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**March 2016**

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**NASEMSO NEWS**

**1. NASEMSO Spring Meeting Registration Available Online**

The preliminary program for the NASEMSO Spring Meeting has been posted and the online registration link is active. Three of the five councils will be meeting, as well as several committees and special projects. We look forward to seeing many of you in Bethesda, Maryland, April 4-6, 2016. For more information about the 3-day meeting, including hotel information, see <https://www.nasemso.org/Meetings/MidYear/index.asp>.

**2. NASEMSO Launches Web Site to Highlight Fatigue Efforts**

“Developing Evidence Based Fatigue Risk Management Guidelines for Emergency Medical Services” is a two-year project funded by the US Department of Transportation to 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. Through a partnership among NHTSA, NASEMSO, the Carolinas HealthCare Department of Emergency Medicine, and the University of Pittsburgh Department of Emergency Medicine, the groups hope to reach consensus on EBG fatigue risk management guidelines, the plan for dissemination of the EBGs, and additional project related activities and information. A web site has been established at [www.emsfatigue.org](http://www.emsfatigue.org), where individuals and organizations can read about team members and follow their progress, view powerpoint presentations and various related resources, and submit comments or questions. The first meeting of the Expert Panel is scheduled for April 26-27, 2016 at USDOT Headquarters in Washington, DC. Persons interested in participating as an observer can register via the new web site. An agenda will be posted when it becomes available.



**3. NASEMSO Posts Resources for Safe Transport of Children in Ambulances**

The Safe Transport of Children (STC) Ad Hoc Committee was created for the purpose of examining current resources and pursuing research to develop specific and practical recommendations and promising practices for safely transporting children in ground ambulances. The goals of the committee are to:

- To recommend the criteria or specifications for proper restraint of children in ambulances. Such criteria will be evidence-based and will consider safety of both patients and providers.
- To have the recommended criteria adopted by one or more accredited standard setting organizations.
- To develop a strategy and resources for educating EMS providers on safely transporting children in ground ambulances based on the recommended criteria or standards.

The committee has initiated a collection of resources in a new area of NASEMSO’s web site. Federal and state materials, including guidebooks, posters, guidelines, and protocols are available. Eric Hicken (NJ) serves as the Chairman for this new effort. [For more information...](#)

**4. Recent NASEMSO Reports Available from Web Site**

In case you missed them, several helpful reports have been recently added to the NASEMSO web site:

▶ [Funding Assistance Guide](#) (Feb. 2016) This guide lists various state and federal funding resources available for state EMS offices.

▶ [Domestic Preparedness Funding](#) (Jan. 2016) This report summarizes the funding opportunities available to NASEMSO member states from federal agencies during the 2015 federal fiscal year.

▶ [Military Specific EMS Licensure Information](#) (Nov. 2015) This report describes variations in practices and requirements that may exist for military-related EMS personnel (those separating from the military, members of guard or reserve units, and military spouses).

**FOR THE STATES**

**5. Recent CDC QuickStats Support the Need for Community Health Centers in Rural Settings**

The Centers for Disease Control and Prevention (CDC) recently published a “QuickStats” graphic on the percentage of children and adolescents that seek medical care in clinics and health centers by race/ethnicity and metropolitan status of residence. In 2014, children living in nonmetropolitan areas were most likely (34%) to have a clinic or

health center as their usual place of sick care, followed by children in large metropolitan areas (30%) and children in small metropolitan areas (20%). This general pattern held for all three race and ethnicity groups. Hispanic children were more likely than non-Hispanic white and non-Hispanic black children to have a clinic or health center as their usual place of sick care in all household residence locations. [For more information...](#)

**6. Health Professional Scope of Practice Laws Highlighted by LawAtlas**

Scope of practice laws allow qualified health professionals to perform medical activities on patients. The Policy Surveillance Program at the Temple University Center for Health Law, Policy and Practice (CHLPP) published legal mapping datasets of scope of practice laws across all 50 states and the District of Columbia for the following four data sets: physician, nurse practitioner, registered nurse, and pharmacist. Patients and practitioners can use these resources for scope of practice clarification, and policy makers can use them to explore scope of practice laws across jurisdictions. These datasets were created through collaboration between CDC’s Public Health Law Program (PHLP) and CHLPP who partnered to provide technical expertise for the project. CHLPP is a subcontractor for ChangeLab Solutions who is funded under CDC Cooperative Agreement U38OT000141 through the Public Health Partnership Cooperative Agreement OT13-1302. The goal of the Policy Surveillance Program at CHLPP is to increase the use of policy surveillance and legal mapping as tools to improve the nation’s health. [For more information...](#)

**7. FDA Announces Opioid Plan**

In response to the opioid abuse epidemic, the Food and Drug Administration (FDA) recently called for a far-reaching action plan to reassess the agency’s approach to opioid medications. The plan will focus on policies aimed at reversing the epidemic, while still providing patients in pain access to effective relief. As one of the cornerstones of this plan, the FDA will seek guidance from outside experts in the fields of pain management and drug abuse. For example, the FDA has already asked the National Academy of Medicine to help develop a framework for opioid review, approval and monitoring that balances individual need for pain control with considerations of the broader public health consequences of opioid misuse and abuse. [For more information...](#)

**8. AHA Releases 2016 Environmental Scan Webinar**

The American Hospital Association (AHA) has released a webinar on its 2016 Environmental Scan, which provides a national, high-level perspective on the health care landscape and market forces that have a high probability of affecting hospitals and health systems. Topics range from consumers and patients to political issues, science and technology. To access the webinar and Scan, compiled from nationally recognized sources with recommendations from AHA governance committees and members, [click here](#). The webinar can be viewed by topic or in its entirety.

**9. States Eligible to Apply for Injury and Violence Prevention Grants**

The CDC’s National Center for Injury Prevention and Control announced the availability of funding for the Core State Violence and Injury Prevention Program (funding opportunity number: CDC-RFA-CE16-1602). "This new funding opportunity will provide resources and support to focus on implementation, evaluation, and dissemination of injury and violence prevention (IVP) programs, practices, and policies with the best available research evidence." Over \$30 million over five years is available via cooperative agreements. (Deadline for letters of intent, March 1st and for applications, April 8<sup>th</sup>.) [For more information...](#)

**10. HHS Issues Proposed Rule on Health IT**

The Office of the National Coordinator for Health Information Technology, Department of Health and Human Services has issued a proposed rule for comment on modifications and new requirements under the ONC Health IT

Certification Program. The proposed rule would establish processes for ONC to directly review health IT certified under the Program and take action when necessary, including requiring the correction of non-conformities found in health IT certified under the Program and suspending and terminating certifications issued to Complete EHRs and Health IT Modules beyond Medicare and Medicaid HER Incentive Programs. Public comments are being accepted on the proposed rule through May 2, 2016. [For more information...](#)

**11. Open for the Next NOSORH Grant Writing Institute**

The next NOSORH Grant Writing Institute will begin on April 14<sup>th</sup>. The 9-part webinar series covers every aspect of grant writing with a unique rural health focus. This series is perfect for beginners seeking to gain the skills to research and draft winning proposals from various agencies and foundations. [Register now](#) for this opportunity to expand your rural health grant writing skills. The registration fee is \$500. [Click here](#) for more information or contact [Kassie Clarke](#).

**12. SCOTUS: States Can't Force Health Care Data Release**

The Supreme Court has ruled against state efforts to collect health care data from insurance plans. According to the Associated Press, the ruling came via a 6-2 decision that efforts by Vermont and 17 or more other states to collect and assess the data are in conflict with federal law governing certain health plans. The case is based on claims made by Liberty Mutual Insurance Co., a self-insured employer with workers in Vermont. The company argued that the law conflicts with the federal Employee Retirement Income Security Act of 1974. "The high court said the potential for a patchwork of different state regulations poses a major financial burden upon health care providers," according to the AP coverage. [For more information...](#)

**13. 2016 Call for APHA Awards Nominations**

The American Public Health Association is now accepting nominations for its Awards Program. Once a year, APHA honors those who have made extraordinary contributions to public health. Nominate a colleague who exemplifies outstanding contributions. The awards will be presented at APHA's 2016 Annual Meeting and Expo, Oct. 29-Nov. 2, 2016 in Denver. Click [here](#) for awards descriptions, criteria and nomination form. Deadline for nominations is May 6, 2016.

**AIR MEDICAL**

**14. NASEMSO and AAMS File Joint Response to FAA Docket**

NASEMSO jointly filed a response with the Association of Air Medical Services (AAMS) to [FAA Docket Number 2015-3273](#), a petition for exemption by Daedalus Drone Services LLC to operate in a matter that our organizations feel could create a risk to the safe operation of air ambulances. [Read the letter here...](#)

**15. FAA Establishes UAS Rulemaking Committee**

The U.S. Department of Transportation's Federal Aviation Administration (FAA) is establishing an aviation rulemaking committee with industry stakeholders to develop recommendations for a regulatory framework that would allow certain unmanned aviation systems (UAS) to be operated over people who are not directly involved in the operation of the aircraft. The FAA is taking this action to provide a more flexible, performance-based approach for these operations than what was considered for Micro UAS. The committee will begin its work in March and issue its final report to the FAA on April 1. [For more information...](#)

**COMMUNICATIONS**

**16. Organizations Propose 9-1-1 Telecommunicator Training Guidelines; Opportunity for Comment**

The *Recommended Minimum Training Guidelines for 911 Telecommunicators Project* is a 911 community-wide effort to identify nationally recognized, universally accepted, recommended minimum training topics that can be used to train aspiring and current 911 telecommunicators—call-takers and dispatchers—and to provide the foundation for their ongoing professional development. The effort is driven by the belief that it is vitally important that Americans receive a consistent level of 911 service no matter where they live or where they travel. A parallel goal is to develop Model Legislation for any state that does not currently have legislation concerning minimum training for telecommunicators. For those that do, the Model Legislation is intended as a baseline to ensure that the recommended training topics are being covered. The recommended guidelines were developed jointly by members of the Working Group and are not federally owned or mandated. The National 911 Program—which is facilitating the Project—is a joint effort of the U.S. Department of Transportation/National Highway Traffic and Safety Administration (NHTSA) Office of Emergency Medical Services, and the U.S. Department of Commerce/National Telecommunications and Information Administration (NTIA). The deadline for comments is March 17, 2016. Click [here](#) to access the proposed guidelines. Click [here](#) to get access to the comment portal.

**17. NG911 Progress Snapshot Across the U.S. Now Available**

The National 911 Program and the National Emergency Number Association (NENA) recently released data on state and territory progress toward Next Generation 911 (NG911) deployment. The combined data, from the National 911 Profile Database and NENA’s NG911 database, provides a snapshot of each state and territory’s progress toward fully utilizing NG911 infrastructure and capabilities. A color-coded map aims to communicate that advancement to others outside of the 911 community, such as legislators and public safety officials, at a glance. This quick overview helps to provide context for state progress across the nation. All of the data displayed in the map is self-reported by the states and territories, and reflects progress toward fully implementing NG911 collected during 2014. [For more information...](#)

**DOMESTIC PREPAREDNESS**

**18. DHS Predicts Increase in Cyber-Targeting of ESS**

In a recent report now available from the Department of Homeland Security, Office of Intelligence and Analysis, analysts predict cyber targeting of the Emergency Services Sector (ESS) will likely increase as ESS systems and networks become more interconnected and the ESS becomes more dependent on information technology for the conduct of daily operations—creating a wider array of attack vectors for cyber targeting. Independent researchers have already reported on the widespread availability of vulnerabilities and attack vectors for critical hardware and software that is used in this sector extensively. Such vulnerable systems include call-center communications-management software, closed-circuit TV camera systems, interactive voice response systems, and emergency alert systems—particularly wireless emergency alert systems. While most malicious activity affecting the ESS serves as a nuisance, according to the Multi-State Information Sharing & Analysis Center, such activity has the potential to disrupt or endanger first responder activities by severing access to critical information systems, slowing system resources, and degrading the integrity of data. [For more information...](#)

**19. HPP/PHEP Continuation Applications Now Due**

Applications for funds made available through the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements are now due. A total of \$840,250,000 in fiscal year 2016 funds is currently available for Budget Period 5, which begins July 1, 2016, and ends June 30, 2017. Only

awardees previously awarded under CDC-RFA- TP12-1201 are eligible. For more information, go to [www.grants.gov](http://www.grants.gov) and search CDC-RFA-TP12-120105CONT16. The closing date for applications is April 5, 2016.

**20. Recording and Transcript of FY 16 Preparedness Grants Rollout Now Available**

As a follow-up to a February 17, 2016 conference call on the FY16 Preparedness Grants Rollout with Urban Area, Tribal, Transit, Port and Nonprofit Officials and Local Associations, the Department of Homeland Security announces links to the audio recording and written transcript of the call. The recording and transcript can be accessed directly at <http://www.fema.gov/media-library/assets/audio/114809> or under the “News and Announcements” section of [www.fema.gov/grants](http://www.fema.gov/grants), which also contains a variety of valuable resources on FEMA’s preparedness grants.

**21. National Planning System Now Available**

The National Planning System provides a unified approach and common terminology to support the implementation of the [National Preparedness System](#) through plans that support an all threats and hazards approach to preparedness. These plans—whether strategic, operational, or tactical—enable the whole community to build, sustain, and deliver the core capabilities identified in the [National Preparedness Goal](#). The National Planning System contains two key elements: the Planning Architecture, which describes the strategic, operational, and tactical levels of planning and planning integration; and the Planning Process, which describes the steps necessary to develop a comprehensive plan, from forming a team to implementing the plan. The National Planning System consists of three levels of planning:

- **Strategic-level** plans address the execution of long-term or ongoing processes. Senior elected or appointed officials provide policies and/or directives that drive development strategies.
- **Operational-level** plans provide a description of roles and responsibilities, tasks, integration and actions required of a jurisdiction or its departments and agencies during incidents.
- **Tactical-level** plans focus on managing resources such as personnel and equipment that play a direct role in incident response.

Planning is coordinated and integrated vertically – up and down levels of government and the community – and horizontally – across diverse functions, mission areas, organizations, and jurisdictions. Taken together, vertical and horizontal planning helps ensure coordination of incident management expectations across the various functions and capabilities required for all threats and hazards. [For more information...](#)

**22. 2016 National Snapshot of Public Health Preparedness Now Available**

The 2016 National Snapshot of Public Health Preparedness demonstrates how federal investments enhance our nation's ability to respond to public health threats and emergencies. We present activities that occurred during 2014 and 2015 in the framework of CDC's three priorities.

- Improving health security at home and around the world.
- Protecting people from public health threats.
- Strengthening public health through collaboration.

This snapshot also includes Public Health Emergency Preparedness (PHEP) awardee fact sheets that display trends and document progress related to the preparedness capabilities: public health laboratory testing, emergency operations coordination, and Technical Assistance Review scores. Fact sheets also highlight PHEP capability investments, administrative preparedness, and CDC resources that supported state, local, and insular areas' preparedness activities. The report is an opportunity to showcase the results of our collective investments, initiatives, and activities to improve public health preparedness. Readers are able to download the national fact

sheet and/or individual fact sheets for the 50 states, 4 directly funded localities (Chicago, Los Angeles County, New York City, and Washington, D.C.), and 8 territories and freely associated states. [For more information...](#)

**23. FEMA Calls for 2016 Individual and Community Preparedness Awards Applications**

FEMA is pleased to announce that the application period for the 2016 Individual and Community Preparedness Awards is now open. The awards highlight innovative local practices and achievements by individuals and organizations that have made outstanding contributions toward making their communities safer, stronger, and more resilient. If you have taken action to prepare your community for disasters, here is your chance to receive national recognition for your efforts, and more. This year, the awards feature three new categories, providing even more ways to showcase your preparedness efforts. The new categories are Outstanding Inclusive Initiatives in Emergency Management, Outstanding Private Sector Initiatives, and America’s PrepareAthon! in Action. The deadline for submissions is March 28, 2016. [For more information...](#)

**24. "White Hat Hackers Hit 12 American Hospitals to Prove Patient Life 'Extremely Vulnerable'"**

Patient health is "extremely vulnerable" to digital attacks, according to a two-year research project. The research by Independent Security Evaluators (ISE) involved attacking medical organizations in controlled settings. Had the attacks been carried out by malicious hackers, they would have ended in patient injury or death, the study found. The report found that hackers could "easily" compromise patient health, by either stealing their data or by compromising medical data. In one of the attacks, carried out with permission, the white hat hackers found a server accessible over the Web, attacked other connected systems to pivot around the network, and finally gained access to one of many vulnerable patient monitors. In an offline setting, the researchers instructed the machine to sound false alarms and forced it to display incorrect vitals. In another scenario, researchers discovered they could manipulate the flow of blood samples or drugs from within the complex's lobby. In a real-world situation, this could lead to mismatched prescriptions or contaminated blood. "Every single thing we looked at had these critical security issues that had implications on patient health," said Ted Harrington, executive partner of ISE. "We believe if we had unlimited resources and unlimited time, we would probably find ways to attack patient health in any arena of healthcare." Researchers looked at the security of hospital across the United States; however, the firm is not currently disclosing the names of hospitals. (Source: Forbes 02/23/16 Fox-Brewster, Thomas) [For more information...](#)

**MEDICAL DIRECTION**

**25. New Recommendations Aim to Redefine Definition and Enhance Diagnosis of Sepsis, Septic Shock**

A task force of leading sepsis experts is putting forth important new recommendations for physicians. The group’s recommendations not only advance new definitions for sepsis and septic shock, but also offer clinical guidance to help physicians more quickly identify patients with or at risk of developing sepsis. The recommendations are published in the February 2016 issue of JAMA and were recently highlighted for clinicians and media at the Society of Critical Care Medicine’s (SCCM) 45th Critical Care Congress in Orlando, Florida. [For more information...](#)

**PEDIATRIC EMERGENCY CARE**

**26. HRSA Webinar to Address System Challenges in Remote Areas**

“Evaluating Systems of Pediatric Care in Remote and Frontier Alaska – Defining Essential Next Steps for Improvement,” sponsored by the Health Resources and Services Administration, the federal Emergency Medical Services for Children (EMSC) Program, and the EMSC National Resource Center. The content for this webinar is appropriate for EMSC program managers, emergency department (ED) physicians and nurses, hospital administrators, ED directors, state health department and hospital regulators, trauma program coordinators and

managers, EMS providers, health care planners, and others interested in improving access to pediatric specialty services in territorial, rural, frontier, and other regions where such care may be limited. This event is scheduled for Wednesday, March 16, 2016 at 4:00 PM Eastern. [Register here...](#)

**27. *Annals* Article Highlights Injuries from the Use of Autoinjectors in Children**

The current issue of *Annals of Emergency Medicine* provides an overview of the use of epinephrine autoinjectors and recommendations for their use in the pediatric population. 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 has provided full (complimentary) access to the article. [For more information...](#)

**28. Research Suggests Worse Concussions with Loose Fitting Helmets**

High school football players wearing loose helmets experience worse concussion effects than players whose helmets fit properly, according to research presented at the annual meeting of the American Academy of Orthopaedic Surgeons, held last week in Orlando, Fla. Barry Boden, M.D., a sports medicine specialist at The Orthopaedic Center in Rockville, Md., and colleagues reviewed national high school sports-related injury data collected over nine years. The data included information on 4,580 first-time concussions. Football players with improperly fitting helmets who suffered concussions had much higher rates of drowsiness, hyperexcitability, and noise sensitivity than those with helmets that fit correctly. In addition, players with concussions who were wearing helmets lined with an air bladder had higher rates of light and noise sensitivity. They also had concussions of longer duration, compared to players with foam- or gel-lined helmets. [For more information...](#)

**RURAL EMS**

**29. 2016 National Rural EMS Leadership Conference**

DATES: April 21-22, 2016. San Antonio, TX. DRAFT AGENDA: [Click here](#). REGISTRATION: <https://www.regonline.com/EMS16> LODGING: San Antonio Marriott Riverwalk, 889 East Market Street, San Antonio, TX 78205. For reservations phone: 877-622-3056 or use hotel reservations link: <https://resweb.passkey.com/go/nremsc2016>. Group rates from \$120/night plus taxes. Room block name: National Rural EMS Conference. Reservation deadline is: March 30, 2016

**TRAUMA**

**30. Danish Study Identifies Increased Risk for Motor Vehicle Crashes in Syncopal Patients**

Syncope may have serious consequences for traffic safety. Current clinical guideline recommendations on driving following syncope are primarily based on expert consensus. Of 4,265,301 eligible Danish residents, researchers identified 41,039 individuals with a first-time diagnosis of syncope from emergency department or hospital. In a study that followed patients for 2 years, the crude incidence rate of motor vehicle crashes was almost doubled among patients with syncope. Authors conclude that prior hospitalization for syncope was associated with increased risk of motor vehicle crashes throughout the follow-up period. This study suggests that syncope should be considered as one of several factors in a broad assessment of fitness to drive. Nume et al. Syncope and Motor Vehicle Crash Risk. *AMA Intern Med*. Published online February 29, 2016. [Free abstract](#).

**FEDERAL PARTNERS**

**31. NTSB Issues 2016 “Most Wanted” List**

The National Transportation Safety Board recently unveiled its 2016 Most Wanted List of transportation safety improvements, calling it a “road map from lessons learned to lives saved.” The list focuses on 10 broad safety improvements on which the NTSB has made recommendations that have not yet been implemented. Distraction

(especially from portable electronic devices) and fatigue continue to be serious safety issues in all modes of transportation, and the NTSB’s 2016 Most Wanted List addresses them all. The list also notes that undiagnosed and untreated medical conditions have caused or contributed to accidents and calls for operators and regulators to require medical fitness for duty. Impairment is also an issue in all modes of transportation. The NTSB has recommended lowering the legal limit on blood alcohol content to .05 to reduce deaths and injuries on highways. However, drugs other than alcohol can also impair drivers and operators of other types of vehicles – whether these drugs are recreational, over-the-counter, or prescription. [Read more...](#)

**32. Sleep Awareness Week: March 6-12, 2016**

The Centers for Disease Control and Prevention (CDC) encourages readers to consider the National Sleep Foundation’s annual campaign to educate the public about the importance of sleep in health and safety. The American Academy of Sleep Medicine and the Sleep Research Society recommend that adults aged 18–60 years sleep ≥7 hours each night to promote optimal health and well-being. However, 35% of U.S. adults report typically sleeping <7 hours (2). Adults who do not get enough sleep on a regular basis are more likely to suffer from chronic conditions, such as obesity, high blood pressure, diabetes, and poor mental health. Developing good sleep habits, such as going to bed at the same time each night and rising at the same time each morning; ensuring that the bedroom environment is quiet, dark, relaxing, and neither too warm nor too cool; turning off or removing distracting or light-emitting electronic devices from the bedroom; and avoiding large meals, nicotine, alcohol, and caffeine before bedtime, is an important first step toward improving one’s sleep. Persons who have trouble sleeping in spite of good sleep habits, are excessively sleepy during the day, or who have symptoms of sleep disorders, such as snoring, should discuss these issues with their physician. General information about sleep and sleep disorders is available from CDC. [For more information...](#)

**33. NIOSH Blog on Noise Exposure Limits: Occupational vs General Environmental Noise**

Noise-induced hearing loss (NIHL) is 100% preventable; however, once acquired, it is permanent and irreversible [NIOSH 1998]. Understanding and minimizing the risks associated with noise exposures are the keys to preventing noise-related hearing loss. NIOSH has a long history of leadership in conducting research, advancing control measures, and recommending noise-exposure limits to prevent job-related hearing loss. Sometimes, observers ask whether our recommended limits for occupational exposure can be applied to exposures in the general environment from sources such as street noise, consumer appliances, and recreational pastimes. In a recent blog by the National Institute for Occupational Safety and Health (NIOSH), scientists discuss how the agency determines recommended exposure limits to protect workers against health effects of exposure to noise encountered in the workplace. [For more information...](#)

**INDUSTRY NEWS**

**34. “Called to Care” Announced as 2016 EMS Strong Campaign Theme**

The American College of Emergency Physicians (ACEP), in partnership with the National Association of Emergency Medical Technicians (NAEMT), announces this year’s EMS Strong Campaign and EMS Week theme: “Called to Care”. The campaign continues to recognize and inspire emergency medical services (EMS) personnel, strengthen the profession on a national level, and expand and amplify National EMS Week (May 15-21). The campaign brings together key associations, media partners, and corporate sponsors who are committed to celebrating the EMS professional, strengthening the profession, and bringing EMS Week into the future. The 2016 EMS Week Planning Guide is now available. [For more information...](#)



**35. NEMSMA Offers New Resource on EMS Mental Health and Wellbeing**

The National EMS Management Association debuted a video and released a new white paper on EMS practitioner suicide at EMS Today 2016. The effort culminated in the organization being recognized for the prestigious James O. Page Award. NEMSMA and its Practitioner Mental Health and Wellbeing Committee have developed the paper to identify the magnitude of mental health issues and suicide among emergency medical provides in the prehospital setting. [For more information...](#)

**36. Comment Link to National Framework Document to Promote Innovation in EMS Draft Recommendations**

The Promoting Innovation in EMS (PIE) project convened an [East Coast](#), a [West Coast](#), and a [National stakeholder](#) meeting in 2015 in addition to disseminating [public surveys](#) and conducting interviews with experts both within and outside of the EMS community. The results indicated myriad barriers to innovation across a wide spectrum of themes. [The steering committee for the PIE project](#) conducted a series of issue-based meetings to review these barriers as well as how groups, governments, and individuals in various localities and regions across the United States have been able to surmount such obstacles and roll out or facilitate very innovative and impressive EMS programs. Furthermore, the committee looked at barriers that remain prohibitive to innovation in EMS and designed recommendations for those as well. A draft of the complete series of transformative and actionable recommendations to overcome barriers to innovation can be found in each of the categories below. The National Steering Committee invites readers to review the draft recommendations and provide comments and feedback that the PIE project steering committee may use to further improve the National Framework Document to Promote Innovation in EMS. [For more information...](#)

**37. Speaker Proposals Invited for 2016 NJ State EMS Conference**

The 2016 NJ Statewide Conference on EMS is being held November 16-19, 2016 in Atlantic City. The NJ EMS Conference Committee is seeking experienced speakers with expertise in EMS, pediatrics, leadership, and preparedness to deliver a positive educational experience to attendees in a unique and interactive manner. The committee will consider all submissions and evaluate them based upon conference needs. Speaker proposals for 2016 Conference are now being accepted exclusively online at: [www.NJEMSConference.com](http://www.NJEMSConference.com) Speaker proposals will be accepted through close of business on March 14, 2016.

**38. IL Supreme Court Rejects “Public Duty” Rule That Provided Immunity Protection to First Responders**

For decades, Illinois cities, villages, fire protection districts and others providing police, fire protection and ambulance services have enjoyed general immunity from lawsuits brought by plaintiffs who may accuse paramedics, firefighters and police officers of failing to provide the level of protection or response individuals may believe they should have. On January 22, 2016, however, a majority of justices on the Illinois Supreme Court decided the time had come to undo the judicial rule underlying that immunity, finding in a 4-3 decision that the so-called “public duty rule” should be discarded. In its opinion on the matter of a woman that died after first responders failed to deliver care in a timely basis, the court states, “The common law public duty rule provides that local governmental entities owe no duty of care to individual members of the general public to provide adequate government services, such as police and fire protection.” Pointing out that duty and immunity are separate issues, the Supreme Court said that the time has come to address the continued viability of the public duty rule in Illinois. The court abolished the rule, as well as its special duty exception, finding that application of the rule is incompatible with the legislature’s grant of limited immunity in cases of willful and wanton misconduct and that the rule has caused jurisprudence to become muddled and inconsistent. The court’s entire opinion (and background on the case) is posted [here](#).

**INTERESTING ABSTRACTS**

**39. Electric Patch For PTSD Patients Prompts 30% Decrease In Symptoms**

Millions of Americans live with the mental exhaustion of post-traumatic stress disorder (PTSD) months, or even years, after experiencing tragedy. However, a new [study](#) conducted by researchers from the University of California, Los Angeles, provides hope, as it found nerve-stimulating patches could help people with extreme PTSD recover while they sleep. For the study, researchers used trigeminal nerve stimulation (TNS) on participants as they slept each night for eight hours. The non-invasive patch was attached to their foreheads, where it sent low-level waves of electricity to cranial nerves throughout the parts of the brain that regulate mood, behavior, and cognition — the same areas prior research has proven affects the brains of PTSD sufferers most. Participants were already being treated with psychotherapy, medication, or both, but the TNS treatment was the only approach strong enough to decrease their PTSD symptoms — by about 30 percent. The severity of their depression, meanwhile, dropped by an average of about 50 percent.

**40. In Preoxygenation Prior to Intubation: BVM Superior to NRM**

Thirty healthy staff volunteers in one Australian major trauma center emergency department were evaluated for fractional expired oxygen concentration (FeO<sub>2</sub>) after a 3 minute period of tidal volume breathing with seven different preoxygenation strategies, including bag-valve mask and non-rebreather mask. Findings: in healthy volunteers, the effectiveness of BVM preoxygenation was comparable to the anesthetic circuit (criterion standard), and superior to preoxygenation with NRM. The addition of nasal cannulae oxygen, PEEP, or both, did not improve the efficacy of the BVM device. Groombridge et al. Assessment of Common Preoxygenation Strategies Outside of the Operating Room Environment. Acad Emer Med. 2016 Jan 4. doi: 10.1111/acem.12889. [Free prepublication abstract.](#)

**41. Lower In-hospital Mortality Identified After Discharge and Return ED Visit**

Patients with emergency department visits who are initially discharged and are then admitted at a return visit have better clinical outcomes than those hospitalized at the index emergency department visit without a return visit, according to a study published in the Feb. 16 issue of the *Journal of the American Medical Association*. The researchers found that patients discharged from the emergency department and admitted to the hospital after a return visit within seven days had significantly lower rates of in-hospital mortality, intensive care unit (ICU) admission, lower mean costs, and longer length of stay than patients who were admitted during the index emergency department visit without a return visit. Compared with patients admitted to the hospital during the index emergency department visit without a return visit, those who returned to the emergency department after discharge and were readmitted had higher rates of in-hospital mortality and ICU admission, longer lengths of stay, and higher costs. [For more information...](#)

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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...](#)

NJ Statewide EMS Conference. November 16-19, 2016. Harrah’s Waterfront Convention Center, Atlantic City, NJ. For more information...

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

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

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 Dates:

East Coast Route May 14-20, 2016 Boston, MA/Arlington, VA

Midwest Rout June 26-30, 2016 Chicago, IL/Woodbury, MN  
 Colorado Route August 19-20-2016 Fort Collins, CO/Littleton, CO  
 West Coast Route September 26-October 1, 2016 Reno, NV/San Francisco, CA



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

Critical Care Transport Medicine Conference. April 11-13, 2016. Charlotte, NC. [For more information...](#)

Mobile Integrated Healthcare (MIH) Summit. "*Beyond MIH: Transforming EMS*" April 19, 2016 Washington, DC. Learn more and register [here](#).

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

Health Information Exchange Summit. The 3rd California HIE in EMS Summit will be held April 19-20, 2016 in Garden Grove. More information will be provided soon. In the meantime, please hold this date on your calendar. [For more information...](#)

EMS On The Hill Day. April 20, 2016 (with a briefing Apr. 19) in Washington, DC. Open to all EMS professionals. [Learn more and register...](#)

National Rural EMS Leadership Conference. April 21-22, 2016. San Antonio, TX.  
 DRAFT AGENDA: [Click here](#). REGISTRATION: <https://www.regonline.com/EMS16> LODGING: San Antonio Marriott Riverwalk, 889 East Market Street, San Antonio, TX 78205. For reservations phone: 877-622-3056 or use hotel reservations link: <https://resweb.passkey.com/go/nremsc2016>. Group rates from \$120/night plus taxes. Room block name: National Rural EMS Conference. Reservation deadline is: March 30, 2016

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. [For more information...](#)

Pinnacle 2016. July 18-22, 2016. San Antonio, TX. [For more information...](#)

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. [For more information...](#)

National EMS Safety Summit. August 23-26, 2016. Denver, CO. [For more information...](#)

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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