



Washington Update

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1. 2011 National EMS Assessment Now Available

The Federal Interagency Committee for Emergency Medical Services (FICEMS) has released the 2011 National EMS Assessment, [downloadable here](#). Sponsored by FICEMS and funded by the National Highway Traffic Safety Administration (NHTSA), the report provides the first ever comprehensive description of emergency medical services, EMS emergency preparedness and 911 systems at state and national levels using existing data sources. NASEMSO members contributed a significant amount of data to make the assessment possible. The National EMS Assessment, which was completed over a 24-month period from September 2009 to August 2011, provides a detailed description of the nation’s EMS systems which comprise an estimated 19,971 local EMS agencies, their 81,295 vehicles and 826,111 licensed and credentialed personnel. The landmark document is a powerful resource and the first national assessment of Emergency Medical Services that provides comprehensive data aggregated at both the state and national levels. These data will allow the officials responsible for improving EMS systems to benchmark current and future performance and identify areas of strength and weakness. A special thanks to Dr. Greg Mears and his team as well as the state EMS offices who contributed to this report!! It would not have been possible without you!!! [For more information...](#)

2. NASEMSO Mourns Former Arizona Section Chief

The National Association of State EMS Officials mourns the loss of NASEMSO Member and the Arizona Bureau of EMS, EMS/Trauma Development Section Chief, Vicki A. Conditt, RN following a recent illness. “Our community has lost an advocate and partner. Vicki valued her relationships with NASEMSO, taking particular joy in learning, laughing and experiencing with other trauma program managers. She and her family appreciated the support of the organization, “offered AZ Bureau Chief Terry Mullins. NASEMSO offers condolences to Vicki’s coworkers and family, we will certainly miss this wonderful friend! Individuals who wish to send personal greetings to the family can contact [NASEMSO Headquarters](#) for more information. Online condolences may also be offered at www.westresthavenfuneralhome.com.



Vicki Conditt, RN
May 27, 1959 - December 27, 2011

3. State EMS Director Explains Enhanced Response Strategies Following Tropical Storm

PA State EMS Director Joe Schmider outlines the EMS lessons learned when back-to-back storms overwhelmed local systems and flooding impacted 2/3 of the state in “*The 1-2 Punch: Pennsylvania Responds to Tropical Storm Lee*” now featured online at [EMSWorld](#). Congratulations on a great article, Joe!

4. \$300 Million Awarded to States for Enrolling Eligible Children in Health Coverage

The Department of Health and Human Services (HHS) recently announced that more than \$296 million was awarded to states for ensuring more children have health coverage. The performance bonus payments are funded

under the Children’s Health Insurance Program Reauthorization Act, one of the first pieces of legislation signed into law by President Obama in 2009. To qualify for these bonus payments, states must surpass a specified Medicaid enrollment target. They also must adopt procedures that improve access to Medicaid and the Children’s Health Insurance Program (CHIP), making it easier for eligible children to enroll and retain coverage. The bonuses come one week after new data from the Centers for Disease Control and Prevention show that the number of children with insurance increased by 1.2 million since the CHIP reauthorization in 2009. An HHS issue brief notes that this increase has been entirely due to greater enrollment in public programs such as Medicaid and CHIP. [For more information...](#)

5. MCH Navigator Learning Portal Released

The Maternal and Child Health Bureau (MCHB) has released a new resource for maternal and child health (MCH) professionals working in state agencies and at the community level who are seeking to advance their learning and skills mastery. The [MCH Navigator](#) is a learning portal that links individuals to existing open-access training, organized in areas consistent with nationally endorsed public health and MCH leadership competencies. Online training resources, archived webcasts and webinars, instructional modules, and self-guided short courses have undergone academic review and vetting.

6. TFAH and RWJF Post Annual Public Health Emergency Preparedness Report

Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism finds key programs that detect and respond to bioterrorism, new disease outbreaks and natural or accidental disasters are at risk due to federal and state budget cuts. The report, supported by the Robert Wood Johnson Foundation (RWJF), identifies some key programs at risk due to continued cuts to federal public health emergency preparedness funds include:

- 51 of the 72 cities in the Cities Readiness Initiative are at risk for elimination; the Initiative supports the ability to rapidly distribute and administer vaccines and medications during emergencies;
- All 10 state labs with “Level 1” chemical testing status are at risk for losing top level capabilities, which could leave the U.S. Centers for Disease Control and Prevention (CDC) with the only public health lab in the country with full ability to test for chemical terrorism and accidents;
- 24 states are at risk for losing the support of Career Epidemiology Field Officers - CDC experts who supplement state and local gaps to rapidly prevent and respond to outbreaks and disasters, such as during the H1N1 flu pandemic and responding to the health impact of the Gulf Oil Spill in 2010; and
- The ability for CDC to mount a comprehensive response to nuclear, radiologic and chemical threats as well as natural disasters is at risk due to potential cuts to the National Center for Environmental Health. All 50 states and Washington, D.C. would lose the support CDC provides during these emergencies.

[For more information on Ready or Not...](#)

7. Influenza A (H3N2)v Transmission and Guidelines Posted by CDC

From August 17 to December 23, 2011, the Centers for Disease Control and prevention (CDC) received reports of 12 human infections with influenza A (H3N2)v viruses that have the matrix (M) gene from the influenza A (H1N1)pdm09 virus (formerly called swine-origin influenza A [H3N2] and pandemic influenza A [H1N1] 2009 viruses, respectively. The 12 cases occurred in five states (Indiana, Iowa, Maine, Pennsylvania, and West Virginia), and 11 were in children. Six of the 12 patients had no identified recent exposure to swine. Three of the 12 patients were hospitalized, and all have recovered fully. CDC is working with USDA and state public health and animal health experts in the locations where these cases have occurred to investigate each case fully and to enhance influenza surveillance to detect human cases of variant influenza virus infections. The CDC rRT-PCR assay that was

approved by the Food and Drug Administration in September 2011 is able to identify these cases as presumptive influenza A (H3N2)v cases. These diagnostic test kits have been distributed to public health laboratories in the United States and National Influenza Centers designated by the World Health Organization in other countries. Additional rRT-PCR test enhancements to further improve detection of influenza A (H3N2)v viruses are under development. CDC will provide routine and timely communications regarding these influenza A (H3N2)v viruses and other variant influenza viruses with the public, partners, state and local health departments, and stakeholders. Updated information and guidance documents related to A(H3N2)v viruses are available online from CDC at <http://www.cdc.gov/flu/swineflu/influenza-variant-viruses.htm>.

8. AHRQ Seeks Comment on Draft Scarce Resources Document

In the immediate aftermath of a natural disaster or a catastrophic health event, demand for medical care typically outstrips the available supply. A systematic review was performed to provide policymakers, healthcare systems, providers, and the public with the best available evidence regarding strategies to allocate scarce resources during mass casualty events (MCEs). In partnership with ASPR, the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care (EHC) Program has posted the following draft report for public comment until January 18, 2012: *Comparative Effectiveness Review on the Allocation of Scarce Resources during Mass Casualty Events (MCEs)*. To view and comment, please click [here](#). Members who wish comments be included as part of the NASEMSO response should contact NASEMSO Program Advisor, [Leslee Stein-Spencer](#).

9. FDA Warns of Serious Medical Complications Related to Multaq

The U.S. Food and Drug Administration (FDA) has completed a safety review of the heart drug Multaq (dronedaron). This review showed that Multaq increased the risk of serious cardiovascular events, including death, when used by patients in permanent atrial fibrillation (AF). The review was based on data from two clinical trials, the PALLAS trial (Permanent Atrial Fibrillation Outcome Study Using Dronedaron on Top of Standard Therapy) and the ATHENA trial (which supported Multaq's approval for treatment of non-permanent AF). FDA is providing new information and recommendations for the use of Multaq to manage the potential serious cardiovascular risks with the drug. (Multaq is indicated to reduce hospitalization for AF in patients in sinus rhythm with a history of non-permanent AF known as paroxysmal or persistent AF.) [For more information...](#)

10. POTENTIAL FOR DOSING ERRORS-- Acetaminophen Liquid Now Available in Additional Concentration

The FDA is informing the public that an additional concentration of liquid acetaminophen marketed for “infants” (160 mg/5 mL) is now available. This change in the concentration will affect the amount of liquid given to an infant, and should be especially noted if someone is accustomed to using the 80 mg /0.8 mL or 80 mg/mL concentrations of liquid acetaminophen. Acetaminophen is marketed under brand names such as Tylenol, Little Fevers, Triaminic, Infant/Pain Reliever, Pedia Care, Triaminic Infants’ Syrup Fever Reducer Pain Reliever and other store brands (e.g., Rite Aid, CVS, Walgreens brand, etc.). This change in the concentration will affect the amount of liquid given to an infant, and should be especially noted if someone is accustomed to using the 80 mg /0.8 mL or 80 mg/mL concentrations of liquid acetaminophen. In addition to this change in concentration, this product may also be packaged with an oral syringe instead of a dropper. For many years, acetaminophen infants' drops had been formulated at a concentration of 80 mg/0.8 mL (100 mg/mL). These products allowed for small-volume dosing of infants but posed a risk of overdosage for older children if infant drops were inadvertently administered in place of the more-dilute products. In an attempt to reduce the confusion over different strengths that have been blamed for past overdoses, some manufacturers are voluntarily offering only the less concentrated version for all children but right now both (previous) concentrations of liquid acetaminophen are in circulation. The addition of a lower concentration will result in three different combinations of doses and strengths of

acetaminophen on the market (80 mg in 0.8ml, 80 mg/1 ml, and 160mg/5ml) therefore, it is important for EMS practitioners to note which concentration was used when reporting acetaminophen administration to other health care practitioners. [For more information...](#)

11. OSHA Web Site Provides Considerations That Pertains to Emergency Responders

While developed for the emergency department environment, a web site provided by the Occupational Safety and Health Administration (OSHA) provides excellent information for all emergency responders (including links to OSHA regulations) on the following safety and health topics:

- [Blood, OPIM, Bloodborne Pathogens](#)
- [Hazardous Chemicals](#)
- [Slips/Trips/Falls](#)
- [Latex Allergy](#)
- [Equipment Hazards](#)
- [Workplace Violence](#)
- [Tuberculosis](#)
- [Workplace Stress](#)
- [Methicillin-Resistant *Staphylococcus aureus* \(MRSA\)](#)
- [Terrorism](#)

12. GAO Report Highlights Data Collection for Pediatric Medical Devices

Medical devices can significantly improve, and save, the lives of children. Yet according to the Department of Health and Human Services' (HHS) Food and Drug Administration (FDA), the development of pediatric devices lags years behind the development of devices for adults. The FDA Amendments Act of 2007 (FDAAA) provided incentives to develop devices for children, particularly devices that receive FDA's humanitarian device exemption (HDE), a process for devices that treat or diagnose rare diseases or conditions. FDAAA required GAO to report on pediatric device development. This report (1) describes barriers to developing pediatric devices, (2) describes how pediatric device consortia have contributed to the development of pediatric devices, and (3) examines FDA data on the number of pediatric devices approved since FDAAA was enacted. GAO examined FDA data and documents related to device approvals, reviewed relevant laws and regulations, and interviewed and reviewed documents from stakeholders and FDA officials. In a new report released from the Government Accounting Office (GAO), GAO recommends that FDA collect reliable information to report data on pediatric medical devices by consistently using its existing pediatric electronic flag in its tracking system or otherwise developing internal controls. *Pediatric Medical Devices: Provisions Support Development, but Better Data Needed for Required Reporting.* GAO-12-225, December 20. <http://www.gao.gov/products/GAO-12-225> or read [Highlights](#).

13. CDC Releases Best Available Research Evidence

The Centers for Disease Control and Prevention (CDC) has released [Best Available Research Evidence](#) which "enables researchers, practitioners, and policy-makers to determine whether or not a prevention program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends." The CDC has developed a comprehensive approach to evidence-based decision making which includes: (1) Best Available Research Evidence (evidence that assists in determining whether or not a prevention program, practice, or policy is achieving the outcomes it aims to and in the way it intends); (2) Contextual Evidence (factors that influence implementation, such as whether a strategy is useful, feasible to implement, and accepted by a particular community); and (3) Experiential Evidence (evidence based on the professional insight, understanding, skill, and expertise). The Continuum of Evidence of Effectiveness is a tool that clarifies and defines standards of Best Available Research Evidence.

14. NREMT Seeks Executive Director

The National Registry of Emergency Medical Technicians (NREMT) is looking for an outstanding individual with visionary leadership and management skills to become its next Executive Director. The outgoing Executive Director is retiring after 25 years of service in this position. The NREMT invites applications from candidates with a minimum of a Bachelor's degree (graduate degree preferred) and the abilities and experience described in the Executive Director Profile located on the [NREMT website](#).

UPCOMING EVENTS

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

ITLS Ohio Emergency Care Conference. February 23 - 26, 2012 Crowne Plaza Columbus North Columbus, Ohio. [For more information...](#)

2012 Arizona Pediatric Symposium. February 27, 2012 Prescott, Arizona. www.azpedsems.com. [For more information...](#)

42nd Annual Wyoming Trauma Conference. August 16-19, 2012 Little America Hotel and Resort Cheyenne, Wyoming Sponsored by the Wyoming Office of EMS contact Beth Hollingworth at: beth.hollingworth@wyo.gov or 307-777-7955 [For more information...](#)

Pennsylvania's 35th Annual Statewide EMS Conference and 2nd Annual Pediatric Emergency Care Symposium will be held August 16-17, 2011 at the Lancaster County Convention Center & Marriott in Lancaster, PA. More information, including a call for speakers and exhibitor information, will be posted as it becomes available to www.pehsc.org.

New York State EMS Conference-Vital Signs. October 18-21, 2012 in Syracuse NY. [For more information...](#)

New Jersey Statewide Conference on EMS. November 1 -4 2012 Sheraton, Atlantic City, NJ. For more information, please visit www.NJEMSConference.com

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

CoAEMSP Accreditation Workshop: STEPS TO SUCCESS. January 9-10, 2012. Dallas, TX. [For more information...](#)

NAEMSP Annual Meeting. January 12-14, 2012. JW Starr Pass Resort, Tucson, AZ. [For more information...](#)

*National EMS Educator Certification Exam. January 20, 2012 3 PM. Duluth, MN in the Board Room at the DECC (Duluth Entertainment Convention Center) 350 Harbor Drive, Duluth, MN 55802. [For more information...](#)

AAEM 18th Annual Scientific Assembly. February 8-10, 2012 Hotel del Coronado. San Diego, California. [For more information...](#)

2012 National Health Policy Conference. February 13-14, 2012. JW Marriott, Washington, DC. This conference provides clarity on the critical health care issues and priorities for the upcoming year. In its twelfth year, the NHPC continues to deliver a program with insider perspectives from health policy leaders to an audience that includes

researchers, policy experts, and advocates. Plenary sessions feature perspective from the current administration, Congress, the states and the business community while breakout sessions delve into the details of specific challenges by convening experts with varied, and sometimes conflicting, views. [Featured topics](#) include state perspectives on ACA implementation, redefining the public health sector, and challenges specific to the military health care system. [Register](#) today to take advantage of networking opportunities, ask direct questions, and find out what's in store for health policy in 2012.

*Public Health Preparedness Summit 2012 (NACCHO) February 21 – 24, 2012. Anaheim, CA. Federal funding and lessons learned after the events of September 11, 2001 and Hurricane Katrina have been responsible for accomplishments in domestic preparedness. As funds decrease, the public health community is faced with challenges. Regroup, Refocus, Refresh: Sustaining Preparedness in an Economic Crisis is the theme of this year's summit that focuses on commitment to the public health mission. <http://www.phprep.org/2012/>

Emergency Nurses Association Leadership Conference. February 22-26, 2012. New Orleans Convention Center. New Orleans, LA. [For more information...](#)

EMS Today. JEMS Conference and Exposition. February 28-March 3, 2012. Baltimore Convention Center, Baltimore MD. [For more information...](#)

Emergency Medical Services Systems, Safety Strategies and Solutions Summit. February 29, 2012, Institute of Medicine's Keck Center, Washington, D.C. As with past TRB EMS Summits, participation will be both onsite and via a virtual live Webinar. [For more information...](#)

12th Annual John M. Templeton, Jr. Pediatric Trauma Symposium. March 2-3, 2012. Union League of Philadelphia. [For more information...](#)

Fire Rescue Med. May 5-8, 2012. The Orleans, Las Vegas, NV. [For more information...](#)

NASEMSO Mid-Year Meeting. May 6-8, 2012, Bethesda, MD. [For more information...](#)

EMSC Grantee Meeting. May 8-11, 2012, at the Hyatt Regency Bethesda in Bethesda, MD. [For more information...](#)

ACEP's Leadership & Advocacy Conference. May 20-23, 2012 Omni Shoreham - Washington, DC. [For more information...](#)

Pinnacle 2012. July 16-20, 2012. Cheyenne Mountain Hotel, Colorado Springs, CO. [For more information...](#)

NAEMSE Annual Symposium and Trade Show. August 6-11, 2012. Coronado Springs Resort, Orlando, FL. [For more information...](#)

ENA Annual Meeting. September 11-15, 2012. San Diego Convention Center, San Diego, CA. [For more information...](#)

Emergency Cardiovascular Care Update. September 11-15, 2012. Rosen Shingle Creek, Orlando, FL. [For more information...](#)

NASEMSO Annual Meeting. September 24-28, 2012, The Grove Hotel, Boise, ID. [For more information...](#)

ACEP Scientific Assembly. October 8-11, 2012. Denver, CO. [For more information...](#)

Air Medical Transport Conference. October 22-24, 2012. Seattle, WA. [For more information...](#)

EMSWorld Expo. October 29-November 2, 2012. New Orleans, LA. [For more information...](#)

1st Annual World Trauma Symposium. November 1, 2012. New Orleans, LA. [For more information...](#)

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

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