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- [Fatigue in EMS](#) — The team is heading down the home stretch with final evidence tables, guidelines, and performance measures expected online in the fall. Next up: experimental study on the effect of a fatigue management program on an EMS agency AND a free scheduling tool based on a biomathematical model of fatigue for EMS personnel!
- [National EMS Scope of Practice Model Revision](#) — The Expert Panel continues to meet via teleconference to discuss revisions to the Model. Two recommendations for immediate changes to the *Scope Model* on the use of naloxone and hemorrhage control measures by all EMS responder levels have been transmitted to NHTSA. Much of the front narrative has been revised and an open national engagement period that launched on August 5, 2017 will conclude on October 7. The next revision and national engagement period is anticipated in December 2017.
- [NASEMSO's CP/MIH webpage](#) — Now features hot buttons to take you to the latest news and articles on community paramedicine and mobile integrated healthcare. Another button takes you to our ever-maturing state-by-state CP/MIH status board where you may find current happenings in those states that have supplied information, including links to draft or final legislative and regulatory language on the subject. These samples may save state officials hours of crafting time!
- [Ebola and Special Pathogens Patient Transport](#) — The assessment survey of each state's capacity and capability for the ground transportation of patients with suspect or confirmed High Consequence Infectious

Diseases (HCID) has been completed. The analysis of the assessment and documentation of findings is currently underway. The report is expected to be released February 2018. A focus group will be held at the NASEMSO Fall meeting to review the transport plan template and exercises. The focus group will be open to anyone in attendance at the meeting.

- [NCBP](#) — The states of Florida and Rhode Island have become part of the National Collaborative for Bio-preparedness (NCBP) with fully executed Data Use Agreements. With input from collaborative members, the opioid analytic dashboard has been enhanced to include quantitative analysis of naloxone administration.
- [National Model EMS Clinical Guidelines](#) — The NASEMSO Medical Directors Council led a team of physicians from collaborating organizations to produce **Version 2** of the **Model EMS Clinical Guidelines**. Version 2 contains 15 additional guidelines as well as revisions to the original set. The new Guidelines document is now available!
- [REPLICA](#) — REPLICA member states have EXCEEDED the threshold needed to activate! Congratulations and THANKS to Alabama, Colorado, Delaware, Georgia, Idaho, Kansas, Mississippi, Tennessee, Texas, Utah, Virginia, and Wyoming!! Eight more states have introduced legislation that could bring the total to 38% of the nation. Advocate [Sue Prentiss](#) is still available to work with states that are supportive of or filing compact legislation to provide resources and informational needs. The member states are in the process of forming a REPLICA Commission to handle the day-to-day needs of the compact and the inaugural meeting will be held in October in Oklahoma City.

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The more people who get vaccinated, the more people will be protected from flu, including older people, very young children, pregnant women, and people with certain long-term health conditions who are more vulnerable to serious flu complications.

The [2017-2018 influenza vaccination recommendations](#) are now available.

Don't delay; get YOUR flu shot today!

[NASEMSO NEWS](#)

1. NASEMSO Program Manager Named Recipient of NPSTC Award

Kevin McGinnis, NASEMSO Program Manager and Communications Technology Advisor has been named to receive the [Richard DeMello Award](#), the highest award of the National Public Safety Telecommunications Council (NPSTC) at a recent awards program. The award recognizes McGinnis for demonstrating the highest levels of personal and professional conduct and performance in the local, state, and national public safety communications arena.

McGinnis' understanding of both rural and metropolitan response makes him unique to the community. He is a leader in work to improve EMS response nationwide. He has been diligent in his efforts to have EMS recognized on the national public safety communications platform. Thanks to his willingness to work long hours and spend time away from home, EMS has a prominent role in the Nationwide Public Safety Broadband Network as FirstNet is being developed.

2. NASEMSO Releases National Model EMS Clinical Guidelines, Version 2

The National Association of State EMS Officials (NASEMSO) announces the release of the National Model EMS Clinical Guidelines, Version 2. This set of clinical EMS guidelines is an updated and expanded version of the guidelines originally released in 2014. Version 2, completed Sept. 15, 2017, has undergone a complete review and update of the original core set of 56 guidelines, and includes 15 new guidelines.

The effort was led by a core team from the NASEMSO Medical Directors Council, along with representatives from eight national EMS physician organizations. The Co-Principal Investigators are Dr. Carol Cunningham and Dr. Richard Kamin. Countless hours of review and edits were contributed by subject matter experts, as well as EMS stakeholders who responded with comments and recommendations during two public comment periods.

Version 2 of the guidelines may be downloaded at [National Model EMS Clinical Guidelines](#).

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[FOR THE STATES](#)

3. New NSC Report Card Highlights State Safety Ratings

In every state, far too many people are dying from predictable and preventable incidents we call "accidents." The National Safety Council (NSC) grades states on what they are doing to keep people safe in State of Safety, a first-of-its-kind report. The State of Safety report framework consists of three sections that collectively reflect key spheres of human activity, preventable injuries and deaths, and NSC strategic priorities:

1. Road Safety
2. Home and Community Safety
3. Workplace Safety

No state received an overall "A." [Read more.](#)

4. HRSA Administrator Applauds Rural Hospitals

Outstanding Performance citations to 10 states for improvements to their Critical Access Hospitals were recently awarded by HRSA Administrator, Dr. George Sigounas. Supported by the agency's Federal Office of Rural Health Policy (FORHP), the hospitals are often the only health care available in small-town, rural America. Congratulations to MA, IL, WI, PA, ME, IN, NE, MI, MN, and UT for investing their FORHP funding in quality improvement projects and technical assistance to member hospitals. [Read more.](#)

5. FDA Warns EpiPen Manufacturer

The Food and Drug Administration (FDA) has notified Pfizer's Meridian Medical Technologies that it has not properly investigated hundreds of reported failures of its EpiPen auto-injectors. Some of the failures have resulted in deaths and serious illness, the agency said in a warning letter to the company. For instance, the company found a failing unit in part of the auto-injector, causing it not to fire. While they rejected that lot, they didn't determine whether other units were similarly defective, and they continued making EpiPens with these components. The company did not properly identify the scope and frequency of the problem, the agency said, and their response to problems was inadequate. [Read more.](#)

6. Cartography 101: Map-Making Tips to Engage Stakeholders

Thanks to the Health Workforce Technical Assistance Center, an archived (free) webinar is available that explains the basics of mapping software for reports. The overview provided by an experienced cartographer includes useful tips for novice users. Several other informative topics are available for viewing [here](#).

7. Opioid Event with US Chamber of Commerce

On Thursday, October 12th, the U.S. Chamber of Commerce in partnership with the National Safety Council will host **The Opioid Epidemic: From the Front Lines to the Boardroom, Best Practices & Recommendations for Addressing Substance Use** – a forum highlighting how substance use is impacting the business community with an emphasis on addressing the opioid crisis. This half-day conference will focus on solutions to improving access for substance use treatment in the workplace. At the event, speakers will discuss the following topics:

- Coordinating public and private-sector efforts to maximize impact.
- Showcasing employer-led strategies to discuss how businesses can be part of the solution.

Register [here](#) and see the event page [here](#) for more updates on the agenda and list of speakers.

8. SAMHSA Releases State Reports on US Behavioral Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released the fourth edition of the [Behavioral Health Barometer](#), which offers updates on the behavioral health of the nation. Updates for each of the

50 states and the District of Columbia feature state-level data for 2015 on such behavioral health issues as the prevalence of substance use, mental illness, and suicidal ideation, allowing comparison with national averages.

View and download copies of the Behavioral Health Barometer of any state and the District of Columbia [here](#).

9. AHRQ Releases First Public Database on Nation's Health Systems

Information about the size, structure and other characteristics of 626 health care organizations is included in AHRQ's new Compendium of U.S. Health Systems, 2016, the nation's first publicly available database that gives researchers, policymakers and health care administrators a snapshot of the nation's health systems.

The online resource was developed by the agency's Comparative Health System Performance (CHSP) Initiative, a collaborative to examine systems' use of evidence-based medicine and explore factors that contribute to high performance. The new compendium defines systems as networks of at least one hospital connected via ownership to one or more groups of physicians. Hospitals in these health systems account for roughly 88 percent of U.S. hospital beds and 92 percent of U.S. hospital discharges. The compendium identifies system characteristics such as the number of hospitals, acute care beds and physicians, as well as whether a system serves children.

The compendium shows:

- By the end of 2016, there were 626 private health systems in the United States.
- About 70 percent of U.S. non-Federal general acute care hospitals are in health systems.
- Hospitals in these health systems account for roughly 88 percent of U.S. hospital beds and 92 percent of U.S. hospital discharges.
- Nearly 45 percent of U.S. physicians are in these systems.
- Nearly 75 percent of all U.S. hospitals that serve a high proportion of low-income patients are in these systems.

The data also show considerable variations in the size of health systems. About half include fewer than 3 hospitals and less than 250 physicians. A small number of systems, meanwhile, are characterized by many more hospitals and physicians. [Read more](#).

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[AIR MEDICAL](#)

10. CAMTS Receives Prestigious ANSI Accreditation

The Commission on Accreditation of Medical Transport Systems (CAMTS) has received accreditation as an American National Standards Institute (ANSI) Accredited Standards Developer. ANSI accreditation provides assurance that standards, goods, and services meet essential requirements throughout the global supply chain –

engendering consumer trust and fostering competitiveness.

ANSI signifies the techniques used by CAMTS meet the institute's essential requirements and high bar for openness, balance, consensus, and due process. CAMTS received ANSI accreditation by meeting all the ANSI developing standards requirements when developing the benchmark for air and ground critical care, medical transport, medical escort, and special medical operations. CAMTS standards establish criteria that ensure services provided to patients by the industry are reliable and of a consistently high quality with regard to patient care, safety of transport, appropriateness of use, and ethical and professional business practice. For more information, visit www.camts.org.

11. Post Crash Fires on Helicopters Focus of House Bill

U.S. Reps. Ed Perlmutter (CO-07) and Jared Polis (CO-02) recently re-introduced the Helicopter Fuel System Safety Act to require all newly manufactured helicopters be built with safer fuel systems. The legislation requires within one year all newly manufactured helicopters comply with the recommendations from the Rotorcraft Occupant Protection Working Group, which significantly reduces the risk of post-crash fires. Additionally, the legislation requires the Federal Aviation Administration (FAA) to expedite certification of retrofit kits to improve fuel system crashworthiness and to publish a bulletin for helicopter owners and operators, which includes available retrofits and urges their installation. The Bill addresses a well-known issue related to crash resistance fuel systems in helicopters that was identified by the National Transportation Safety Board (NTSB) in [Safety Recommendation A-15-12](#). The text of HR 3150 is available [here](#).

12. GAO Recommends Greater Transparency on Air Ambulance Billing

The Government Accountability Office (GAO) has completed its review of air ambulance billing practices, noting the Department of Transportation (DOT) has discretionary authority to investigate potentially unfair practices in air transportation or the sale of air transportation, but has not exercised this authority in regards to helicopter air ambulances.

In summary, GAO has recommended the Secretary of Transportation should: (1) communicate a method to receive air ambulance, including balance billing, complaints; (2) take steps to make complaint information publicly available; (3) assess available data and determine what information could assist in the evaluation of future complaints; and (4) consider air ambulance consumer disclosure requirements. DOT concurred with all but the third recommendation, stating additional information is not needed for such purposes. GAO stands by the recommendation, as discussed in the report. DOT and CMS also provided technical comments, which were incorporated as appropriate. [Read more](#).

13. DOT Expands Use of Consumer Protection Services to Receive Air Ambulance Complaints

The Department of Transportation is accepting consumer complaints with regard to air ambulance operator service practices that are in the regulatory purview of the Agency via its Aviation Consumer Protection Division (ACPD). Consumers can use the Agency's [web form](#), write, or call the ACPD 24 hours a day at 202-366-2220 (TTY 202-366-

0511) to record complaints. (Calls are returned Monday through Friday, generally between 7:30 am and 5:00 pm Eastern time.)

According to the DOT, all complaints are entered in DOT's computerized aviation industry monitoring system, and are charged to the company in question in the monthly [Air Travel Consumer Report](#), which appears to be airline and airport centric at present. This report is distributed to the industry and made available to the news media and the general public so that consumers and air travel companies can compare the complaint records of individual airlines and tour operators. Complaints are reviewed to determine the extent to which carriers are in compliance with federal aviation consumer protection regulations. This system also serves as a basis for rulemaking, legislation and research.

14. Congress Considers Two Air Ambulance Bills

H.R. 3780, *The Air Ambulance Quality and Accountability Act* and H.R. 3378, *Ensuring Access to Air Ambulance Services Act of 2017* advocate different approaches for cost reporting and quality data. While NASEMSO has not taken a formal position on either, copies of the Bills as well as a comparison of the Bills by acclaimed law firm, Holland and Knight, have been made available [here](#).

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[AMBULANCE VEHICLE LICENSURE](#)

15. CAAS Announces Remount Standards Working Group

The Commission of Accreditation of Ambulance Services (CAAS) has established a GVS Remount Standards Working Group. CAAS initially published its Ground Vehicle Standard (GVS) for new ambulances GVS V1.0 in July 2016. The GVS standard has already been officially accepted by two states (Texas and Alabama), and regulatory approval is pending in many others. As part of the development plan for the GVS V2.0 revision due in July 2019, CAAS GVS has started a process to create a standard for ambulance remounts that will be an integral part of the second version of GVS. [Read more](#).

16. New NIOSH Infographic Available on Ambulance Crash Test Methods

The National Institute for Occupational Safety and Health (NIOSH) and the Department of Homeland Security partnered with other federal agencies and ambulance manufacturers to crash-test ambulances, with the goal of preventing crash-related injuries to Emergency Medical Services (EMS) workers in the patient compartment. These dynamic crash tests contributed to the development of 10 test methods published by the Society of Automotive Engineers (SAE). A new infographic is available to highlight this data [here](#).

[COMMUNICATIONS](#)

17. FirstNet Update: Full Implementation Scheduled for March 2018

24 states and territories have opted in to the First Responder Network Authority (FirstNet) network, the nation's first high-speed broadband public safety network. FirstNet reaches the half-way point with the recent addition of Texas and Idaho; so far, none of the 56 states or territories have opted out. This new network will connect all first responders through voice, video and data, enabling different agencies and jurisdictions access to the same information and applications.

FirstNet requirements are being driven by public safety needs, and applications are vetted before implementation. FirstNet will also have push capabilities, meaning information and applications can be sent to first responders at the scene. This improves situational awareness in the field, critical to first responder safety in the current threat environment.

Things are moving quickly with FirstNet after years of planning. AT&T holds the contract for development and full implementation is currently scheduled for March 2018, right around the corner. FirstNet has delivered official notice of State Plans to governors. Governors will have 90 days – until Dec. 28 – to decide whether to accept the FirstNet/AT&T plan for deploying the nationwide public safety broadband network or initiate the process to have the state take on the responsibility for deploying its own Radio Access Network (RAN) that must be interoperable with the FirstNet network. If a state does not take any action on its updated State Plan by Dec. 28, the state will automatically opt in to the FirstNet network. This key milestone follows delivery of updated State Plans to the states and territories last week. [Read more.](#)

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[COMMUNITY PARAMEDICINE](#)

18. OR MIH Program Documents Reduced Hospital Readmissions

A new report, *Reducing Hospital Readmissions with Mobile Integrated Health*, is now available from HealthInsight, the Medicare Quality Innovation Network-Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS). According to the report:

Hospital readmissions continue to be a challenge and with the implementation of the Hospital

Readmissions Reduction Program by Medicare, hospitals are feeling the readmission challenge in their bottom lines with penalties for excessive readmissions. There are a plethora of programs and intervention ideas available for hospital to implement within their own systems, but this is not solely a hospital issue, it involves the community as well.

Mobile integrated health programs seek to fill gaps patients experience when leaving the hospital to return home. In this paper, these services were provided by a community paramedic for four weeks post hospital discharge. These paramedics worked with patients to assist them in understanding their post-discharge instructions regarding care, symptoms and medications in order to help them achieve success at home and stay out of the hospital.

Data aggregated from two mobile integrated health programs working with a single hospital show that this method can be successful at reducing readmissions to hospitals within 30 days of discharge. This reduction improved the health of the individual patients that were directly impacted by the services, but also reduced cost to, and burden on, the healthcare system.

[Read the report.](#)

19. HRSA Releases Curriculum to Train Primary Care Workforce on Dementia Care

More than five million Americans live with Alzheimer's Disease and one out of every three people will die from it or another form of dementia. A new Health Resources and Services Administration (HRSA) funded training curriculum addresses a growing need to train the primary care workforce about dementia care. The 16 core module curriculum and supplemental tools can be used by health professions faculty, students and primary care practitioners and promote interprofessional teamwork in caring for dementia patients. Learn more and share the new curriculum [here](#).

20. AHRQ News from the MIH-CP Committee

The Agency for Healthcare Research and Quality (AHRQ) has published several EMS 3.0 transformation projects on their [Healthcare Innovation Exchange](#) (MedStar, REMSA, San Diego RAP, BJC/Christian Hospital EMS profiles below) and has invited several agencies and associations to conduct presentations to their researchers in Rockville, MD. They were also instrumental in teaching the importance of patient experience and patient's perception of health status as outcome measures for MIH programs. And, they have participated in the [MIH Outcome Measures project](#):

- [Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services](#)
- [New Care and Referral Pathways for Nonemergent 911 Callers and At-Risk Patients Reduce Emergency Department Visits and Readmissions, Generate Substantial Cost Savings](#)
- [Specially Trained Paramedics Respond to Nonemergency 911 Calls and Proactively Care for Frequent Callers, Reducing Inappropriate Use of Emergency Services](#)
- [Data-Driven System Helps Emergency Medical Services Identify Frequent Callers and Connect Them to Community Services, Reducing Transports and Costs](#)

21. Webinar: Increasing Access to Care: Telemedicine and the Law

The Public Health Law Program (PHLP) is co-sponsoring the second webinar in a three-part series with the American Health Lawyers Association called “Hot Topics at the Intersection of Public Health and Health Care.” This webinar will discuss state and local laws related to telemedicine. This webinar is free and will take place October 17, 2017, 1:00 pm–2:30 pm (EDT). [Read more.](#)

22. CMS Innovation Center Announces RFI

Medicare’s main trust fund is projected to run out in just eleven years, and Medicaid is the second largest budget item for states on average (behind K-12 education) and is growing rapidly. Improving quality and reducing costs are imperative. One of the most important goals at CMS is fostering an affordable, accessible healthcare system that puts patients first.

Through this informal Request for Information (RFI) the CMS Innovation Center (Innovation Center) is seeking your feedback on a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Innovation Center welcomes stakeholder input on the ideas included below, on additional ideas and concepts, and on the future direction of the Innovation Center. In particular, the Innovation Center is interested in testing models in the following eight focus areas:

- Increased participation in Advanced Alternative Payment Models (APMs);
- Consumer-Directed Care & Market-Based Innovation Models;
- Physician Specialty Models;
- Prescription Drug Models;
- Medicare Advantage (MA) Innovation Models;
- State-Based and Local Innovation, including Medicaid-focused Models;
- Mental and Behavioral Health Models; and
- Program Integrity.

However, the Innovation Center may also test models in other areas. To be assured consideration, please [submit comments online](#) or by email to CMML_NewDirection@cms.hhs.gov through 11:59 p.m. EST November 20, 2017.

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[EMS EDUCATION](#)

23. CoAEMSP Provides Important Update to Competency Measures

Paramedic programs seeking and maintaining accreditation awarded by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must demonstrate compliance with the [CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions](#).

Critical components to this process are demonstrating the program is providing “adequate numbers of patients, proportionally distributed by age-range, chief complaint and interventions in the delivery of emergency care” [CAAHEP Standard III.A.2. Hospital/Clinical Affiliations and Field/Internship Affiliations]; showing progression of learning from the class to the lab to clinical to field to the capstone field internship [III.C.1. Curriculum (Sequencing)]; and establishing a minimum number of patient encounters [III.C.2. Curriculum] prior to program completion.

One tool used to demonstrate meeting the CAAHEP Standards is commonly known as CoAEMSP’s Appendix G: Student Minimum Competency Matrix, or simply, Appendix G. [Read the complete document](#) or [Download 'Appendix G - Student Minimum Competency Matrix - effective July 1, 2019](#).

24. METC Uses Hologram Technology to Train Combat Medics

Students in Combat Medic Training program Alpha Class 70-17 at the Medical Education and Training Campus at Joint Base San Antonio-Fort Sam Houston is learning how to respond to a variety of obstetrics emergencies utilizing specialized training manikins in the OB lab and, as part of a new pilot program, incorporating three-dimensional hologram images into the training. The Combat Medic Training program is the first METC program to incorporate hologram technology to augment training. [Read more](#).

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[HEALTH AND MEDICAL PREPAREDNESS](#)

25. FEMA Releases 48 Core Capability Development Sheets

The Federal Emergency Management Agency (FEMA) has released 48 Core Capability Development Sheets to provide state, local, tribal, and territorial jurisdictions with suggestions for how to improve their core capabilities and close capability gaps identified through the Threat and Hazard Identification and Risk Assessment (THIRA), the State Preparedness Report (SPR), or other capability analysis.

By working with their local jurisdictions and using the resources identified in the Core Capability Development Sheets, states may be able to improve their self-assessed proficiency ratings, which are reported annually in the SPR. Each Core Capability Development Sheet provides the core capability definition and tasks, relevant trainings, example capability targets, typed resources, critical planning partners, validation techniques, and additional organizations that support the development of the specific core capability. The FEMA Core Capability Development Sheets are posted on the [FEMA Technical Assistance Program website](#).

26. DEA Releases 2017 Drugs of Abuse Resource Guide

The U.S. Drug Enforcement Administration recently released the 2017 edition of Drugs of Abuse, A DEA Resource Guide. The Drugs of Abuse guide is released on a periodic basis and designed to be a reliable resource on the most commonly abused and misused drugs in the United States. The guide provides important science-based information about the harms and consequences of drug use, describing a drug's effects on the body and mind, overdose potential, origin, legal status, and other key factors.

The 2017 edition updates the 2015 Drugs of Abuse publication with the most current information on new and emerging trends in drug misuse and abuse, including fentanyl, other opioids, and synthetic drugs. Because education plays a critical role in preventing substance abuse, this comprehensive guide is intended as a tool not just for medical practitioners and law enforcement officials, but also for educators, families, and communities. View the 2017 Drugs of Abuse resource guide and more information [here](#).

27. FEMA Addresses Pet Preparedness in CERT Modules

In a recent blog on the Assistant Secretary for Preparedness and Response (ASPR) website, Capt. Charlotte Spires suggests, "Pet preparedness is critical to national health security." Over half (68%) of all households in the U.S. have a pet, according to the American Pet Products Association. Even though so many Americans are proud pet owners, animal preparedness is an area of disaster planning that is not often discussed. Emergency management, health professionals, and first responders likely will encounter animals at some point before, during, or after an emergency. The Federal Emergency Management Agency (FEMA) offers a range of resources to support animal response, including modules for CERT Basic Training. [Read more](#).

An [Animal Emergency Response Planning Toolkit](#) is also available from the Animal Emergency Management Program and Colorado Veterinary Medical Foundation.

28. NC Offers White Paper on Active Shooter Response

The North Carolina "White Paper for the Integrated Public Safety Response to the Active Shooter/Active Assailant" is the culmination of a four-year effort with a multi-agency, multi-jurisdictional, multi-discipline group representing more than 50 local, state and federal public safety agencies. A rapid, safe, and successful response to active shooter/active assailant incidents requires planning, training, and preparation. This white paper is based on nationally recognized best practice recommendations. The recommendations in this paper are voluntary and should be used to complement your agency's active assailant response protocol. On behalf of the North Carolina Active Assailant/Mass Violence Work Group, we hope that you will find this document to be a useful tool in your planning and preparing for an active assailant response in your community. More information is available [here](#).

29. HHS Partners to Develop First Intranasal Treatment for Cyanide Poisoning

The first intranasal treatment for the life-threatening effects of cyanide poisoning will be developed under an agreement between the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) and Emergent BioSolutions of Gaithersburg, Maryland. Cyanide could be used as a chemical weapon against the United States. Under the 17-month, \$12.7 million agreement, Emergent will develop an intranasal, stabilized form of Isoamyl Nitrite. Amyl Nitrite traditionally has been used to treat angina

pectoris, severe chest pain caused by an inadequate supply of oxygen-rich blood to the heart. [Read more.](#)

30. NASEM Workshop Brief Explores Disaster Health Volunteerism

The Forum on Medical and Public Health Preparedness for Disasters and Emergencies of the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine convened a 4-hour session at the 2017 Preparedness Summit. The participants discussed potential characteristics of society in the year 2042 and the key resources, tools, and opportunities necessary to support the development of a robust, scalable, and regularly engaged disaster health volunteer workforce prepared for such a future. This “Proceedings of a Workshop—in Brief” highlights key points made by workshop participants during the presentations and discussions. It is not intended to provide a comprehensive summary of information shared during the workshop. [Read more.](#)

31. National Fusion Centers Highlighted in 2016 Final Report

The Department of Homeland Security Performance Measurement and Evaluation Branch is excited to announce the release of the 2016 National Network of Fusion Centers Final Report (2016 Final Report). The 2016 Final Report summarizes the aggregated data from the 2016 Fusion Center Profile System and other sources, providing a comprehensive picture of the National Network’s performance. Key findings, conclusions and recommendations in this 2016 Final Report center on:

- The need for a shared understanding of critical fusion center functions
- The importance of staffing, training and collaboration that aligns with key fusion center focus areas
- The need for training, transition procedures and onboarding materials to enhance skills and maintain continuity for new and existing staff
- The restrictions state and local laws and policies impose on many fusion centers in sharing analytical products on the Homeland Security Information Network-Intelligence Community of Interest (HSIN-Intel) and elsewhere; and
- The opportunity to convert increased fusion center colocation and law enforcement focus into outcomes that more fully address partner needs.

[Read more.](#)

32. “Bad Samaritan” Laws Contemplated by Lawmakers

Following a witnessed drowning recorded by teens while mocking the victim, lawmakers in Arizona and Florida are considering legislation that requires someone to act when they see someone else in grave danger. The laws would impose either a duty to rescue or duty to call 9-1-1 or otherwise alert authorizes during emergencies. According to Stateline, only a handful of states have similar, broad “bad Samaritan laws,” which apply to any bystander who witnesses an emergency or crime. [Read more.](#)

33. Abstracts Sought for 2018 Preparedness Summit

The Planning Committee for the 2018 Preparedness Summit invites public health, health care, disaster relief, emergency management, and other professionals nationwide to showcase and share their research findings, best practice training models, tools, or other resources that advance the field of public health and health care preparedness. The committee is especially interested in identifying sessions that are:

- Evidence-based;
- Demonstrate tools and resources that are replicable and scalable at the local, state, tribal, or national level; or
- Highlight programs or model practices that have proven effective in building and sustaining public health and healthcare preparedness at the local, state, tribal, or national level.

Deadline for submission is October 13. [Read more.](#)

34. GAO Report Focuses on Technologies to Enable Rapid Diagnosis of Infectious Disease

Infectious diseases continue to represent a threat to the health and livelihoods of people worldwide. Many infectious diseases can initially present with similar symptoms, making diagnosis challenging.

To address this challenge, federal agencies have identified technologies that can help diagnose infectious diseases by using multiplex assays—simultaneously testing for, or measuring, the presence of different pathogens. These technologies can also be deployed at or near the site of patient care.

In this report, GAO discusses (1) the reported performance characteristics and costs of these technologies, (2) the technical challenges associated with multiplexing assays, and (3) the potential benefits and reported implementation challenges associated with these technologies. To conduct this technology assessment, GAO reviewed Department of Defense (DOD), Department of Homeland Security (DHS), and Food and Drug Administration (FDA) documentation and scientific literature, and interviewed agency officials, developers and users of these technologies. Among available technologies offered by the eight developers that GAO visited, procurement costs ranged from \$25,000 to \$530,000, and per-test operational costs ranged from \$20 to \$200. Read [Technology Assessment: Medical devices: Capabilities and challenges of technologies to enable rapid diagnoses of infectious diseases](#). GAO-17-347, August 14

- [View report](#)
- [View highlights](#)
- [Listen to podcast](#)

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[MEDICAL DIRECTION](#)

35. FDA Approves 1st Blood Sugar Monitor Not Requiring

Blood Sample Calibration

The U.S. Food and Drug Administration (FDA) recently approved the FreeStyle Libre Flash Glucose Monitoring System, the first continuous glucose monitoring system that can be used by adult patients to make diabetes treatment decisions without calibration using a blood sample from the fingertip.

The system reduces the need for fingerstick testing by using a small sensor wire inserted below the skin's surface that continuously measures and monitors glucose levels. Users can determine glucose levels by waving a dedicated, mobile reader above the sensor wire to determine if glucose levels are too high or too low, and how glucose levels are changing.

It is intended for use in people 18 years of age and older with diabetes; after a 12-hour start-up period, it can be worn for up to 10 days. Patients wave a reader device over it to see the current blood sugar level and changes over the past eight hours. [Read more.](#)

36. ACC/AHA Revise Performance and Quality Measures

The American College of Cardiology and American Heart Association have updated their performance and quality measures for the care of adults with myocardial infarction. The update, published in the *Journal of the American College of Cardiology*, aims to reflect ACC/AHA guidelines on ST-elevation MI (STEMI) and non-ST-elevation MI (NSTEMI) issued in 2013 and 2014. There are 11 new measures since the last set was published in 2008.

The new *performance* measures include:

- Immediate angiography for resuscitated out-of-hospital cardiac arrest in patients whose initial electrocardiogram shows STEMI
- Noninvasive stress testing before discharge in medically treated patients with STEMI or NSTEMI
- Cardiac troponin testing within 6 hours of arrival to the hospital

The new *quality* measures include:

- Risk-score stratification of NSTEMI patients
- Early (within 24 hours) invasive strategy in stabilized high-risk patients with NSTEMI
- Aldosterone antagonist at discharge for eligible STEMI and NSTEMI patients

The group retired a performance measure on smoking cessation counseling as well as eight quality measures. [Read more.](#)

37. New Study Suggests Sepsis Mortality on the Rise

According to a new study available through the JAMA Network, estimates from claims-based analyses suggest that the incidence of sepsis is increasing and mortality rates from sepsis are decreasing. However, estimates from claims data may lack clinical fidelity and can be affected by changing diagnosis and coding practices over time.

Investigators calculated sepsis incidence, outcomes, and trends from 2009-2014 using regression models and compared with claims-based estimates using *International Classification of Diseases, Ninth Revision, Clinical Modification* codes for severe sepsis or septic shock. Case-finding criteria were validated against Sepsis-3 criteria using medical record reviews. Researchers concluded that clinical criteria were more sensitive in identifying sepsis

than claims data in terms of sepsis surveillance. [Read more.](#)

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[PEDIATRIC EMERGENCY CARE](#)

38. Congress Considers Legislation to Improve Pediatric Care on Commercial Aircraft

The [Airplane Kids in Transit Safety Act \(KITS Act\) \(S. 1167/H.R. 2485\)](#) have been introduced in Congress and passed through both the Senate Commerce and House Transportation Committees. The Bill(s) would require the Federal Aviation Administration (FAA) to update emergency medical kits onboard commercial airplanes with appropriate medications and medical equipment for children. The Bills have bipartisan support and may be considered as amendments to the upcoming FAA Reauthorization Bill.

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[TRAUMA](#)

39. Freeze-Dried Plasma Successfully Implemented in US Military Settings

The Marine Corps will employ a new method that could cut down on the time it would take to save lives on the battlefield with a new type of freeze-dried plasma that could save 40 minutes off treating injured service members. Since last December, a handful of Navy Corpsmen serving with Marine Corps Forces Special Operations Command (MARSOC) overseas have deployed with freeze-dried plasma.

European allies have used freeze-dried plasma for more than 20 years, but U.S. regulatory concerns slowed the U.S. military's ability to also use the product. The Marine Corps was so anxious to use freeze-dried plasma, the service didn't wait for the Federal Drug Administration (FDA) to approve a U.S.-manufactured version. Instead, the Marine Corps received permission allowing forward deployed units to use a French-made freeze-dried plasma product until a U.S. version is approved. Starting in October 2017, all such units will have freeze-dried plasma. [Read more.](#)

40. CDC Toolkit Helps to Address Fall Prevention in Older Adults

The Centers for Disease Control and Prevention (CDC) Injury Center has created a new toolkit expressly for healthcare providers who treat older adults that are at risk of falling or who may have fallen in the past. More than one out of four people 65 and older falls each year, and over 3 million are treated in emergency departments annually for fall injuries. EMS can play an important role in caring for older adults and help reduce these devastating injuries.

The STEADI Toolkit contains resources and tools that will help make fall prevention an integral part of your clinical practice. The STEADI Toolkit is based on a simple [algorithm](#) (adapted from the [American and British Geriatric Societies' Clinical Practice Guideline](#)). It includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests (with instructional videos). In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

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[FEDERAL PARTNERS](#)

41. New Report Addresses the Risks and Benefits of EMS Use of Lights and Sirens

In a newly released whitepaper, EMS physician, paramedic and Pennsylvania EMS Medical Director Douglas Kupas, MD, takes an evidence-based approach to examining the controversial issue of using lights and sirens in EMS response and transport. The report discusses the impact of emergency lights and sirens driving on response and transport time, safety, public perception and patient outcome.

Lights and Siren Use by Emergency Medical Services (EMS): Above All Do No Harm is one of the most thorough investigations of the topic ever published. Approaching lights and siren use as a medical therapy, Dr. Kupas lays out the evidence and then makes recommendations that can be implemented by states, regional authorities and local EMS agencies.

Recommendations in the report include the establishment of performance measures and quality improvement programs for EMS agencies to ensure the proper use of emergency medical dispatch (EMD) protocols and to track the rates of lights and siren response and transport. [Download and read the report.](#)

42. NIOSH Publishes New Fact Sheet for EMS Workers on Preventing Injuries and Exposures

Emergency medical services (EMS) workers, such as emergency medical technicians and paramedics, are essential to the prehospital medical care system. They respond to medical emergencies and disaster incidents and provide non-emergency medical transport. They perform much of their work in uncontrolled environments, and the work can be physically strenuous. Previous studies indicated that the rate of injury within this occupation is higher than in many others.

According to a four-year study, more than 22,000 EMS workers visited emergency departments each year for work-related injuries. This National Institute for Occupational Safety and Health (NIOSH) resource, co-branded with the National Highway Traffic Safety Administration (NHTSA) Office of EMS, provides EMS employers with recommendations for preventing injuries and exposures among workers. Download the fact sheet and read more [here](#).

43. New Workforce Review of US Health Occupations Includes EMS

The National Center of Health Workforce Analysis (NCHWA) has produced a revised analysis of 30 US health occupations, including EMS. The purpose of this brief is to provide an update to HRSA's 2015 report on the distribution of sex, and race/ethnicity, among 30 health occupations in the U.S. using 2011-2015 American Community Survey (ACS) data. These health occupations are grouped into six categories according to the 2010 Standard Occupational Classification (SOC) system, which is used by federal statistical agencies to classify workers into occupational categories for the purpose of data collection and analysis. The U.S. workforce is defined as those who are 16 years or older, and are currently employed or seeking employment. The 30 health occupations presented in this brief represent 10 percent of the nation's workforce although not all components of the health workforce are included or fully represented.

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015), Rockville, Maryland is now available for download [here](#).

44. New Report Highlights Use of Body Cameras

The number of body-worn cameras available commercially has seen a dramatic increase, with more than 60 models designed specifically for criminal justice use. The John's Hopkins University Applied Physics Laboratory (with funding from the National Institute of Justice) recently published the results of studies aimed to inform procurement and use of body-worn cameras by agency officials and policymakers. While intended for criminal justice agencies, the report could be used to serve a broader application such as the growing use of body worn cameras by medical first responders.

[A Market Survey on Body-Worn Camera Technologies](#) provides a landscape view of the claimed key attributes of 66 commercially available body-worn camera models offered by 38 vendors and four stand-alone body-worn camera video management software systems.

[A Primer on Body-Worn Camera Technology](#) provides information to agency policymakers concerning considerations — including policy and training considerations — for integrating body-worn cameras into current systems and the legal implications associated with adoption of body-worn cameras.

Agencies considering implementing body-worn cameras should also take advantage of the information contained in the Bureau of Justice Assistance's [Body-Worn Camera Toolkit](#).

45. AHRQ Updates TeamSTEPPS With New App and Focus on

Online Training

AHRQ is modernizing and moving into the next phase of its 10-year-old flagship teamwork and communications program called [TeamSTEPPS®](#) by focusing on [online training](#), with continuing education credits and a [mobile app](#) available at no charge.

While AHRQ will no longer offer in-person training, the Agency offers ready-to-use [curricula](#), including the base curriculum as well as specialty modules for office-based care providers, long-term care settings, and rapid response teams. In addition, private-sector organizations draw from these publicly available resources for in-person training they offer to the field. This interest underscores the important contribution AHRQ and TeamSTEPPS are making to safe, high-quality care and enables AHRQ to shift attention to identifying additional ways to support better teamwork in health care.

TeamSTEPPS [case studies](#) provide examples of how health systems and offices have benefited from TeamSTEPPS to improve wait times, reduce provider burdens, and improve communication among health care professional teams and patients. An [AHRQ Views blog post](#) describes how AHRQ continues to invest in research, development, and evaluation, to further define what works best to improve patient safety and outcomes.

46. DHS S&T Directorate Offers Latest Resources

Technology and threats evolve rapidly in today's ever-changing environment. The Department of Homeland Security (DHS) Science and Technology Directorate (S&T) monitors those threats and capitalizes on technological advancements at a rapid pace, developing solutions and bridging capability gaps at a pace that mirrors the speed of life. S&T's mission is to deliver effective and innovative insight, methods and solutions for the critical needs of the Homeland Security Enterprise. The following resources are highlighted as a service to our readers:

- [Responder News: Ambulance Crash Test Methods](#)
- [Enhanced Dynamic Geo-Social Environment \(EDGE\) Virtual Training: Simulation Tool for First Responders](#)
- [Wireless Patient Monitoring](#)

47. OSHA Delays Compliance Date for Electronically Submitting Injury, Illness Reports

OSHA has delayed the 2017 compliance date for electronic submissions of injury and illness logs from July 1 to Dec. 1. The five-month delay will allow the agency to further review the final rule to improve tracking of workplace injuries and illnesses. [Read more.](#)

48. OSHA Compliance Assistance Specialists Available to Promote Cooperative Programs

The Occupational Safety and Health Administration (OSHA) offers free consultation, assistance, and general information about OSHA standards and compliance assistance resources. OSHA's Compliance Assistance Specialists respond to requests for help from a variety of groups, including small businesses, trade associations,

union locals, and community and faith-based groups. There is generally one Compliance Assistance Specialist in each OSHA Area Office in states under federal jurisdiction. They are available for seminars, workshops, and speaking events. They promote cooperative programs, such as the On-site Consultation Program, the Voluntary Protection Programs, the Strategic Partnership Program, and the Alliance Program. They also promote OSHA's training resources and the tools available on the OSHA web site. [Read more.](#)

49. Rehab Isn't Just for Fire Crews...

According to the National Institute for Occupational Health and Safety (NIOSH), current evidence supports the use of cooling vests to reduce heat stress for personnel wearing personal protective equipment (PPE.) Study participants wearing special vests fitted with ice packs, phase-change materials, or water hoses under personal protective equipment had fewer signs of heat stress than participants who did not wear the cooling devices, according to a related study. These results highlight the importance of cooling vests for healthcare workers wearing personal protective equipment in hot, humid environments.

Participants tested four different styles of cooling vests that were made of fabric and fitted with cooling packs or water-circulation hoses. Two of the vests contained cooling packs made of a special material designed to stay cold for long periods. One of these contained gel ice packs, and one contained a battery-operated pump and small hoses to deliver cold water throughout the vest. Participants wore the vests over standard medical scrubs and under personal protective equipment. At the end of the treadmill tests, participants who were not wearing a cooling vest had significantly higher body temperatures and heart rates than did those who wore one.

In addition to measuring body temperature, weight, and heart rate, the investigators used a questionnaire to measure five subjective feelings of exertion: heat sensation, thermal comfort, rating of perceived exertion, breathing comfort, and wetness. They found that three of the five feelings—heat sensation, rating of perceived exertion, and breathing comfort—improved when participants wore a cooling vest.

More information is available:

- [Physiological Evaluation of Personal Protective Ensembles Recommended for Use in West Africa](#)
- [Physiological Evaluation of Cooling Devices in Conjunction with Personal Protective Ensembles Recommended for Use in West Africa](#)
- [NIOSH Heat Stress](#)
- [NIOSH National Personal Protective Technology Laboratory](#)
- [NIHHIS Climate Resilience Toolkit](#)

50. NIOSH Provides Updated Fentanyl Resources for Workers

The National Institute for Occupational Safety and Health (NIOSH) has updated its Fentanyl topic page, [Protecting Workers at Risk](#). On the new page, NIOSH identified four job categories where emergency responders might come into contact with fentanyl or its analogues: Pre-Hospital Patient Care, Law Enforcement, Investigation and Evidence Handlings, and Special Operations and Decontamination. NIOSH delineated the level of risk to responders into three categories—minimal, moderate, and high—and created a table that provides recommendations for personal protective equipment based on job category and level of risk. NIOSH has also updated its [fentanyl resources page](#).

In related news, the InterAgency Board (IAB) recently published a new document entitled *Recommendations on*

Selection and Use of Personal Protective Equipment and Decontamination Products for First Responders Against Exposure Hazards to Synthetic Opioids, Including Fentanyl and Fentanyl Analogues. This document establishes guidance for personal protective equipment selection and use, decontamination, detection, and medical countermeasures for first responders who may be exposed to opioids in the course of their occupational activities. [Read more.](#)

51. AHRQ Toolkit Helped Significantly Reduce Patient Safety Events, Malpractice Claims at MedStar Health

MedStar Health, a large health system in the Baltimore/Washington, D.C. metro area, reduced serious patient safety events by about 65 percent and reduced the cost of care associated with serious safety events (including medical liability payments) by more than \$70 million by implementing a comprehensive patient safety program that included principles and strategies from AHRQ's [Communication and Optimal Resolution \(CANDOR\) toolkit](#).

CANDOR emphasizes the importance of reporting unanticipated patient harm events as soon as they occur. By learning from those events and engaging in candid, empathetic communication with patients and families, hospitals can provide a timely resolution for adverse events and make sustainable changes to prevent similar events from happening in the future. Click [here](#) for more information on case studies involving the CANDOR toolkit.

52. NIOSH Launches Mobile Lifting Calculator App

The National Institute for Occupational Safety and Health (NIOSH) recently launched a new mobile app called [NLE Calc](#), which is designed to help workers avoid injuries that are typically caused by job-related manual lifting tasks. The mobile app is available for both Apple and Android phones at their respective application stores.

NLE Calc:

- Calculates the composite lifting index (CLI) for multiple lifting tasks
- Uses equations approved by NIOSH ergonomists, who were the original creators of the NIOSH Lifting Equation (NLE)
- Promotes better musculoskeletal health
- Raises workers' awareness about their job tasks
- Helps workers make informed decisions about the potential hazards to their musculoskeletal health
- Serves as job design guidelines for manual lifting tasks
- Can be used as a research tool to collect manual lifting data

Learn more and download the app [here](#).

53. FDA Approves Mobile Medical Application for Substance Abuse Disorder

The U.S. Food and Drug Administration (FDA) has permitted marketing of the first mobile medical application to help treat substance use disorders (SUD). The Reset application is intended to be used with outpatient therapy to treat alcohol, cocaine, marijuana and stimulant SUDs. The application is not intended to be used to treat opioid

dependence. The Reset device is a mobile medical application system containing a patient application and clinician dashboard. The device delivers cognitive behavioral therapy to patients to teach the user skills that aid in the treatment of SUD and are intended to increase abstinence from substance abuse and increase retention in outpatient therapy programs. The system is intended to be used in conjunction with outpatient therapy and in addition to a contingency management system, a widely-used program for treating SUD that uses a series of incentives to reward patients for adherence to their treatment program. The Reset device is indicated as a prescription-only adjunct treatment for patients with SUD who are not currently on opioid replacement therapy, who do not abuse alcohol solely, or whose primary substance of abuse is not opioids. [Read more.](#)

54. NASEM Offers Interactive Selection Guide on Assistive Technology

For people with disabilities, assistive products and technologies hold promise for supporting entry or return to the workforce. But what products exist? And what funding sources and accommodations are available to help people acquire the appropriate products and use them in the workplace? Based on a report from the National Academies of Sciences, Engineering, and Medicine (NASEM), this guide provides a broad overview of selected products and technologies in four categories—(1) wheeled and seated mobility devices; (2) upper extremity prostheses; (3) selected hearing technologies; (4) and communication and speech technologies—as well as available funding options. [Read more.](#)

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[INDUSTRY NEWS](#)

55. NREMT Seeks Applicants for Executive Director

The National Registry of Emergency Medical Technicians (NREMT) is searching for an individual with a unique vision, exceptional management abilities, and superior leadership skills to serve as its next executive director. Candidates with a minimum of a bachelor's degree (graduate degree preferred) and the abilities and experience described in the published profile are invited to submit their application. Applications will be accepted through Oct. 16, 2017. [Read more.](#)

56. Risk of Tetanus to Emergency Responders, Clean-up workers, Volunteers

During evacuation and flood cleanup, emergency responders, cleanup workers, and volunteers may be at increased risk for wounds. For this reason, before starting evacuation or cleanup activities, such workers should know their tetanus vaccination status and make sure that they are up to date for tetanus vaccine to simplify the treatment for any wound that might occur. Irrespective of the type of wound, responders or volunteers who are up to date with

vaccination do not require prophylaxis with tetanus immune globulin (TIG).

57. EMS Agenda 2050 Solicits Feedback on Straw Man Document

The EMS Agenda 2050 team has received great input from the EMS community over the last several months. In the Straw Man, the panel has proposed a vision for EMS in the United States that is people-centered, with six guiding principles to help achieve that goal. The document also includes many of the specific recommendations that were already suggested by members of the EMS community and the public.

The Technical Expert Panel is asking you to provide your feedback on the Straw Man and to share any other ideas you'd like to see included in EMS Agenda 2050 using an online form. With the recent release of a Straw Man document, the project is taking a big step toward turning those ideas into a cohesive vision that will guide the nation's EMS systems over the next three decades.

Members of the emergency medical services (EMS) community, their partners in public safety and healthcare, and the general public are encouraged to provide input. Register now to attend any of the upcoming four [regional meetings](#) where you'll have the opportunity to discuss the content of the Straw Man Agenda document with members of the EMS Agenda 2050 Technical Expert Panel (TEP) and your EMS colleagues from around the country. Download the EMS Agenda 2050 Straw Man and provide feedback [here](#).

58. NEW! Free Training and Resources Available on Respiratory Protection

NIOSH's *National Personal Protective Technology Laboratory* (NPPTL) collaborated with the American Association of Occupational Health Nursing (AAOHN) to debut a new Respiratory Protection Program Training and Resources web page for occupational health nurses and **all safety and health professionals**. The new web page includes a comprehensive Respiratory Protection course, clinical case studies, and accompanying resources for occupational health professionals who want to learn more about OSHA's Respiratory Protection Standard and the role of the Respiratory Protection Program Administrator.

You do NOT need to be an AAOHN member to access this FREE CE training. Respiratory Protection for Ancillary Healthcare Workers (Certificate of Completion) meets OSHA's Respiratory Protection Standard annual training requirements. It's free for healthcare organizations to use. [Read more](#).

59. Fatigue White Paper Available from FireRescue1

Public safety employees tend to sacrifice sleep and rest out of a strong sense of duty inherent in their work culture. While these tireless efforts are often seen as a badge of honor, they can take a serious toll on responder health and safety, and put citizens at risk. To provide the highest quality of service while maintaining safe working conditions for responders, public safety leaders must take steps to better manage sleep deprivation and fatigue through effective policies and scheduling practices. This informative white paper provides valuable insights into:

- What sleep deprivation does to the body and mind and why it matters

- On-the-job effects of fatigue such as increased errors, reduced alertness, and poor decision making
- How rules-based automated scheduling helps promote responder health and create a safe environment for both citizens and workers
- The significant benefits one public safety organization achieved by implementing automated scheduling

Download the free white paper [here](#).

60. Military Study Recognizes the Importance of Adequate Sleep

According to Fleet and Marine Corps Health Risk Assessment surveys and the Navy and Marine Corps Public Health Center (NMCPHC), personnel are reporting insufficient sleep at a steady increase from 31 percent in 2008-2009 to 37 percent in 2016. A related DoD survey shows that 40.9 percent get 7-8 hours of average sleep, with 43.5 percent getting 5-6 hours and 11.4 percent averaging less than four hours. Information compiled by NMCPHC is an eye-opener, much as the lack of sleep seems to be for many.

Sleep deprivation, lack of rest, and minimal amount of forty-winks are impactful physically as well as mentally. Research shows even young, healthy service members lose 25 percent of their ability to think clearly after only one day without adequate sleep.

There is available guidance to assist with good sleep hygiene. Simple tips to help get a good night sleep include; minimize noise and light; maintain regular sleep and wake hours; foster a comfortable sleep environment; limit caffeine four to six hours before sleep; and limit the use of technology with a screen light at least 15 to 30 minutes before sleeping.

The Centers of Disease Control (CDC) advocates that any sleep is better than none. Short 10 to 30 minute naps during the day can help a person recover from sleep loss, increase alertness and improve mood. [Read more](#).

61. Use of Disinfectants Tied to COPD in Nurses

Analysis of data from the U.S. Nurses Health Study II (NHS II) showed that nurses who used various disinfectants to clean surfaces in hospitals had a 22% increased risk of developing COPD within 8 years (adjusted odds ration 1.22 95% CI 1.04-1.43), according to Orianne Dumas, PhD, of the French Institute of Health and Medical Research (INSERM) in Villejuif, France, and colleagues. High level exposure to specific disinfectant evaluated by the researchers -- glutaraldehyde, bleach, hydrogen peroxide, and quaternary ammonia compounds (also known as quats) -- were associated with incident COPD ($P < 0.05$), with ORs ranging from 1.24 to 1.32.

"We do tell people who work with these chemicals to use them properly and particularly not to mix them, but you can't completely eliminate their use because there is a need to keep things clean with these agents," Mina Gaga, MD, of the Athens Chest Hospital, told *MedPage Today*. She suggested that people, "Use caution and use common sense: Open a window when using them. This is true for anyone, not just nurses in hospitals." [Read more](#).

62. EMSWorld Supplement Offers Guidance for Infection Control in EMS

In partnership with Microflex, EMSWorld has developed an 8-page primer on hand protection as a means of infection control in EMS. [Read more.](#)

63. New Study Highlights Patient-Initiated Violence Against EMS Responders

Recent research shows an estimated 2,600 EMS workers were hospitalized in 2014 due to injuries sustained from work-related violence, the highest number since the National Institute of Occupational Safety and Health (NIOSH) started keeping track in 2008. Unfortunately, there is a lack of training in most departments on how first responders can prevent or should handle a violent attack. When training personnel on hazards they may face on a medical call, departments should include a section of training on scene safety, situational awareness, self-defense and use of force.

In related news, the Firefighters Support Foundation video training [Self-Defense for Firefighters and EMTs](#) is available for free through FireEngineering.com. The program has a 90-minute video and 70 PowerPoint slides that can be used for group training or individual review. Another course available through NIOSH was developed for nurses but targets all healthcare workers, teaching communication and teamwork skills to prevent violence, a skill that can be used in EMS settings just as effectively. [Read more.](#)

64. LVFD Launches Pilot Project Using Nurse Dispatchers

A program in Las Vegas has nurses handling patient calls at a fire department dispatch center, where they offer over-the-phone counseling to people who may need medical care but not necessarily an ambulance. Assistant Las Vegas Fire Chief Sarah McCrea says \$300,000 has been allocated for the program to assist patients that don't have a primary care physician and might not be familiar with treatment options in less acute medical situations. [Read more.](#)

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[INTERESTING ABSTRACTS](#)

65. Clinical Outcomes More Accurately Predicted by Use of Electronic Triage Tool

Johns Hopkins University researchers have developed an electronic triage tool to help emergency departments quickly and more accurately determine those patients who are critically ill and to assign priority treatment levels. The e-triage tool identifies relationships between predictive data and patient outcomes by leveraging an algorithm based on a systems engineering approach and advanced machine learning more commonly used in industries outside of healthcare, such as defense, finance and transportation.

During triage, EDs typically use a subjective assessment called the emergency severity index (ESI) to assign a score from Level 1 for patients who are the most critically sick to Level 5 for patients who are the least sick. However, in a multi-site retrospective study of almost 173,000 ED visits—published in the *Annals of Emergency Medicine*—the EHR-embedded tool demonstrated overall equal or improved identification of patient outcomes compared to ESI and more accurately classified ESI Level 3 patients. [Read more.](#)

66. Low Dose Oxygen Not Useful in Acute Stroke

The prophylactic use of low-dose oxygen does not reduce death or disability at 3 months among non-hypoxic patients with acute stroke, according to a study published in the September 26 issue of the *Journal of the American Medical Association (JAMA)*. [Read more.](#)

67. Corticosteroids for Treatment of Sore Throat

A single dose of corticosteroids offers pain relief in patients with acute sore throat, according to a meta-analysis in the *British Medical Journal*. Researchers examined 10 trials that compared corticosteroids with standard care or placebo in some 1400 patients (aged 5 years and older) presenting with sore throat to primary care or the emergency department.

Single-dose oral dexamethasone (10 mg for adults, 0.6 mg/kg for children) was the most common steroid intervention. Usual care frequently involved antibiotics, analgesics, or both. Complete resolution of pain at 24 hours was more common with than without corticosteroids (22% vs. 10% of patients); the same held true at 48 hours (61% vs. 43%). Adverse events were uncommon and did not differ between groups.

The researchers conclude that adding steroids to sore throat management "is likely to appeal to many patients." They note, however, that "the balance of benefits and harms almost certainly depends on the severity of the patient's sore throat." [Read more.](#)

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UPCOMING EVENTS

Send calendar events to krobinson@asmii.net

Statewide EMS Conferences

- [VA Statewide Conference](#), November 8-12, 2017, Norfolk, VA
- [NJ Statewide Conference](#), November 9-11, 2017, Atlantic City, NJ
- [TX Statewide Conference](#), November 19-22, 2017, Fort Worth, TX

National Conferences and Special Meetings

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 Association of State EMS Officials Fall Meeting](#)

October 9-12, 2017 in Oklahoma City, OK

[The Opioid Epidemic: From the Front Lines to the Boardroom](#)

October 12, 2017 in Washington, D.C.

[Air Medical Transport Conference](#)

October 16-18, 2017 in Fort Worth, TX

[EMS World Expo](#)

October 16 -20, 2017 in Las Vegas, NV

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

October 30- November 2, 2017 in Washington, DC

[International Association of Emergency Managers Annual Conference](#)

November 10-16, 2017 in Long Beach, CA

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