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February 2018

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[NASEMSO NEWS](#)

1. What Are You Waiting For?

Online registration is now available for the 2018 NASEMSO Annual Meeting May 21-24 in Providence, RI. Plan now to attend:

- **Sunday:** Resources for the State EMS Official (seminar for new state officials)
- **Monday:** Council and Committee Meetings
- **Monday Evening:** Optional Outing (TBD)
- **Tuesday:** Council and Committee Meetings
- **Wednesday:** Regional Meetings, General Sessions, and Board Meeting
- **Wednesday at Noon:** Hexagon Event and Abstract Awards
- **Thursday:** Breakout Sessions, General Sessions, Founders Luncheon, and Annual Business Meeting

The hotel rate is available until April 26 or until the block sells out. Read more, including the preliminary schedule of topics and the call for abstracts, [here](#).

2. NASEMSO Member Appointed to DHS FRRG Steering Committee

Dr. Carol Cunningham, OH state EMS medical director, has been selected to serve on the FRRG's Steering Committee for a 3-year term. The U.S. Department of Homeland Security (DHS) Science and Technology

Directorate (S&T) relies on experienced emergency response and preparedness professionals to guide its research and development efforts. The First Responder Resource Group (FRRG) fills that role. Comprised of 120 active and retired first responders, the FRRG is an all-volunteer working group that helps S&T maintain focus on the top-priority needs of responders in the field. The members are drawn from a broad range of disciplines, including law enforcement, fire service, emergency medical services, and emergency management; sectors, including local, state, tribal, and federal government, as well as professional associations and the private sector; and all regions of the country. NASEMSO congratulates Dr. Cunningham for this important achievement!

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[AIR MEDICAL](#)

3. ND Law Requires Written Disclosures for Non-Emergency Air Ambulance Transports

North Dakota Senate Bill 2231 regulating how health insurance companies pay out-of-network air ambulance claims became effective Jan. 1, 2018. The law, signed by Governor Doug Burgum in April 2017, is designed to protect consumers from massive, unexpected air ambulance bills.

Air ambulances are being used more frequently as a mode of transport for individuals needing medical care. These patients often receive massive and unexpected bills for the full cost of the flight or the balance left after a partial payment is made by the patient's insurer, a practice known as "balance billing." Insurance does not cover the full cost of an air ambulance when the air ambulance provider does not have a contract with the patient's health plan. Air ambulance services are also used for inter-hospital transfers when a patient requires treatment at a different facility. Consequently, state law requires hospitals to notify patients in non-emergency situations which air ambulance providers have a contract with the patient's health insurance company.

As this portion of the law took effect on Aug. 1, 2017, the Department created a one-page document illustrating which air ambulance providers are in-network with the three health insurance carriers in North Dakota. This information is available to consumers and health care providers and must be made available to patients prior to being transported by air ambulance in a non-emergency situation. [Read more.](#)

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[COMMUNICATIONS](#)

4. 9-1-1 System Law Enacted

On February 16th, the 50th anniversary of the first 9-1-1 call in the US, H.R. 582, known as "Kari's Law," was signed

into United States law.

HR 582, Public Law No: 115-127, mandates that multi-line telephone systems (MLTS) enable callers to dial 9-1-1 without requiring a prefix number to reach a line outside the MLTS (for example "9--9-1-1", where "9" must be entered before getting an outside line to make any call). After February 16, 2020, all MLTS installations must allow direct outside line calling to 9-1-1.

The law is named for a woman whose husband killed her while her young daughter futilely dialed 9-1-1 on an MLTS system. Her family has been strongly promoting this legislation at the state and federal levels. Some states have already enacted this language as result. [Read more.](#)

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[HEALTH AND MEDICAL PREPAREDNESS](#)

5. LVMPD Offers Insight in Preliminary Report about Deadly Shooting

The Las Vegas Metropolitan Police Department (LVMPD) has released a preliminary report on the 2017 mass shooting at the Mandalay Bay Resort and Casino. According to the report,

"It is not standard practice for the LVMPD to issue an investigative overview related to an open case. Due to the magnitude of this investigative response and the number of victims associated with this incident, Sheriff Joseph Lombardo felt it was important to author an overview of all investigative work accomplished in the aftermath of 1 October. This report is not intended to be a comprehensive and final account of the facts and evidence gathered but rather an overview of the investigation. The investigation into this incident is on-going and a full comprehensive report will be released upon its completion."

[Read more.](#)

6. DHS Reorganization Merges OHA into New WMD Office

US Department of Homeland Security Secretary Kirstjen Nielsen established the Countering Weapons of Mass Destruction (CWMD) Office in December 2017 by consolidating the Domestic Nuclear Detection Office and most of the Office of Health Affairs, as well as other DHS elements. The CWMD Office is a support component within the Department of Homeland Security. The mission of the Countering Weapons of Mass Destruction (CWMD) Office is to counter attempts by terrorists or other threat actors to attack the United States or its interests using a weapon of mass destruction. [Read more.](#)

7. Real ID Act Enforcement Begins

Beginning February 5, 2018, the Department of Homeland Security (DHS) began enforcing compliance with the Real ID Act to better protect the American people. Fifty-five out of fifty-six states and territories are compliant or have received an extension. Passengers who have licenses issued by a state or territory that is compliant or has an extension to become compliant with REAL ID requirements may continue to use their licenses as usual.

As of today, American Samoa (AS) is the only territory that has not reached compliance or received an extension. This means that AS residents will not be able to use AS-issued driver's licenses or identification cards to fly domestically or access nuclear power plants or federal facilities, including military bases.

The current round of extensions expires October 10, 2018. Extensions are renewable at the Secretary's discretion if the state has provided adequate justification for continued noncompliance. Renewals are not automatic—extensions will be renewed only if the state demonstrates continuing progress in meeting the REAL ID standards. [Read more.](#)

8. New NASEM Report Highlights Health Security

On March 8-9, 2017, the National Academies of Sciences, Engineering, and Medicine's Forum on Medical and Public Health Preparedness for Disasters and Emergencies hosted a two-day public workshop to acknowledge persistent issues in health security; to evaluate past, and perhaps inadequate, approaches to addressing them; and to discuss intentional and innovative new solutions.

Health security is the collective effort to prevent, protect against, mitigate, respond to, and recover from the health consequences of natural, man-made, and technological disasters. As the United States adapts to a more digital, mobile, and interconnected world, health care and public health professionals have sought to prepare for and respond to long-standing and emerging threats to the nation's health security. Although health care, public health systems, and capacities to handle health security threats have improved in the past 15 years, many complex challenges persist, and often the nation's preparedness efforts are not sufficient. View a summary of the presentations and discussions from the workshop [here](#).

9. Disaster Information Management Research Center Posts New EMS Resources

The [Disaster Information Management Research Center \(DIMRC\)](#) recently posted the following EMS Resources:

- [Budgeting for Medical Countermeasures: An Ongoing Need for Preparedness](#) This 16-page report summarizes the progress in procuring medical countermeasures and prior Congressional funding mechanisms for Project BioShield; discusses ways to restore the program's original multi-year funding structure for medical countermeasures so that the existing public-private partnership can thrive; and reviews the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and future considerations for chemical, biological, radiological, and nuclear threats.
- [Social Media Analysis During Disasters](#) This course from the National Library of Medicine Disaster Information Management Research Center helps users to develop and implement a plan that will help effectively monitor and analyze disaster information on social media. It details how to develop a plan for monitoring social media for disaster information, monitor social media for actionable information during disasters, choose reliable social media sources and use a checklist to verify content, and practice techniques to lessen uncertainty and information overload.

- [Talking to Children About Terrorist Attacks and School and Community Shootings in the News](#) This two-page guide offers advice on how to talk to children about tragic events, such as shootings and terrorist attacks, that they are likely to hear about at school or on the news. It helps parents and caregivers talk to children about the tragedy and provides guidance on how to tell if children need additional help.
- [Helping Youth Cope with Disaster](#) This two-page document provides guidance and tips for helping youth cope with disasters that take different forms: natural (earthquakes, tornadoes, and wildfires), family loss, school shootings, and community violence. It lists common thoughts, emotions, and behavior changes, and details when to get more help if it is needed.
- [Pediatric Issues in Disasters](#) This 91-minute webinar from TRACIE (Technical Resources, Assistance Center, and Information Exchange) discusses how local, regional, state, and federal level entities are incorporating pediatric issues into their planning efforts. It details how to identify and incorporate pediatric special considerations into preparedness, mitigation, response, recovery, and resilience-building plans and actions; be prepared every day for an emergency; and integrate pediatric issues into healthcare preparedness plans, trainings, and exercises.
- [Considerations for the Use of Temporary Surge Sites for Managing Seasonal Patient Surge](#) This 18-page document from TRACIE (Technical Resources, Assistance Center, and Information Exchange) describes the major considerations healthcare facility emergency planners must consider when determining patient surge management solutions for longer-duration events, such as weeks to months of managing seasonal illness surge. The severe 2017-2018 influenza season, coupled with increases in other upper respiratory infections, has caused many hospitals to surpass routine surge management measures and initiate temporary surge solutions.
- [Meeting Report from the WHO/ICRC Technical Meeting for Global Consensus on Triage](#) This seven-page document summarizes a meeting convened in January 2017 by the World Health Organization (WHO) and the International Committee of the Red Cross (ICRC) to discuss the current science of triage, including pre-hospital and facility-based triage during both routine operations and extraordinary/surge situations. The meeting also included a review of existing triage tools, and development of a consensus-based triage framework for both routine operations and surge situations.

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[PEDIATRIC EMERGENCY CARE](#)

10. Unintentional Suffocation in Infants on the Rise

The rate of infant mortality due to unintentional suffocation more than doubled in the U.S. from 1999 to 2015, according to a research letter in JAMA Pediatrics. Using CDC data, researchers found that infant mortality caused by unintentional suffocation increased from 12 to 28 per 100,000 people during that period. Increases were observed in all demographic groups. The increase was driven by a growing number of suffocations and strangulations in bed. The authors conclude,

"The observed increase is likely associated with multiple factors, including use of unsafe products and improved differentiation between suffocation and sudden infant death syndrome in death certificate

reporting. Regardless of the cause, our data indicate more than 1100 preventable infant deaths occurred in 2015, a statistic that warrants attention and action."

[Read more.](#)

11. Intentional Exposures Among Teens to Single-Load Laundry Packets Continue to Rise

The American Association of Poison Control Centers (AAPCC) expresses continued concern over the improper use of single-load laundry detergent packets as the number of intentional exposures among teenagers rises. AAPCC reported that during the first two weeks of 2018, the country's poison control centers handled thirty-nine intentional exposures cases among thirteen to nineteen year olds. That number has increased to eighty-six intentional cases among the same age demographic during the first three weeks of 2018. AAPCC supports rigorous safety efforts pertaining to single-load liquid laundry packets through packaging, labeling, product design, information dissemination, storing, handling, and public education. [Read more.](#)

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[TRAUMA](#)

12. FDA Approves Blood Test to Evaluate TBI

The U.S. Food and Drug Administration has permitted marketing of the first blood test to evaluate mild traumatic brain injury (mTBI), commonly referred to as concussion, in adults. The FDA reviewed and authorized for marketing the Banyan Brain Trauma Indicator in fewer than 6 months as part of its Breakthrough Devices Program.

Most patients with a suspected head injury are examined using a neurological scale, called the 15-point Glasgow Coma Scale, followed by a computed tomography or CT scan of the head to detect brain tissue damage, or intracranial lesions, that may require treatment; however, most patients evaluated for mTBI/concussion do not have detectable intracranial lesions after having a CT scan. The blood test for concussion will help health care professionals determine the need for a CT scan in patients suspected of having mTBI and help prevent unnecessary neuroimaging and associated radiation exposure to patients.

The Brain Trauma Indicator works by measuring levels of proteins, known as UCH-L1 and GFAP, that are released from the brain into blood and measured within 12 hours of head injury. Levels of these blood proteins after mTBI/concussion can help predict which patients may have intracranial lesions visible by CT scan. Being able to predict if patients have a low probability of intracranial lesions can help health care professionals in their management of patients and the decision to perform a CT scan. Test results can be available within 3 to 4 hours.

[Read more.](#)

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[FEDERAL PARTNERS](#)

13. National Institute for Occupational Safety and Health Releases Infographic to Help EMS Providers Stay Safe on the Job

The National Institute for Occupational Safety and Health (NIOSH) just released an infographic that aims to prevent injuries and exposures to protect EMS providers, so they can help keep the public safe. EMS providers are critical to public health and safety. They are also at high risk for injuries at work, especially sprains, strains, falls, and exposures to body fluids.

"Thousands of EMS providers visit emergency departments or occupational health clinics each year for work related events. It is critical that we all take the necessary steps to ensure their health and safety, so they can perform their job when the public needs them," says Jon R. Krohmer, MD, Director of NHTSA Office of EMS.

The infographic is available [here](#).

14. FDA Continues to Work with Manufacturers to Resolve Drug Shortages

Resources are available to evaluate current drug shortages and discontinuations reported to the Food and Drug Administration (FDA) [here](#).

15. NIOSH Presents a Webinar on Linking Research to Healthier Workplace Practices

NIOSH TWH Webinar Series: [Numbers to Know How: Linking Research to Healthier Workplace Practices](#)

On March 21, an expert panel of speakers will discuss challenges facing today's workplaces and the role of health survey data to inform Total Worker Health interventions. Speakers will discuss results from the Workplace Health in America Survey, the National Health Interview Survey, and the National Occupational Mortality Surveillance System.

Featured presenters include L. Casey Chosewood, MD, MPH, Director of the NIOSH Office for Total Worker Health; Laura Linnan, ScD, Research Program Director of the Carolina Collaborative for Research on Work and Health at UNC Gillings School of Public Health; and, Sara Luckhaupt, MD, MPH, Medical Epidemiologist in the NIOSH Division of Surveillance, Health Evaluations and Field Studies.

Registration is available [here](#) for "Numbers to Know How: Linking Research to Healthier Workplace Practices" from 1:00 PM to 2:30 PM EST on March 21. This webinar installment is a featured preview topic for the 2nd International Symposium to Advance Total Worker Health. Free Continuing Education credits are pending.

[INDUSTRY NEWS](#)

16. Call for Volunteers for the CAAS Standards Revision Committee

CAAS is now preparing to review and revise the existing CAAS Accreditation Standards and is seeking applications from individuals willing to participate on the CAAS Standards Revision Committee. The Commission on Accreditation of Ambulance Services (CAAS) is an independent, not for profit accrediting organization that exists to encourage and promote the highest standards for medical transportation systems. The objective of the CAAS Standards Revision Committee is to review the existing CAAS Accreditation Standards Version 3.0, and to develop proposed revisions or additions to the standards as necessary. If you are interested in participating, please complete the [online application form](#) by Mar. 9, 2018.

17. NREMT Announces Team-Focused Organization Structure

The National Registry of Emergency Medical Technicians (NREMT) recently announced a streamlined organizational structure. The National Registry is now organized in four teams: Certification and Policy, Finance and Administration, Operations and Stakeholder Relations, and Science and Examinations. The focus of the new structure is improved customer relationships, communications and accountability. [Read more.](#)

18. NREMT Retires I-99 Exam

The NREMT has announced it will no longer offer the I-99 examination after December 31, 2019. Candidates will not be able to take the I-99 exam after December 31, 2019, including retesting. NREMT staff has developed a transition plan for the retirement of the examination for the states that still utilize this examination. Individual I-99s are encouraged to contact their state EMS office with questions. Read the [NREMT Board Meeting Action Summary](#) describing the motion.

19. JEMS Cover Story Highlights Dangers of EMS Fatigue

The Journal of Emergency Medical Services (JEMS) offers a look at EMS fatigue in its February cover story, **Dead Tired**. The overview, written by Dr. P. Daniel Patterson, also highlights new Fatigue Risk Management Guidelines for EMS. [Read more.](#)

INTERESTING ABSTRACTS

20. External Validation of the Air Medical Prehospital Triage Score for Trauma

The Journal of Trauma and Acute Care Surgery published this study by Brown, Gestring, Guyette, and others to externally validate the AMPT score, demonstrating the ability of this tool to reliably identify trauma patients most likely to benefit from HEMS transport.

The Air Medical Prehospital Triage (AMPT) score was developed to identify injured patients who may benefit from scene helicopter emergency medical services (HEMS) transport. External validation using a different dataset is essential to ensure reliable performance, and this study is the first to do so.

The study objective was to validate the effectiveness of the AMPT score to identify patients with a survival benefit from HEMS using the Pennsylvania Trauma Outcomes Study (PTOS) registry. The AMPT score should be considered when protocols for HEMS scene transport are developed and reviewed. Read it for free [here](#).

21. Patients Benefit from Direct Transfer to PCI Center Following OHCA

This study by Cournoyer and others seeks to determine the association between being transported to a percutaneous coronary intervention (PCI)-capable hospital and survival to discharge for patients with out-of-hospital cardiac arrest (OHCA).

Patients suffering from OHCA are frequently transported to the closest hospital. PCI is often indicated following OHCA. The additional delay to hospital arrival, which could offset a potential increase in survival associated with being transported to a PCI-capable center, was also evaluated. The authors conclude “it could be advantageous to redirect patients suffering from OHCA patients to PCI-capable centers if the resulting expected delay is of less than 14 min.” [Read more](#).

22. New Transillumination Technique Makes Flexible Tracheal Intubation Easier

The addition of the Infrared Red Intubation System (IRRIS) technique to intubation with flexible videoscopes may be a tool that will make intubation of the most difficult airways easier and may be of special help to the clinician who only rarely uses flexible videoscopes for tracheal intubation. Read Biro, Fried, Schlaepfer, and Kristensen’s article [here](#).

23. Study Looks at High Dose Insulin for Beta-Blocker and Calcium Channel-Blocker Poisoning

In the American Journal of Emergency Medicine, Cole and others state,

"High dose insulin (HDI) is a standard therapy for beta-blocker (BB) and calcium channel-blocker (CCB) poisoning, however human case experience is rare. Our poison center routinely recommends HDI for shock from BBs or CCBs started at 1 U/kg/h and titrated to 10 U/kg/h. The study objective was to describe clinical characteristics and adverse events associated with HDI."

The authors conclude "HDI, initiated by emergency physicians in consultation with a poison center, was feasible and safe in this large series. Metabolic abnormalities were common, highlighting the need for close monitoring. Hypoglycemia was more common when less concentrated dextrose maintenance infusions were utilized." [Read more.](#)

24. National Systematic Legal Review of State Policies on EMS Licensure Levels' Authority to Administer Opioid Antagonists

Given the continued increase in the number of opioid-related overdoses and deaths, many states have changed their policies to authorize EMTs and EMRs to administer opioid antagonists. The goal of this study, a collaborative effort between NHTSA's Office of EMS and NASEMSO, is to provide an updated description of policy on EMS licensure levels' authority to administer opioid antagonists for all 50 US states, the District of Columbia (DC), and the Commonwealth of Puerto Rico (PR). [Read more.](#)

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[UPCOMING EVENTS](#)

Send calendar events to krobinson@asmii.net

Please use these links to access monthly course schedules and registration info related to:

- [NAEMSE Instructor Course Level 1](#)
- [NAEMSE Instructor Course Level 2](#)
- [CAAHEP Accreditation Update & Evaluating Student Competency Workshops](#)
- [NAEMSE/NREMT Regional Scenario Development Workshops](#)

National Conferences and Special Meetings

[18th Annual Templeton Pediatric Trauma Symposium](#)

March 2-3, 2018 in Philadelphia, PA

[EMS State of the Science 2018: Gathering of Eagles](#)

March 2-3, 2018 in Dallas, TX

[ACRP Insight Event: Airport Roles in Reducing Transmission of Communicable Diseases](#)

March 6-7, 2018 at National Academies of Sciences in Washington, DC

[American College of Surgeons COT Meeting](#)

March 6-10, 2018 in San Antonio, TX

[Society of Trauma Nurses Annual Meeting](#)

March 21-23, 2018 in Portland, OR

[American Academy of Emergency Medicine Annual Meeting](#)

April 7-11, 2018 in San Diego, CA

[Critical Care Transport Medicine Conference](#)

April 9-11, 2018 in San Antonio, TX

[FDIC International](#)

April 23-28, 2018 in Indianapolis, IN

[National Rural EMS and Care Conference](#)

April 24-25, 2018 in Tucson, AZ

5th Annual EMS Medical Directors Conference

April 27, 2018 Carmel, IN. For more info contact indianatrauma@isdh.in.gov.

[Society for Academic Emergency Medicine Annual Meeting](#)

May 15-18, 2018 in Indianapolis, IN

EMS Week

May 20-26, 2018. Read more via [ACEP](#) and [NAEMT](#).

[National Association of State EMS Officials Annual Meeting](#)

May 21-24, 2018 in Providence, RI

[Fire Rescue Med \(IAFC EMS Section Annual Meeting\)](#)

June 11-13, 2018, 2017 in Henderson, NV

[NFPA Annual Conference](#)

June 11-14, 2018 in Las Vegas, NV

[Pinnacle 2018](#)

July 23-27, 2018 in Phoenix, AZ

[National Association of EMS Educators Annual Meeting](#)

July 30 – August 4, 2018 in Washington, DC

[IAFC Annual Conference \(Fire-Rescue International\)](#)

August 8-11, 2018 in Dallas, TX

[National EMS Safety Summit](#)

August 20-23, 2018 in Denver, CO

[American Ambulance Association Annual Meeting](#)

September 6-8, 2018 in Las Vegas, NV

[Emergency Nurses Association Annual Meeting](#)

September 26-29, 2018 in Pittsburgh, PA

[American College of Emergency Physicians Annual Meeting](#)

October 1-4, 2018 in San Diego, CA

[American College of Surgeons Clinical Congress](#)

October 21-25, 2018 in Boston, MA

[IAEM Annual Conference and EMEX 2018](#)

October 21-24, 2018 in Grand Rapids, MI

[Air Medical Transport Conference](#)

October 22-24, 2018 in Phoenix, AZ

[EMS World Expo](#)

October 29 - Nov 2, 2018 in Nashville, TN

See more EMS Events on the [NASEMSO Calendar](#).

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Your input to Washington Update is welcome and can be sent directly to our Editor:

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