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**January 2016**

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**January is Human Trafficking Awareness Month. The Blue Campaign is the Department of Homeland Security's unified voice to combat human trafficking, protect victims and bring perpetrators to justice. Learn more and get involved to help [#EndTrafficking: dhs.gov/bluecampaign](https://www.dhs.gov/bluecampaign)**

**NASEMSO NEWS**

**1. Public Comment Opportunity Available on EMS Fatigue Project**

The National Association of State EMS Officials (NASEMSO) recently finalized a contract with the National Highway Traffic Safety Administration (NHTSA) Office of Behavioral Safety Research to help address the growing concern for the sleep health and fatigue of emergency medical services (EMS) clinicians and the impact of fatigued workers on crew and patient safety. Dr. Daniel Patterson, NRP of the Carolinas Health System will serve as the Principal Investigator. NHTSA will officially announce the initiative and accept comments from the public about the development of voluntary fatigue risk management guidelines and resources tailored to the EMS occupation at a national stakeholder meeting on February 2, 2016 in Washington, DC. Brief presentations will address the potential dangers of drowsy and fatigued driving and the work of EMS practitioners, including the risk of traffic crashes and providing patient care, a summary of the project goals and methods for coming to consensus on EBG fatigue risk management guidelines, the plan for dissemination of EBGs, and additional project related activities and information. A majority of the time in the meeting will be set aside to accept questions and comments from registered attendees. This is to ensure that the voluntary fatigue risk management guidelines will address the needs of the entire and diverse EMS community. Individuals and organizations can provide electronic comments via <http://www.regulations.gov> Docket No. NHTSA-2015-0121 or pursuant to the instructions included in the

[Federal Register Notice](#). Click [here](#) to register for the meeting by including your name and organization and whether or not you wish to submit verbal or written comments.

**2. It's That Time of Year Again: Send Your Calendar Events to Washington Update!!**

While calendar events are welcome at any time of the year, NASEMSO welcomes basic information about state EMS conferences and national EMS events for use by our readers. Please include name of the conference, location, date, and a link to the registration info and/or program when available. Click [here](#) to submit calendar item...

**3. NASEMSO Facilitates Discussion on "New EMS" Value Proposition**

A steering committee of national EMS organizations has formed to provide guidance and resources and to provide consensus on issues of nomenclature in addressing the evolving world of community paramedicine (CP) and mobile integrated healthcare (MIH). A "first draft" document has been circulated for organizational input and endorsement that is now available on the [NASEMSO web site](#).

**4. New NTAS Widget an Added Feature to NASEMSO Web Site**

The Department of Homeland Security (DHS) recently added a feature to its National Terrorism Advisory System (NTAS) that has been incorporated into NASEMSO's web site under Domestic Preparedness. In 2011, the DHS replaced the color-coded alerts of the Homeland Security Advisory System (HSAS) with the NTAS, designed to more effectively communicate information about terrorist threats by providing timely, detailed information to the American public. NTAS will now consist of two types of advisories: Bulletins and Alerts. DHS has added Bulletins to the advisory system to be able to communicate current developments or general trends regarding threats of terrorism. NTAS Bulletins permit the Secretary to communicate critical terrorism information that, while not necessarily indicative of a specific threat against the United States, can reach homeland security partners or the public quickly, thereby allowing recipients to implement necessary protective measures. Because DHS may issue NTAS Bulletins in circumstances not warranting a more specific warning, NTAS Bulletins provide the Secretary with greater flexibility to provide timely information to stakeholders and members of the public. Alerts may take one of two forms: Elevated, if DHS has credible threat information, but only general information about timing and target such that it is reasonable to recommend implementation of protective measures to thwart or mitigate against an attack, or Imminent, if the Agency believes the threat is credible, specific, and impending in the very near term. [See the widget...](#)

**5. NASEMSO Adds Voice to Sponsor Letter on DEA Regulation of Field EMS**

Considerable confusion exists around Drug Enforcement Agency (DEA) regulations and expectations regarding controlled substance medications in the field EMS environment as current regulations do not take into account the significant differences between field EMS practice and that of other healthcare entities covered by the same regulation. DEA anticipates releasing regulations with greater clarity but they have indicated that they will continue to prohibit "standing orders" in regard to dispensing controlled substances to field EMS patient. The National Association of State EMS Officials (NASEMSO) has endorsed a multiorganizational letter to support the efforts of Congressman Richard Hudson (NC) to introduce a Bill that would amend the Controlled Substances Act by adding a new section that would create an appropriate DEA regulation for field EMS. Hudson's "Protecting Patient Access to Emergency Medications Act" provides the DEA a firm statutory foundation from which to oversee the use of controlled substances in field EMS and prevent drug diversion while ensuring essential medicines are provided to patients in need. A copy of the letter is available [here](#).

**6. Congresswoman Sheila Jackson Lee Thanks NASEMSO for Supporting the FRIENDS Act**

The First Responder Identification of Emergency Needs in Disaster Situations (FRIENDS Act) passed the House on Dec. 10, 2015, by a roll call vote of 396 to 12, with 25 not voting. The Congresswoman in her statement acknowledged and thanked NASEMSO for its assistance with the bill, saying the support of the National Association of State EMS Officials was invaluable to the passage of the FRIENDS Act. She is looking forward to continuing to work with NASEMSO on getting bill through the Senate and to the President's desk. [Download her statement here.](#)

**7. NASEMSO Sends Letter SSL/CSG on Suggested State Legislation Item 07-37A-07 on MIH Care**

NASEMSO sent a recommendation to the Suggested State Legislation (SSL) Committee of the Council of State Governments (CSG) urging them to initiate its process for developing and inserting a note for community paramedicine-mobile integrated healthcare (CP-MIH) in the SSL publication being considered, rather than accepting item 07-37A-07 on Mobile Integrated Health Care, at its recent meeting in Nashville. The letter stated that developing a well-considered note concerning this state issue of national significance in place of accepting item 07-37A-07 is a prudent course of action. [For details, download the letter here.](#)

**8. NASEMSO Urges Support for Research Investments to Address the Public Health Crisis of Gun Violence**

NASEMSO and 18 stakeholder organizations have signed on to a joint letter sent to leaders of the Senate and House Appropriations Committees in support of funding for research to address the public health crisis of gun violence. The letter urges Congress to "lift the current ban on funding for the Centers for Disease Control and Prevention (CDC) related to gun violence prevention research. Furthermore, the CDC should be appropriated at least \$10 million in FY 2016, along with sufficient new funding at the National Institutes of Health (NIH), to support research into the causes and prevention of gun violence." Read the [Letter to Leaders of Senate & House Appropriations Committees.](#)

**9. 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/asmi/>.

**FOR THE STATES**

**10. Senate Finance Committee Weighs in On Chronic Care Options**

Senate Finance Committee Chairman Orrin Hatch, R-Utah, Ranking Member Ron Wyden, D-Ore., along with Senators Johnny Isakson, R-Ga., and Mark Warner, D-Va., co-chairs of the Finance Committee Chronic Care Working Group, recently released an options paper outlining policies being considered as a part of the committee's effort to improve how Medicare treats beneficiaries with multiple, complex chronic illnesses.

The paper organizes policies into several key areas under consideration:

- Providing high-quality health care in the home
- Improving access to interdisciplinary, team-based health care
- Expanding innovation in benefit design and access to technology
- Identifying ways to improve payments and quality for the chronically ill population
- Empowering patients and caregivers in care delivery

The Committee is accepting public input to the proposal until January 26, 2016. [For more information...](#)

**11. New Executive Actions Aim to Improve the Quality of Background Checks**

The White house has announced a series of Executive Orders intended to provide a “common sense” approach to reducing gun violence that could, in turn, improve the quality of background checks for individuals overall. Of note to *Washington Update* readers, President Obama hopes to improve the quality of data states provide to the National Instant Criminal Background Check System (NICS). Over the past several years, Congress has created incentives for States to make as many relevant records as possible accessible to NICS. Over the past three years, States have increased the number of records they make accessible by nearly 70 percent. To further encourage this reporting, the US Attorney General has written a letter to States highlighting the importance of receiving complete criminal history records and criminal dispositions, information on persons disqualified (from purchasing firearms) for mental health reasons, and qualifying crimes of domestic violence. The Administration will begin a new dialogue with States to ensure the background check system is as robust as possible, an effort it considers a public safety imperative. The President’s initiative outlines efforts to modernize the NICS, increasing the NICS workforce to streamline and expedite requests for background checks, including information from the Social Security Administration regarding disability benefits on persons with a documented mental health issue. Some State officials raised concerns about whether such reporting would be precluded by the Privacy Rule issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Department of Health and Human Services has issued a final rule expressly permitting certain HIPAA covered entities to provide to the NICS limited demographic and other necessary information. [For more information...](#)

**12. Upcoming Webinar to Discuss Medicaid and “Free Care” Rule**

One year ago, the U.S. Department of Health and Human Services issued [guidance](#) explaining how and when Medicaid can cover services that are usually provided without charge to the community. This guidance effectively reverses HHS’ longstanding policy prohibiting Medicaid coverage of “free care” – an action that has profound implications for public entities that serve low income people, particularly children. The Network for Public Health Law will offer a free webinar on January 21, 2016, 1:00-2:30 pm ET to explain the rule and discuss the implications for schools, local health departments, and Medicaid managed care plans. Click [here](#) to register.

**13. NPHL Evaluates Federal Instructions; Affirms Medical and Vaccination Assessments of Aliens by States**

Of potential interest to state health departments, the Network for Public Health Law recently posted information related to the “Medical Examinations of Aliens” as it pertains to infectious disease. DHS Instructions for the I-693 form state that exam results are confidential, but the examining physician may share results with state or local public health authorities when required by law. State and local health departments are automatically given blanket civil surgeon designation, which allows health departments to complete the vaccination assessment section of the I-693 Form, but not the medical exam or other sections of the form. The I-910 Form states that civil surgeons are required by CDC’s technical instructions to file a case report with appropriate state or local public health authorities if required by local laws or regulations. Based on this language, NPHL opines that CDC’s technical instructions affirmatively state that civil surgeons are required to comply with state and local reporting laws. [For more information...](#)

**14. HCUP Releases 2013 Nationwide Emergency Department Sample (NEDS) Database**

The Department of Health and Human Services’ Agency for Healthcare Research and Quality, recently released the 2013 [Nationwide Emergency Department Sample](#) (NEDS). The NEDS is the largest all-payer emergency department (ED) database in the United States. It was created to enable analyses of ED utilization patterns and support understanding and decision-making regarding this critical source of health care. Constructed using records from both the HCUP [State Emergency Department Databases](#) (SEDD) and the [State Inpatient Databases](#) (SID), the 2013

NEDS contains data from nearly 30 million ED visits and encompasses all encounter data from 950 hospital-based EDs in 30 states – approximating a 20-percent stratified sample of EDs from community hospitals. Weights are provided to calculate national estimates pertaining to the almost 136 million ED visits that took place in 2013. The NEDS provides information on "treat-and-release" ED visits, as well as ED visits in which the patient was admitted to the same hospital for further care. Additional information about the NEDS is located on the Databases Page of the HCUP User Support Website at <https://www.hcup-us.ahrq.gov/databases.jsp>.

**15. Providers Object to CMS Proposal to Curb Drug Abuse**

According to a new article in *Modern Healthcare*, providers are urging the CMS to drop a proposal aimed at combating prescription drug abuse. They say mandating a review of state-run drug prescription databases could lead to inaccurate information and would be an administrative burden for them. They also say frequent prescription changes might reveal a lack of coordination among providers, not drug abuse. As part of a proposed rule on changes to discharge plans, the CMS suggested mandating that providers consult a patient's history on their respective state's prescription-drug monitoring program (PDMP). The goal is to identify a patient's risk of nonmedical use of controlled substances by tracking substance-use disorders. PDMPs are state-run electronic databases used to track controlled prescription drugs that are prescribed and dispensed to patients. The rule received 299 comments by the Jan. 4 deadline. The idea was heavily panned. [For more information...](#)

**AIR MEDICAL**

**16. FAA Offers Technical Amendment for Pilot Qualifications Under Part 135 Operations**

The Federal Aviation Administration (FAA) is correcting a final rule published on July 15, 2013. In that rule, the FAA amended its regulations to create new certification and qualification requirements for pilots in air carrier operations. The FAA unintentionally required without notice and comment that if a certificate holder conducting part 135 operations who has voluntarily chosen and been authorized to comply with the part 121 training and qualification requirements, a pilot serving as a second in command in part 135 for that certificate holder is required to have an airline transport pilot certificate and an aircraft type rating. This document corrects those errors and makes several additional miscellaneous corrections to part 61 and a cross-reference error in part 121. [For more information...](#)

**17. FAA Implements Rule to Register Drones**

The Federal Aviation Administration (FAA) has issued a final rule for the registration of unmanned aircraft systems (UAS), commonly referred to as drones, based on recommendations from a task force convened by FAA Administrator Michael Huerta. In line with the group's recommendations, registration will only be required of drones weighing more than 0.55 pounds, but it also caps the weight at 55 pounds. That total weight includes payloads such as on-board cameras, according to the announcement. An owner who operated a UAS prior to Dec. 21 is now required to register their aircraft by Feb. 19, 2016. Those purchasing drones after Dec. 21 must register them prior to the first outdoor flight. While a paper-based registration process is available, owners are encouraged to the new streamlined, web-based system at [www.faa.gov/uas/registration](http://www.faa.gov/uas/registration). Online registration is currently only available for hobbyists, but enhancements to the site by spring 2016 will allow businesses to register drones online as well, said the release. The normal registration fee will be \$5 but FAA is waiving that fee in an effort to encourage quick compliance with the new requirement. Registration will be free from Dec. 21 to Jan. 20, 2016, said the announcement. [For more information...](#)

**18. FDA Issues Safety Warning on Hand-held Laser Pointers**

The Food and Drug Administration (FDA) is reminding consumers about the risk of eye and skin injuries from exposure to products containing lasers. Although most toys with lasers are safe and comply with performance standards, some laser products such as hand-held laser pointers are being misused as toys. FDA regulations limit the visible light power of hand-held laser pointers to 5 milliwatts (mW). Even at the 5mW legal limit, a laser aimed directly into the eye can cause temporary flash blindness. The FDA is aware of incidents reported by the Federal Aviation Administration of pilots experiencing temporary “flash-blinding” when lasers are aimed at their aircraft. The temporary loss of vision reported by pilots during these incidents could cause a serious accident. From 2004 to 2006, 329 cases were reported, and since then **26,320 cases have been reported incidents of aircraft illuminations from laser pointers**, according to FDA analysis of FAA public data. Close to 5,000 incidents were reported in the first nine months of 2015. **Using a laser to illuminate an aircraft is a federal crime and a felony** and those convicted face a maximum penalty of five years in prison and a \$250,000 fine. Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA’s MedWatch Safety Information and Adverse Event Reporting Program. [For more information...](#)

**19. FAA Responds to NTSB Safety Recommendation on Crash-Resistance of Rotorcraft Fuel Systems**

Following the analysis of a 2014 fatal air medical crash in Wichita Falls, TX in which the medical crew survived the impact but died from thermal injuries sustained in a post-crash fire, the NTSB officially [recommended](#) that the “Federal Aviation Administration (FAA) require for all newly manufactured rotorcraft regardless of the design’s original certification date that the fuel systems meet the crashworthiness requirements of 14 CFR 27.952 or 29.952 Fuel Systems Crash Resistance.” FAA Administrator Michael Huerta recently acknowledged “the FAA agrees with this recommendation and has started the rulemaking process by sending a tasking statement to the Aviation Rulemaking Advisory Committee.” Public notice of the intent to implement a rule change is expected later this year. The Air Medical Operators Association (AMOA), in cooperation with helicopter manufacturers Airbus Helicopters and Bell Helicopter, have already announced a commitment to the installation of Crash Resistant Fuel Systems (CRFS) in all new aircraft and equipping current aircraft with CRFS as those products become available.

**20. House and Senate Bills Advocate for Higher Air Ambulance Reimbursement**

As [S.1149](#) and its companion Bill in the House ([H.R.822](#)) continue to wind through House and Senate Committees of the 114<sup>th</sup> Congress, the following summary is provided for informational purposes:

- This bill amends title XVIII (Medicare) of the Social Security Act to direct the Secretary of Health and Human Services, with respect to air ambulance services furnished during 2017 or any subsequent year, to reduce the mandatory percentage increase (inflation adjustment) for payments under the fee schedule by 2.0% for any supplier or provider that fails to submit to the Secretary specified data.
- The Secretary is required to select at least two quality measures with respect to which such providers and suppliers may voluntarily submit such data.
- The Government Accountability Office is required to report to Congress on all such data, together with a recommendation on the adequate amount of Medicare reimbursement to providers and suppliers that would reflect their operational costs and preserve access to critical air medical services.
- The Secretary is required, in the case of air ambulance services furnished during calendar 2017 through 2021 to make a percentage increase in the base rate of the fee schedule: (1) by 20% during 2017, and (2) by 5% during 2018-2020.
- The Secretary must also, for 2017 through 2020, adjust such percentages, by either increasing or reducing them (but in no case below zero) to ensure that the increased expenditures under this Act are equal to the reduced expenditures.

**21. CAMTS Expands into Europe**

The Commission on Accreditation of Medical Transport Systems (CAMTS) has announced the creation of a new European organization, CAMTS EU. Headquartered in Europe, CAMTS EU is a standalone nonprofit organization that, like its counterpart in the United States, will offer a voluntary accreditation program for fixed- and rotary-wing air medical operators and ground inter-facility transport services. Following the CAMTS model, it will enlist member organizations, each of which will assign a representative to serve on the CAMTS EU board of directors.

[For more information...](#)

**COMMUNICATIONS**

**22. NG911 Institute Seeks Nominations for Awards: Deadline January 15**

The NG9-1-1 Institute needs your help with nominations for the 2016 NG9-1-1 Institute Honor Awards (below). Award winners receive transportation and lodging for the ceremony. The Nomination Form is available at the link, above, and on the Institute's website. All nominations (including self-nominations) welcome. You do not need to be an Institute member to nominate or receive an award. Nominations are due no later than Friday, January 15, 2016. [For more information...](#)

**COMMUNITY PARAMEDICINE**

**23. New NAM Report Focuses on Collaborative Practice and Interprofessional Education**

Interprofessional teamwork and collaborative practice are emerging as key elements of efficient and productive work in promoting health and treating patients. The vision for these collaborations is one where different health and/or social professionals share a team identity and work closely together to solve problems and improve delivery of care. Although the value of interprofessional education (IPE) has been embraced around the world - particularly for its impact on learning - many in leadership positions have questioned how IPE affects patient, population, and health system outcomes. A new report from National Academy of Medicine (NAM- formerly known as the Institute of Medicine) examines ways to measure the impacts of IPE on collaborative practice and health and system outcomes. According to this report, it is possible to link the learning process with downstream person or population directed outcomes through thoughtful, well-designed studies of the association between IPE and collaborative behavior. *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes* describes the research needed to strengthen the evidence base for IPE outcomes. Additionally, this report presents a conceptual model for evaluating IPE that could be adapted to particular settings in which it is applied. *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes* addresses the current lack of broadly applicable measures of collaborative behavior and makes recommendations for resource commitments from interprofessional stakeholders, funders, and policy makers to advance the study of IPE. [For more information...](#)

**24. AHRQ Study: Ambulatory ‘Revisits’ Occur Frequently, Often Due to Complications**

Ambulatory “revisits”—the outpatient equivalent of hospital readmissions—occur frequently and are often associated with complications, a new AHRQ-funded study found. The study, published as a research letter in JAMA, used AHRQ’s Healthcare Cost and Utilization Project to analyze data from more than 480,000 low- to moderate-risk ambulatory operations. Researchers found a rate of 95 all-cause revisits per 1,000 operations; most revisits were to emergency departments (59 per 1,000 operations) followed by inpatient surgery settings (27 per 1,000 operations). Across all operations and settings, two-thirds of the revisits (65 per 1,000) were for complications

related to the procedure, with the remaining being attributed to unrelated conditions. The authors concluded that more detailed study is needed to understand the nature of these revisits and determine which complications may be preventable. Read the [research letter](#).

**25. HCUP Offers Readmissions Database to Researchers**

The Healthcare Cost and Utilization Project (HCUP) has released [Nationwide Readmissions Database Tutorial](#), an online course for researchers to use the NRD to produce national readmissions estimates. The tutorial’s first section, Database Design, provides background on the NRD, its design, its key data elements and its limitations. A second section, Using the NRD, provides sample event criteria to help researchers calculate national estimates of readmission rates using the database. Email [HCUP User Support](#) for more information.

**DATA**

**26. DOT Invites Public Comment on State Submission of NEMSIS Data**

NHTSA supports and funds NEMSIS to further its goal of reducing death and disability on the Nation's roadways. The NEMSIS Technical Assistance Center (TAC) assists State and local EMS agencies and software vendors in implementing NEMSIS Version 3.0 (and higher)-compliant EMS data systems and the corresponding XML standard to support data transmission and interoperability. NHTSA also maintains the National EMS Database and a national reporting system. NHTSA supported the initial development of the National EMS Information System, including the supporting Data Dictionary and technology infrastructure, at the request of the National Association of State EMS Officials. This effort developed the first-ever standardized EMS patient care reporting mechanism, which would provide essential information that could lead to improved patient care at local, State and national levels. In order for NHTSA to continue to collect NEMSIS data from states, federal regulations require NHTSA to obtain Office of Management and Budget (OMB) approval. Under procedures established by the Paperwork Reduction Act of 1995, before seeking OMB approval, Federal agencies must solicit public comment on proposed collections of information, including extensions and reinstatement of previously approved collections. Readers that understand the value of NEMSIS data and participation by the states are encouraged to submit comments in support of the program to Federal Docket No. NHTSA-2015-0051 “Agency Request for Approval of a New Information Collection: National Emergency Medical Services Information System- State Submission to National EMS Database” prior to the February 4, 2016 deadline. [For more information...](#)

**27. NEMSIS Dataset Available for Research Purposes**

The NEMSIS TAC released the 2014 NEMSIS Public-Release Research Dataset in August of 2015. The dataset contains 25,835,729 EMS activations submitted by 9,693 EMS agencies serving 48 states and territories during the 2014 calendar year. This dataset is made available (free of charge) to persons interested in conducting EMS-related research at: <http://www.nemsis.org/reportingTools/requestNEMSISData.html>. The data may also be accessed (online) using the NEMSIS Cube, which includes a three-year rolling dataset (over 60 million EMS activations). The NEMSIS Cube is available [here](#). For additional information contact N. Clay Mann at: [clay.mann@hsc.utah.edu](mailto:clay.mann@hsc.utah.edu).

**28. FirstNet Board Approves Release of RFP**

The First Responder Network Authority (FirstNet) Board recently approved the Request for Proposal (RFP) to deploy the nationwide public safety broadband network (NPSBN) and directed management to take all necessary actions to release the RFP in early January. The Board’s approval advances FirstNet’s Strategic Program Roadmap and moves FirstNet a step closer to establishing a public-private partnership to build, operate, and maintain the

NPSBN. The FirstNet RFP is objectives based and incorporates public safety’s needs for a nationwide broadband network. Central to this approach, FirstNet issued multiple Requests for Information, Public Notices, and Special Notices for public comment. FirstNet also collected vital stakeholder feedback on the RFP documents through consultation and outreach with public safety partners nationwide.

**29. 2016 Health IT Interoperability Standards Now Available**

The Office of the National Coordinator for Health Information Technology (ONC) has issued its 2016 catalog of standards for interoperable health IT, which incorporates two rounds of public comments and recommendations made in response to the inaugural 2015 document. The 2016 Interoperability Standards Advisory serves as the single resource of emerging and existing federally recognized health IT standards. In a recent [post](#) to the HealthITBuzz blog, two ONC officials called the 2016 Interoperability Standards Advisory a "critical element" of the vision for healthcare delivery reform because it enables health data to be unlocked, securely accessed and applied to healthcare decisions. Specifically, the 2016 Interoperability Standards Advisory includes significant structural changes. These changes expanded the Standards Advisory’s depth and breadth. Most notably, the 2016 Advisory includes six informative characteristics for each standard and implementation specification referenced. [For more information...](#)

**DOMESTIC PREPAREDNESS**

**30. RAND Corporation Posts Recommendations for Federal Agency Coordination**

In the ten years since Hurricane Katrina, the Federal Emergency Management Agency (FEMA) has taken steps to strengthen its ability to plan and coordinate the U.S. government’s response to disasters, while the Department of Defense (DoD) has worked to improve its support to FEMA. New research from the RAND Corporation reviews and analyzes how DoD and FEMA work together to plan and execute disaster response activities, and recommends areas for improvement. Read *“Improving DoD Support to FEMA’s All-Hazard Plans”* [here](#).

**31. White House Distributes National Multidrug-Resistant TB Plan**

The emergence and spread of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant TB (XDR-TB) pose a significant global threat to health, economic development, and national security, undermining the significant progress made globally and domestically to achieve a world free of tuberculosis (TB). TB is among the most lethal infectious diseases in the world, killing one person every 3 minutes. A new National Action Plan for Combating Multidrug-Resistant Tuberculosis (MDR-TB) released by the White House identifies a set of targeted interventions that address the core domestic and global challenges posed by MDR-TB and XDR-TB. The recommended interventions represent the U.S. Government’s contributions to reversing the worldwide spread of MDR-TB and should inform policy-development processes around the world. The National Action Plan is an effort to articulate a comprehensive strategy, mobilize political will, and spur additional financial and in-kind commitments from bilateral and multilateral donor partners, the private sector, and the governments of all affected countries. The goals of the National Action Plan are to:

- 1.Strengthen domestic capacity to combat MDR-TB
- 2.Improve international capacity and collaboration to combat MDR-TB
- 3.Accelerate basic and applied research and development to combat MDR-TB

Implementation of the National Action Plan will focus U.S. Government and partner efforts, to the extent permitted by law, on an ambitious set of targets by applying new and existing scientific and technological evidence and tools, and the expertise and experience gained from decades of fighting TB in the United States and elsewhere. [For more information...](#)

**32. OHA Provides Reference on Terrorism Resources**

The US Intelligence Community assesses the likelihood of a mass casualty attack using chemical or biological material in the Homeland in the near term is low. However, it is prudent to recognize that lone actors, including criminals and homegrown violent extremists inspired by terrorist leaders or by literature advocating the use of chemical or biological materials, may attempt small scale attacks. If your community has decided to become better prepared for a possible chemical release there are several sources of information, best practices, and guidance specific to the chemical threat that were highlighted in a fact sheet offered by the Department of Homeland Security Office of Health Affairs. [For more information...](#)

**33. SWATting Incidents and Guidance Tool Available from National 911 Program**

A recent installment of the National 911 Program webinar series enabled participants to learn more about SWATting - false reporting of an emergency aimed at securing a SWAT team response. Speakers addressed available resources to help PSAPs identify and respond to potential incidents. This episode has been archived and is available for public viewing. Access the September 2015 presentation at <http://www.911.gov/webinars.html>. Interested persons can sign up on the web site to subscribe to notices of future webinars.

**34. OIG Identifies Security Concerns with FEMA eGrants System**

In a recent report by the Department of Homeland Security’s (DHS) Office of Inspector General, recommendations to address weaknesses in FEMA’s eGrant program are presented. The OIG notes that since 2001, FEMA provided first responder organizations with more than \$9 billion through the AFG and Staffing for Adequate Fire and Emergency Response (SAFER) programs. According to FEMA, it began using the eGrants system in 2003 to manage the funds awarded through these programs. However, the eGrants system does not comply with Department of Homeland Security (DHS) information system security requirements. Specifically, access to the eGrants system is not controlled or limited because FEMA instructs grantees to share usernames and passwords within the grantee’s organization and with contractors who manage grants. As a result, someone other than the primary point of contact can take action or make changes in eGrants without the grantee’s knowledge. Additionally, in June 2014, DHS’s Office of Cyber Security advised FEMA it should not authorize eGrants to operate because it poses an unacceptable level of risk to the agency. FEMA’s Chief Information Officer acknowledged the high level of risk posed by system deficiencies and vulnerabilities but according to program personnel, technical resources allocated to the program have not been adequate to do so, and no alternative system is currently available to manage AFG programs. According to FEMA, it began using eGrants in 2003 as a temporary grant management system, but it is still operating in 2015. [For more information...](#)

**HIGHWAY SAFETY**

**35. Secretary Foxx to Address TRB Annual Meeting; Session Available for Live Streaming**

On Wednesday, January 13, at 10:15 a.m. ET, U.S. Transportation Secretary Anthony Foxx will discuss transportation’s role in connecting Americans and communities to economic opportunity. His remarks will explore how choices made regarding transportation infrastructure at the federal, state, and local levels may strengthen communities, create pathways to jobs, and improve quality-of-life in the United States. This session will be [webcast and available for all](#). No advance registration is necessary to view the webcast.

**36. NIOSH Offers New Newsletter on Motor Vehicle Safety**

The National Institute for Occupational Health and Safety (NIOSH) recently introduced *Behind the Wheel at Work*, a quarterly eNewsletter bringing you the latest news from the NIOSH Center for Motor Vehicle Safety. [For more information...](#)

**37. Federal Highway Transportation Plan Reauthorized**

President Obama has signed the Fixing America's Surface Transportation (FAST) Act into law (Public Law 114-94). The FAST Act is a five-year, \$305 billion reauthorization of federal surface transportation policy. The law includes slightly increased funding for bicycling and pedestrian projects (\$850 million per year by 2018 and through 2020) like Safe Routes to Schools and the first-ever federal Complete Streets language. Public health advocates are encouraged to work with federal and state partners to learn more about the next steps for implementation and how transportation policy can help promote healthier communities. The law will require promulgation of a rule by the National Highway Traffic Safety Administration (NHTSA) to require that information on collision avoidance technologies be indicated next to crashworthiness information on stickers placed on motor vehicles by their manufacturers. [For more information...](#)

In related news, the Government Accountability Office (GAO) recently reported on state and local efforts to improve pedestrian and bicycle safety. Read [Pedestrian and Cyclists: Cities, States, and DOT Are Implementing Actions to Improve Safety.](#)

**38. UM Report Compares State Highway Fatalities to 5 Leading of Causes of Death**

The University of Michigan Transportation Research Institute has released a report that compares fatalities per population from road crashes with fatalities per population from the five leading causes of death and from all causes for each U.S. state. *Read Mortality from Road Crashes in the Individual U.S. States: A Comparison with Leading Causes of Death* [here.](#)

**MEDICAL DIRECTION**

**39. iCOMPARE and FIRST Trials Comparing Standard and Long Work Schedules for Medical Residents**

Public Citizen and the American Medical Student Association (AMSA) have called on federal regulators at the Office for Human Research Protections to investigate two highly unethical clinical trials, known as the iCOMPARE and FIRST trials, that have allowed first-year medical residents to work shifts of 28 consecutive hours or more — nearly twice the current maximum number of hours allowed by the Accreditation Council for Graduate Medical Education (ACGME) for such residents. Public Citizen and AMSA also urged OHRP to immediately suspend the ongoing iCOMPARE trial, which is funded by the National Institutes of Health. In a separate letter to the ACGME, Public Citizen and AMSA urged the accrediting organization to rescind waivers of its work-hour limits that it granted to hospitals and residency training programs participating in the two experimental trials. Neither trial could have proceeded without the ACGME’s waivers. [For more information...](#)

**40. NMCP's Combat Extremity Surgery Course Prepares Medical Personnel for Combat**

The staff of the Healthcare Simulation and Bio Skills Training Center at Naval Medical Center Portsmouth continually proves they are trailblazers of military medicine through their dedication to medical education and readiness. The Combat Extremity Surgery Course provides deploying surgeons, combat medics and corpsmen the skills necessary to manage extremity trauma. The skills taught at the course teach these medical teams to provide care on the battlefield and prepare them to treat an extensive array of conditions. Topics in the course include

pelvis disruptions, spine injuries, external fixation principles, combat amputations, limb salvage, blast trauma, pediatric trauma, vascular access and emergency shunting of the extremities and burn management. Spanned over two days and about 18 training hours, the course has been approved for 14 American Medical Association Physician's Recognition Award category one credits. [For more information...](#)

**41. FDA Issues Class I Recall of Fuhrman Pleural & Pneumopericardial Drainage Set**

The Food and Drug Administration (FDA) has issued a Class I Recall (most serious type) of the Stryker Fuhrman Pleural & Pneumopericardial Drainage Set. This device is used primarily by physicians to remove air from the pericardium, or to drain air or fluid from thin covering (pleural cavity) that protects the lungs. Stryker Sustainability Solutions received two reports that the catheter included in the Drainage Set broke off in the pleural cavity while inserting the device into the patient. Both cases resulted in the need for medical intervention. This issue could cause serious patient injury or death. While it would be atypical to use the device in prehospital settings, awareness of the potential use prior to interfacility transport by EMS warrants its inclusion in Washington Update. [For more information...](#)

**TRAUMA**

**42. FDA Clears Military Traumatic Wound Dressing for Use in the Civilian Population**

The U.S. Food and Drug Administration cleared the use of the XSTAT 30 wound dressing, an expandable, multi-sponge dressing used to control severe, life-threatening bleeding from wounds in areas that a tourniquet cannot be placed (such as the groin or armpit) in battlefield and civilian trauma settings. The clearance expands the device's indication from use by the military only to use in adults and adolescents in the general population. XSTAT 30 is cleared for use in patients at high risk for immediate, life-threatening, and severe hemorrhagic shock and non-compressible junctional wounds, when definitive care at an emergency care facility cannot be achieved within minutes. XSTAT 30 is not indicated for use in certain parts of the chest, abdomen, pelvis or tissue above the collarbone. [For more information...](#)

**43. NGC Posts New Trauma Guidelines from EAST**

Two new guidelines from the Eastern Association for the Surgery of Trauma have been posted by the Agency for Healthcare Research and Quality's National Guideline Clearinghouse (NGC):

- [Motor vehicle collision-related injuries in the elderly: an Eastern Association for the Surgery of Trauma evidence-based review of risk factors and prevention.](#)
- [An evidence-based approach to patient selection for emergency department thoracotomy: a practice management guideline from the Eastern Association for the Surgery of Trauma.](#)

**44. ATS Announces the Re-Launch of the CSTR Certification Exam**

The American Trauma Society is excited to announce the re-launch of the Certification Exam for the Certified Specialist in Trauma Registries (CSTR). Due to a security breach of the question pool last summer, the ATS and the Registry Certification Board has been hard at work creating new questions, and revising others in anticipation of industry changes, like the launch of ICD-10. ATS has selected Comira as the new testing administrator of the CSTR exam. Comira has over 500 testing centers throughout the United States. The CSTR exam will now be offered throughout the year to allow prospective candidates to take the exam on their schedule. Click to access the new "[Handbook For Candidates](#)" that details all the information candidates need to know for the examination and for re-certification. To apply, please visit the ATS website [here](#).

FEDERAL PARTNERS

**45. FDA Approves Neuromuscular Reversal Agent**

The U.S. Food and Drug Administration today approved Bridion (sugammadex) injection to reverse the effects of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide, which are used during certain types of surgery in adults. Rocuronium bromide and vecuronium bromide are neuromuscular blocking drugs that cause temporary paralysis by interfering with the transmission of nerve impulses to the muscle and are used to paralyze the vocal cords when patients require an artificial airway or breathing tube for surgery, a process called tracheal intubation. They can also be used to prevent patients from moving during surgery while they are receiving general anesthesia. Neuromuscular blocking drugs are also sometimes used to prevent the body from breathing automatically when a patient has to be placed on a ventilator. [For more information...](#)

**46. CDC Opens Docket on Proposed Pain Management Guidelines**

The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the opening of a docket to obtain public comment on the draft CDC Guideline for Prescribing Opioids for Chronic Pain (Guideline). The Guideline provides recommendations regarding initiation or continuation of opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and assessment of risk and addressing harms of opioid use. The Guideline is intended to be used by primary care providers (e.g., family physicians or internists) who are treating patients with chronic pain (i.e., pain lasting longer than 3 months or past the time of normal tissue healing) in outpatient settings. The draft Guideline is intended to apply to patients aged 18 years of age or older with chronic pain outside of palliative and end-of-life care. The Guideline is not intended to apply to patients in treatment for active cancer. The CDC has said the Guideline is not a federal regulation; adherence to the Guideline will be voluntary. Written comments via [www.regulations.gov](http://www.regulations.gov) docket number CDC-2015-0112 must be received on or before January 13, 2016. [For more information...](#) Readers are also informed that the Board of Scientific Counselors, National Center for Injury Prevention and Control will meet and hear comments related to the proposed guidelines as well as observations formulated in the Opioid Guideline Workgroup Report on January 28, 2016 from 9:00 am to 3 pm in Atlanta, GA. Audio conferencing will be available for remote participation. [For more information...](#)

Additional background: several physician and chronic pain groups have taken the CDC to task over how the guidelines were developed and presented, suggesting that the CDC has refused to make public a list of members on the "Core Expert Group." According to [Politico](#), the National Institute of Health's Interagency Pain Research Coordinating Committee believes there is little or no evidence to support many of the prescribing guidelines. Some committee members have reportedly called the agency's recommendations "ridiculous" and "an embarrassment to the government." The pain research committee includes representatives from the Food and Drug Administration, Agency for Healthcare Research and Quality, Department of Veterans Affairs, Department of Defense, and the CDC itself. Evidence cited to support the guidelines "is low to very low and that's a problem," said Sharon Hertz, the FDA's director of the Division of Anesthesia, Analgesia and Addiction Products. In a [survey](#) conducted by the Pain News Network, 95% of pain patients said that the CDC guideline discriminated against them, and 93% said that if published as is, the guideline would be harmful to pain patients. In a letter to CDC Director Tom Frieden, the [Washington Legal Foundation](#) accused the agency of "blatant violations" of the Federal Advisory Committee Act (FACA), which requires federal agencies to identify members of advisory committees and hold committee meetings in public. The American Medical Association (AMA) has also taken issue with the guideline-writing committee's methods and said that the expert review panel should have included more physician specialties. [For more information...](#)

**47. New or Improved OSHA Resources: Preventing Workplace Violence in Healthcare**

Workers in hospitals, nursing homes, and other healthcare settings face significant risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of violence or who may be delirious or under the influence of drugs. From 2002 to 2013, the rate of serious workplace violence incidents (those requiring days off for an injured worker to recuperate) was more than four times greater in healthcare than in private industry on average. In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined. Many more assaults or threats go unreported. Workplace violence comes at a high cost; however, it can be prevented. OSHA has compiled a suite of resources to help you build and implement a comprehensive workplace violence program in your healthcare facility. The strategies and tools presented here are intended to complement [OSHA's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#), updated in 2015. The Guidelines describe the five components of an effective workplace violence prevention program, with extensive examples.

In related news, [Preventing Workplace Violence: A Road Map for Healthcare Facilities](#) expands on OSHA's guidelines by presenting case studies and successful strategies from a variety of healthcare facilities; and [Workplace Violence Prevention and Related Goals: The Big Picture](#) explains how you can achieve synergies between workplace violence prevention, broader safety and health objectives, and a "culture of safety."

**48. DEA Releases 2015 Drug Threat Assessment**

The Drug Enforcement Administration (DEA) has announced results from the 2015 National Drug Threat Assessment (NDTA), which finds that **drug overdose deaths are the leading cause of injury death in the United States, ahead of motor vehicle deaths and firearms**. In 2013, over 46,000 people in the United States died from drug overdose and more than half of those were caused by prescription painkillers and heroin. The National Drug Threat Assessment provides an up-to-date look at the many challenges local communities face related to drug abuse and drug trafficking. Highlights in the report include drug abuse and trafficking trends for drugs such as heroin, prescription drugs, and the many ever-changing synthetic drugs manufactured overseas and imported to the United States. The 2015 National Drug Threat Assessment can be found at [www.dea.gov](http://www.dea.gov).

**49. NIH-Funded Study Compares CPR Methods by EMS Providers**

In a study published in the New England Journal of Medicine, researchers found that cardiopulmonary resuscitation (CPR) administered by emergency medical services (EMS) providers following sudden cardiac arrest that combines chest compressions with interruptions for ventilation resulted in longer survival times and shorter hospital stays than CPR that uses continuous chest compressions. Although compressions with pauses for ventilation lead to more hospital-free days within 30 days of the cardiac arrest, both methods achieved similar overall survival to hospital discharge, the study noted. The compressions with interruptions consisted of 30 compressions then pauses for two ventilations. The continuous chest compressions consisted of 100 compressions per minute with simultaneous ventilations at 10 per minute. In both groups, emergency medical services (EMS) providers gave ventilations using a bag and mask. The study, funded in part by the National Heart, Lung, and Blood Institute (NHLBI), is the largest of its kind to date to evaluate CPR practices among firefighters and paramedics and suggests the importance of ventilation in CPR by EMS providers, the investigators say. The study was presented at the American Heart Association 2015 Scientific Sessions in Orlando. [For more information...](#)

**50. NHTSA to Host Webinar on Blue Campaign**

Join the discussion about the Blue Campaign, the Department of Homeland Security’s effort to end human trafficking. You’ll hear from a former prosecutor of human trafficking cases and Homeland Security officials, who will describe how to recognize potential victims and what steps EMS providers should take on the scene. The event is scheduled for January 25, 2016 at 2 pm EST. [Register here...](#)

**51. AHRQ Announces Grant Opportunities To Address Opioid Abuse Disorder in Rural Areas**

In support of growing federal efforts to reduce the abuse of opioid drugs, AHRQ has issued a funding opportunity announcement for research to expand access to evidence-based treatment for opioid abuse disorders in rural areas. Up to \$12 million will be available to fund as many as four research demonstration projects to support implementation of medication-assisted treatment (MAT) for opioid use disorder in rural primary care practices. MAT is an evidence-based approach that uses Food and Drug Administration-approved medications combined with psychosocial treatments. The projects will explore and test solutions aimed at overcoming barriers to the use of MAT in rural primary care settings. Known barriers include limited continuing training opportunities for prescribing physicians, negative perceptions about people with substance abuse disorders, negative expectations about the effectiveness of treatment and lack of social support services in rural communities. Researchers may examine how online training for physicians, in-office practice coaching and virtual counseling sessions for patients can overcome these and other barriers. The projects will also create training resources to expand patients’ access to MAT. Grant applications are due March 4. [For more information...](#)

**52. GAO Studies ESF Coordination and Gaps to Improve Response**

No-notice catastrophic disasters pose one of the greatest challenges to national emergency preparedness. ESFs are federal interagency coordinating structures that group capabilities into functional areas most frequently needed in a national response. The Government Accountability Office (GAO) was asked to review federal preparedness to respond to no-notice catastrophic disasters, such as IND attacks and major earthquakes. This report assesses the extent to which opportunities exist to enhance (1) assessment of ESF preparedness and (2) management oversight of the closure of federal capability gaps identified in selected exercises, real-world incidents, and other assessments. GAO reviewed relevant laws, directives, strategies, and plans; analyzed recommended corrective actions from national-level exercises and other interagency assessments; reviewed documents and interviewed officials from five federal departments key to disaster response (Defense, Energy, Health and Human Services, Homeland Security, and Justice); and compared current processes against internal control standards and leading program management practices. GAO recommends that FEMA—in collaboration with other federal agencies—(1) issue supplemental guidance to ESF coordinators detailing minimum standards for activities and product deliverables necessary to demonstrate ESF preparedness, (2) regularly report on the status of corrective actions identified through prior national-level exercises and real-world disasters, and (3) develop and issue detailed program management information to better enable management oversight of the *DHS IND Strategy’s* recommended actions. [For more information...](#)

**53. OSHA’s Injury Reporting Webpage Simplified, Online Filing Now Available**

To help employers comply with new requirements to report severe worker injuries, the Occupational Safety Health Administration (OSHA) has created a streamlined reporting webpage and now offers the option of reporting incidents online. The expanded requirements took effect in January 2015. Now, in addition to reporting any worker fatality within 8 hours, employers must report within 24 hours any severe injury – defined as an amputation, hospitalization or loss of an eye. In the first year of the new requirement, OSHA received about 12,000 reports. The agency plans to release complete numbers and a full analysis of the Year 1 reports soon. [For more information...](#)

**54. USFA Partners with IAFF and Drexel University to Study First Responder Violence**

The U.S. Fire Administration (USFA) is partnering on a project with the International Association of Fire Fighters (IAFF) and Drexel University in Philadelphia to research the occurrences and effects of violence against firefighters and EMS responders. The study will examine the circumstances surrounding these acts and determine ways to mitigate workplace/on-duty incidents of violence against responders. The study will also provide examples of current best practices where they exist. [For more information...](#)

Readers interested in this topic can also access the Emergency Nurses Association (ENA) *50 State Survey Criminal Laws Protecting Health Professionals* [here](#). Several state laws protecting emergency department personnel include provisions for EMS. See also ENA's [Workplace Violence Penalties and Terminology Database](#). **Last Fall, ENA announced that Colorado joined thirty-one other states that have enacted laws making it a felony to assault or batter an emergency nurse and/or other emergency medical care provider. Now acknowledged by safety advocates as a "model", the Colorado law can be found [here](#).**

**55. US Surgeon General Commissions New Report on Substance Abuse**

The United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration and the Office of the Surgeon General announce the commission of the first-ever Surgeon General's Report presenting the state of the science on substance use, addiction, and health. The report will examine the health effects of drug and alcohol misuse from the perspectives of prevention, treatment, recovery, neurobiology, and delivery of care. The report is intended to: (1) Provide a comprehensive review of the research literature on substance use, addiction, and health, summarizing the science on substance misuse prevention, treatment, and recovery; (2) outline potential future direction; and (3) educate, encourage, and call upon all Americans to take action. [For more information...](#)

**56. HRSA Releases EMSC Targeted Issue Funding Opportunity**

The Health Resources and Services Administration (HRSA) recently released the guidance for the EMSC Targeted Issues (TI) program funding opportunity. TI grants support projects to improve the quality of pediatric care delivered in emergency care settings across the continuum of emergency care through the implementation of pediatric emergency care research and innovative cross-cutting projects. Two categories of grants will be funded. A single Category I award will support leadership for and implementation of a multi-site pediatric prehospital EMS Research Node Consortium. Four Category II awards will support investigator-initiated projects to improve the quality of pediatric emergency care in the prehospital and/or hospital emergency care settings through innovative approaches. Applications are due by February 29, 2016. [For more information...](#)

**57. Congress Passes FY2016 Appropriations Bill**

The House and Senate passed the final version of the FY2016 appropriations bill on December 18, 2015 and it was quickly signed into law by President Obama. Government agencies are now funded through the end of FY2016 -- September 30, 2016. Of interest to Washington Update readers, the bill provides

- Level funding, or \$20.162 million, for the EMSC Program
- Child Abuse Prevention and Treatment Act (CAPTA) State Grants were funded at the same level as FY2015
- Title V Maternal and Child Health Block Grant received a \$1.2 million increase to \$638,200,000
- The Preventive Health and Health Services Block Grant was maintained at \$160K
- \$2.54 billion for FEMA state and local grants and training, which is \$10 million more than the FY2015 funding level and \$308.6 million more than the President's budget request

- \$7.2 billion for the Centers for Disease Control and Prevention (CDC), which is \$308 million more than the 2015 enacted level (but only \$277.6 above the actual operating level), The bill includes a total program level funding of \$236.1 million for the Injury Center’s prevention activities, an increase of \$65.6 million above the FY 2015 enacted level.
- \$32.1 billion for the National Institutes of Health (NIH), which is \$2 billion more than the 2015 enacted level
- \$869 million for the National Highway Traffic Safety Administration (NHTSA), which is \$39 million more than the 2015 enacted level (but \$39 million below the President’s request)
- \$4.203 billion for Wildland Fire Management, which includes the 10-year average for fire costs. (The bill does not include the Administration’s request to fund 30% of firefighting costs through the existing disaster relief budget cap.)
- \$345 million each for the Assistance to Firefighters Grant (AFG) and Staffing for Adequate Fire and Emergency Response (SAFER) grant programs, an increase from the \$340 million provided in FY 2014

The full text of the Bill is available [here](#).

### 58. OSHA Fines to Increase Under New Budget Bill

According to the National Safety Council, OSHA fines will increase for the first time in a quarter century, under a provision in the recently signed congressional budget deal. The Federal Civil Penalties Inflation Adjustment Act of 1990 exempted OSHA from increasing its penalties to account for inflation. The new budget, signed into law by President Obama, contains an amendment that strikes the exemption. Now, OSHA is directed to issue an interim final rule increasing its penalties to account for current inflation levels, which would raise proposed fines by about 80 percent. This would mean the maximum penalty for a willful violation would rise to about \$127,000 from the current \$70,000. The adjustment must occur before Aug. 1, 2016. In subsequent years, OSHA also will be allowed – for the first time – to adjust its penalties levels based on inflation. The last time OSHA’s maximum penalty levels were increased was in the Omnibus Budget Reconciliation Act of 1990.

### 59. Free Mobile Resources Support Behavioral Health

The Substance Abuse and Mental Health Services Administration (SAMSHA) has several free apps that can help address some of the toughest mental health and substance use challenges, including suicide prevention, bullying prevention, behavioral health following a disaster, and underage drinking prevention.

- **Suicide Safe** helps health care providers integrate suicide prevention strategies into their practice and address suicide risk among their patients.
- **KnowBullying** provides information and guidance on ways to prevent bullying and build resilience in children. A great tool for parents and educators, KnowBullying is meant for kids ages 3 to 18.
- **SAMHSA Disaster App** provides responders with access to critical resources—like Psychological First Aid and Responder Self-Care—and SAMHSA’s Behavioral Health Treatment Services Locator to help responders provide support to survivors after a disaster.
- **Talk. They Hear You** is an interactive game that can help parents and caregivers prepare for one of the more important conversations they may ever have with children—underage drinking.

[For more information...](#)

In related news, SAMSHA offers a new pocket guide for health professionals, Medication for the Treatment of Alcohol Use Disorder. This pocket guide offers:

- A checklist for prescribing medication
- Approved medications for use in the treatment of alcohol use disorder

- Standard drink sizes/amounts and recommended limits.
- Medications are underused in the treatment of alcohol use disorder.

SAMHSA created this pocket guide to help address this issue. [Download or order your copy today.](#)

**INDUSTRY NEWS**

**60. CAAS Achieves ANSI-Accredited Standards Developer Status**

The Commission on Accreditation of Ambulance Services (CAAS) is pleased to announce that it has achieved accreditation from the American National Standards Institute (ANSI) for its standards development program. ANSI fosters the U.S. standardization system by accrediting the procedures of standard-setting organizations and subsequently approving individual documents as American National Standards (ANS). Over 230 ANSI-Accredited Standards Developers are now engaged in the creation and maintenance of voluntary consensus standards that are being used in virtually every industry sector. As an ANSI-Accredited Standards Developer, CAAS may now submit its standards for approval as American National Standards (ANS). Such standards must demonstrate adherence to ANSI's Essential Requirements, which outline the Institute's requirements for openness, balance, lack of dominance, due process, and consensus in standards development. [For more information...](#)

**61. Nurses Retain Top Spot As Most Highly Rated Profession**

Nurses have topped Gallup's Honesty and Ethics ranking every year but one since they were added to the list in 1999. The exception is 2001, when firefighters were included on the list on a one-time basis, shortly after the Sept. 11 terrorist attacks. (Firefighters earned a record-high 90% honesty and ethics rating in that survey.) With an 85% honesty and ethics rating -- tying their high point -- nurses have no serious competition atop the Gallup ranking this year. Pharmacists and medical doctors constitute the next tier, with about two-thirds of Americans viewing each highly, followed by high school teachers at 60% and police officers at 56%. There is little good news in the numbers for members of Congress, telemarketers and lobbyists. Solid majorities of Americans consider the honesty and ethics of these professions to be low or very low, while fewer than one in 10 believe they have high ethics. [For more information...](#)

**62. Baxter Initiates Voluntary Recall of Two Lots of IV Solutions Due to Potential Presence of Particulate Matter**

Baxter International Inc. recently announced a voluntary recall including two lots of intravenous (IV) solutions to the hospital/end user level due to the potential presence of particulate matter. The particulate matter in each case was determined to be an insect and was identified as a result of a customer complaint. The matter was identified prior to patient administration and there have been no adverse events associated with this issue reported to Baxter to date. This recall affects the following lots:

Product Code	Product Description	Lot Number	Expiration Date	NDC
2B1322Q	0.9% Sodium Chloride Injection, USP, 250 mL VIAFLEX Plastic Container	C980227	11/30/2016	0338-0049-02
2B0296H	70% Dextrose Injection (2000 mL) USP	C985150	7/31/2016	0338-0719-06

[For more information...](#)

**63. NAEMSE and NREMT Partner to Offer Scenario Development Workshops**

Beginning January 1, 2017, the NREMT will start testing Phase 1 of the new scenario psychomotor exam. In this phase, a total of six (6) skills will be tested, five (5) currently evaluated in the NRP psychomotor examination and one (1) out-of-hospital scenario. This out-of-hospital scenario will reflect either a pediatric, geriatric, or adult patient. Each candidate will be provided with a trained paramedic partner and evaluated on his/her ability to manage a call, lead the team, effectively communicate, and maintain professionalism throughout the simulated patient encounter. To assist Paramedic programs in preparing for these changes, the NREMT & NAEMSE will be conducting Regional Scenario Development Workshops in 2016. Workshops will be limited to 50 participants who will be guided through the scenario development process by NREMT staff. Topics that will be covered are scenario writing, calibration, and evaluation in the workshop. All of the scenarios created will then be available for use by participants in their training programs following the workshop. [For more information...](#)

**64. New NAEMSE Vision Paper Supports SUPER Study**

The National Association of EMS Educators (NAEMSE) is proud to announce the release of a new Vision Paper that coincides with the extensive simulation report entitled “[Simulation Use in Paramedic Education Research \(SUPER\): A Descriptive Study](#),” which was released earlier this year. It is the hope of NAEMSE that this new Vision Paper will help to build a more complete body of knowledge regarding use of simulation, uncover barriers to effective implementation, and outline recommendations for improvement. [For more information...](#)

**65. NFPA 1917 Standard Comment Period Now Open**

The National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances --NFPA 1917, 2016 edition is now able to accept public inputs for the next edition. The link can be accessed at [www.nfpa.org/1917](http://www.nfpa.org/1917)

**66. Petition Being Circulated to Support a National EMS Memorial in Washington DC**

Congressman Stephen F. Lynch recently introduced H.R. 2274, a bill to establish a National EMS Memorial. The legislation creates the National Emergency Medical Services Memorial Foundation, which will undertake the effort of designing, siting, and creating a memorial in Washington, D.C., to honor the service and sacrifice of the nation’s EMS members. Each year, 850,000 EMS providers answer more than 30 million calls to serve 22 million patients in need of care at a moment’s notice and without reservation. To date, more than 600 men and women have died in the line of duty while caring for others. H.R. 2274 will ensure that a commemorative work is created in the nation’s capital that will recognize the ultimate sacrifice of EMS providers and will honor the dedication of EMS members nationwide. [See online petition.](#)

**INTERESTING ABSTRACTS**

67. Niven DJ et al. **Accuracy of Peripheral Thermometers for Estimating Temperature: A Systematic Review and Meta-analysis.** *Ann Intern Med.* 2015;163(10):768-777. Researchers reviewed data from roughly 8700 patients in 75 prospective studies that compared peripheral thermometers (tympanic membrane, temporal artery, axillary, or oral) with central thermometers (pulmonary artery catheter, urinary bladder, esophageal, or rectal). Sensitivity for fever detection was low for peripheral thermometers (64%), although high-quality data were not available for all thermometer types. The authors note that during fever or hypothermia, peripheral thermometers may differ from actual body temperature by 1 to 2 degrees. **Conclusion:** Peripheral thermometers do not have clinically acceptable accuracy and should not be used when accurate measurement of body temperature will influence clinical decisions. [Read the abstract...](#)

68. Hawley KL et al. **Longitudinal Trends in US Drug Shortages for Medications Used in Emergency Departments (2001-2014)**. Academic Emergency Medicine, doi: 10.1111/acem.12838, published online 31 December 2015. Drug shortage data from the University of Utah Drug Information Service were analyzed from January 2001 to March 2014. Two board-certified emergency physicians classified drug shortages based on whether they were within the scope of EM practice, whether they are used for lifesaving interventions or high-acuity conditions, and whether a substitute for the drug exists for its routine use in emergency care. Trends in the length of shortages for drugs used in EM practice were described using standard descriptive statistics and regression analyses. [Download the article \(free\)...](#)



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**UPCOMING EVENTS**

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

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

\*PA Annual Conference. September 21-23, 2016. Doubletree Resort Lancaster, PA. [For more information...](#)

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

**[NAEMSE Instructor Course Level 1](#)**

Los Angeles, CA: February 19-21, 2016

Atlanta, GA: March 11-13, 2016

New Martinsville, WV: March 18-20, 2016

Tulsa, OK: April 1-3, 2016

Winchester, VA: April 15-17, 2016

[NAEMSE Instructor Course Level 2](#)

Albuquerque, NM: February 5-6, 2016

[CAAHEP Accreditation Update & Evaluating Student Competency Workshops](#)

TBA

[NAEMSE/NREMT Regional Scenario Development Workshops](#)

Every month-check web site for listing and registration

**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](http://muddyangels.com)

2016 Schedule -TBA



\*National Association of EMS Physicians Annual Meeting. January 11-16, 2016. San Diego, CA.

[www.naemsp.org/](http://www.naemsp.org/)

\*National EMS Stakeholder Meeting on Fatigue in EMS. February 2, 2016. DOT Headquarters in Washington DC.

[For more information...](#)

\* American Academy of Emergency Medicine Annual Meeting. February 17-21, 2016. Las Vegas, NV.

[www.aaem.org](http://www.aaem.org)

\*EMS Today 2016. February 25-27, 2016. Baltimore, MD. <http://www.emstoday.com/index.html>

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

\* Critical Care Transport Medicine Conference. April 11-13, 2016. Charlotte, NC.

<http://www.iafccp.org/event/id/177507/Critical-Care-Transport-Medicine-Conference-CCTMC.htm>

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

\*National Rural EMS Leadership Conference. April 21-22, 2016. San Antonio, TX.

\* Society for Academic Emergency Medicine Annual Meeting. May 10-13, 2016. New Orleans, LA.

<http://saem.org/annual-meeting>

**\*EMS Week. May 15-21, 2016**

\* Fire Rescue Med. (IAFC EMS Section Annual Meeting) May 21-25, 2016. Henderson, NV  
<http://www.iafc.org/micrositeFRMconf/FRMhome.cfm?ItemNumber=8046>

\* Pinnacle 2016. July 18-22, 2016. San Antonio, TX. <http://pinnacle-ems.com/>

\* National Association of EMS Educators Annual Meeting. Preconference August 1-3 and symposium August 4-6, 2016. Fort Worth, TX. [www.naemse.org](http://www.naemse.org)

\*IAFC Annual Conference. Fire-Rescue International. August 17-20, 2016. San Antonio, TX.  
[www.iafc.org/fri](http://www.iafc.org/fri)

\*National EMS Safety Summit. August 23-26, 2016. Denver, CO. <http://www.milehighretac.org/>

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

\*Emergency Nurses Association Annual Meeting. September 14-17, 2016. Los Angeles, CA.  
[www.ena.org](http://www.ena.org)

**\*National Association of State EMS Officials Fall Meeting. September 19-23, 2016. Albuquerque, NM.**  
[www.nasemso.org](http://www.nasemso.org)

\*Air Medical Transport Conference. September 26-28, 2016. Charlotte. NC

\*American College of Emergency Physicians Annual Meeting. October 15-18, 2016. Las Vegas, NV.  
[www.acep.org](http://www.acep.org)

\*EMS World Expo. October 3-7, 2016. New Orleans, LA. <http://www.emsworldexpo.com/>

\*International Association of Emergency Management Annual Meeting. October 14-20, 2016. Savannah, GA

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

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