



Washington Update

National Association of State EMS Officials - 201 Park Washington Court - Falls Church, VA 22046-4527
Ph: 703-538-1799 - Fx: 703-241-5603 - Email: info@nasemso.org - www.nasemso.org

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February 15, 2013

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National EMS Week, May 19-25, 2013



1. It Is Not Too Late to Register for NASEMSO Mid-Year Meeting

We hope many of you have already made arrangements to attend the NASEMSO Mid-Year meeting in Washington, DC, March 5-7. If not, it is not too late to do so. This year's meeting was moved to early March in order to take advantage of the opportunity to participate in EMS on the Hill Day (sponsored by NAEMT) and EMS Today, the JEMS Conference and Exposition. Hotel rooms have been selling out due to high demand generated by the multiple meetings, but additional rooms and hotels have recently been added at the conference discount rates. (The Renaissance Hotel, where our meetings are located, still has rooms on Wednesday and Thursday, March 6 & 7.) Transportation from the off-site hotels to the Renaissance Hotel will be available via the Metro and/or shuttle service. Don't miss the opportunity to participate in NAEMT's EMS on the Hill Day. Registration is only \$20 and includes two evening receptions at the Renaissance Hotel as well as the opportunity to meet with your congressional/senatorial representatives on Capitol Hill. The deadline for EMS on the Hill Day registration is February 15. Please refer to the NASEMSO website for more information at [NASEMSO Mid Year Meeting](#).

2. EMS Today Offers Conference Discount to NASEMSO Members

Cutting-edge Sessions! New Product Demos! Networking! EMS Today Welcomes NASEMSO Members with a Special \$100 Discount. Two conferences for the price of one, with the co-located [International Conference on Disaster & Terrorism Preparedness](#): Dedicated to planning, resources and response needs for respondents to natural and man-made disasters. To take advantage of this unique opportunity, click [here](#).

3. NASEMSO, CoAEMSP, and NREMT Partner to Provide Program Accreditation Update Webinar

The National Association of State EMS Officials (NASEMSO), the National Registry of EMT's (NREMT), and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) are pleased to announce an upcoming webinar that addresses the status of national EMS program accreditation implementation. This session is open to any interested person but space is limited so register today. The session will be held on February 25, 2013 at 2PM EST.

REGISTER NOW

In related news, the slides from our recent webinar, *NCSL State Trauma/EMS Project*, are available for NASEMSO members [here](#).

4. NQF Publishes Final REMC Report

Despite calls for reducing crowding and the Institute of Medicine's appeal to end the boarding of admitted patients, emergency department (ED) crowding continues to worsen in U.S. hospitals. While there has been a

proliferation of proven interventions to reduce ED and hospital crowding and boarding, many hospitals do not have a strategy to address the crowding issue locally. To improve quality and performance, measurement of hospitals and healthcare systems related to crowding and boarding is needed for public reporting and accountability purposes. A new report from the National Quality Forum discusses priority areas and reviews issues to consider in the development of candidate voluntary consensus standards for hospitals, healthcare systems and regions in the areas of ED and hospital crowding including, boarding and diversion, emergency preparedness, and surge capacity. This project seeks to provide guidance for measure development to ASPR’s prioritized areas of 1) ED crowding, including a specific focus on boarding and diversion, 2) emergency preparedness, and 3) surge capacity. NASEMSO Program Manager Kathy Robinson was part of the NQF expert panel and several NASEMSO members offered comments to the draft version of the document. Download [REMCS: Emergency Department Crowding and Boarding, Healthcare System Preparedness and Surge Capacity](#).

5. Free Social Media Training Offered by CDC

The Centers for Disease Control and Prevention’s (CDC) National Prevention Information Network (NPIN) announces upcoming social media training for public health officials:

- Need to get up to speed on the latest in social media for public health?
- Want to more effectively use social media for outreach, collaboration, or campaign promotion?
- Have questions about specific social media channels?

Then NPIN’s In the Know webcast series is designed for you! In the Know: Social Media for Public Health is a series of six webcasts, each focusing on a different social media channel and providing basic information, tips, and hints for how to use them to meet your needs. The webcasts are live events and will include presentations and an interactive section so you can ask questions and share information. The webcasts will be archived for viewing at a later date. Join us for the following sessions and spread the word to your colleagues.

| Webcast Name | Time |
|--|---------------------|
| Twitter | 2/19/2013 2-3 pm ET |
| LinkedIn & Slideshare | 3/12/2013 2-3 pm ET |
| Gaming & Mobile | 4/2/2013 2-3 pm ET |
| Facebook & Image Sharing (Instagram, Pinterest & Flickr) | 4/23/2013 2-3 pm ET |
| Google+ and YouTube | 5/14/2013 2-3 pm ET |
| Measurement & Evaluation | 6/4/2013 2-3 pm ET |

[For more information...](#)

6. SAMHSA Accepting Applications for \$6.3 million in Statewide Family Network Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Statewide Family Network grants totaling up to nearly \$6.3 million over the course of a three year period. The purpose of this program is to create state capacity and infrastructure that will enable families to act as catalysts for mental health and other system change by developing community-based, family-driven and youth-guided systems of care for children and adolescents with serious mental health needs. These grants will provide information, referrals, and support to families who have a child with a serious mental health need and create a mechanism for families to participate in state and local mental health services planning and policy development. [For more information...](#)

7. 23 States Receive Bonuses for Enrolling Children in Health Coverage

The Centers for Medicare & Medicaid Services has awarded performance bonuses to 23 states for improving access to children’s health coverage and successfully enrolling eligible children. The performance bonuses are authorized under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), one of the first pieces of legislation signed into law by President Obama. States qualify for a bonus by implementing procedures to simplify enrollment and renewal to ensure that all eligible children have easier access to coverage under Medicaid and CHIP. The 23 states awarded performance bonuses include: Alabama, Alaska, Colorado, Connecticut, Georgia, Idaho, Illinois, Iowa, Kansas, Maryland, Michigan, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Utah, Virginia, Washington, and Wisconsin. Utah is receiving a performance bonus for the first time; the other states have received bonuses in previous years. For more information on today’s CHIPRA performance bonus awards, click [here](#).

8. New TFAH Report Identifies Health Priorities and Preventive Care

Trust for America’s Health (TFAH) released *A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years*, which provides high-impact recommendations to prioritize prevention and improve the health of Americans. The *Healthier America* report stresses the importance of taking innovative approaches and building partnerships with a wide range of sectors in order to be effective. The report includes recommendations for a series of 10 key public health issues: reversing the obesity epidemic; preventing tobacco use and exposure; encouraging healthy aging; improving the health of low-income and minority communities; strengthening healthy women, healthy babies; reducing environmental health threats; enhancing injury prevention; preventing and controlling infectious diseases; prioritizing health emergencies and bioterrorism preparedness; and fixing food safety. The report was supported by grants from the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation and The Kresge Foundation and is available on [TFAH’s website](#).

9. RWJF: The Public’s Health Care Agenda for the 113th Congress

A majority of Americans put the creation of state-based health insurance exchanges at the top of the priority list for health policy in their state this year, according to a [survey](#) recently released by the Kaiser Family Foundation, the Robert Wood Johnson Foundation and the Harvard School of Public Health. Fifty-five percent of the public, including majorities of Republicans and Democrats, say that establishing the exchanges—a key element of the Affordable Care Act (ACA) and one whose implementation has divided states along partisan political lines—is a “top priority” for their governor and legislature. So far 18 states and the District of Columbia have declared that they will create their own state-based exchanges, seven other states have opted to establish exchanges in partnership with the federal government and 25 others—some driven by resistance to the ACA—appear set to default to a federally-run exchange. Researchers at the Harvard School of Public Health queried the public about their priorities for, and views on, a wide range of health and health policy issues that are currently preoccupying

federal lawmakers. 52 percent support the expansion of Medicaid in their state while 58 percent oppose any spending cuts to Medicare and 46 percent oppose any cuts to Medicaid. [For more information...](#)

10. NTIA Announces Availability of \$121.5 Million in State Grants to Assist with FirstNet Planning

The U.S. Commerce Department’s National Telecommunications and Information Administration (NTIA) has announced the availability of \$121.5 million in grants to assist states as they prepare for a nationwide public safety broadband network. The grants will be available to all 56 states and territories, and will support planning, consultation, education and outreach activities as well as help fund efforts to collect information on infrastructure and equipment that could be used by the First Responder Network Authority (FirstNet) in building a wireless public safety broadband network. Below are links to the Press Release, Frequently Asked Questions, and the Federal Funding Opportunity notice.

- <http://www.ntia.doc.gov/press-release/2013/ntia-announces-availability-1215-million-state-grants-assist-firstnet-planning>
- <http://www.ntia.doc.gov/other-publication/2013/sligp-federal-funding-opportunity>

11. NEMSIS 3.3.1 Dataset Now Available

The Version 3.3.1 dataset has been released to correct errors in the v3.3.0 November 2012 release. Additional changes were made to align with other datasets, add or remove values, correct typos, update data types, and to correct or update comments, element names, and definitions. Please reference the v3.3.1 [Change Log](#) for specifics. The NEMSIS TAC has established a plan for further releases. Requests and recommendations for change should be submitted to NEMSIS staff by August 2013. Changes to the dataset will be made only after careful consideration. March 1st of each year, beginning in 2014, will be the annual release date for all future releases to the Version 3 dataset. A comment period and mechanism will be available. For a summary of the information click [here](#).

12. Comment Period Extended for SOPHE's Emergency Preparedness Core Competencies

SOPHE has extended the public comment period for the draft Emergency Preparedness Core Competencies for Entry-level Health Educators through February 28, 2013. The development of the Core Competencies is a fundamental step in strengthening the professional preparation and workforce development of entry-level health educators to prepare, respond and mitigate potential public health emergencies. You are encouraged to download or print the full draft of the [Core Competencies](#) to review before providing feedback. Comments are requested specifically on whether the list of Core Competencies is complete and whether there are portions that should be deleted, revised, or expanded. Once the competencies are validated, SOPHE will disseminate them to the field and develop an online course to help improve the knowledge and skills of health educators in emergency preparedness and response. To learn more and to submit comments, visit <http://www.surveymonkey.com/s/DMMTD9F>. The survey will take at least 30 minutes to complete, and you will need to finish it in one sitting. Please respond no later than February 28, 2013. By completing the survey, you will be eligible to enter a drawing for 1 of 30 copies of SOPHE's [Tools of the Trade](#) (\$30 value) book.

13. PAHPRA Reauthorization Update

The Senate HELP Committee has issued notice that they intend to markup the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA, [H.R. 307](#)) in the next Committee [Executive Session](#) on Wednesday, February 13th at 10 am ET in 430 Dirksen. An amendment, which will include Senate changes to the House-passed bill, is expected.

14. New ACEP “Disaster Hero” Game Launched for Grades 1-8

Check out ACEP’s new Disaster Hero learning game for kids. It teaches home preparedness for disasters and is a great public education tool for EMS to use. The game is free to play and the website is www.disasterhero.com

15. Using Social Media and Plain Language to Improve Public Education and Communications

Superstorm Sandy presented the Department of Health and Human Services (HHS) with one of the most serious tests in recent memory. The key was communicating short, actionable messages that people could access without draining mobile phone batteries. Twitter (with its 140 character limit) seemed to be the answer as millions were already using this social media channel to update their status and look for emergency information. HHS used existing Twitter feeds to effectively communicate storm-related information to more than 1.6 million subscribers. These posts answered people’s questions and alerted them to hazards they might not have been aware of. Using these accounts, HHS was able to quickly distribute information to help keep Americans safe and healthy before, during, and after the storm. EMS agencies that wish to utilize social media to communicate emergency preparedness information to the public before, during, and after any large scale incident are advised of a great resource to assist in effective messaging at <http://www.plainlanguage.gov/>.

16. Just Launched! 2012 Survey on Emergency Communications and People with Disabilities

While data collection is underway for the Survey of User Needs, the Wireless Rehabilitation Engineering Research Center’s (RERC) Consumer Research Team has also just launched a new survey on emergency communications. Emergency communications generally include two main components: 1) contacting emergency response services (911 services) for help, and 2) receiving public emergency alerts for events like severe weather and other natural events, amber alerts for missing children, and other emergencies. Because the technology is changing so rapidly and new government rules are being implemented, RERC thinks it’s the right time to conduct the survey again. The data will be of great interest to regulatory authorities and other professionals working to improve emergency response and disaster relief. As an incentive for taking the survey, RERC will be giving away two \$100 Amazon gift certificates to two lucky respondents. [For more information...](#)

17. FEMA and NOAA Promote National Severe Weather Preparedness Week, March 3 - 9, 2013

The Federal Emergency Management Agency (FEMA) and the National Oceanic and Atmospheric Administration (NOAA) are continuing their partnership to increase public awareness of the hazards posed by severe weather and the common-sense steps we can all take to be better prepared. March 3 marks the start of National Severe Weather Preparedness Week. Severe weather affects everyone and FEMA and NOAA are asking for your help to increase awareness and to motivate individuals, families, businesses, and communities to know their risk, take action, and be an example through the Be a Force of Nature pledge campaign. [For more information...](#)

18. Planning for Psychiatric Patient Movement During Emergencies and Disasters

A new resource from the Department of Health and Human Services (HHS) identifies basic considerations to assist public health and medical planners to prepare for the movement of psychiatric patients in the event of a disaster and to guide responders and care providers during psychiatric patient movement. Differences in State and local laws, regulations, and requirements will need to be considered when conducting planning for movement or evacuation of psychiatric patients. Please note that this document addresses patients of psychiatric facilities or units (rather than residents of community programs). [For more information...](#)

19. DOT Launches Free App Featuring Emergency Response Guidebook

The U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA) recently announced a free, mobile web app of its Emergency Response Guidebook 2012 (ERG). The new safety tool will provide the nation's emergency responders with fast, easily accessible information to help them manage hazardous material incidents. The mobile ERG will make it easier for firefighters, police and other emergency first responders to quickly locate the information they need, thanks to an electronic word search function, and will ensure easy reading even during nighttime emergencies. The 2012 version of the ERG includes new evacuation tables for large toxic gas spills and standard response procedures for gas and liquid pipeline incidents. Links to download this software are available from the Apple iTunes website at [ERG 2012 for iPhone](#) and from the Google Play website at [ERG 2012 for Android](#). In addition, a version of the ERG is available in NLM's Wireless Information System for Emergency Responders (WISER) application. An instructional video for learning how to use the ERG2012 is also available on PHMSA's website.

20. New CRS Report Analyzes Homeland Security Documents

Ten years after the 9/11 terrorist attacks, policymakers continue to grapple with the definition of homeland security. Prior to 9/11, the United States addressed crises through the separate prisms of national defense, law enforcement, and emergency management. 9/11 prompted a strategic process that included a debate over and the development of homeland security policy. Today, this debate and development has resulted in numerous federal entities with homeland security responsibilities. For example, there are 30 federal entities that receive annual homeland security funding excluding the Department of Homeland Security (DHS). The Office of Management and Budget (OMB) estimates that 48% of annual homeland security funding is appropriated to these federal entities, with the Department of Defense (DOD) receiving approximately 26% of total federal homeland security funding. DHS receives approximately 52%. A new report from the Congressional Research Service (CRS), [Defining Homeland Security: Analysis and Congressional Considerations](#), discusses and analyzes examples of strategic documents, their differing homeland security definitions, and their varying homeland security missions.

21. New Norovirus Strain Causing Outbreaks in U.S.

The Centers for Disease Control and Prevention (CDC) is cautioning healthcare workers to be aware of increased norovirus activity caused by the emergent GII.4 Sydney strain. This strain was responsible for 53% of the reported norovirus outbreaks in the U.S. from September to December 2012, according to a recent MMWR article. By December, it accounted for nearly 60% of all norovirus outbreaks. GII.4 strains tend to be more virulent than other norovirus genotypes. This particular strain has caused outbreaks in Europe, New Zealand, and Japan. Norovirus transmission can be controlled and prevented through handwashing, disinfection, and isolation of those who are ill. [For more information...](#)

22. Final Rule: SCBA Remaining Service-Life Indicator Performance Requirements

On June 25, 2012, the Department of Health and Human Services (HHS) published a notice of proposed rulemaking proposing to update respirator approval standards in response to a petition to amend our regulations, current requirements for self-contained breathing apparatus (SCBA) remaining service-life indicators or warning devices. These indicators are built into a respirator to alert the user that the breathing air provided by the respirator is close to depletion. In this final rule, HHS responds to public comment on the proposed rule and revises the current standard, employed by the National Institute for Occupational Safety and Health (NIOSH) located within the Centers for Disease Control and Prevention (CDC), to allow greater flexibility in the setting of the indicator alarm to ensure that the alarm more effectively meets the different worker protection needs of different work operations. This final rule sets a minimum alarm point at 25 percent of the rated service time and allows the manufacturer to

offer remaining service life set point at a higher value or values appropriate to the purchaser's use scenario. This final rule is effective February 13, 2013. [For more information...](#)

23. HHS Finalizes New HIPAA Rules

On January 17, 2013, the U.S. Department of Health and Human Services (HHS) released the final omnibus rule enhancing the privacy and security protections provided for health information under the [Health Insurance Portability and Accountability Act of 1996](#) (HIPAA). Specifically, the changes strengthen the Health Information Technology for Economic and Clinical Health (HITECH) Breach Notification requirements. The new enhancements also expand patients' rights by entitling them to an electronic copy of their medical records and by prohibiting the sale of an individual's health information without his or her permission. Also under the new rule, when individuals pay by cash they can instruct their provider not to share information about their treatment with their health plan. Read the [HHS press release](#) regarding the [final rule](#).

24. Product Recall: Hamilton Medical, Inc., HAMILTON-T1 Ventilators

The Food and Drug Administration has announced a product recall involving HAMILTON-T1 ventilators with software versions 1.1.2 and lower; part numbers 161005 and 161006. This device was manufactured and distributed from February, 2012 through December, 2012. The HAMILTON-T1 ventilator provides continuous or intermittent breathing support to adults and pediatric patients. During ventilation of small pediatric patients with high airway resistance and low lung function, there may be unexpected high internal oxygen consumption by HAMILTON-T1 ventilators with software versions 1.1.2 and lower. This may cause miscalculation of the required oxygen needed for long time applications with limited oxygen supply. The HAMILTON-T1 oxygen capacity must be calculated using a larger margin than originally expected. This product may cause serious adverse health consequences, including death. **The unit is compact and portable, capable of being used in transport settings.** Customers with questions may call the company at 1-800-426-6331, extension 215.

25. Product Recall: LR and 5 Percent Dextrose Injection, USP, 1000 ML, Flexible Containers: Due to Non-Sterility

Hospira, Inc. is initiating a voluntary nationwide user-level recall of one lot of Lactated Ringers and 5% Dextrose Injection, USP, 1000 mL, Flexible Container, NDC 0409-7929-09. This action is due to one confirmed customer report where a spore-like structured particulate, consistent with mold, was noted in the solution. Hospira has not received reports of any adverse events associated with this issue for this lot, and has not identified any quality issues with retention samples for this lot. If contaminated solution is used on a patient, this may cause thrombosis, phlebitis, bacteremia, sepsis, septic shock and/or endocarditis, or result in a fatal infection in a broad array of patients. Anyone with an existing inventory should stop use and distribution, quarantine the product immediately, and call Stericycle at 1-888-965-5798 between the hours of 8am to 5pm EST, Monday through Friday, to arrange for the return of the product. Replacement product from other lots is available. For medical inquiries, please contact Hospira Medical Communications at 1-800-615-0187.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of either of these products to the [FDA's MedWatch Safety Information and Adverse Event Reporting Program](#).

26. AHRQ, CMS Unveil New Children's Electronic Health Record Format

The benefits of electronic health records (EHRs) may become more widely available to children through a model EHR format for children's health care, AHRQ and CMS announced on February 6. While the growing use of EHRs is shown to improve the quality and safety of health care, many existing systems are not tailored to capture or process information about children. The new format includes recommendations for child-specific data elements

such as vaccines and functionality that will enable EHR developers to broaden their products. The children's EHR format was authorized by the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) and developed by AHRQ and CMS. The format is designed for EHR developers and providers who wish to augment existing systems or to build new systems that include children's services. Select to read details from the AHRQ [press release](#). Select for more information about the [children's EHR format](#). Select for more information about [Medicaid and CHIP](#).

27. IOM Finds Childhood Immunization Schedule Is Safe

The currently recommended U.S. childhood immunization schedule is safe, according to an Institute of Medicine report. Prompted by parent concerns about the frequency of vaccinations and their potential adverse effects, an IOM committee reviewed the scientific literature on childhood immunizations. The committee found "no evidence that the schedule is unsafe." In particular, there was no evidence linking the current schedule with learning or developmental disorders, seizures, autoimmune diseases, asthma, or hypersensitivity. The authors write "rather than exposing children to harm, following the complete childhood immunization schedule is strongly associated with reducing vaccine-preventable diseases." [Institute of Medicine childhood immunization report \(Free\)](#)

28. State Youth Concussion Laws Focus of Recent Webinar

The Children's Safety Network (CSN) and The Network for Public Health Law recently hosted a webinar: "Implementation of State Youth Concussion Laws: Perspectives from the Frontlines." The session first provided an update on which states have passed youth concussion laws, as well as preliminary results of an interview survey with state officials and organizational leaders charged with implementation of these laws in their own states. Next, presenters from three different organizational perspectives—public health, education, and athletic/activities association—each shared their experiences in implementing the laws in their states. To watch a full archive of the webinar, please click here: <http://edc.adobeconnect.com/p5tjem45zpe>. To access a PDF of the slides, please click [here](#). This is the second session of the webinar series "Advancing Injury Prevention through Policy." The first in the series focused on bullying prevention.

29. New Database Offers Patient Safety Education and Training Resources

AHRQ has released a new [Patient Safety Education and Training Catalog](#) consisting of 333 patient safety programs currently available in the United States. The catalog offers an easily navigable database of patient safety education and training programs consisting of a robust collection of information each tagged for easy searching and browsing. The new database identifies a number of characteristics of the programs, including clinical area, program and learning objectives, evaluation measures, and cost. The clinical areas in the database align with the PSNet Collections. The catalog was developed by the American Institutes for Research (AIR) through a review of available programs between 2010 and 2011.

30. NIH Study Finds Missed Opportunities for Underage Alcohol Screening

Physicians often fail to ask high school-aged patients about alcohol use and to advise young people to reduce or stop drinking, according to a study led by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health. In a random survey of more than 2,500 10th grade students with an average age of 16 years, researchers from NIAAA and the Eunice Kennedy Shriver National Institute of Child Health and Human Development found that 34 percent reported drinking alcohol in the past month. Twenty-six percent said they had binge, defined as five or more drinks per occasion for males, and four or more for females. Physician Advice to Adolescents About Drinking and Other Health Behaviors Ralph W. Hingson, et al. Pediatrics (online January 28,

2013) [Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide, and its accompanying pocket-sized version](#), can be downloaded or ordered from the NIAAA website.

31. AHRQ Director Stepping Down Later this Year

AHRQ Director Carolyn Clancy, M.D., is planning to step down later this year after a decade of leading the Agency. HHS Secretary Kathleen Sebelius, in a January 31 e-mail to HHS leaders and AHRQ staff, said she was “deeply grateful” for Dr. Clancy’s service. “Under Carolyn’s leadership, AHRQ has undertaken innovative new work that has improved the quality, safety, efficiency, and effectiveness of the nation’s health care delivery system,” Secretary Sebelius noted. “Carolyn has been passionate about the importance of linking quality improvement with the urgency of reducing disparities in health care. During her tenure, the agency produced the nation’s first annual reports on quality, safety, and disparities in care. AHRQ has supported groundbreaking research on patient safety and related interventions, such as TeamSTEPPS, the Comprehensive Unit-based Safety Program, and other efforts to reduce health care associated infections, now implemented both nationwide and internationally.” Dr. Clancy will continue to serve while HHS leaders continue their national search for a new AHRQ director.

32. Free TeamSTEPPS® National Conference Slated June 12-13 in Dallas

Register now for the TeamSTEPPS National Conference that will take place on June 12-13, 2013 in Dallas, Texas. Developed by AHRQ and the Department of Defense, TeamSTEPPS is a set of evidence-based, practical tools that helps hospitals and other health care providers strengthen teamwork among caregivers with the goal of improving patient safety. The TeamSTEPPS National Conference is free and will highlight program models, practical solutions, knowledge, skills, tools and connections to help participants use the TeamSTEPPS model to have a positive impact on their organizations. More than 450 industry professionals will attend the national conference, which serves as an incubator for new ideas and a lively forum for sharing best practices. Keynote and breakout presentations, panels, networking opportunities and poster presentations offer techniques, tools, and new thinking to assist health care professionals in successfully implementing TeamSTEPPS. Click [here](#) to learn more and to register. If you have questions, please e-mail the National Implementation Team at AHRQTeamSTEPPS@aha.org or call (312) 422-2609.

33. AHRQ Releases 2010 Nationwide Emergency Department Sample (NEDS)

The Agency for Healthcare Research and Quality (AHRQ) has released its newest Healthcare Cost and Utilization Project database, the 2010 Nationwide Emergency Department Sample (NEDS), the largest all-payer emergency department (ED) database in the United States. NEDS was created to enable analyses of ED utilization patterns and support decision-making among public health professionals, administrators, policymakers, and clinicians. It also provides information on "treat-and-release" ED visits, as well as ED visits in which the patient was admitted to the same hospital for further care. The database includes all visits regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. [For more information...](#)

34. New Guide on Best Practices for Emergency Vehicle Visibility

The U.S. Fire Administration (USFA), supported by the National Institute of Justice (NIJ), and in partnership with the Cumberland Valley Volunteer Firemen’s Association’s (CVVFA) Emergency Responder Safety Institute, announces availability of a guide to help emergency services departments increase the visibility of emergency vehicles to motorists in order to keep responders safe during roadway operations. Vehicle Marking and Technology for Increased Highway Visibility – A Reference Guide for Decision-Makers provides information on best practices in the application of various arrangements of emergency warning devices, creative use of retro reflective decal markings and other innovative designs - all with the intent of increasing the visibility of emergency vehicles to motorists

approaching them. It focuses on emergency vehicles not covered by existing standards in this area. [For more information...](#) (Ed. Note: Ambulance visibility was addressed in USFA's [Emergency Vehicle Visibility and Conspicuity Study, 2009](#). Additional information is available at <http://www.cdc.gov/niosh/docs/2010-164/>).

35. ACIP Provides Revised Immunization Schedules

Each year, recommendations for routine use of vaccines in children, adolescents, and adults in the United States are developed by the Advisory Committee on Immunization Practices (ACIP). This year, for the first time, recommended immunization schedules for persons aged 0 through 18 years and adults aged 19 years and older are being published together. Health-care providers are advised to use both the recommended schedules for children and adults in combination with their footnotes and not as stand-alones. For guidance on the use of all the vaccines in the schedules, including contraindications and precautions to use of a vaccine, providers are referred to the respective ACIP vaccine recommendations. CDC's National Center for Immunization and Respiratory Diseases (NCIRD) maintains the most current immunization schedules on the [Vaccines and Immunizations](#) pages of CDC's website.

36. Transportation Secretary LaHood Announces That He Will Not Serve for a Second Term

Secretary Ray LaHood recently announced to the employees of the U.S. Department of Transportation that after serving for four years in President Obama's Cabinet, he would not be staying on for the second term. LaHood is widely recognized for his efforts on a wide range of safe transportation policies including a focus on distracted driving.

37. 2013 National EMS Week Rollout Begins Early March

Our friends at ACEP advise that they are putting the finishing touches on the 2013 EMS Week Guide which they are hoping to release in early March for you to download or order. The 2012 Guide will still be available on the [ACEP, EMS Week Website](#) until the transition. The 2013 theme is: EMS One mission, One Team. EMS Week this year will be celebrated beginning on May 19, 2013 until May 25, 2013. The Wednesday of this week is designated for EMS for Children Day. There will be a great article this year from EMS-C in the guide. You can also monitor EMS Week activities at <https://www.facebook.com/National.EMS.Week>.

38. New Database Offers Patient Safety Education and Training Resources

AHRQ has released a new [Patient Safety Education and Training Catalog](#) that describes 333 patient safety programs currently available in the United States. The catalog offers an easily navigable database of education and training programs including a robust collection of information tagged for easy searching and browsing. The database identifies program characteristics, including clinical area, program and learning objectives, evaluation measures and cost. The clinical areas align with AHRQ's Patient Safety Network (PSNet) Collections. The catalog was developed by the American Institutes for Research through a review of available programs between 2010 and 2011.

39. Think the Sequester Will Have No Impact on Field EMS? Think again...

Unless Congress acts by March 1st, a series of automatic cuts—called a sequester—will take effect. These large and arbitrary cuts will have severe impacts across the government. Sequestration comes on top of \$1.5 trillion in discretionary cuts already enacted, the single largest cause of the economic contraction in the 4th quarter of 2012. There is no question that Congress needs to cut the deficit, but according to a recent [fact sheet](#) released by the White House, it is feasible the impact could result in an increased burden on the EMS system to offset reduced funding for mental health and substance abuse services, as well as cuts in public health, firefighter, and law

enforcement positions, and gaps in State and local emergency preparedness. The Office of Management and Budget (OMB) now calculates that sequestration will require an annual reduction of roughly 5 percent for nondefense programs and roughly 8 percent for defense programs. However, given that these cuts must be achieved over only seven months instead of 12, the effective percentage reductions will be approximately 9 percent for nondefense programs and 13 percent for defense programs. The Coalition for Health Funding leads the health community in securing increased funding for health agencies and programs, including NIH, CDC, SAMHSA, HRSA, AHRQ, FDA, and the Indian Health Service, among others. The Coalition has convened a Health Summit with leaders of the health agency coalitions to develop a funding recommendation for FY 2014 Function 550. The Health Summit recommends \$65 billion for Function 550, a \$7 billion increase over the Congressional Budget Office's estimated FY 2013 budget authority level of \$58 billion. This request is consistent with the community's FY 2012 Function 550 recommendation. Additional information on the sequestration is available [here](#).

40. Invitation to Participate in EMS Hand Washing Study

Researchers at the Robert Wood Johnson School of Medicine are conducting a study involving hand washing practices among EMS providers. The survey is being distributed via Kwiksurvey (an alternate to surveymonkey) that should take no more than 5 minutes. They would really appreciate it if you could distribute this survey to EMS colleagues. The study is located at the following [link](#).

41. EMSC NRC Seeking Program Coordinator

The EMS for Children (EMSC) National Resource Center (NRC) is looking for an energetic, detail-oriented individual with excellent analytical, writing, and verbal communication skills to serve as its program coordinator. This individual will be part of a team that provides technical assistance to research and state grantees and develops EMSC-related educational resources and trainings. The program coordinator will serve as the staff liaison with internal and external stakeholders, as well as work with program staff to assure that EMSC requirements are incorporated within the program design. The ideal candidate must be organized, resourceful, and self-motivated with the ability to interact effectively with multi-disciplinary team members. [For more information...](#)

42. IHS Recruiting Nurse Coordinator to be EMSC Liaison

The Indian Health Services (IHS) is recruiting an individual to serve as a nurse consultant and advisor to the EMS for Children Program at the Health Resources and Services Administration to fulfill mutual goals and objectives. This individual will be required to work closely with emergency medical services activities at IHS in Washington, DC. [For more information...](#)

43. The DAWN Report: Update on ED Visits Following Energy Drinks

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 10, 2013). [The DAWN Report: Update on Emergency Department Visits Involving Energy Drinks: A Continuing Public Health Concern](#). Rockville, MD. Between 2007 and 2011, the number of ED visits involving energy drinks increased, underscoring previously published findings highlighting the increase between 2005 and 2009. The popularity of these drinks persists although large amounts of caffeine can cause adverse effects such as insomnia, nervousness, headache, fast heartbeat, and seizures that are severe enough to require emergency care. This report validates claims that energy drinks can be dangerous when used alone or in combination with other drugs or alcohol. A new finding in this report suggests that older adults may also be vulnerable to the effects of energy drinks, even though the drinks are marketed with claims of having a positive impact on energy and concentration. The safety of these products among adults who take medications or have medical conditions has been

questioned. Health professionals can discourage use of energy drinks by explaining that perceived health benefits are largely due to marketing techniques rather than scientific evidence. Because of the drinks' widespread use, it may be beneficial for ED staff to inquire about use of energy drinks when assessing each patient's use of medications or other drugs.

44. Drug Regimens Evaluated for Patients with A-Fib

Ulimoen SR et al. Comparison of four single-drug regimens on ventricular rate and arrhythmia-related symptoms in patients with permanent atrial fibrillation. *Am J Cardiol* 2013 Jan 15; 111:225. The purpose of the study was to compare the effect of 4 rate-reducing, once-daily drug regimens on the ventricular heart rate and arrhythmia-related symptoms in patients with permanent AF. Researchers included 60 patients (mean age 71 ± 9 years, 18 women) with permanent AF in an investigator-blind cross-over study. Diltiazem 360 mg/day, verapamil 240 mg/day, metoprolol 100 mg/day, and carvedilol 25 mg/day were administered for 3 weeks in a randomized sequence. Authors in this small study concluded that diltiazem 360 mg/day was the most effective drug regimen for reducing the heart rate in patients with permanent AF. Arrhythmia-related symptoms were reduced by treatment with the calcium channel blockers diltiazem and verapamil, but not by the β blockers. [Free abstract.](#)

45. Prehospital Thrombolysis in Acute Stroke

Weber JE et al. Prehospital thrombolysis in acute stroke: Results of the PHANTOM-S pilot study. *Neurology* 2013 Jan 8; 80:163. In the Pre-Hospital Acute Neurological Treatment and Optimization of Medical care in Stroke (PHANTOM-S) study, researchers undertook stroke treatment using a specialized ambulance, the stroke emergency mobile unit (STEMO), to shorten call-to-treatment time. The ambulance was staffed with a neurologist, paramedic, and radiographer and equipped with a CT scanner, point-of-care laboratory, and a teleradiology system. It was deployed by the dispatch center whenever a specific emergency call algorithm indicated an acute stroke situation. Study-specific procedures were restricted to patients able to give informed consent. Authors conclude that the data suggest that prehospital stroke care in STEMO is feasible. No safety concerns have been raised so far. This new approach using prehospital tPA may be effective in reducing call-to-needle times, but this is currently being scrutinized in a prospective controlled study. [Free abstract.](#)

46. Teens May Need More Time to Heal from Concussions

[From the Boston Globe, January 2013.](#) A study published in late December found that 15 of 54 student athletes who seemed to have bounced back from a concussion saw a decline in memory skills after they exercised moderately — suggesting that their brains had not yet healed. Doing too much too early could delay recovery, concussion specialists say — draining needed energy away from healing.

47. Standard Written Checklists Can Improve Patient Safety During Surgical Crises

Agency for Healthcare Research and Quality, Rockville, MD. (2013) When doctors, nurses and other hospital operating room staff follow a written safety checklist to respond when a patient experiences cardiac arrest, severe allergic reaction, bleeding followed by an irregular heart beat or other crisis during surgery, they are nearly 75 percent less likely to miss a critical clinical step, according to a new study funded by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ). While the use of checklists is rapidly becoming a standard of surgical care, the impact of using them during a surgical crisis has been largely untested, according to the study published in the January 17 [online](#) and print issue of the *New England Journal of Medicine*. (Which begs the question: why aren't we using more of them in EMS??) [For more information...](#)

[Register Now](#) for EMS on the Hill Day - March 5-6, 2013, in Washington, D.C.



The DEADLINE for registration is THIS FRIDAY, February 15!

UPCOMING EVENTS

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

None listed at present; please submit calendar items to Robinson@nasemso.org.

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

*National Prevention Information Network (NPIN) is hosting a series of six webinars: [In the Know: Social Media for Public Health](#). 2/19, 3/12, 4/2, 4/23, 5/14, and 6/4.

19th Annual Scientific Assembly. American Academy of Emergency Medicine (AAEM). February 9-13, 2013. Las Vegas, NV. [For more information...](#)

26th Annual Rural Health Care Leadership Conference. February 10-13, 2013. Pointe Hilton Tapatio Cliffs Resort, Phoenix, AZ. [For more information...](#)

Gathering of Eagles The EMS State of the Sciences Conference. February 22-23, 2013. Dallas, TX. [For more information...](#)

NAEMSE EMS Instructor Course Level 1. February 22-24, 2013. Elizabeth City, NC. [For more information...](#)

NAEMSE EMS Instructor Course Level 1. March 4-6, 2013. Washington, DC . [For more information...](#)

EMS on the Hill Day. March 5-6, 2013. Washington, DC. [For more information...](#)

NASEMSO 2013 Mid-Year Meeting. March 5-7, 2013. Washington, DC. [For more information...](#)

EMS Today. March 5-9, 2013. Walter E. Washington Convention Center, Washington, DC. [For more information...](#)

Public Health Preparedness Summit. March 12-15, 2013. Atlanta, GA. [For more information...](#)

The 2013 EMS for Children State Partnership Program Meeting will be held April 29 - May 1 at the Hyatt Regency Bethesda Hotel in Bethesda, MD. [For more information...](#)

SAVE THE DATE: 9th International Roundtable on Community Paramedicine. May 13-15, 2013. Warwickshire, England. [For more information...](#)

*National EMS Week, May 19-25, 2013. For more information, go to <http://www.acep.org/emsweek/>.

*EMS-C Day, May 22, 2013

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

NASEMSO Staff Contacts

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

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

Sharon Kelly / Executive Assistant
(703) 538-1799 ext. 2 - kelly@nasemso.org

Kathy Robinson / Program Manager
(703) 538-1799 ext. 4 - robinson@nasemso.org

Kevin McGinnis/Program Manager
(571) 749-7217 – Email: mcginnis@nasemso.org

Leslee Stein-Spencer/Program Manager
Email: Stein-Spencer@nasemso.org

Mary Hedges/Program Manager
Email: Hedges@nasemso.org

Rachael Alter/Program Manager
Email: Alter@nasemso.org

Karen Thompson / Web Site Content Manager
(828) 693-5045 – Email: thompson@nasemso.org

National Association of State EMS Officials
201 Park Washington Court
Falls Church VA 22046
Phone: (703) 538-1799
Fax: (703) 241-5603
Website: www.nasemso.org

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