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Spring 2017

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- [Fatigue in EMS](#) — The team is heading down the home stretch with final evidence tables, guidelines, and performance measures expected this summer. 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 met in Washington, DC on June 1-2, 2017. A systematic review of literature was discussed related to 5 important metrics: the use of opioid antagonists by all BLS personnel, hemorrhage control, targeted temperature management following cardiac arrest, the use of CPAP by EMTs, and pharmacological pain management. The Panel's input is being incorporated into the first draft and a broader public engagement is anticipated in August 2017.
- [National Model EMS Clinical Guidelines](#) — Draft Version 2 now accepting public comments until June 26, 2017.
- [REPLICA](#) — REPLICA member states have EXCEEDED the threshold needed to activate! Congratulations and thank you to Colorado, Texas, Virginia, Idaho, Kansas, Tennessee, Utah, Wyoming, Mississippi, Georgia, and Alabama!! 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.

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[NASEMSO NEWS](#)

1. NASEMSO Interim Guidance Calls for Crash-Testing Research for Pediatric Ambulance Transport

The National Association of State EMS Officials (NASEMSO) recently announced the release of ***Safe Transport of Children by EMS: Interim Guidance***. The guidance is a result of the work of NASEMSO's Safe Transport of Children Ad Hoc Committee, which is focused on establishing evidence-based standards for safely transporting children by ground ambulance. Until such research can be completed and standards developed, NASEMSO has issued Interim Guidance based on what is known at present to maximize the safety of children in ambulances. The guidance should not be interpreted in any way as an endorsement of any EMS product. The full text of the Interim Guidance is available at: <https://www.nasemso.org/Committees/STC/Resources.asp>

2. NASEMSO Celebrates Successful Annual Meeting and Several Milestones

At its Spring meeting in New Orleans, NASEMSO members received up-to-date information on various projects and a full range of current topics. The Colorado EMSC Program was recognized with 1st Place honors in the Abstract Competition, which highlighted its efforts on child abuse recognition training in EMS. Susan McHenry received a standing ovation from friends and colleagues for her lifetime achievements in EMS in a special ceremony. Other resolutions approved by the membership supported state trauma programs, the Crisis Event Response Recovery and Access (CERRA) Program, and including state identifiers in the National EMS Database. Bylaw changes that effectively reorganize NASEMSO's Councils and Committees were also approved. Two new Councils include Health & Medical Preparedness and Personnel Licensure will be formed. Council members will be rostered by state, and will vote for their own Chair, Chair Elect, and Secretary at an inaugural meeting. The interests of EMS education will be represented at the committee level and an "Emerging Systems of Care" Committee is also being formed. More information is available [here](#).

3. NASEMSO Offers New Monograph on State Licensure Practices

NASEMSO is pleased to announce the release of a new report, [Home State Regulatory Practices of Out-of-State EMS Agencies \(Ground and Helicopter\)](#), which summarizes the findings from a 2016 survey of state EMS offices on licensure requirements, exemptions, and special conditions for ground and helicopter EMS agencies that are based out-of-state. Through the work of the NASEMSO Agency and Vehicle Licensure (AVL) Committee, issues with out-of-state agencies (OOS) performing regulated services in their states were identified. Within the charge of the committee, NASEMSO leadership approved a proposal to develop and execute a survey to further identify and verify the issues and challenges in order to, when appropriate, develop model language for rules or laws and/or policy solutions to effect more standardization among states on their approach to agency licensure.

4. NASEMSO Announces Final Military to Civilian EMS Transition Project Resources

A [new report](#) available from NASEMSO summarizes the key components of the Military to Civilian EMS Integration Transition project. The project was conducted by NASEMSO with funding support from the Office of EMS of the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation (USDOT) and the EMS for Children Program at the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The project comprised several distinct military-to-civilian integration components and deliverables. [Download](#) the

individual components or the summary document.

5. NASEMSO Offers Comment to AHRQ Naloxone Guideline

The Agency for Healthcare Research and Quality (AHRQ) recently conducted a systematic review of literature to compare different routes, doses, and dosing strategies of naloxone administration for suspected opioid overdose by EMS personnel in field settings; and to compare effects of transport to a healthcare facility versus non-transport following successful reversal of opioid overdose with naloxone. A public comment period was provided to review the draft document available at

<https://effectivehealthcare.ahrq.gov/ehc/products/656/2447/EMT-naloxone-draft-report-170316.pdf>.

NASEMSO submitted comments to AHRQ indicating the majority of states have implemented authorizing legislation for the use of naloxone, an opioid antagonist, at all EMS levels while noting that there is currently insufficient research or evidence to support a recommended dosing regimen.

6. NASEMSO Joins National EMS Organizations to Oppose Elimination of EMS-C Program

The federal Emergency Medical Services for Children, or EMSC, Program has been the only federal program dedicated to improving emergency medical care for children. The following organizations have issued a joint statement, opposing President Donald Trump's proposal to eliminate funding for the EMSC program in his fiscal year (FY) 2018 budget: the American Ambulance Association, American Academy of Pediatrics, American College of Emergency Physicians, Association of Maternal & Child Health Programs, Children's Health Fund, Emergency Nurses Association, National Association of Emergency Medical Technicians, National Association of State EMS Officials, National Center for Disaster Preparedness at the Earth Institute, National EMS Management Association and Save the Children. Read more at <https://www.nasemso.org/Advocacy/Supported/documents/Press-Release-EMSC-Funding-Budget-Proposal-Statement-24May2017.pdf>.

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FOR THE STATES

7. Washington State Apps Promote Workplace Safety

The Washington Division of Occupational Safety and Health has launched a free smartphone app to enhance workplace safety. The Good Observation, Near-Miss and Accident Reporting app provides a method to document safety incidents in the workplace and can be used in training, hazard recognition and risk analysis. For more information: <https://tinyurl.com/lsln864>

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AIR MEDICAL

8. H.R. 817 Proposes to Prevent “Surprise Billing Practices”

A bill introduced in the 115th Congress by Rep Lloyd Doggett (TX) with 34 Democratic co-sponsors seeks to end practices of balanced billing of health benefits for patients from out of network providers. While the bill does not specifically mention EMS as a source of concern, advocates for the bill are hoping for a successful “first step” to support state insurance laws that are currently preempted by the Airline Deregulation Act (ADA.) Read more: <https://www.congress.gov/bill/115th-congress/house-bill/817/>

In related news, [S. 471 – Isla Rose Life Flight Act](#) is a bill, introduced by Sen Jon Tester (MT) in the 115th Session of Congress on Feb. 28, 2017, that seeks to preserve state authority "relating to network participation, reimbursement and balance billing, or transparency for an air carrier that provides air ambulance service."

9. Air Ambulance Billing Practices Result in Federal Class Action Complaint

Several individuals have initiated a Federal Class-Action Complaint against the Air Methods Corporation and Rocky Mountain Holdings related to billing practices. The lawsuit seeks a jury trial, permanent injunction on the practice of charging patients in excess of uniform rates, and restitution. Read more [here](#).

10. Current Air Medical Resources Recently Added to the NASEMSO Website

- [Air Ambulances: Taking Patients for a Ride](#) (Consumer Reports, May 2017). This article provides background on the concerns of out-of-network billing expenses from the perspective of consumers.
- [AAMS Air Medical Cost Study](#) (Apr. 10, 2017). The Association of Air Medical Services (AAMS) announces the publication of the Air Medical Services Cost Study

Report, conducted by the independent research firm Xcenda LLC. AAMS commissioned the study in response to an evident need for reputable, independent research, specific to air medical transport, to quantify the costs associated with providing emergent air medical transports. Further, the study examines the appropriateness of the 2002 Medicare rate-setting methodology for air medical services and current payment adequacy. The resulting report provides independent substantiation of actual costs to the Centers for Medicare and Medicaid Services (CMS) and Members of Congress.

- [Up in the Air: Inadequate Regulation for Emergency Air Ambulance Transportation](#) (March 2017). Consumers Union has released this health policy paper, which provides background on the market shifts in the provision of air ambulance services in the United States, consumers concerns, regulatory gaps, and recommendations for Congress and the states to take action.

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[COMMUNICATIONS](#)

11. FirstNet Board Partners with AT&T to Build Nationwide Network

AT&T has been selected by the First Responder Network Authority (FirstNet) to build and manage the first broadband network dedicated to America's police, firefighters and emergency medical services (EMS). The FirstNet network will cover all 50 states, 5 U.S. territories and the District of Columbia, including rural communities and tribal lands in those states and territories. This is a much-needed investment in America's communications infrastructure to support millions of first responders and public safety personnel nationwide who protect and serve more than 320 million people across the U.S. This significant public-private infrastructure investment is expected to create 10,000 U.S. jobs over the next two years from AT&T's work for FirstNet. The network buildout will begin later this year. Read more at <http://firstnet.gov/> and while you're there, an EMS companion web site at <https://www.firstnet.gov/ems>.

In related news, be sure to check out the [FirstNet EMS video](#), professionally narrated by our own Kevin McGinnis, and a great promo message by NASEMSO Past President Paul Patrick at <https://www.youtube.com/watch?v=WzTmNzk-oFQ>.

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[DATA](#)

12. Big Data and Data Science: What Do We Need to Know?

Lisa Federer, Research Data Informationist at the National Institutes of Health Library recently explained what big data is and provided an introduction to the data science techniques that can be used to analyze it. She also discussed how data science can help researchers find meaning in data and discuss some of the common techniques and tools used in a variety of different research areas.

- View the [webinar recording](#)
- Download the Data Science 101 [presentation slides](#) (8.7 MB)

13. FBI Advises FTP Servers Targeted for PHI

The Federal Bureau of Information (FBI) is aware of criminal actors who are actively targeting File Transfer Protocol (FTP) servers operating in “anonymous” mode and associated with medical and dental facilities to access protected health information (PHI) and personally identifiable information (PII) in order to intimidate, harass, and blackmail business owners. The FBI recommends medical and dental healthcare entities request their respective IT services personnel to check networks for FTP servers running in anonymous mode. If businesses have a legitimate use for operating a FTP server in anonymous mode, administrators should ensure sensitive PHI or PII is not stored on the server. Read more at <https://tinyurl.com/n54emzp>.

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[HEALTH AND MEDICAL PREPAREDNESS](#)

14. GAO Offers Suggestions for Coordination of Pandemic Preparedness

The U.S. Army estimates that if a severe infectious disease pandemic were to occur today, the number of U.S. fatalities could be almost twice the total number of battlefield fatalities in all of America's wars since the American Revolution in 1776. A pandemic occurs when an infectious agent emerges that can be efficiently transmitted between humans and has crossed international borders. The Department of Defense's (DOD) day-to-day functioning and the military's readiness and operations abroad could be impaired if a large percentage of its personnel are sick or absent, and DOD's assistance to civil authorities might be limited.

House Report 114-102 included a provision for the Government Accountability Office (GAO) to assess DOD's planning and coordination to support civil authorities during a pandemic. A new GAO report assesses the extent to which (1) DOD has guidance and plans for supporting civil authorities in the event of a domestic outbreak of a pandemic disease and (2) HHS and DHS have plans to respond to a pandemic if DOD support capabilities are limited, and they have mechanisms to coordinate their pandemic preparedness and response. GAO reviewed agency pandemic guidance and plans, interagency coordination mechanisms, and pandemic-related exercises and after-action reports. Read more:

<http://www.gao.gov/products/GAO-17-150>

15. BARDA Highlights Next Generation Burn Care

According to the Biomedical Advanced Research and Development Authority (BARDA), novel products under development are being designed to find uses in routine clinical burn care and would also help in response to a mass casualty incident. When fully integrated, the new products and their enhancements in burn care have the potential to eliminate resource-intensive steps, shorten hospital stays, and improve patient outcomes; bringing value in day to day routine care as well as in a mass casualty event. The ASPR Blog describes these potential new therapies, including impregnated gauzes, topical gels to reduce the need for wound debridement, full thickness skin substitutes and more in a recent blog on the PHE web site. Read more:

<https://www.phe.gov/ASPRBlog/pages/BlogArticlePage.aspx?PostID=237>

16. Pre-Disaster Recovery Planning Guide for States

The “Pre-Disaster Recovery Planning Guide for State Governments,” recently finalized and released by the Federal Emergency Management Agency (FEMA), provides information to support state agencies in emergency preparation, helping them more easily adapt to post-disaster response rolls and requirements. FEMA designed these planning guides to help states and territories develop pre-disaster recovery plans by engaging members of the whole community, developing recovery capabilities across state government and nongovernmental partners, and creating an organizational framework for comprehensive state recovery efforts. Such a plan, and the inclusive process recommended to develop it, strengthens partnerships and resilience. This guide is the first in a series of three to be released in the next year. The two forthcoming will include a guide for local governments and a guide for tribal governments. [Read more...](#)

17. EMS and Infectious Disease: Challenges & Resources for Provider Protection

The U.S. Department of Health and Human Services Assistant Secretary of Preparedness and Response (ASPR) is pleased to announce an upcoming webinar to formally introduce the ASPR TRACIE EMS Infectious Disease Playbook, authored by Dr. Alex Isakov (Emory) and Dr. John Hick (HCMC), with invaluable input from a diverse and large group of EMS and infectious disease experts from across the country, along with critical support from Meghan Treber and Jennifer Nieratko on the ASPR TRACIE Team. The team will describe why and how the Playbook was developed, walk webinar participants through the content, and share their perspectives on how the Playbook may be used in daily practice. They will then lead a discussion on the current challenges the EMS community faces related to infectious diseases and engage the audience in questions and answers. [REGISTER TODAY](#) for the Thursday, 22 June 2-3 PM (EDT) TRACIE webinar.

The live broadcast is limited to 1,000 participants so please register early, and to the extent possible, participate on the webinar in small groups to allow more folks to join this conversation. For those that can't make the live broadcast, a recording will be available within 24 hours of the webinar.

Also, we encourage you to share the background information on the EMS Infectious Disease Playbook, available [here](#). The Playbook is anticipated later this month.

18. Legal Liability Protections for Emergency Medical and Public Health Responses

Liability protections have been put in place at both the state and local levels for different types of actors and entities involved in emergency response efforts. A new table available from The Network for Public Health Law (NPHL) highlights those potential liability protections for individuals, including healthcare workers, volunteers and private sector employees, and entities, including government agencies, hospitals or healthcare facilities, non-profit organizations and for-profit organizations. [Read more...](#)

19. Report Available from NASEM Workshop on Federal Regulation of N95's

The Food and Drug Administration (FDA) and the National Institute for Occupational Safety and Health (NIOSH) have responsibilities for evaluating and regulating respiratory protective devices (RPDs) for health care workers. To provide input to NIOSH and FDA and to discuss potential next steps to integrate the two agencies' processes to certify and approve N95 respirators for use in health care settings, a workshop was held by the National Academies of Sciences, Engineering, and Medicine (the National Academies). The workshop was focused on exploring the strengths and limitations of several current test methods for N95 respirators as well as identifying ongoing research and research needs. The workshop resulted from discussions between FDA and NIOSH and from discussions of the National Academies' Standing Committee on Personal Protective Equipment for Workplace Safety and Health. This workshop provided the opportunity to exchange knowledge and ideas between health care professionals, policy makers, and

manufacturers involved in the field of personal protective equipment for health care workers. This proceedings of a workshop is a factual summary of what occurred at the workshop. Read more: <https://www.nap.edu/download/23679>

In related news, according to a separate commentary now available on the NASEM web site, the regulation of N95 filtering facepiece respirators (FFRs) by two federal agencies causes enormous confusion, increases risks to healthcare workers, and results in overregulation. The National Academies workshop examined the scientific issues critical to these efforts (NASEM, 2017). Currently, efforts are under way by the two agencies to streamline the regulatory oversight and approval processes, and this commentary offers support for those efforts. Specifically, several panelists recommend that:

- FDA discontinue the surgical N95 designation and its oversight of FFRs, and
- NIOSH have the sole responsibility to certify all FFRs using science-based methods as is consistent with its mission for respirators used in the United States

[Read more...](#)

20. RWJF and UK Launch Preparedness Index Innovator Challenge

An annual assessment of the nation’s day-to-day preparedness for managing community health emergencies improved slightly over the last year—though deep regional inequities remain. The Robert Wood Johnson Foundation (RWJF) released the results of the [2017 National Health Security Preparedness Index](#), which found the United States scored a 6.8 on a 10-point scale for preparedness—a 1.5 percent improvement over the last year, and a 6.3 percent improvement since the Index began four years ago.

RWJF and the University of Kentucky announce a new competition to promote innovative use of the National Health Security Preparedness Index and to identify ways in which it stimulates intra- and multi-sectorial communication, collaboration, and action to improve health security. With a theme of [Using the National Health Security Preparedness Index to Mobilize Action](#), the Challenge invites individuals and teams to submit stories of using the Index to improve preparedness, health security, and resiliency at local, state, and national levels. Successful applications will illustrate how the Index’s data and measures provide actionable information that can be used by government, communities, the private sector, and the media to enhance health security and preparedness across the U.S.

The Challenge will be open through July 31, 2017 and winning entries will be highlighted on the Index website and through promotional activities related to the 2017 Preparedness Index in the fall. More information on the Challenge appears on the [website](#), and a [Submission Guide](#) is available to assist potential applicants as they develop their [online applications](#). You may also find information on the Challenge via the “2017 Innovator Challenge” button on the [website homepage](#).

21. “You Are The Help Until Help Arrives”

According to a recent National Academies of Science study, trauma is the leading cause of death for Americans under age 46. Life-threatening injuries require immediate action to prevent an injured person from dying. Those nearest to someone with life threatening injuries are best positioned to provide first care. The Federal Emergency Management Agency (FEMA), the Centers for Disease Control, the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, and Medical Reserve Corps have partnered to offer free web-based training program and program materials to any community agency that wishes to train its citizens to provide assistance in an emergency situation. The training introduces skills beyond everyday first aid, like how to control bleeding and how to safely move the injured. Learn more about the initiative, You Are The Help Until Help Arrives, at https://community.fema.gov/until-help-arrives?lang=en_US.

22. USUHS Emergency Legal Preparedness Summit

Public health preparedness leaders, officials, and experts examined critical challenges in emergency legal preparedness and policy including federal social distancing powers, emergency use authorizations, SNS distributions, emergency vaccine development and access, and federal-state implications for the next emerging threat at a recent event sponsored by the Uniformed Services University of the Health Sciences. The event is available for viewing in its entirety at <https://youtu.be/n6HV9bAoC3c?t=3354>.

23. FEMA Seeks Comments on Continuity Guidance

The Federal Emergency Management Agency (FEMA) released the draft Continuity Guidance Circular, which guides whole community efforts to develop and maintain the capability to ensure continuity of operations, continuity of government, and enduring constitutional government during an emergency that disrupts normal operations. The draft document is now beginning a 30-day National Engagement period. National engagement provides interested parties with an opportunity to comment on the draft documents to ensure that the final document reflects the collective expertise and experience of the whole community. **The National Engagement period will conclude at 5:00 pm EDT on July 5, 2017.** To review the draft Continuity Guidance Circular, and to obtain additional information, visit fema.gov/continuity-guidance-circular. To provide comments on the drafts, complete the feedback form and submit it to FEMA-CGC@fema.dhs.gov.

24. NAEMT Releases Report on Level of EMS Preparedness for Disasters and Mass Casualty Incidents

The National Association of Emergency Medical Technicians (NAEMT) recently released a report, [National Survey on EMS Preparedness for Disaster and Mass Casualty Incident Response](#), based on the results of a 2016 national survey of EMS practitioners and managers. The findings offer insight into the level of proficiency and training of EMS practitioners who provide the medical response expected by communities during disasters and mass casualty incidents.

25. USDOJ Offers Fentanyl Guide for First Responders

The US Department of Justice (DOJ) warns, “There is a significant threat to law enforcement personnel, and other first responders, who may come in contact with fentanyl and other fentanyl-related substances through routine law enforcement, emergency or life-saving activities. Since fentanyl can be ingested orally, inhaled through the nose or mouth, or absorbed through the skin or eyes, any substance suspected to contain fentanyl should be treated with extreme caution as exposure to a small amount can lead to significant health-related complications, respiratory depression, or death.” This image shows a photo illustration of 2 milligrams of fentanyl, **a lethal dose** in most people, which reflects a quantity that EMS personnel could be inadvertently exposed to in a 9-1-1 response to an opioid overdose. DOJ has issued a very informative primer on its web site as well as a recent “Roll Call” video at <https://www.dea.gov/druginfo/fentanyl.shtml>



Photo illustration of 2 milligrams of fentanyl, a lethal dose in most people. Image from dea.gov

26. DHS Extends NTAS Bulletin on Homegrown Terrorism

Since 2015, the Department of Homeland Security (DHS) has used the National Terrorism Advisory System (NTAS) Bulletin to highlight the continuing threat from homegrown terrorists, many of whom are inspired online to violence by foreign terrorist organizations. The United States is engaged in a generational fight against terrorists, who seek to attack the American people, our country, and our way of life. An informed, vigilant, and engaged public remains one of our greatest assets to identify potential homegrown terrorists and prevent attacks. After careful consideration of the current threat environment and with input from intelligence and law enforcement partners, the DHS Secretary has made the decision to update and extend for six months the NTAS Bulletin regarding the threat of homegrown terrorism. We face one of the most serious terror threat environments since 9/11, and for us to protect our homeland we will need constant vigilance and clear focus on staying a step ahead of the enemy. Read more at <https://tinyurl.com/ycz2fvsl>.

27. HHS ASPR Offers Resources to Prevent Cyberthreats in Healthcare Organizations

The U.S. Department of Health and Human Services Assistant Secretary of Preparedness and Response (ASPR) has issued an update of known threats to healthcare organizations from cyber-terrorists, including medical device ransomware infections. Go to https://asprtracie.hhs.gov/documents/newsfiles/NEWS_05_13_2017_09_26_09.pdf

In related news, the United States Computer Emergency Readiness Team (US-CERT) highlights four products in the National Cyber Awareness System offer a variety of information for users with varied technical expertise. Those with more technical interest can read the Alerts, Current Activity, or Bulletins. Users looking for more general-interest pieces can read the Tips. More information at <https://www.us-cert.gov/ncas> and https://insights.sei.cmu.edu/sei_blog/2017/05/ransomware-best-practices-for-prevention-and-response.html.

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HIGHWAY SAFETY

28. NTSB Hosts 2nd Roundtable to End Deadly Distractions

Distracted driving kills, on average, [nine people every day on our highways](#) and injures even more. Drivers and operators in all modes of transportation must keep their hands, eyes, and minds on operating the vehicle. In commercial operations, all safety-critical personnel must minimize distractions, and companies must develop policies to ensure employees are not distracted. Nearly ten percent of traffic fatalities involve distracted

drivers—deaths that are completely preventable. To reduce crashes, injuries and fatalities, drivers must completely disconnect from deadly distractions. The National Transportation Safety Board (NTSB) recently hosted a 2nd Roundtable on roadway distractions. This informative broadcast is now available for viewing at http://ntsb.capitolconnection.org/042617/ntsb_archive_flv.htm.

29. NASEM Highlights Biggest Road Hazard

The National Academies of Science, Engineering, and Medicine (NASEM) recently highlighted human behavioral studies as a key factor in progress towards greater highway safety. In a new report the NASEM suggests, “An ordinary car has about 30,000 separate parts, but only one component is persistently prone to catastrophic failure: the driver. Whereas 2 percent of accidents are caused by equipment malfunction, 94 percent are the driver’s fault.” A recent large-scale study found that “potentially 36%, or 4 million, of the nearly 11 million crashes occurring in the United States annually could be avoided if no distraction was present.” Compared to an attentive, undistracted driver, the data shows that operating the car’s radio roughly doubles the risk of a crash, while using touch-screen menus increase it by a factor of 4.6. Texting makes an accident 6.1 times more likely, reaching for an object or reading/writing raises the risk by a factor of 9, and dialing a cell phone by a factor of 12.2—the highest of any distraction observed. *From Research to Rewards: Social Science Studies the Most Hazardous Thing on the Road: You* is available for free download at <https://www.nap.edu/download/23673>.

30. NEW!! NIOSH Video Series on Ambulance Design and Testing

A new 7-part video series, jointly funded by the National Institute for Occupational Safety and Health (NIOSH) and the Department of Homeland Security’s Science and Technology Directorate, covers new crash test methods to improve worker and patient safety in an ambulance patient compartment. The series also provides viewers with an overview of the many changes impacting ambulance design, testing, and manufacture. These changes impact the:

- layout of the ambulance patient compartment
- contents housed in the ambulance patient compartment (seating, patient cot, equipment mounts, storage devices)
- the outside or body of the ambulance

Ambulance builders, major ambulance component suppliers, and those responsible for designing and purchasing ambulances will benefit from viewing this video series, which aims to keep EMS workers and their patients safe during ambulance transport. Go to <https://www.cdc.gov/niosh/topics/ems/videos.html>.

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[MEDICAL DIRECTION](#)

31. AAP Updates Treatment Guideline for Anaphylaxis

The American Academy of Pediatrics (AAP) has updated its recommendations on using epinephrine to treat anaphylaxis. It also offers a universal, customizable anaphylaxis emergency action plan for clinicians to give patients and caregivers. The clinical report, an update from 2007, says that patients at risk for anaphylaxis should be prescribed an epinephrine auto-injector. These include patients with a previous anaphylactic episode, those with idiopathic anaphylaxis, and patients with known food sensitivities who haven't yet experienced anaphylaxis. Epinephrine, not antihistamines, is the first-line treatment for anaphylaxis. Physicians should counsel caregivers to inject epinephrine promptly after exposure to an allergen, even when it's unclear whether the symptoms will remain mild or escalate. Read more:

<http://pediatrics.aappublications.org/content/early/2017/02/09/peds.2016-4006> and
<https://www.aap.org/en-us/Documents/AA-EmergencyPlan.pdf>.

32. ASPR TRACIE Offers Webinar on Managing Medication Shortages

The U.S. Department of Health and Human Services Assistant Secretary of Preparedness and Response (ASPR) recently offered an informational webinar, "Clinicians and Coalitions: A Conversation about Finding Solutions for Medication Shortages." On the call, the FDA alluded to anticipated policy on extending expiration dates.

- Access the [recorded webinar](#)
- View PDF of [slides](#)
- View facilitated discussion and [follow-up questions](#)

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[TRAUMA](#)

33. CDC Data Suggests TBI/Falls in Older Adults Increasing

Traumatic brain injury (TBI) has short- and long-term adverse clinical outcomes, including death and disability. TBI can be caused by a number of principal mechanisms, including motor-vehicle crashes, falls, and assaults. A new report from the Centers of Disease Control and Prevention (CDC) describes the estimated incidence of TBI-related emergency department (ED) visits, hospitalizations, and deaths during 2013 and makes comparisons to similar estimates from 2007. In summary, progress has been made to prevent motor-vehicle crashes, resulting in a decrease in the number of TBI-related hospitalizations and deaths from 2007 to 2013. However, during the same time, the number and rate of older adult fall-related TBIs have increased substantially. Although considerable public interest has focused on sports-related concussion in youth, the findings in this report suggest that TBIs attributable to older adult falls, many of which result in hospitalization and death, should receive public health attention. [Read more...](#)

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[FEDERAL PARTNERS](#)

34. OSHA Offers Electronic Recordkeeping Reminders

The Occupational Safety and Health Administration (OSHA) has established an email notification system to provide recordkeeping reminders as well as updates on a [new requirement](#) that employers electronically submit their injury and illness logs to the agency. This year's deadline is July 1, 2017. OSHA is not accepting electronic submissions at this time, but will notify interested parties when and how to provide electronic submissions. To receive these notifications, [sign up online](#).

35. Class I Recall HeartMate II LVAS Pocket System Controller

Abbott-Thoratec has received a total of 70 reports of incidents in which the controller has malfunctioned after an exchange, including 19 injuries and 26 deaths. The Pocket System Controller is a power supply that connects to the implanted HeartMate II LVAS pump through a lead (driveline) under the skin. The controller helps power the LVAS system, a mechanical device that circulates blood throughout the body when the heart is too weak to pump blood adequately on its own. The controller is powered by batteries or connected to a main power supply. All of the deaths occurred when patients attempted to exchange controllers while away from the hospital. Patients may sometimes need to change to their backup back-up system controller during the course of ventricular assist therapy. The change should be done quickly and in the hospital, because it can present a significant challenge to patients that are elderly and/or untrained. For these patients, a slow or

improper driveline changeover places them at risk of serious injury or death. Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program. [Read more...](#)

36. NIOSH Warns of Misrepresentation of N95 Approval

NIOSH has become aware of N95 respirators being improperly sold by Toolway Industries in Canada with NIOSH Approval Numbers 84A-3323, 84A-4430, and 84A-6766. While these are valid NIOSH Approval Numbers, they were not issued to Toolway Industries. In all three cases, the company holding the approval does not have a relationship with Toolway, nor are they being manufactured under a private label agreement. If you have purchased any products from Toolway Industries bearing the NIOSH Approval Numbers 84A-3323, 84A-4430, or 84A-6766, please be advised that the product has not been tested or approved by NIOSH. Should you ever have a question or concern about the authenticity of a respirator marked with a NIOSH Approval Number, please consult the agency's [Certified Equipment List](#) or by checking the status [here](#).

Always verify that the brand of respirator is listed either in NIOSH's list of manufacturers or as a private label company. The NIOSH publication 2013-138 "[Respirator Awareness: Your Health May Depend on It](#)" provides additional information to look for when verifying your respirator is truly NIOSH-approved.

37. Military Health System Testing Lenses That May Improve Sleep

Military Health System officials are working on tinting for lenses that can be worn an hour or two before bedtime, blocking the light that blocks the brain's production of melatonin, the chemical that helps people sleep. "Sleep deprivation has been a significant and well-documented issue for service members," said Navy Cmdr. Marc Herwitz, the chief ancillary informatics officer for the Navy's Bureau of Medicine. "It has been especially problematic for those on changing shiftwork schedules and those who work continuously under artificial lighting."

The Navy is responsible to the Department of Defense for the manufacture of glasses and ballistic eyewear. "Blue light comes from numerous natural and artificial sources," said Herwitz. "Some of the artificial sources include computers, tablets, cell phones, and overhead lighting. This blue light suppresses the brain's production of melatonin and keeps people from sleeping." [Read more...](#)

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38. NYAM to Host 3-Day GRADE Workshop

With the recent Institute of Medicine reports on guidelines and systematic reviews, there is increasing need to use rigorous processes to ensure that health care recommendations are informed by the best available research evidence. **G**rading of **R**ecommendations, **A**ssessment, **D**evelopment and **E**valuation (GRADE), characterized by explicit and transparent methods, is emerging as a commonly used methodology world-wide for this purpose. The 3-day workshop will offer participants hands on training in the use of the GRADE system. This opportunity, August 2-4, 2017, sponsored by the New York Academy of Medicine is the premier event for acquiring competence in the use of GRADE. Read more at <http://ebmny.org/>.

39. “Alexa, Ask American Heart...”

The voice-activated Amazon Echo device answers thousands of everyday requests, like setting a timer, playing music, ordering a pizza or changing a thermostat. Now, the device includes new information that can help save someone’s life. Alexa, the friendly voice of the Amazon Echo, for the first time provides instructions for CPR as well as heart attack and stroke warning signs. To access this new information, people simply ask Alexa, starting with the phrase “Alexa, ask American Heart” to ensure they’re hearing the science-based information from the American Heart Association.

The first step is to enable the skill in the Alexa app or by saying, “Alexa, enable American Heart Association.” Next, you would say:

- “Alexa, ask American Heart ... how do I perform CPR?”
- “Alexa, ask American Heart ... what are the warning signs of a heart attack?”
- “Alexa, ask American Heart ... what are the warning signs for stroke?”

[Read more...](#)

40. AHA Offers Severity Based Stroke Algorithm for EMS

The American Heart Association recently released its algorithm for severity-based stroke triage for EMS. AHA and the American Stroke Association requested that its Mission: Lifeline Stroke Committee create a consensus algorithm. The algorithm was created based on a thorough review of current stroke care guidelines and studies. The algorithm seeks to balance the benefits of rapid, early access to endovascular thrombectomy for patients with suspected large vessel occlusion with the potential harm of delayed initiation of IV alteplase. The algorithm may require tailoring to the needs of the communities that implement it. However, it does offer EMS providers a step-by-step guide to providing care for stroke patients. AHA noted that as with any algorithm, it should not replace, but

[INTERESTING ABSTRACTS](#)

41. Systematic Review on the Use of Meditation for Posttraumatic Stress Disorder

RAND researchers conducted a systematic review and meta-analysis that synthesized evidence from randomized controlled trials of meditation interventions to provide estimates of their efficacy and safety in treating adults diagnosed with posttraumatic stress disorder (PTSD).

Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (or GRADE) approach. Across interventions, adjunctive meditation interventions of mindfulness-based stress reduction, yoga, and the mantram repetition program improve PTSD symptoms and depression compared with control groups based on low to moderate quality of evidence. Effects were positive but not statistically significant for quality of life and anxiety, and no studies addressed functional status. [Read more...](#)

42. Surface Microbials in Ambulances

Ambulances may be a source of multidrug-resistant microorganisms (MDROs) because patient microbiota may colonize health care personnel and an ambulance's environment during their assistance. Contaminated hands are main sources of microbial transmission causing health care-associated infections. Basic life support ambulances (BLSAs) link the community and health care facilities and a lack of basic infection control measures could promote the exchange of MDROs. This study aimed to analyze microbial contamination and antimicrobial resistance profiles of clinically relevant microorganisms isolated from BLSAs. Read the article at American Journal of Infection Control: [http://www.ajicjournal.org/article/S0196-6553\(16\)30618-6/fulltext](http://www.ajicjournal.org/article/S0196-6553(16)30618-6/fulltext)

43. RECOMMENDED: *Annals* Special Supplement on Managing Explosive Incidents

January 2017 Volume 69, Issue 1, Supplement, S1-S52

Best Practices for Management of Explosive Incidents: Translating the US and Israeli Military and Civilian Experience for Use in US Civilian and Military Out-of-hospital and Hospital Health Care

UPCOMING EVENTS

Send calendar events to krobinson@asmii.net

Statewide EMS Conferences

PA Statewide Conference. September 20-22, 2017. Lancaster, PA. Register [here](#).

NJ Statewide Conference. November 9-11, 2017. Atlantic City, NJ.

<http://www.njemsconference.com/>

TX Statewide Conference. November 19-22, 2017. Fort Worth, TX.

<http://texasemsconference.com/>

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](#)

IAFC Annual Conference - Fire-Rescue International

July 26-29, 2017. Charlotte, NC. <http://events.iafc.org/micrositeFRIconf/>

Radiation Injury Treatment Network is hosting a **workshop on Radiological/Nuclear Preparedness** on July 26-27, 2017 in Rockville, MD. The workshop will highlight the most recent research and developments in the field of radiological/nuclear emergencies, including the Federal Concept of Operations, patient movement, the Public Health Emergency Medical Countermeasure Enterprise (PHEMCE), operational best practices, and biodosimetry. For more information:

<https://www.eventbrite.com/e/2017-ritn-workshop-tickets-30675177281>

Pinnacle 2017

August 7-11, 2017. Boca Raton, FL. <http://pinnacle-ems.com/>

National Association of EMS Educators Annual Meeting

August 7-12, 2017. Washington, DC. www.naemse.org

National EMS Safety Summit

August 21-23, 2017. Denver, CO. <http://nationalemssafetysummit.org/>

National EMS Advisory Council

TBA, 2017. Washington DC. www.ems.gov

Emergency Nurses Association Annual Meeting

September 13-16, 2017. St. Louis, MO. www.ena.org

Air Medical Transport Conference

October 16-18, 2017. Fort Worth, TX. <http://aams.org/education-meetings/>

National Association of State EMS Officials Fall Meeting

October 9-12, 2017. Oklahoma City, OK. www.nasemso.org

EMS World Expo

October 16-20, 2017. Las Vegas, NV <http://www.emsworldexpo.com/>

American College of Emergency Physicians Annual Meeting

October 30 - November 2, 2017. Washington, DC. www.acep.org

International Association of Emergency Management Annual Meeting

November 10-16, 2017. Long Beach, CA. www.iaemconference.info

See more EMS Events on NASEMSO's web site at

<http://www.nasemso.org/Resources/Calendar/index.asp>

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