



Washington Update

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March 2015

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1. NASEMSO Survey on EMS Specialty Certification Strategy Now Available

States and EMS stakeholders have identified that disparate approaches in definitions, the body of knowledge, skills, and evaluations suggested for various EMS specialties is a barrier to implementing EMS specialty practice nationwide. To help address this lack of consistency, NASEMSO envisions the use of multi-association and multi-disciplinary interactions to reach consensus on which potential EMS specialty areas should be recognized by the states as well as how such recognition should be accomplished. *A National Strategy for EMS Specialty Certification* proposes an approach to standardizing these elements and is now available on our [web site](#). A needs assessment survey has been established to solicit stakeholder input on the viability and support for a collaborative effort to standardize the State approach to EMS specialties.

- The survey for **STATE EMS OFFICIALS** is available at: <https://www.surveymonkey.com/s/WTQFYC2>
- The survey for **EMS STAKEHOLDERS** is available at: <https://www.surveymonkey.com/s/SPSWFF3>

2. NASEMSO Letter to Nationwide Supports Controversial Super Bowl Ad

The NASEMSO Board of Directors recently approved a letter to Nationwide Insurance Headquarters from the Pediatric Emergency Care Council in support of a controversial ad that appeared during the 2015 Super Bowl. The ad depicts a child that dreams about the events in his life that he was unable to accomplish as the result of being killed in a preventable accident. Among the things the boy says he'll never experience: riding a bike, getting cooties, learning to fly, traveling the world in a boat with his dog and getting married. The ad ran afoul with some viewers as "depressing." A new app is available from Nationwide Children's Hospital in Columbus, OH developed by the safety experts in their Center for Injury Research and Policy. Caregivers are encouraged to make home safer with room-to-room safety checklists and links to recommended products. Users can also create to-do lists, set reminders and track progress. Read the NASEMSO letter. [For more information on the Nationwide Child Safety campaign "Make Safe Happen"...](#)

3. NASEMSO Comments on Health IT Strategic Plan

NASEMSO responded to a request for comments from the Department of Health & Human Services' National Coordinator of Health on IT, in regard to its 2015-2020 strategic plan. Connecting EMS data with Health Information Exchanges is a stated priority for their office. This strategic plan will guide the programs and investments of \$17 billion dollars in upcoming years related to health IT. The strategic plan can be accessed [online](#).

There is no reference to EMS in the draft strategic plan, and the draft plan does not include any specifics about ambulances, EMS, paramedics, or prehospital care, but it broadly includes emergency medical services under its definition of a health care provider. [For more information...](#)

4. NASEMSO Endorses EMS Strong Campaign



The EMS Strong campaign seeks to celebrate, unify and inspire the men and women of our nation’s emergency medical services. Created by the American College of Emergency Physicians (ACEP) in partnership with the National Association of Emergency Medical Technicians (NAEMT), EMS Strong brings together associations, EMS services, sponsors and national media to honor the dedication of EMS practitioners nationwide and to take National EMS Week into the future. NASEMSO is a proud sponsor of EMS STRONG. Learn more at www.emsstrong.org.

- [What Is EMS STRONG?](#)
- [What Matters More: the stuff on the outside of a uniform or the stuff on the inside?](#) by Jeff Lucia, NREMT-P (ret.)

5. NEW!!! Look up an EMS License!

NASEMSO has added a [new web page](#) that links to each U.S. state and territory website where verification of EMT and Paramedic licenses can be looked up online. The page is also linked from the Federation of Associations of Regulatory Board's (FARB) [website](#).



6. NASEMSO Introduces *Toward Zero Deaths* Efforts to Reduce Highway Fatalities

The NASEMSO joined the National Strategy on Highway Safety [Toward Zero Deaths](#) (TZD) effort, a vision of eliminating fatalities on our nation’s roads. The National Strategy on Highway Safety Toward Zero Deaths effort was created by a [steering committee cooperative](#) that includes organizations representing our nation’s highway safety system that have joined together to reduce annual traffic fatalities from more than 33,000 a year to zero. The TZD Steering Committee, which included **NASEMSO** as one of eight organizational members, rolled out the TZD plan that provides engineering, enforcement, education and EMS organizations with [initiatives](#), or safety countermeasures, that can be enacted by public agencies, businesses and individuals. [Download NASEMSO press release](#).

7. NASEMSO Comments on NFPA Proposal to Develop CP Guide

The NFPA Technical Committee on Emergency Medical Services (EMS-AAA) convened a national emergency medical services (EMS) stakeholders meeting in April 2014 to discuss the subject of Mobile Integrated Healthcare/Community Paramedicine (MIH/CP). Previously, the EMS Technical Committee had reviewed a new project request for a MIH/CP document, though that request was later administratively withdrawn. At its October

2014 meeting, the NFPA Standards Council reviewed an International Association of Fire Fighters request that NFPA consider the establishment of a new document on fire-based community healthcare provider (FBCHP) program. After review of all the material before it, the Council voted to publish a notice to solicit public comments on the need for the project, information on resources on the subject matter, those interested in participating, if established, and other organizations actively involved with the subject. During this comment period, NASEMSO encouraged NFPA's efforts to be carried out within the context of numerous existing national initiatives rather than engaging the same people on parallel projects. No additional information is available at this time.

8. FARB Responds to Supreme Court Decision Regarding State Sovereignty

The Federation of Associations of Regulatory Boards (FARB), a not-for-profit, 501(c)(3) organization of which **NASEMSO is a Governing Member**, has issued a [press release](#) in response to the recent United States Supreme Court decision in [North Carolina State Board of Dental Examiners v. Federal Trade Commission](#). The Supreme Court decision will likely have a profound impact on state regulatory boards that are comprised largely of members of a regulated profession in order to ensure that states provide appropriate supervision of Board functions intended to support the public good. According to a statement by the Federal Trade Commission, "In this case, the North Carolina dental board's members, primarily dentists, were drawn from the very occupation they regulate, and they barred non-dentists from offering competing teeth whitening services to consumers. The Court's decision makes clear that state agencies constituted in this manner are subject to the federal antitrust laws unless the state actively supervises their decisions." The Court's decision affirms a 2013 ruling by the U.S. Court of Appeal for the Fourth Circuit upholding a [2011 Decision and Order](#) by the FTC that the North Carolina State Board of Dental Examiners illegally thwarted lower-priced competition by engaging in anticompetitive conduct to prevent non-dentists from providing teeth whitening services to consumers in the state. In so finding, the FTC rejected the Dental Board's claim that the Board's conduct is protected from federal antitrust scrutiny by the state action doctrine. As part of a comprehensive review, FARB has already taken steps towards incorporating new language into the **FARB Generic Model Practice Act** in order to assist regulatory boards responding to the judicial decision.

In related news, the Court's decision has already triggered a number of questions for independent regulatory boards throughout the country. Some boards are already facing challenges from legislators and attorneys general who are advocating for the termination of independent boards. Two informational webinars are planned this week to address the ruling and potential consequences for state boards. Registration information has been forwarded to state EMS directors.

9. Utilization of the National Model EMS Clinical Guidelines Growing!

The success of the National Model EMS Clinical Guidelines continues to exceed NASEMSO expectations!

- **144,754 website hits and 3297 downloads since posted 10/23/14 through 3/3/15**
- **Jan 2015 – 4th most downloaded document**
- **Feb 2015 – 2nd most downloaded document**

Most recently, we were extremely honored to share the document for use with the Public Authority for Civil Defense and Ambulance in the Sultanate of Oman. NASEMSO again takes this opportunity to thank the National Highway Traffic Safety Administration for the resources to complete this important project as well as the writing team and EMS community and stakeholders that continue to participate in its review and implementation!! [Access the National Model EMS Clinical Guidelines...](#)

10. CDC Grand Rounds: Addressing Preparedness Challenges for Children in Public Health Emergencies

The Centers for Disease Control and Prevention (CDC) will host a session of Grand Rounds on March 17 at 1 pm EDT to discuss strategies to address the unique vulnerabilities of children in every stage of emergency planning. Presenters will also highlight the strong progress that has been made in pediatric disaster readiness as well as the collaboration that is still needed between public health professionals and pediatric care providers to improve the outcomes for children during emergencies. [For more information...](#)

11. New Ebola Resources for States from the CDC

The Centers for Disease Control and Prevention (CDC) Public Health Law Program (PHLP) and Office of the Associate Director for Policy compiled an [Interim Table of State Ebola Screening and Monitoring Policies for Asymptomatic Individuals](#) to help law and policy makers prepare for and respond to Ebola-related situations. Information provided and conclusions reached in this table are based only on publicly available orders, protocol documentation, and press releases. This table will be updated as states create or revise their Ebola protocols; please revisit this page often for the most current information. In related news, PHLP has updated the table of state-by-state Ebola protocols to help law and policy makers prepare for and respond to Ebola-related situations. Go to [State Ebola protocols](#).

12. SCOTUS Blog Provides Insight to King v. Burwell Discussions

States that are following the debate on whether the Internal Revenue Service may permissibly promulgate regulations to extend tax-credit subsidies to coverage purchased through exchanges established by the federal government under Section 1321 of the Patient Protection and Affordable Care Act are encouraged to visit web site of the Supreme Court of the United States or SCOTUS Blog at <http://www.scotusblog.com/case-files/cases/king-v-burwell/> for comprehensive information on the case currently under consideration by the Supreme Court.

13. Revised Immunization Schedules Posted

In October 2014, the Advisory Committee on Immunization Practices (ACIP) approved the *Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2015*. This schedule provides a summary of ACIP recommendations for the use of vaccines routinely recommended for adults aged 19 years or older in two figures, footnotes for each vaccine, and a table that describes primary contraindications and precautions for commonly used vaccines for adults. Changes in the 2015 adult immunization schedule from the 2014 schedule included the August 2014 recommendation for routine administration of the 13-valent pneumococcal conjugate vaccine (PCV13) in series with the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for all adults aged 65 years or older (1), the August 2014 revision on contraindications and precautions for the live attenuated influenza vaccine (LAIV) (2), and the October 2014 approval by the Food and Drug Administration to expand the approved age for use of recombinant influenza vaccine (RIV) (3). These revisions were also reviewed and approved by the American College of Physicians, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and American College of Nurse-Midwives. [View the adult summary...](#)

In related news, each year, the Advisory Committee on Immunization Practices (ACIP) reviews the recommended immunization schedules for persons aged 0 through 18 years to ensure that the schedules reflect current recommendations for Food and Drug Administration–licensed vaccines. In October 2014, ACIP approved the recommended immunization schedules for persons aged 0 through 18 years for 2015, which include several changes from the 2014 immunization schedules. For 2015, the figures, footnotes, and tables are being published on the CDC immunization schedule website (<http://www.cdc.gov/vaccines/schedules/index.html>). This provides readers electronic access to the most current version of the schedules and footnotes on the CDC website. Health care providers are advised to use figures, tables, and the combined footnotes together. Printable versions of the

2015 immunization schedules for persons aged 0 through 18 years also are available at the website in several formats, including portrait, landscape, and pocket-sized versions. Ordering instructions for laminated versions and "parent-friendly" schedules also are available at the immunization schedule website. [View the pediatric summary...](#)

14. Flowchart Assists Medical Evaluation of Patients with Possible Influenza

A new flowchart from the Centers for Disease Control and Prevention (CDC) is designed to be used when influenza is circulating in the community. This tool may help medical office staff triage calls from patients with flu-like symptoms and identify when it might be appropriate to initiate antiviral treatment before an office visit. Patient triage or prescribing of prescription medicines should be done under the direction of a licensed physician or other licensed health care provider. [For more information...](#)

15. FEMA Introduces New Data Visualization Tool

A new interactive tool from the Federal Emergency Management Agency (FEMA) makes the process of searching for currently available grant data much more accessible and transparent. The new tool allows users to see a visual representation of the agency's federal grant data in the categories of fire, preparedness, mitigation, and public assistance. Users simply select a state or territory from a map, and the tool generates applicable data for that location. The tool also visualizes disaster declarations by state, hazard, and county. Additionally, it provides links for further education, resources, and volunteer opportunities. [A BETA version of the data visualization tool is available for use](#) on FEMA's website. FEMA is currently seeking comments and suggestions on how the tool can be improved, and plans to incorporate new data and visual styles based on those suggestions into future updates. To submit thoughts, send a message to FEMA-New-Media@fema.dhs.gov.

16. Federal Grants Provide Assistance to States

The Centers for Disease Control and Prevention has posted the following opportunity on Grants.gov: the Paul Coverdell National Acute Stroke Prevention Cooperative Agreement Modification 1 CDC-RFA-DP15-1514. According to the full announcement, "During 2012-2014, the CDC provided funding to 5 states to engage in pre-hospital Emergency Medical Services (EMS) quality improvement as well as post-hospital transitions of care (TOC). Based on this work, we have learned that partnerships between EMS and EDs are critical to providing timely acute stroke care; and that the early post-hospital period is a vulnerable time for patients discharged to home. Building on this knowledge gained, we see a need to further improve the quality of transition from hospital to home, reintegration with the patient's primary care provider and access to community resources, enhanced patient and caregiver education, and ongoing rehabilitation and secondary prevention. Further, community education to prevent first stroke may be effective in addressing race/ethnic disparities in stroke mortality. This comprehensive approach to a stroke system of care requires multiple partnerships throughout clinical and community participants." According to the notice, only states and special district governments are eligible to apply. The deadline for applications is April 27, 2015.

In related news, state governments are eligible to apply for funding to provide state health departments the guidance and resources they need to address the problematic opioid prescribing driving the prescription drug overdose epidemic. States receiving funding must address prescribing on multiple fronts. Awardees must expand and enhance their state PDMP and implement health insurer or health system interventions. States may also choose to also conduct policy evaluations or implement other prescribing innovations. These activities will impact the patient and provider behaviors driving the epidemic in the medium term and ultimately improve the health outcomes associated with this public health problem. The deadline for applications is May 8, 2015. [For more information...](#)

17. ONC Releases Interoperability Roadmap

The National Coordinator for Health Information Technology (ONC) released Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Version 1.0. The roadmap creates a pathway to make sure by the end of 2017 health care providers and other stakeholders are able to seamlessly use medical and health data to have a complete picture of health status and pinpoint health problems in the community. The draft Roadmap calls for ONC to identify the best available technical standards for core interoperability functions. Comments on the Roadmap are due April 3. The public comment period for the draft Roadmap closes April 3, 2015. The public comment period for the Standards Advisory closes May 1, 2015. [For more information...](#)

18. OCHA Offers Hashtag Standards for Emergencies

The United Nations Office for the Coordinator of Humanitarian Affairs (OCHA) has posted its Think Brief “Hashtag Standards for Emergencies.” These short think pieces are non-papers that present relatively new ideas that require testing and validation. The objective of the Think Brief is to generate feedback, views and advice. Standardization of social media (and data) hashtags and the encouragement of enabling GPS during crisis were recognized as a policy piece that could have major impact on integrating big-crisis data into emergency response going forward. The public is using Twitter for real-time information exchange and for expressing emotional support during a variety of crises, such as wildfires, earthquakes, floods, hurricanes, political protests, mass shootings and communicable-disease tracking. By encouraging proactive standardization of hashtags, emergency responders may be able to reduce a big-data challenge and better leverage crowdsourced information for operational planning and response. This think brief is the culmination of the research. [For more information...](#)

19. NIOSH NPPTL Webinar Concerning Standard for Performance Requirements of the CUR

A planned NIOSH NPPTL webinar originally scheduled March 5, 2015 from 1:00 to 3:00 EST to provide an opportunity for stakeholders to discuss the development of a NIOSH standard for Combination Unit Respirators (CURs) was postponed due to inclement weather. NIOSH is also using this opportunity to encourage participation in an upcoming Institute of Medicine (IOM) Workshop where these relevant topics will be further discussed in depth and incorporated into an IOM Summary Report. Information gathered at this NIOSH webinar and upcoming IOM workshop will be used by NIOSH to develop a NIOSH-NPPTL Report to update Congress on the progress of this standard later this year. The agenda and slides related to the webinar are available online. [For more information...](#)

In related news, the IOM workshop “Developing a Performance Standard for Combination-Unit Respirators” will be held April 30, 2015 in Washington DC. [For more information...](#)

20. National Health Security Strategy and Implementation Plan Now Available

The U.S. Department of Health and Human Services' Assistant Secretary for Preparedness and Response has released the National Health Security Strategy and Implementation Plan 2015-2018. The goal of the plan "is to strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from disasters and emergencies." [For more information...](#)

21. Senate HELP Committee Hears PPHR Testimony

The Senate Committee on Health, Education, Labor, and Pensions (HELP) recently heard testimony from several federal partners on system preparedness. A video archive and written testimony for “Medical and Public Health Preparedness and Responses: Are We Ready for Future Threats” is [now available](#).

22. NIH Seeks Comment on Emergency Response Resources

Dr. Francis Collins, Director of the National Institutes of Health, has convened a “Working Group to Chart the Course for the NIH National Library of Medicine”. The working group has developed a Request for Information to collect input from stakeholders and members of the public regarding the current value of and future need for NLM programs, resources, research and training efforts, and services (<http://grants.nih.gov/grants/rfi/rfi.cfm?ID=41>). Please note that **Comment Box 2** specifically asks for comments on NLM assets related to *emergency response*. Please consider taking a few minutes to provide your input. If you haven’t already done so, this is a time-sensitive NIH Request for Information – comments are due by **Friday, March 13th, 2015**. It is your opportunity to contribute feedback of the value of DIMRC and the NLM, and to directly influence the future of this organization and the tools we are able to provide.

23. EMSC-NRC Invites Participation in Upcoming Pediatric Webinar

From 4:00 pm to 5:00 pm (Eastern) on Thursday, April 2, the EMSC National Resource Center will host the webinar [Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin?](#) This educational event is an in-depth discussion about the Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies and how hospital leadership can use this tool to incorporate pediatric considerations into existing hospital disaster policies. Those planning to attend this educational event may find it helpful to review the Checklist prior to the webinar. Users can download one of two versions of the Checklist: an electronic [interactive pdf](#) or a [static, printable pdf](#). All EMSC webinars are recorded and archived at <http://www.emscnrc.org/Events/Webinars.aspx>.

This webinar is planned specifically for hospital administrators; clinical managers; physicians; nurses; disaster management specialist; community disaster planners; state and local policy makers; and EMSC grantees, partners, and stakeholders. *Pre-registration is required for this event.*

24. Using Culturally and Linguistically Appropriate Services (CLAS) Throughout a Disaster

Have you experienced a time when you did not know how to best serve a diverse patient population before, after or during a disaster? Did you know that racial and ethnic minorities are more likely to suffer worse outcomes than the general population during every phase of a disaster? A new set of courses from the US Department of Health and Human Services (HHS)- **Culturally Competency Curriculum for Disaster Preparedness and Crisis Response** -- is designed to integrate knowledge, attitudes, and skills related to cultural competency in order to help lessen racial and ethnic health care disparities brought on by disaster situations. The courses target **emergency medical personnel**, disaster mental health and social workers, public health service officers, and disaster relief organization employees who have the unique opportunity to help improve access to care, quality of care, and health outcomes to those persons subject to racial and ethnic health disparities in a disaster situation. Throughout the curriculum, a broad range of skills are introduced, such as: working with an interpreter, locating translated materials, negotiating cultural differences, and implementing the CLAS Standards into organizational policy. These skills are shown in real-life scenarios so that you may be able to adopt them into your own environment. [For more information...](#)

25. Status of Measles Outbreaks in the US

The United States is currently experiencing a large, multi-state outbreak of measles mostly linked to an amusement park in California with 644 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). This is the greatest number of cases since measles elimination was documented in the U.S. in 2000. The outbreak started in December 2014 and has spread to more than a dozen other states. CDC

urges healthcare professionals to consider measles when evaluating patients with febrile rash and ask about a patient's vaccine status, recent travel history, and contact with individuals who have febrile rash illness. From January 1 to March 6, 2015, 173 people from 17 states and the District of Columbia were reported to have measles [AZ (7), CA (115), CO (1), DC (2), DE (1), GA (1), IL (15), MI (1), MN (1), NE (2), NJ (2), NY (3), NV (9), PA (1), SD (2) TX (1), UT (2), WA (7)]. On January 23, 2015, CDC issued a [Health Advisory](#) to notify public health departments and healthcare facilities about this multi-state outbreak and to provide guidance for healthcare providers nationwide and the agency continues to add resources geared to health care professionals to its [website](#). Healthcare personnel (including EMS) should have documented evidence of immunity against measles, according to the [recommendations of the Advisory Committee on Immunization Practices](#).

In related news, the US Department of Homeland Security (DHS) National Biosurveillance Integration Center recently issued a "Biosurveillance Event Report- Measles (Rubeola) in the US" (05 February 2015) providing greater detail and timeline of the exposures. [For more information...](#)

26. Emergency Medical Response in Active-Threat Situations: Training Standards for Law Enforcement

Little is known about law enforcement medical training and response in the United States. The authors (in research now posted on the FBI web site) conducted a study that described levels of medical instruction provided to officers and evaluated the impact of specific training on selected medical decision-making skills. For the study they distributed an anonymous Internet-based survey through a law enforcement newsletter. In addition to demographic and training questions, they administered scenario-based survey questions developed by a panel of experts. In the absence of law enforcement-specific medical training, many agencies have turned to their military counterparts and their Tactical Combat Casualty Care (TCCC) curriculum. This training emphasizes bleeding control based on data showing that the leading cause of preventable death in combat is extremity hemorrhage. Recently, a national law enforcement organization recommended that all officers receive training in these skills. In the authors' study, 54 percent of respondents indicated that they received additional departmental training in pressure dressings to control bleeding, while 49 percent reported training in tourniquet use, and 32 percent expressed that they had received instruction in advanced specialty hemostatic agents. Five hundred fifty-five respondents (42.4 percent) reported specific training in TCCC. [For more information...](#)

27. TRB Webinar: Creative Ways to Consider Funding Future Transportation

The Transportation Research Board (TRB) will conduct a webinar on April 15, 2015, from 2:00pm to 3:30pm ET that will cover new ways of funding transportation infrastructure. Webinar presenters will provide a brief overview of common approaches to funding transportation and highlight several emerging models, including cooperative ownership models, roadway usage charges, and transportation utility fees. The presenters will explore how these approaches may generate new funding for transportation capital and operating programs. This webinar is a reprise of the highly acclaimed session at the TRB Fifth International Conference on Surface Transportation held in July 2014 in Irvine, California, and aims to make content available to practitioners who were unable to attend in person. This webinar was organized by the TRB Standing Committee on Revenue and Finance. Participants must register in advance of the webinar, and there is a fee for non-TRB Sponsor or non-TRB Sustaining Affiliate employees. A certificate for 1.5 Professional Development Hours (PDHs) will be provided to attendees who register and attend the webinar as an individual. This webinar is pending approval by the American Institute of Certified Planners for 1.5 Certification Maintenance Credits. [For more information...](#)

28. PA EMSC Offers New Video for Concussion Awareness and Emergency Response

The Pennsylvania EMS for Children is pleased to announce a new video for concussion awareness and emergency response. The video, entitled *Concussions: Be Aware, Be Prepared*, briefly discusses what a concussion is, signs and symptoms, when the 9-1-1 system should be activated, and what occurs when the ambulance arrives. The video was funded through a mini grant from the Pennsylvania Department of Health, Bureau of Family Health, which received its funding from a grant from HRSA. The video is currently on the front page of the Pennsylvania EMSC website (www.paemsc.org) and is available on our YouTube page here: <https://www.youtube.com/watch?v=CrLvq9d1wIU>

29. In-Flight Blood Transfusions Improve Outcomes

Air-lifted trauma victims who received blood transfusions in the helicopter before arriving at a trauma center had higher one-day survival rates and less chance of shock than air-lifted patients who did not receive blood transfusions until they arrived at the trauma unit, according to study findings published online in the *Journal of the American College of Surgeons*. The study appears as an “article in press” and will appear in a print edition of the *Journal* this spring. [Read the press release...](#) Citation: Pre-Trauma Center Red Blood Cell Transfusion Is Associated with Improved Early Outcomes in Air Medical Trauma Patients, *Journal of the American College of Surgeons*. DOI: <http://dx.doi.org/10.1016/j.jamcollsurg.2015.01.006>.

30. New ACS Position Statement on Trauma Center Designation Based on System Needs

The American College of Surgeons (ACS) recently released a statement emphasizing that the allocation of trauma centers should be based upon the needs of the population, rather than the needs of individual health care organizations or hospital groups. The position statement, “*Statement on trauma center designation based on system need*,” developed by the ACS Committee on Trauma’s (COT) Trauma Systems Evaluation and Planning Committee was approved by the ACS Board of Regents last fall and recently published in the January issue of the *Bulletin of the American College of Surgeons*. To read the press release, click [here](#). The position statement is now available by clicking [here](#).

31. Stand Tall, Stand Proud, Stand-Down for Fall Safety

The National Institute for Occupational Safety and Health (NIOSH), in a combined effort with the Occupational Safety and Health Administration (OSHA) and CPWR - the Center for Construction Research and Training (CPWR), among other partners, announce the second-annual construction Fall Safety Stand-Down during the weeks of May 4-15, 2015. This event follows the success of last year’s Stand-Down and asks employers and workers across the nation to pause in their work and dedicate time to activities that promote the prevention of fatalities from falls. Falls are the leading cause of death in the construction industry, with hundreds of workers dying each year and thousands more facing catastrophic, debilitating injuries. Over the past ten years, nearly 3,500 construction workers died from falls, contributing to almost half of the fall fatalities for all industries combined. Lack of fall protection remains the most frequently cited violation. [For more information...](#)

32. Trauma Bills Headed to Full Vote of the House

On February 11, 2015, the House Energy and Commerce Subcommittee voted on a motion to order [H.R. 647, Access to Life-Saving Trauma Care for All Americans Act](#) and [H.R. 648, Trauma Systems and Regionalization of Emergency Care Reauthorization Act](#) reported to the full House for a vote. HR 647 would reauthorize the Trauma Care Center Grants, The Trauma Service Availability Grants and the Interagency Program for Trauma Research. HR 648 bill would reauthorize two important grant mechanisms, the Trauma Care Systems Planning Grants Program and the Regionalization of Emergency Care Pilots Planning Grants. Individuals are encouraged to contact their elected representatives to support these important bills so they can be ensured introduction in the Senate.

33. ATS Updates TIEP, Launches New Trauma Maps

The American Trauma Society (ATS) announces that it has completed the 2014 revision of the Trauma Information Exchange Program (TIEP) and is now managing basic trauma maps based on the updated data from its own [website](#). (The previous maps developed by the University of Pennsylvania's Cartographic Modeling Laboratory using the TIEP Database and other data sources to map trauma centers and hospitals across the country are still available but they have not been updated since 2010.)

34. Preventing Work-Related Motor Vehicle Crashes

A new fact sheet from the National Institute for Occupational Safety and Health (NIOSH) recommends ways employers can keep workers safe when driving or riding in a motor vehicle on the job. It outlines components of a successful motor vehicle safety program. It ends with a checklist that employers can use to implement the recommendations. This outstanding resource (which could also be used to promote safety among first responders) is now available on the [CDC web site](#).

35. Dr. Kathryn Brinsfield Appointed DHS Assistant Secretary for Health Affairs

The White House has announced the appointment of Dr. Kathryn Brinsfield to the post of Assistant Secretary for Health Affairs and Chief Medical Officer, Department of Homeland Security. Dr. Brinsfield served as the Associate Chief Medical Officer and Director for Workforce Health and Medical Support at the Department of Homeland Security (DHS) since 2009. Since 2013, she has also served as the Acting Assistant Secretary in the Office of Health Affairs and the Acting Chief Medical Officer at DHS. From 2012 to 2013, she was detailed to the National Security Staff as the Director of Medical Preparedness Policy. Previously, Dr. Brinsfield served in leadership roles for the Emergency Medical Services of the City of Boston Public Health Commission. She retired from the Boston Public Health Commission as Medical Director for Public Health Preparedness and Homeland Security in 2009. Dr. Brinsfield has also held associate professorships at Boston University School of Medicine and Boston University School of Public Health, and has worked as an attending physician and Director of Resident Education at Boston Medical Center. Dr. Brinsfield received a B.S. from Brown University, an M.P.H. from Boston University School of Public Health, and an M.D. from Tufts University School of Medicine. NASEMSO wholeheartedly applauds the appointment and wishes Dr. Brinsfield much success in her role!!

36. OSHA to Finalize Rules on Reporting Occupational Injuries

According to a [recent article](#) in Modern Healthcare, later this year the federal Occupational Safety and Health Administration (OSHA) is scheduled to finalize a rule requiring healthcare employers and those in other industries to report cases of occupational injuries and illnesses. OSHA has said it will make the data public through a website that will allow anyone to search employers' injury and illness reports. Under the proposed rule, employers would electronically transfer worker injury records to OSHA. The agency then would make it possible for the public to search how many injuries and illnesses occurred at a each workplace, the title of the affected employee, and the circumstances related to each incident. Introduced in 2013, OSHA's *Improve Tracking of Workplace Injuries and Illnesses* rule would require employers with 250 or more employees to report workplace-related injuries and illnesses quarterly, while businesses with 20 or more employees would report annually. Under 29 CFR 1904.35(a)(1) and (b)(1), employers are already required to set up a way for employees to report work-related injuries and illnesses to the employer promptly and to inform each employee how to report work-related injuries and illnesses to the employer. OSHA is considering adding three provisions to this section: (1) A requirement that employers inform their employees of their right to report injuries and illnesses free from discrimination or

retaliation; (2) a provision requiring that any injury and illness reporting requirements established by the employer be reasonable and not unduly burdensome; and (3) a prohibition against disciplining employees for reporting injuries and illnesses. [For more information...](#)

37. FDA Launches Drug Shortages Mobile App

The U.S. Food and Drug Administration launched the agency’s first mobile application (app) specifically designed to speed public access to valuable information about drug shortages. The app identifies current drug shortages, resolved shortages and discontinuations of drug products. App users can search or browse by a drug’s generic name or active ingredient, and browse by therapeutic category. The app can also be used to report a suspected drug shortage or supply issue to the FDA. The app is available for free download [via iTunes \(for Apple devices\)](#) and the [Google Play store \(for Android devices\)](#) by searching “FDA Drug Shortages.”

38. New Resources Available for State Laws on Prescription Drug Misuse and Abuse

The United States is experiencing an unprecedented epidemic of prescription drug overdose deaths. The primary responsibility to regulate and enforce prescription drug practices falls to the states. State laws are often used to prevent various injuries, with demonstrated benefits, yet little information exists about the effectiveness of state statutes or regulations designed to prevent prescription drug abuse and diversion. In partnership with CDC’s National Center for Injury Prevention and Control, the agency’s Public Health Law Program created a range of menus summarizing some of the legal strategies states have used to address prescription drug misuse, abuse, and overdose. Topics include prescription drug time and dosage limits, physical examination requirements, doctor shopping laws, tamper-resistant prescription form requirements, prescription drug identification laws, pain management clinic regulations, and state laws related to prescription drug overdose emergencies. [Prescription Drug Overdose: State Laws](#), a website developed by CDC’s National Center for Injury Prevention and Control and CDC’s Public Health Law Program, offers an overview of seven types of state laws designed to prevent the misuse and abuse of prescription drugs and highlights which US states have enacted them. This inventory depicts some of the legal and regulatory strategies states are using to address the epidemic.

39. EMS Update Winter Issue Now Available

The NHTSA Office of EMS has posted the winter issue of EMS Update. The publication highlights Innovations in EMS, NEMSAC priorities, revised Ebola guidance, and FirstNet, [For more information...](#)

40. CDC Grand Rounds: Preventing Youth Violence

Preventing youth violence has far reaching benefits for health, safety, and economic development. The prevention of youth violence can lower morbidity and mortality from injuries and has the potential for reducing risks for other health problems, such as alcohol and substance abuse, obesity, and chronic diseases, and can result in cost savings for the justice, education, and health care systems. Public health professionals have a clear responsibility to help reduce the health burden of youth violence. With its emphasis on a science-driven approach, the public health sector brings a clear focus on prevention and the promotion of population-wide health, safety, and well-being. The public health community has the skills and expertise to collect and analyze relevant data, select and implement comprehensive prevention strategies, and organize and integrate efforts of diverse partners to successfully address the complex health issues of youth violence. A recent issue of the CDC’s Morbidity and Mortality Weekly Report (MMWR) outlines the depth and breadth of this issue and is now available as a reference. [For more information...](#)

41. FDA to Increase Oversight of Compounding Facilities

The Food and Drug Administration (FDA) recently released four draft guidance documents about sterile product compounding as well as a draft Memorandum of Understanding (MOU) between the agency and state regulatory bodies. One guidance clarifies the conditions and activities under which an entity should register as an outsourcing facility under section 503B of the Food Drug and Cosmetic Act. A separate draft guidance describes the process by which outsourcing facilities should report adverse events to the FDA. The draft MOU also defines the phrase “inordinate amounts” as it relates to compounded products that can be distributed interstate. The draft guidances will be published in the Federal Register with a 90-day comment period. The draft MOU has a 120-day comment period. [For more information...](#)

42. GSA Issues Change Notice 7 for Revision F of the Federal Specification for the Star-of-Life Ambulance

The U.S. General Services Administration has issued [Change Notice 7 for Revision F of the Federal Specification for the Star-of-Life Ambulance \(KKK-A-1822F dated Aug. 1, 2007\)](#). The change notice is effective immediately. This is a cumulative change notice that replaces the separate, non-cumulative Change Notices 1-6. It combines Change Notices 1-6 into a single document for ease of use, and makes minor corrections to some references to the AMD Standards which were recently updated. Change Notice 7 does not implement the new SAE International (initially established as the Society of Automotive Engineers) standards. Proposed Change Notice 8 will propose implementation of the new SAE standards, and will be posted to the Federal Vehicle Standards website by Apr. 6, 2015, for a 45-day public comment period which can be accessed [here](#).

43. SAMHSA Guidance on Medication-assisted Treatment for Opioid Addiction Released

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released guidance on the clinical use of medication-assisted treatment (MAT), including buprenorphine and naltrexone, for opioid use disorder. This SAMHSA guidance is based on the work of a panel of experts on opioid use disorder, and it explores clinical evidence around assessing patient need for treatment, delivering MAT, and ending treatment. The guidance also notes the value in working with primary care physicians and their care teams to deliver MAT to those with opioid use disorder. [For more information...](#)

44. NHTSA Releases Two New Studies on Impaired Driving

The nation’s decades-long campaign to combat drunk driving continues to make our roads safer, but use of marijuana and prescription drugs is increasingly prominent on the highways, creating new safety questions, according to a pair of ground-breaking studies recently released by the Department of Transportation’s National Highway Traffic Safety Administration. One study, the latest version of NHTSA’s [Roadside Survey of Alcohol and Drug Use by Drivers](#), found that the number of drivers with alcohol in their system has declined by nearly one-third since 2007, and by more than three-quarters since the first Roadside Survey in 1973. But that same survey found a large increase in the number of drivers using marijuana or other illegal drugs. In the 2014 survey, nearly one in four drivers tested positive for at least one drug that could affect safety. A second survey, the largest of its kind ever conducted, assessed whether marijuana use by drivers is associated with greater risk of crashes. The survey found that marijuana users are more likely to be involved in accidents, but that the increased risk may be due in part because marijuana users are more likely to be in groups at higher risk of crashes. In particular, marijuana users are more likely to be young men – a group already at high risk. This was the [most precisely controlled study of its kind](#) yet conducted, but it measured the risk associated with marijuana at the levels found among drivers in a large community. Other studies using driving simulators and test tracks have found that marijuana at sufficient dosage levels will affect driver risk. For more info...

- [Roadside Survey executive summary](#)
- [Roadside Survey fact sheet](#)
- [Crash Risk Study executive summary](#)
- [Crash Risk Study fact sheet](#)

45. GAO Report Focuses on Issues of Drug-Impaired Driving

The issue of alcohol-impaired driving has received broad attention over the years, but drug-impaired driving also contributes to fatalities and injuries from traffic crashes. However, knowledge about the drug-impaired- driving problem is less advanced than for alcohol-impaired driving. Through Senate Report No. 113-45 (2013), Congress required GAO to report on the strategies NHTSA, ONDCP, and states have taken to address drug-impaired driving and challenges they face in detecting and reducing such driving. A new report from the Government Accountability Office (GAO) discusses (1) what is known about the extent of drug-impaired driving in the United States; (2) challenges that exist for federal, state, and local agencies in addressing drug-impaired driving; and (3) actions federal and state agencies have taken to address drug-impaired driving and what gaps exist in the federal response. [For more information...](#)

46. HIPAA-Covered Entities Reminded of Obligation to Report Privacy Breach

March 1 was the deadline for reporting breaches that occurred in 2014 to the HHS Office for Civil Rights, which enforces the HIPAA breach notification rule. A covered entity must notify the Secretary if it discovers a breach of unsecured protected health information. See 45 C.F.R. § 164.408. All notifications must be submitted to the Secretary using the Web portal below. A covered entity’s breach notification obligations differ based on whether the breach affects 500 or more individuals or fewer than 500 individuals. If the number of individuals affected by a breach is uncertain at the time of submission, the covered entity should provide an estimate, and, if it discovers additional information, submit updates in the manner specified below. If only one option is available in a particular submission category, the covered entity should pick the best option, and may provide additional details in the free text portion of the submission. [For more information...](#)

47. FDA Approves Zoll CPR Devices

The U.S. Food and Drug Administration has approved the ResQCPR System, a system of two devices for first responders to use while performing cardiopulmonary resuscitation (CPR) on people whose hearts stop beating (cardiac arrest). The devices may improve the patient’s chances of surviving cardiac arrest. The ResQCPR System consists of two devices that are intended to be used together to assist in performing CPR on adult patients with out-of-hospital, non-traumatic cardiac arrest. The first device, the ResQPump Active Compression Decompression CPR Device, has a double-grip handle that attaches to the patient’s chest with a suction cup, allowing the rescuer to push to deliver compressions and lift for decompressions, which is different than standard CPR. It also includes a pressure gauge to help rescuers maintain recommended compression depth and a timing mechanism to help the rescuer maintain the necessary compression rate. The second device, the ResQPod 16.0 Impedance Threshold Device, fits onto a rescue facemask or breathing tube. When placed on the patient, it impedes airflow into the chest during chest decompression with the ResQPump, reducing the pressure inside the patient’s chest and drawing more blood back to the heart, a concept known as preloading. A greater volume of blood being drawn into the heart can mean a greater volume of blood flowing out of the heart during the next compression, which may improve overall blood circulation as compared to standard CPR. When used together, the two devices may increase the amount of oxygenated blood circulated through a patient’s body during CPR. ResQCPR was developed by Advance Circulatory Systems, which was purchased by Zoll Medical in December 2014. [For more information...](#)

48. FDA Warns of Chantix Side Effects When Combined with Alcohol

The Food and Drug Administration (FDA) is warning that the prescription smoking cessation medicine Chantix (varenicline) can change the way people react to alcohol. Interactions between alcohol and Chantix have resulted in some patients experiencing increased intoxicating effects of alcohol, sometimes associated with aggressive behavior and/or amnesia. In addition, rare accounts of seizures in patients treated with Chantix have been reported. FDA has approved changes to the Chantix label to warn about these risks. Refer to the [Drug Safety Communication](#) for a detailed data summary.

49. GAO Report Addresses Federal Coordination to Serious Mental Illness

In 2013, about 10 million adults in the United States had a serious mental illness. The U.S. mental health care system includes a range of federal programs—across multiple agencies—for those with mental illness. Past efforts to develop a list of federal programs supporting individuals with serious mental illness have highlighted the difficulty of identifying such programs. The Government Accountability Office (GAO) was asked to provide information on federal programs that support individuals with serious mental illness. A new report identifies (1) the federal programs that support individuals with serious mental illness; (2) the extent to which federal agencies coordinate these programs; and (3) the extent to which federal agencies evaluate such programs. GAO developed and administered a web-based questionnaire to eight federal agencies regarding program goals, target populations, services offered, evaluations, and coordination. GAO also interviewed agency officials. GAO-15-375T *HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness* is now available. [For more information...](#)

50. Study Finds Peanut Consumption in Infancy Prevents Peanut Allergy

Introduction of peanut products into the diets of infants at high risk of developing peanut allergy was safe and led to an 81 percent reduction in the subsequent development of the allergy, a clinical trial has found. The study was supported by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and was conducted by the NIAID-funded [Immune Tolerance Network \(ITN\)](#). The results appear in the current online issue of the *New England Journal of Medicine* and were recently presented at the annual meeting of the American Academy of Allergy, Asthma and Immunology. [For more information...](#)

In related news, FREE from the NEJM: [Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy](#). Read also accompanying NEJM Editorial-- [Preventing Peanut Allergy through Early Consumption — Ready for Prime Time?](#)

51. CMS Seeking Input on Advanced Primary Care Initiatives, Request For Information (RFI) Posted

The Centers for Medicare & Medicaid Services (CMS) is seeking input on initiatives to test innovations in advanced primary care, particularly mechanisms to encourage more comprehensiveness in primary care delivery; to improve the care of complex patients; to facilitate robust connections to the medical neighborhood and community-based services; and to move reimbursement from encounter-based towards value-driven, population-based care. CMS seeks broad input from consumers and consumer organizations, health care providers, associations, purchasers and health plans, Medicaid agencies and other state offices, quality review organizations, social service providers, HIT vendors, and other stakeholders. Submissions must be supplied using the Request For Information (RFI) document. To be assured consideration, comments must be received on or before 11:59 PM EDT, March 16, 2015. Additional information can be found on the [Advanced Primary Care Initiatives web page](#). For questions regarding RFI submission, please contact APC@cms.hhs.gov.

52. Suicide Safe Mobile App Is Now Available for Download!

The Substance Abuse and Mental Health Services Administration (SAMHSA) just unveiled Suicide Safe, the latest mobile app from SAMHSA. The app, based on the nationally recognized [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\) card](#), is designed to help primary care and behavioral health providers integrate suicide prevention strategies into their practices and address suicide risk among their patients. Suicide Safe is now available for free on iOS® and Android™ mobile devices. Be among the first to try this new suicide prevention learning tool—optimized for tablets.

53. IOM to Host End-of-Life Summit

On March 20, 2015, the Institute of Medicine (IOM) will convene health leaders, policy makers, and other stakeholders to discuss how the recommendations from the IOM report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* could be implemented and what barriers exist that might prevent them from becoming a reality. The conference will feature panels on national policy issues, including:

- Opportunities and challenges for health care systems, providers, insurers, hospice and palliative care organizations, patient groups, and quality standards organizations
- The integration of financing for medical and social services near the end of life
- Improvements to public and private payment systems to facilitate high-quality care

The event will take place from 9:00 a.m. to 5:00 p.m. (reception to follow) at the historic National Academy of Sciences Building in Washington, DC. This event is free and open to the public. The event agenda is available on the [meeting page](#).

54. Results of SUPER Project Now Available in PEC

The National Association of EMS Educators (NAEMSE) is happy to announce that the results of the “Simulation Use in Paramedic Education Research (SUPER): A Descriptive Study” research project have been published early online by the Prehospital Emergency Care (PEC) Journal. The purpose of this research was to characterize the use of simulation in initial paramedic education programs in order assist stakeholders’ efforts to target educational initiatives and resources. PEC has offered early access to the article online if you are a subscriber. NAEMSE would like to recognize and thank the members of the Research Taskforce: Kim D. McKenna, MEd, RN EMT-P, Elliot Carhart, EdD, RRT NRP, Daniel Bercher, PhD, NRP, Andrew Spain, MA, EMT-P, NCEE, John Todaro, BA, RN NRP, NCEE, and Joann Freel, BS, CMP. NAEMSE would like to recognize and thank Laerdal Medical and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) for their support of the Simulation Use in Paramedic Education Research (SUPER) project. [For more information...](#)

55. National Resource Center Webinars on Equipment for Ground Ambulances Available for Review

[An Introduction to the Updated Recommendations for Equipment on Ground Ambulances: Pediatric Equipment and Its Use in Prehospital Emergency Care](#). This webinar is part one of a two-part series on the updated Joint Policy Statement: Equipment on Ground Ambulances. It provided an introductory overview of the recommendations, described essential pediatric equipment and how it is used in the prehospital setting, and discussed strategies for implementing the guidelines at the state and local level. This webinar was intended for EMSC program managers, directors, family representatives, cultural liaisons, and others who have limited EMS field experience.

[Building a Foundation for Pediatric Emergency Care: Equipment for Ground Ambulances](#). This is part two of the two-part series on the updated Joint Policy Statement: Equipment on Ground Ambulances. Led by Mary Fallat, MD; Aaron Reinert, NREMT-P; and David Bryson, EMT, this webinar addressed the rationale for the development

of ambulance equipment guidelines and their importance to children, explained guideline changes and contributing factors to change, and discussed implementation of the guidelines. The webinar was intended for EMS leaders, including service directors, medical directors, managers, education specialists, EMS providers, EMSC program managers, state departments of health regulatory staff, as well as hospital emergency care leaders having an interest in pediatric emergency care in the prehospital area.

56. Apple Introduces New Apps to Aid in Medical Research

Apple® has announced ResearchKit™, an open source software framework designed for medical and health research, helping doctors and scientists gather data more frequently and more accurately from participants using iPhone® apps. World-class research institutions have already developed apps with ResearchKit for studies on asthma, breast cancer, cardiovascular disease, diabetes and Parkinson’s disease. Users decide if they want to participate in a study and how their data is shared. ResearchKit turns iPhone into a powerful tool for medical research. When granted permission by the user, apps can access data from the Health app such as weight, blood pressure, glucose levels and asthma inhaler use, which are measured by third-party devices and apps. HealthKit™ is a software framework Apple introduced with iOS 8 to provide developers the ability for health and fitness apps to communicate with each other. ResearchKit can also request from a user, access to the accelerometer, microphone, gyroscope and GPS sensors in iPhone to gain insight into a patient’s gait, motor impairment, fitness, speech and memory. [For more information...](#)

57. External Survey(s) Participation Invited

- Promoting Innovations in EMS

Recently, the United States National Highway Traffic Safety Administration, in cooperation with Health and Human Services and Department of Homeland Security, began a cooperative agreement with the Mount Sinai Health System entitled, [“Promoting Innovations in EMS.”](#) This project will be facilitated by co-directors Kevin G. Munjal, MD, MPH, of Mount Sinai Health System, and James Dunford, MD, of University of California San Diego, as they lead the effort to create a national framework document to help localities and regions overcome barriers to innovation in the field of EMS. As part of this project, we would respectfully request your participation in completing a brief survey on innovations you have implemented, or attempted to implement, and your perspectives on perceived hurdles to innovation in EMS. The survey can be accessed [here](#). Should you have any questions, please feel free to contact Hugh Chapin, MD, MS, EMT, the Project Manager for the Promoting Innovations in EMS project at Hugh.chapin@mountsinai.org, or by phone at 212-824-8093.

- Communications Between EMS and Athletic Trainers

Eleni Diakogeorgiou, Athletic Trainer and a Clinical Assistant Professor of Athletic Training at Sacred Heart University in Fairfield, CT invites participants as follows: “As Athletic Trainers we deal with many acute injuries and emergency situations on the athletic field and often call EMS for support and work with EMS in these situations. The study we are conducting is in order to help increase communication between Athletic Trainers (ATs) and EMS personnel by gaining a sense of the perception that EMS has as to the role ATs should play during an emergency situation. Our study has been approved by the Sacred Heart Institutional Review Board and can be viewed here: http://www.surveymonkey.com/s/AT_EMS_Survey. At the conclusion of the study and post data analysis we hope to be able to meet with EMS personnel and share our results and help increase communication between ATs and EMS in order to better serve and help the public in athletic emergency by understanding the training and processes of each profession. Professor Diakogeorgiou can be reached [via email](#) with any questions.

- Provider Critical Stress Survey

A group of Ambulance Service Manager (ASM) students started a research project to investigate the role that critical stress plays with EMS providers nationwide. They have assembled a short survey to collect information about mental health and suicide trends amongst EMS providers. Please ask all EMS providers to participate in this survey by going to: <http://goo.gl/idw2J3>.

58. Self-monitoring coagulation status using point-of-care coagulometers in the UK

A new guideline published by the National Guideline Clearinghouse by the National Institute for Health and Care Excellence (NICE) demonstrates patients are effectively able to self-monitor coagulation status using point of care coagulometers (the CoaguChek XS system and the INRatio2 PT/INR monitor). The CoaguChek XS system is recommended for self-monitoring coagulation status in adults and children on long-term vitamin K antagonist therapy who have atrial fibrillation or heart valve disease under specified conditions. Auhtors suggest that the use of the CoaguChek XS system and the INRatio2 prothrombin time/international normalized ratio (PT/INR) monitor may reduce the frequency of visits to hospital or clinics for patients and enable them to be monitored more regularly. This may improve health outcomes by enabling the dose of therapy to be adjusted more accurately, thereby avoiding adverse events that can result from an over- or under-dose of long-term vitamin K antagonist therapy, such as stroke and major haemorrhage. [For more information...](#)

59. Association of NSAID Use With Risk of Bleeding and Cardiovascular Events in Patients Receiving

Antithrombotic Therapy After Myocardial Infarction by Schjerning Olsen A, Gislason GH, McGettigan P, et al.. *JAMA*. 2015;313(8):805-814. doi:10.1001/jama.2015.0809. A new study from Denmark examines the risk of bleeding and cardiovascular events among patients with prior MI taking antithrombotic drugs and for whom NSAID therapy was then prescribed. Among patients receiving antithrombotic therapy after MI, the use of NSAIDs was associated with increased risk of bleeding and excess thrombotic events, even after short-term treatment. More research is needed to confirm these findings; however, researchers advise that physicians should exercise appropriate caution when prescribing NSAIDs for patients who have recently experienced MI.



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UPCOMING EVENTS

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

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

UPCOMING EVENTS

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

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

[2015 John M. Templeton Jr. Pediatric Trauma Symposium](#). March 6 – 7, 2015. Omni William Penn Hotel Pittsburgh, PA. [TOPIC course](#) (Pediatric focused) as a pre-conference March 5, 2015

*The 38th Annual Pennsylvania EMS Conference. September 10-12, 2015 in Lancaster, PA and September 25-26, 2015 in Altoona, PA. [For more information...](#)

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

NAEMSE Instructor Course Level 1

Champaign, IL: March 13 - 15, 2015

Springfield, MO: April 17 - 19, 2015

Vancouver, WA: April 24 - 26, 2015

*West Chester, PA: May 1-3, 2015

*Greenville, SC: May 29-31, 2015

*Cheyenne, WY: June 5-7, 2015

*Nashville, TN: August 4-6, 2015

NAEMSE Instructor Course Level 2

Fairfax, VA: March 20 - 21, 2015

Rochester, NY: April 10 - 11, 2015

*Macon, GA: May 15-16, 2015

*Nashville, TN: August 4-5, 2015

CAAHEP Accreditation Update & Evaluating Student Competency Workshops

*Nashville, TN: August 4-5, 2015

[For more information...](#)

[Fire-Rescue Med 2015](#). Hosted by IAFC. March 21-25, 2015 in Henderson, NV.

[2015 Preparedness Summit](#): Global Health Security: Preparing a Nation for Emerging Threats. April 14-17, 2015 in Atlanta, GA.

*National EMS Advisory Council March 31- April 1, 2015 at US DOT Headquarters, 1200 New Jersey Ave. SE, Washington, DC 20590. NEMSAC encourages public comment regarding matters related to EMS and council recommendations. In addition, NEMSAC will host the Office of National Drug Control Policy to present and discuss Naloxone use in EMS systems. A final agenda as well as meeting materials will be online at www.EMS.gov on or before March 24, 2015.

[NASEMSO Mid-Year Meeting](#). April 19-22, 2015. San Antonio, TX.

*Critical Care Transport Medicine Conference. April 20-22, 2015. Charlotte, NC. [For more information...](#)

[EMS On The Hill Day](#). Briefing on April 28, 2015; Hill visits on April 29, 2015. Washington, DC

National Rural EMS Leadership Conference. May 5-6, 2015. Cheyenne, WY. [For more information...](#)

***EMS Week May 17-23, 2015**

***EMS for Children Day is May 20, 2015**

* 2015 National EMS Memorial Service. June 27, 2015. Pikes Peak Center. Colorado Springs, CO.
[details](#) | [Press Release: National EMS Memorial Service Announces Names of 2015 Honorees](#)
[Press Release: NEMSMS to Move National EMS Memorial Service to Virginia Starting in 2016](#)

NAEMSE Annual Symposium. August 4-9, 2015. Nashville, TN.

[Pinnacle 2015](#). August 3-7, 2015. Jacksonville, FL. Registration is now open!

[EMS World Expo](#). September 15-19, 2015. Las Vegas, NV.

[ENA Annual Meeting](#). September 28-October 3, 2015. Orlando, FL.

[NASEMSO Annual Meeting](#). October 12-16, 2015. Louisville, KY.

*[Air Medical Transport Conference](#) (AMTC), October 19-21, 2015, Long Beach Convention Center, Long Beach, California.

ACEP Scientific Assembly. October 26-29, 2015. Boston, MA.

IAEM Annual Conference and EMEX Expo. November 13-18, 2015 in Las Vegas, NV. Speaker abstracts are currently being accepted. To be selected, it is crucial that your submission be compelling in both the importance of the subject matter and also show your knowledge and experience of the subject. [You must follow all the submission requirements, outlined in the Speaker Guidance](#). [Go here for more information](#) about the Annual Conference. The deadline for speaker submissions is February 20, 2015

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

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