state, local, tribal, and territorial governments on their role in the assessment. This version of the PDA manual also clarifies the types of damage that will qualify under the descriptors of destroyed, major damage, minor damage, or affected. The draft manual and comment matrix is [posted in the FEMA library](#). Comments should be added into the comment matrix and submitted to Mr. Ryan Buras, Senior Program Advisor, Public Assistance, Recovery Directorate, by 11:59 p.m. ET on November 14, 2015. FEMA asks that comments on the manual be sent either by email to PDAMANUAL@fema.dhs.gov or by mail with a November 14 postmark to Mr. Ryan Buras, Senior Program Advisor, Public Assistance, Recovery Directorate, FEMA, 500 C Street, SW, Mail Stop 3163, Washington, DC 20472.

34. DHS Offers Catalog of IED Training Resources

The DHS Office for Bombing Prevention, in collaboration with the Federal Interagency Joint Program Office for Countering Improvised Explosive Devices (IED), just released the Catalog of Federally Sponsored Counter-IED Training and Education Resources for State, Local, Tribal, & Territorial Partners. The Catalog identifies IED preparedness training and education resources that are provided directly by the Federal Government, or that are Federally sponsored but delivered through a partner organization, such as the National Domestic Preparedness Consortium. Courses listed in each catalog are grouped by course level - awareness, performance, or management-levels. For each course listed, the Catalogs provide a brief description of the course, the intended audience,

delivery mechanism, course length, and information about how to request or schedule the course. These resources may also be listed in other catalogs maintained by individual Federal agencies or partner organizations. If you have any questions or comments regarding the Catalog, please contact the DHS Office for Bombing Prevention at DHSOBPCIEDPMO@hq.dhs.gov

35. DHS Highlights Best Practices to Prevent FR Impersonation

First responders provide the first line of defense for nearly all critical infrastructure sectors and the general public during natural disasters and other physical emergencies. However, malicious actors, both international and domestic, seeking to exploit the public trust first responders have earned, have sought to impersonate first responders in order to do harm to the American people, exploit site vulnerabilities, or destroy critical infrastructure. Malicious actions include the acquisition of authentic or fraudulent uniforms, equipment, vehicles, and other items that may be associated with law enforcement, fire, and emergency services personnel. Therefore, it is imperative emergency services organizations maintain an awareness of the current threat environment and continue to remain vigilant. The Department of Homeland Security (DHS) now offers a Fact Sheet to improve awareness on this important issue. [Download the document...](#)

HIGHWAY SAFETY

36. National Center Launches Website and First Training

The National Center for Rural Road Safety (Safety Center) has launched a new website which offers a variety of resources for transportation professionals working to make travel safer on our nation’s rural roads. Visitors can use the website to sign up for the Safety Center’s first training (November 3 from 9:00 am – 10:30 am MST) or join the distribution list for newsletters and updates. The website is designed to put the latest information on critical road safety issues all in one easily accessible place. The Safety Center is funded by the Federal Highway Administration’s (FHWA) Office of Safety. [For more information...](#)

37. GAO Suggests Improving Communications with States on Vehicle Safety Inspections

In 2013, an estimated 5.7-million vehicle crashes resulted in approximately 32,700 fatalities and over 2.3-million injuries. One of the National Highway Traffic Safety Administration's (NHTSA) guidelines to help states optimize the effectiveness of highway safety programs recommends that each state have a program to periodically inspect all registered vehicles to reduce the number of vehicles with conditions that may contribute to crashes or increase the severity of crashes. The Government Accountability Office (GAO) was asked to review these state programs and NHTSA's assistance to states. This report assesses: 1) what is known about the safety benefits and costs of operating state vehicle safety inspection programs, 2) challenges that states have faced in operating these programs, and 3) actions NHTSA could take to assist states with these programs. GAO analyzed NHTSA 2009—2013 data and state data for crash trends related to vehicle component failure; reviewed studies that analyzed relationships between safety inspections and outcomes; and interviewed officials in 15 states that have inspection programs. GAO also interviewed officials in 5 states that eliminated their programs since 1990, NHTSA officials, and representatives from safety groups and automotive industry groups. [For more information...](#)

38. RESCUME – Policy Considerations for Connected Vehicles and EMS

The Intelligent Transportation Systems Program’s role within the US Department of Transportation (DOT) is to facilitate high-risk/high-reward research in cooperation with industry and academia to meet transportation needs. The Office of the Assistant Secretary for Research and Technology has released a technical report that is part of DOT’s research into new technologies supporting emergence of an intelligent and connected vehicle environment

to provide first-responders, emergency management centers, and road crews enhanced information for responding to incidents and emergencies. An overview of policy considerations related to *Response, Emergency Staging and Communications Uniform Management and Evacuation (RESCUME)* is now available. [For more information...](#)

In related news, a new report from the Government Accountability Office (GAO) suggests that cutting edge ITS technologies are emerging but the DOT's ability to test them is limited by a range of factors. *Intelligent Transportation Systems Vehicle to Infrastructure Technologies to Offer Benefits but Deployment Challenges Exist*, GAO 15-775 is now available. [For more information...](#)

MEDICAL DIRECTION

39. Drugmaker Initiates Voluntary Epinephrine Recall

Sanofi US is voluntarily recalling all Auvi-Q® (epinephrine injection, USP). The recall involves all Auvi-Q currently on the market and includes both the 0.15 mg and 0.3 mg strengths for hospitals, retailers and consumers. This includes lot number 2299596 through 3037230, which expire March 2016 through December 2016. The products have been found to potentially have inaccurate dosage delivery. Sanofi US is notifying its distributors and customers who include doctors, pharmacies, wholesalers and other customers in the supply chain by letter, fax, email and phone calls and is arranging for return and reimbursement of all recalled products. This recall is being conducted with the knowledge of the U.S. Food and Drug Administration. [For more information...](#)

40. FDA Approves First Reversal Agent for Pradaxa

The U.S. Food and Drug Administration (FDA) has granted accelerated approval to Praxbind (idarucizumab) for use in patients who are taking the anticoagulant Pradaxa (dabigatran) during emergency situations when there is a need to reverse Pradaxa's blood-thinning effects. The FDA approved Pradaxa in 2010 to prevent stroke and systemic blood clots in patients with atrial fibrillation, as well as for the treatment and prevention of deep venous thrombosis and pulmonary embolism. Praxbind is the first reversal agent approved specifically for Pradaxa and works by binding to the drug compound to neutralize its effect. [For more information...](#)

PEDIATRIC EMERGENCY CARE

41. *Annals* Highlights Incidence of Epi-Pen Injuries in Kids

Epinephrine autoinjectors have caused lacerations and embedded-needle injuries in children, although the adverse events are likely rare, according to a series of cases reported in the *Annals of Emergency Medicine*. Via email discussion lists and social media, researchers identified 22 cases of lacerations and embedded needles when children were administered epinephrine auto-injectors for anaphylaxis (all were Epi-Pens). Authors suggest that minimizing needle injection time, improving device design, and providing instructions to immobilize the leg before use may decrease the risk of these injuries. The publisher is providing [free access to the full article](#).

42. New Study Says Hospital Readmissions of Children May Be Underestimated

Failure to track hospital readmissions to different hospitals can underestimate readmissions of children by as much as 13.9 percent, according to a new study in the journal *JAMA Pediatrics*. Hospital readmission rates are a common measure of hospital quality. Same-hospital readmission rates (SHRs) are most commonly tracked and reported. Hospitals usually lack data on different-hospital readmissions (DHRs) – that is, whether their patients are readmitted within a specific timeframe to a different hospital. In this AHRQ-funded study, researchers sought to

determine the rate of 30-day pediatric DHRs. They analyzed 701,263 pediatric discharges from 177 acute-care hospitals in New York over a five-year period to identify an SHR rate, a DHR rate and an all-hospital readmission rate. The researchers concluded that DHRs, which constituted 13.9 percent of all readmissions in the study, affect all-hospital readmission rates and make SHRs an incomplete measure of readmissions and thus of quality. The abstract, “Same-Hospital Readmission Rates as a Measure of Pediatric Quality of Care,” is available [here](#).

43. Florida Circuit Court Rules in Favor of Firearm Owners Privacy Act

While medical groups have been encouraging their members to counsel parents about gun safety, the 11th Circuit Court of Appeals ruled in [Wollschlaeger v. Governor of Florida](#) that Florida’s 2011 Firearm Owners Privacy Act (FOPA) is constitutional. FOPA inhibits licensed HCWs from [raising, recording and discussing](#) gun-related safety and health risks with patients. [As noted by the court](#), the Act was passed based on anecdotal accounts of doctors allegedly discriminating against patients for failing to answer gun-related questions or refusing to follow recommendations on gun safety.

TRAUMA

44. NIH Research Links Protein to TBI

A protein previously linked to acute symptoms following a traumatic brain injury (TBI), may also be responsible for long-term complications that can result from TBI, according to research from the National Institute of Nursing Research (NINR), a component of the National Institutes of Health. Using an ultra-sensitive technology, researchers were able to measure levels of the protein, tau, in the blood months and years after individuals (in this case, military personnel) had experienced TBI. They found that these elevated levels of tau — a protein known to have a role in the development of Alzheimer’s disease and Parkinson’s disease — are associated with chronic neurological symptoms, including post-concussive disorder (PCD), during which an individual has symptoms such as headache and dizziness in the weeks and months after injury. These chronic neurological symptoms have been linked to chronic traumatic encephalopathy (CTE) — progressive brain degeneration that leads to dementia following repetitive TBIs — independent of other factors such as depression and post-traumatic stress disorder (PTSD). (The study Olivera et al. Peripheral Total Tau in Military Personnel Who Sustain Traumatic Brain Injuries During Deployment *JAMA Neurol.* 2015;72(10):1109-1116 appears in the current issue of JAMA Neurology at <http://archneur.jamanetwork.com/article.aspx?articleid=2398918&resultClick=3>)

45. NPHL Invites Participants to Webinar on Motorcycle Helmet Laws

Motorcycle helmets are one of the most important pieces of safety equipment for motorcyclists. Helmets can help reduce the severity of head injuries and even the likelihood of death. According to the Insurance Institute for Highway Safety, a total of 4,381 motorcyclists died in crashes in 2013. Currently, 19 states and the District of Columbia have laws requiring all motorcyclists to wear a helmet, 28 states have partial helmet laws that require helmet use by young riders, and three states have no helmet law. This webinar, offered by the Network for Public Health Law, will provide an overview of states’ motorcycle helmet laws, discuss the recent “Rider’s Choice” legislation in New Mexico, and examine the impact of helmet laws on injury and mortality rates across the country. The webinar will be held on Thursday, November 19 from 1-2:30 pm ET. [For more information...](#)

FEDERAL PARTNERS

46. White House Outlines New Efforts to Combat Prescription Drug Abuse and Heroin Epidemic

The White House has announced federal, state, local and private sector efforts aimed at addressing the prescription drug abuse and heroin epidemic. These include commitments by more than 40 provider groups – representing doctors, dentists, advanced practice registered nurses, physician assistants, physical therapists and educators -- that more than 540,000 health care providers will complete opioid prescriber training in the next two years. In addition, CBS, ABC, the New York Times, Google, the National Basketball Association, Major League Baseball and other companies will donate millions of dollars in media space for PSAs about the risks of prescription drug misuse produced by the Partnership for Drug-Free Kids. To improve access to treatment for prescription drug abuse and heroin use, a recent Presidential Memorandum directs Federal Departments and Agencies that directly provide, contract to provide, reimburse for, or otherwise facilitate access to health benefits, to conduct a review to identify barriers to medication-assisted treatment for opioid use disorders and develop action plans to address these barriers. The President pledged \$8.5 million from the Prevention and Public Health Fund to allow the Centers for Disease Control and Prevention (CDC) to develop of tools and resources to help inform prescribers about appropriate opioid prescribing; track data on prescribing trends; research, develop, and evaluate clinical quality improvement measures and programs on opioid prescribing; and improve public understanding of the risks and benefits of opioid use. [For more information...](#)

In related news, the Department of Health and Human Services (HHS) has announced plans to expand access to medication-assisted treatment (MAT) by revising the regulations related to the prescribing of buprenorphine to treat opioid dependence and \$1.8 million in awards to rural communities to expand access to naloxone – a drug that reverses an opioid overdose. MAT is a comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders. Existing evidence shows that this lifesaving, evidence-based treatment is under-utilized.

47. CDC Offers Draft Guidelines for Prescribing Opioids for Chronic Pain

The Centers for Disease Control and Prevention (CDC) is publishing new guidelines for prescribing opioids for chronic pain. The purpose of the CDC guideline is to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (i.e., pain lasting longer than 3 months or past the time of normal tissue healing) outside end-of-life care. A “pre-decisional” draft of the guidelines was openly criticized by pain patients and various pain management organizations as lacking of input by stakeholders. The CDC maintains the effort has followed the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method to guideline development and has indicated it is consulting a stakeholders group and will submit the guidelines to a peer review panel before releasing a final version in January 2016. [For more information...](#)

48. NIOSH Offers Free Online Training on Long Work Hours

The National Institute for Occupational Safety and Health (NIOSH) offers free online training intended to address shift work and long hours:

- [NIOSH Training for Nurses on Shift Work and Long Work Hours \[DHHS \(NIOSH\) Publication No. 2015-115\]](#)
- [Interim NIOSH Training for Emergency Responders: Reducing Risks Associated with Long Work Hours](#)

49. CMS Offers Free Online Training on Infection Control Measures

The “**Infection Control: Environmental Safety**” Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on proper cleaning practices in health care facilities. It includes information on the categories of environmental surfaces and turnover cleaning versus terminal cleaning. Continuing education credits are available to learners who successfully complete this course. See course

description for more information. To access the WBT, go to [Medicare Learning Network Products](#), scroll to the bottom of the web page, under “Related Links,” and click on “Web-Based Training Courses.”

The “**Infection Control: Injection Safety**” Web-Based Training Course (WBT) was released and is now available. This WBT is designed to provide education on proper injection practices in health care facilities. It includes information on safe injection practices and single-dose/single-use versus multi-dose medications. Continuing education credits are available to learners who successfully complete this course. See course description for more information. To access the WBT, go to [Medicare Learning Network Products](#), scroll to the bottom of the web page, under “Related Links,” and click on “Web-Based Training Courses.”

50. FDA Warns of Drug Degradation When Stored in Certain BD Syringes

FDA is expanding its alert regarding compounded or repackaged drugs stored in Becton-Dickinson (BD) general use syringes to include certain additional syringe sizes including 1mL, 10mL, 20mL and 30mL BD syringes, and BD oral syringes. The FDA’s original alert applied to compounded or repackaged drugs that have been stored in 3 mL and 5mL BD syringes. This expansion of the alert to additional sizes of syringes is based on BD reports that an interaction with the rubber stopper in certain lots of these syringes can cause some drugs stored in these syringes to lose potency if filled and not used immediately. BD reports that the following drugs in particular can be affected by the stoppers, but we do not know whether other drugs can be affected: fentanyl, rocuronium, neostigmine, morphine, midazolam, methadone, atropine, hydromorphone, cisatracurium, and remifentanyl. BD has created a [webpage](#) to assist customers in determining if their lots are affected.

51. GAO Recommends Additional State Reporting to Address Prescription Drug Fraud

A new Government Accountability Office (GAO) report recommends that the Centers for Medicare & Medicaid Services (CMS) require states to report on two controls that are not currently included in CMS’s reporting requirements: lock-in programs for abusers of non-controlled substances, and prohibitions on automatic refills. Currently, lock-in programs address doctor shopping by restricting beneficiaries who have abused the Medicaid program to only receiving controlled substance prescriptions from a single provider and pharmacy. A lock-in program for those with non-controlled substance prescriptions could also help address potential fraud and abuse. However, CMS does not currently collect information about lock-in programs for non-controlled substances. Similarly, CMS does not collect data on automatic refill prohibitions, even though such data could reduce the potential for medication stockpiling, continued fill of discontinued medications, and waste of prescription medications. According to the report, requiring states to report on these controls could help CMS oversee prescription drug fraud, and CMS has stated that it will consider the GAO’s recommendations. [For more information...](#)

52. DEA Summarizes Trends in Heroin Use

The Drug Enforcement Agency (DEA) has made available the results of a recent survey on the incidence of illicit drug use in the US noting that “The threat posed by heroin in the United States is serious and has increased since 2007. Heroin is available in larger quantities, used by a larger number of people, and is causing an increasing number of overdose deaths. In 2013, 8,620 Americans died from heroin-related overdoses, nearly triple the number in 2010. Increased demand for, and use of, heroin is being driven by both increasing availability of heroin in the U.S. market and by some controlled prescription drug (CPD) abusers using heroin. CPD abusers who begin using heroin do so chiefly because of price differences, but also because of availability, and the reformulation of OxyContin®, a commonly abused prescription opioid.” Heroin overdose deaths are increasing in many cities and counties across the United States, particularly in the Northeast area [the Mid-Atlantic, New England, and New

York/New Jersey Organized Crime Drug Enforcement Task Force (OCDETF) Regions] as well as areas of the Midwest. Read more in the 2015 National Heroin Threat Assessment Summary DEA-DCT-DIR-039-15, available [here](#).

53. AHRQ Focuses on Connecting Frequent Users to Community-Based Services to Reduce 911 Calls

A recent issue of the Agency for Healthcare Research and Quality’s Health Care Innovations Exchange features three programs that reduced emergency department use by providing access to community-based services for frequent 911 callers and at-risk individuals. One of the profiles describes the Michigan Pathways to Better Health program, in which a community health worker partners with local emergency service providers to identify and refer at-risk individuals to community-based care. Key elements of the program include education of emergency service providers about Michigan Pathways to Better Health and those who might benefit from it, steps to make referrals to the program as easy as possible and financial support to cover a portion of the additional costs involved. The partnerships have enhanced access to needed community-based services, leading to less reliance on emergency care among frequent 911 callers. [For more information...](#)

54. New Patient Safety Primer on High Reliability

Organizations that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures are known as high reliability organizations. The concept of high reliability is attractive in health care due to the complexity of operations and the risk of significant and even potentially catastrophic consequences when failures occur. A new [Patient Safety Primer on High Reliability](#) posted on AHRQ Patient Safety Network (PSNet) takes a deeper look into what makes a high reliability organization. The primer provides a detailed overview of the different characteristics that make up high reliability organizations. For example, such organizations use systems thinking to evaluate and design for safety but are keenly aware that safety is an emergent, rather than a static, property. Another example is that high reliability organizations work to create an environment in which potential problems are anticipated, detected early, and virtually always responded to quickly enough to prevent catastrophic consequences.

55. FDA Offers Industry Guidance on Physical Attributes of Generic Medications

The Food and Drug Administration (FDA) has issued guidance encouraging the pharmaceutical industry to adopt consistency measures in the size, shape, and other physical attributes of generic tablets and capsules to brand name products. Although the guidance is not binding on FDA or the public, the Agency’s current thinking is based on published literature regarding patient experiences swallowing tablets and capsules and Agency experience with new drug applications (NDA) and abbreviated new drug applications (ANDA) submitted for oral tablets and capsules. [For more information...](#)

56. USPSTF Guidelines Address HBP Screening in Ambulatory Settings

The U.S. Preventive Services Task Force recommends ambulatory blood pressure monitoring as the reference standard for confirming a diagnosis of hypertension. The group published its grade A recommendations on blood pressure screening in the Annals of Internal Medicine. The guidelines also include the following:

- Home blood pressure monitoring is a reasonable alternative when ambulatory monitoring is not a viable option.
- Annual blood pressure screening is recommended in adults ages 40 years and older and in those with hypertension risk factors (e.g., high normal blood pressure [130-139/85-89 mm Hg], overweight or obese, African American). Adults under age 40 with normal blood pressure and no other risk factors can be screened every 3 to 5 years.

- Non-black patients should begin treatment with a thiazide, calcium-channel blocker, angiotensin-converting enzyme inhibitor, or angiotensin-receptor blocker. Black patients should begin with either a thiazide or calcium-channel blocker.

[For more information...](#)

57. NIH: Health Care Costs for Dementia Outpaces Any Other Disease

In the last five years of life, total health care spending for people with dementia was more than a quarter-million dollars per person, some 57 percent greater than costs associated with death from other diseases, including cancer and heart disease. The new analysis, appearing in the Oct. 27, 2015, online issue of the *Annals of Internal Medicine*, estimates that total health care spending was \$287,000 for those with probable dementia and \$183,000 for other Medicare beneficiaries in the study. Researchers calculated costs from Medicare, Medicaid, private insurance, out-of-pocket, and informal care over the last five years of life. Specific categories of spending included insurance, hospital, physician, medication, nursing home, hired helpers, in-home medical care and other expenses. The investigators also measured out-of-pocket spending as a proportion of household wealth. For families, out-of-pocket spending for those with dementia was \$61,522 compared to \$34,068 for those without dementia. Informal care costs were estimated to be \$83,022 for people with dementia vs. \$38,272 for those without dementia. In addition, out-of-pocket spending as a proportion of total household wealth five years before death was significantly higher — median of 32 percent for dementia and 11 percent for other diseases. [For more information...](#)

INDUSTRY NEWS

58. AHA Publishes 2015 Guidelines for CPR and ECC

The American Heart Association (AHA) has published a web site that blends the 2015 and 2010 AHA Guidelines for CPR & ECC into a new online interface. According to the AHA, the process for the 2015 International Liaison Committee on Resuscitation (ILCOR) systematic review was quite different compared to 2010. In 2015, the ILCOR task forces prioritized topics for review, selecting those where there were sufficient new science or controversy to prompt a systematic review. Once the topics were selected, reviewers used the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology to improve the consistency and quality of the 2015 systematic reviews. The 2015 Guidelines reflect an update of the 2010 Guidelines, addressing only those topics addressed by the evidence review or requested by the training network. [Highlights](#) of the 2015 AHA Guidelines Update for CPR and ECC are available on the new interface. The [entire update](#) is available in the *Circulation* journal.

59. Health Professional Education Focus of New IOM Report

In 2009, 20 experts from around the globe gathered to create a roadmap for transforming health professional education for advancing health. Their ideas were captured in the Lancet Commission report on health professions education for the 21st century. This report drove the establishment of the Institute of Medicine’s (IOM’s) Global Forum on Innovation in Health Professional Education. On April 23–24, 2015, members of the Global Forum came together at a workshop focusing on envisioning the future of health professional education in light of the Lancet Commission Report. The workshop aimed to explore the implications that shifts in health, policy, and the health care industry could have on HPE and workforce learning; to identify learning platforms that could facilitate effective knowledge transfer with improved quality and efficiency; and to discuss opportunities for building a global health workforce that understands the role of culture and health literacy in perceptions and approaches to health and disease. A new document available from the IOM summarizes the workshop. [For more information...](#)

60. Sinclair Elected NEMSAC Chairman

John Sinclair, chief of Kittitas Valley Fire and Rescue in central Washington and the fire-based EMS representative to the National EMS Advisory Council (NEMSAC), was recently elected chairman replacing Aarron Reinert whose term had expired. Anne Montera, a newly appointed council member representing the public health sector, was elected vice chair. Montera is a public health nurse consultant in Eagle, Colorado, who has extensive experience working with EMS and helped create some of the state’s earliest community paramedic programs. NEMSAC is a congressionally authorized advisory group that may make recommendations to the U.S. Department of Transportation or to FICEMS, an interagency group of representatives from ten federal agencies that work on EMS-related issues. [For more information...](#)

61. JEMS Invites EMS Innovator Nominations

Do you know someone who is an innovator in EMS? EMS has changed drastically over the years, with those changes being driven from individuals looking to improve clinical or operational practice. As the leader in spreading the best knowledge in EMS practice, JEMS, with support from Physio-Control, Inc., is proud to recognize the top 10 innovators in EMS who drove the EMS practice forward in 2015. Winners will be celebrated during EMS Today 2016 and at the dedicated EMS10 Awards Dinner on February 24, 2016 in Baltimore. Winners will also be recognized in JEMS. This award is open to an individual who has contributed to EMS in an exceptional way in 2015. Nominations are accepted only for individuals who have made their contribution in the 2015 calendar year. Nominations for groups, organizations or multiple individuals are not eligible. The DEADLINE FOR NOMINATIONS IS NOVEMBER 30, 2015. [For more information...](#)

62. NFPA Rejects EMS Officer Proposal

The National Fire Protection Association (NFPA) recently reviewed a request to establish a new project on emergency medical services officer standards. After a review of all the material before it, NFPA voted to solicit public comments of the need for the project, information on resources on the subject matter and other organizations actively involved with the subject. The NASEMSO Board of Directors submitted [comments](#) to the NFPA on the proposal and has learned that the NFPA has decided not to further pursue the project.

63. Help Build a National EMS Data Strategy

Recognizing the need for EMS to have an industry-wide strategy for fully integrating data in all our activities, several organizations - NAEMT, NAEMSP, NEMSMA, AAA, and NASEMSO, have come together to better understand the extent to which data is currently being used in EMS. Our organizations have jointly developed a brief survey on the collection, use and exchange of EMS data. The results of this survey will give us a picture of the current state of EMS data, and will be used as a starting point for drafting a national EMS data strategy. Please take this brief survey: [EMS Data Survey](#)

INTERESTING ABSTRACTS

64. Badiger s et al. Optimizing oxygenation and intubation conditions during awake fibre-optic intubation using high-flow nasal oxygen delivery system. Br J Anaesth 2015 Aug 7. In a prospective observational study, investigators evaluated use of high-flow humidified oxygen delivered via nasal cannula in a convenience sample of 50 adults with predicted difficult airways undergoing flexible fiberoptic intubation in the operating room. All patients were prepped and sedated in a similar fashion, oxygenated, and intubated upright. Median oxygen saturations were 98% at baseline and 100% after high-flow oxygenation. Among 13 patients with baseline saturations <97% (range, 83%–96%), all but one had a saturation of 100% after high-flow oxygenation. All patients

were intubated successfully and reported feeling comfortable with the apparatus. There were no episodes of desaturation or hypercapnia. [Abstract...](#)

In related news, a (free) descriptive article on high-flow nasal cannula oxygen therapy in adults from the Journal of Intensive Care is available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4393594/>. A Humidified High Flow Nasal Cannula Guideline offered by the Government of New South Wales is available [here](#).

65. Everett et al. Troponin and Cardiac Events in Stable Ischemic Heart Disease and Diabetes. N Engl J Med 2015; 373:610-620. Researchers evaluate the use of high-sensitivity troponin T to identify those at high risk for cardiovascular events who might also benefit from prompt coronary revascularization. [Abstract...](#)



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



Find us on Facebook

ORDER NASEMSO LOGOWEAR ONLINE AT
<http://www.companypromostore.com/stores/asmi/>.

UPCOMING EVENTS
 PLEASE NOTE: CALENDAR ITEMS ARE ALWAYS WELCOME!!! Send to robinson@nasemso.org

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

* 30th annual Texas EMS Conference 2015, November 21-25, Dallas, Texas. <http://www.texasemsconference.com>.

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

NAEMSE Instructor Course Level 1

- *Atlantic City, NJ: November 11-13, 2015
- *Des Moines, IA: November 12-14, 2015
- *Dallas, TX: November 20-22, 2015

*Los Angeles, CA: February 19-21, 2016

NAEMSE Instructor Course Level 2

CAAHEP Accreditation Update & Evaluating Student Competency Workshops

*Rosemont, IL: December 3-5, 2015

[For more information...](#)

National EMS Memorial Bike Ride: Honor EMS personnel who have died and those who continue to serve the public everyday with long distance cycling events and by promoting healthy lifestyles. muddyangels.com
2016 Schedule -TBA



IAEM Annual Conference and EMEX Expo. November 13-18, 2015 in Las Vegas, NV. [Go here for more information](#) about the Annual Conference.

*National EMS Advisory Council. December 1-2, 2015 in Washington DC. For more information, go to EMS.gov.

*National EMS Advisory Council. April 18-19, 2016 in Washington DC. For more information, go to EMS.gov.

*National EMS Advisory Council. September 7-8, 2016 in Washington DC. For more information, go to EMS.gov.

*NASEMSO Spring Meeting. April 4-6, 2016. Bethesda, MD. [For more information...](#)

POSTPONED. 2016 EMSC Program Meeting. June 21-24, 2016 in Bethesda, MD.

*NASEMSO Fall Meeting. September 19-23, 2016. Albuquerque, NM. [For more information...](#)

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

NASEMSO Staff Contacts

Elizabeth Armstrong, CAE, MAM / Executive VP
(703) 538-1799 ext. 8 - armstrong@nasemso.org

Dia Gainor/Executive Director
(703) 538-1799 ext. 7
Email: Dia@nasemso.org

Sharon Kelly / Executive Assistant

(703) 538-1799 ext. 2 - kelly@nasemsso.org

Kathy Robinson / Program Manager

(703) 538-1799 ext. 1894 – robinson@nasemsso.org

Kevin McGinnis/Program Manager

(571) 749-7217 – Email: mcginnis@nasemsso.org

Leslee Stein-Spencer/Program Manager

Email: Stein-Spencer@nasemsso.org

Mary Hedges/Program Manager

Email: Hedges@nasemsso.org

Rachael Alter/Program Manager

Email: Alter@nasemsso.org

Peg Trimble/Program Manager

Email: trimble@nasemsso.org

Nick Nudell/Program Manager

Email: nick@nasemsso.org

Karen Thompson / Web Site Content Manager

(828) 693-5045 – Email: thompson@nasemsso.org

National Association of State EMS Officials

201 Park Washington Court

Falls Church VA 22046

Phone: (703) 538-1799

Fax: (703) 241-5603

Website: www.nasemsso.org

The material contained in this newsletter is for informational purposes only. NASEMSO does not support, endorse, or recommend any position, product, or service unless explicitly stated.

The Washington Update is produced by the National Association of State EMS Officials. Feel free to share this publication with your colleagues. To subscribe to receive the *Washington Update* by e-mail, please click [here](#).