



Washington Update

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UPCOMING EVENTS

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

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

1. NASEMSO Seeks New Calendar Items for 2011

NASEMSO provides an annual call for States and EMS partners who wish to have conferences and events posted on the NASEMSO web site and Washington Update. Information can be forwarded to NASEMSO Washington Update Editor, [Kathy Robinson](#) and/or Webmaster [Karen Thompson](#). Notices should include the title, date, location, and a

web site or point of contact for additional information. There is no fee for this service and no deadline for the submission of information.

In related news, NASEMSO does accept limited information related to job postings of interest to our members for posting in the Washington Update. Generally, positions that are federal, state, or national in nature are requested. Submission should include title, employer, a brief description (one or two sentences), and appropriate contact info.

2. NASEMSO Warns National EMS Community of 4G Coalition's Efforts to Rebrand Itself as "Public Safety"

The National Association of State Emergency Medical Services Officials (NASEMSO), following a recent news conference by the 4G Coalition in Washington, warned EMS agencies and associations nationwide of this attempt by a group of wireless service companies to wrest away from public safety the 700 MHz "D Block" of wireless broadband spectrum. This same spectrum is sought by public safety to create a nationwide public safety broadband network. Renaming itself "Connect Public Safety Now", the 4G Coalition would have that spectrum sold to the highest bidders for commercial wireless use. The 4G Coalition is made up of Sprint-Nextel, T-Mobile, MetroPCS, and other wireless service providers who seek an opportunity to buy more 700 MHz broadband spectrum with which to compete for clients. See [NASEMSO press release](#).

3. NASEMSO HITS Committee Encourages State Membership in TIM Network

The NASEMSO Highway Incident and Transportation Systems (HITS) Committee would like to encourage NASEMSO members and all EMS practitioners nationwide concerned with responder safety on roadways to join the Traffic Incident Management (TIM) Network, a component of the National TIM Coalition, of which NASEMSO is a member. The TIM Network gives traffic incident management practitioners (EMS, fire, law enforcement, and highway operations personnel) a way to raise local issues to a national forum and allows NTIMC leadership to directly access practitioners to build consensus, test theories and vet new materials. Members will receive the Responder, an online monthly newsletter providing concise information that can be applied immediately.

To join the TIM Network, click <http://www.gfnet.com/Survey/TakeSurvey.asp?SurveyID=52L3p5LH2p32I>

To view the TIM Network homepage, click <http://sites.google.com/site/timnetworksite/home-page>

4. NASEMSO Congratulates Litza on NREMT Appointment

NASEMSO congratulates Brian Litza, the Section Chief for the State of Wisconsin EMS Section, Bureau of Local Public Health Practice on his recent appointment to the Board of Directors for the National Registry of EMTs. Brian has performed in various capacities in both private and public sector EMS since 1983. He has served as a volunteer firefighter, EMS educator, program coordinator, supervisor, and critical care paramedic during his 26-year career in emergency services. Brian holds more than a dozen professional certifications. In addition to serving on the NREMT Board, Brian is EMS Committee Chair of the American Stroke Association/Wisconsin; EMS Committee Chair for Mission Lifeline; and on the NREMT Distributive Education Review Work Group. Brian writes a monthly column titled "Straight from the State" for EMS Professionals magazine.

5. NASEMSO Past President to Chair IOM Ad Hoc Committee on Medical Countermeasures

Dr. Robert Bass, Maryland State EMS Director and NASEMSO Past President will chair an Institute of Medicine (IOM) ad hoc committee of subject matter experts to inform the use of prepositioned medical countermeasures (MCM) for the public. The project is sponsored by the U.S. Department of Health and Human Services. The ad hoc committee will produce a report that will consider the role of prepositioned medical countermeasures for the

public, identify and describe key factors and variables that should be included in a strategy for repositioning MCM for the public, discuss preliminary considerations for the development of an incremental and phased MCM repositioning strategy, and based on available evidence, describe economic advantages and disadvantages of various MCM repositioning strategies for the public. The committee will develop scenarios, as needed, to illustrate the interaction of the strategic considerations, key factors, and variables in different situations and environments. The committee will base its recommendations on currently available published literature and other available guidance documents and evidence, expert testimony, as well as its expert judgment. [For more information...](#)

6. CMS Implements Clarification on Air and Ground Ambulance Reimbursement

The Centers for Medicare and Medicaid Services (CMS) recently issued instructions to Fiscal Intermediaries, carriers, and Part A/B Medicare Administrative Contractors describing special payment limitations for air ambulance services which became effective January 1, 2011 and is now implemented. Section 10.4.6, Special Payment Limitations, of the Medicare Benefit Policy Manual states that: "If a determination is made to order transport by air ambulance, but ground ambulance service would have sufficed, payment for the air ambulance service is based on the amount payable for ground transport. If the air transport was medically appropriate (that is, ground transportation was contraindicated, and the beneficiary required air transport to a hospital), but the beneficiary could have been treated at a nearer hospital than the one to which they were transported, the air transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital." The official instruction, CR 7161, regarding this change may be viewed on the CMS website at <http://www.cms.gov/Transmittals/downloads/R133BP.pdf>.

In related news, CMS issued Change Request (CR) 7058 which updates the Medicare Benefit Policy Manual (Chapter 10, Section 30.1.1) to incorporate the application of Basic Life Support (BLS) – Emergency; Advanced Life Support Level 1 (ALS1) and Emergency and Advanced Life Support Level 2 (ALS2) information. No new policy is presented but the CR7058 updates the relevant manual section to reflect current policy. The official instruction associated with this CR7058 regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R130BP.pdf>.

And finally, Change Request (CR) 7065 outlines the requirement included in the CY 2011 Medicare Physician Fee Schedule (MPFS) final rule, establishing a new procedure for reporting fractional mileage amounts on (ground) ambulance claims to improve reporting and payment accuracy. The final rule requires that, effective January 1, 2011, all Medicare ambulance providers and suppliers bill mileage that is accurate to a tenth of a mile. The official instruction, CR 7065, regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2103CP.pdf>.

7. NHSC Updates White Paper on Protecting Americans in 21st Century

The National Homeland Security Consortium (NHSC), of which NASEMSO is a member, has updated its white paper, "Protecting Americans in the 21st Century," a document that offers specific recommendations to enhance national homeland security efforts. The NHSC has identified six priority issues for near term policy and strategic action by the nation's leaders:

- Wisely sustain homeland security investments and efforts while creating incentives for innovative and creative solutions;
- Allocate the 700 MHz D block radio spectrum to public safety in order to enhance communications through new technology;

- Address immigration reform by moving from debate and conversation to action;
- Develop a methodology to measure homeland security performance in ways that recognize the constantly evolving threat;
- Make cyber security a priority policy issue for government and the private sector; and
- Develop a more comprehensive and coordinated approach in the rebuilding of communities struck by major disasters.

Links to the white paper and fact sheet are available on the NASEMSO web site at www.nasemso.org.

8. SAFECOM Elects McGinnis as New Chairman

The SAFECOM Program has elected Kevin McGinnis, of Hallowell, Maine, to serve as its Chairman. McGinnis will lead SAFECOM's Executive Committee and Emergency Response Council to advise the U.S. Department of Homeland Security on emergency communications issues. The former EMS Director for the State of Maine, ambulance service chief, and a paramedic for the past 36 years, McGinnis has represented NASEMSO on SAFECOM for the past seven years and has served as vice-chair of SAFECOM for the past four years. Through collaboration with emergency responders and policymakers across all levels of government, the SAFECOM Program works to improve multijurisdictional and intergovernmental communications interoperability. The SAFECOM Executive Committee and Emergency Response Council are comprised of national public safety association members, State and local emergency responders, and representatives within Federal agencies. The SAFECOM Program is administered by the U.S. Department of Homeland Security's Office of Emergency Communications. SAFECOM operates as a practitioner-driven program helping the nation's emergency responders to develop the plans and resources they will use to serve their jurisdictions. [For more information...](#)

9. FCC to Hold Workshop on VHF/UHF Narrowbanding

The Federal Communications Commission's Public Safety and Homeland Security Bureau (Bureau) has announced it will hold a workshop on VHF/UHF narrowbanding to assist licensees in completing the transition to narrowband radio communications by January 1, 2013. The event will be held on Wednesday, January 26, 2011, from 1:00 p.m.-4:30 p.m. in the Commission Meeting Room (TW-C305). Audio/video coverage of the meeting will be broadcast live with open captioning over the Internet from the FCC's web page at www.fcc.gov/live. [For more information...](#)

10. New NEMSIS Web Site Now Available

The NEMSIS TAC is pleased to announce the launch the new NEMSIS website! Much of the traditional look and functionality remain the same. A number of modifications were made to accommodate new tools and other information related to NEMSIS Version 3. The primary website address remains the same (www.nemsis.org). New tabs on the opening page take you to items specific to version 2 or 3 information. Additional version 3 material will be posted, as it becomes available. If you are a Web Master and/or have "book marked" any internal pages from the NEMSIS website, we suggest to check to ensure these links remain accurate!

11. 2010 Risk Lexicon Now Available from DHS

The Department of Homeland Security (DHS) recently released the 2010 edition of Risk Lexicon, which establishes and makes available a comprehensive list of terms and meanings relevant to the practice of homeland security risk management and analysis. The report:

- Promulgates a common language to ease and improve communications for the DHS and its partners.
- Facilitates the clear exchange of structured and unstructured data, essential to interoperability amongst risk practitioners.

- Gains credibility and grows relationships by providing consistency and clear understanding with regard to the usage of terms by the risk community across the Department.

This is the second edition of the Department of Homeland Security (DHS) Risk Lexicon and represents an update of the version published in September 2008. More than seventy terms and definitions were included in the first edition of the DHS Risk Lexicon. The 2010 edition includes fifty new terms and definitions in addition to revised definitions for twenty-three of the original terms. [Download the report...](#)

12. FEMA Posts ICS Forms Booklet

The National Incident Management System (NIMS) Incident Command System (ICS) Forms Booklet (FEMA 502-2) is designed to assist emergency response personnel in the use of ICS and corresponding documentation during incident operations. This booklet is a companion document to the NIMS ICS Field Operating Guide (FOG), FEMA 502-1, which provides general guidance to emergency responders on implementing ICS. This booklet is also meant to complement existing incident management programs and does not replace relevant emergency operations plans, laws, and ordinances. These forms are designed for use within the Incident Command System, and are not targeted for use in Area Command or in MultiAgency Coordination Systems. This updated version of the ICS Forms Booklet incorporates best practices, lessons learned, and input from emergency response stakeholders. The ICS Forms Booklet (FEMA 5022) is available at <http://www.fema.gov/emergency/nims/JobAids.shtm>.

13. CDC Provides Interim Planning Guidance on MCE from Explosives

The Centers for Disease Control and Prevention (CDC) announce the availability of Interim planning guidance for preparedness and response to a mass casualty event resulting from terrorist use of explosives. The purpose of this interim planning guidance is to provide valuable information and insight to help public policy and health system leaders at all levels prepare for and respond to a mass casualty event (MCE) caused by terrorist use of explosives (TUE). Medical preparations for an MCE have traditionally focused on the scene and prehospital sectors. Comprehensive mass casualty care, from a health systems perspective, has received far less attention and has evolved separately from the rest of the emergency response community. The new document focuses on two areas:

1. leadership in preparing for and responding to a TUE event, and
2. effective care of patients in the prehospital and hospital environments during a TUE event.

[For more information...](#)

14. New NGA Report Orients Governors to Homeland Security Issues

To guide the large incoming class of newly elected governors, as well as incumbent governors, in the critical task of providing homeland security in their states, the National Governors Association Center for Best Practices (NGA Center) recently released a new report, [A Governor's Guide to Homeland Security](#). This comprehensive resource contains information on the four main components of homeland security as identified by the U.S. Department of Homeland Security: prepare, prevent, respond and recover. In particular, the report provides guidance in five critical areas:

- Coordinating the state's homeland security and emergency management agencies;
- Defining the role and authority of the governor's homeland security advisor;
- Coordinating emergency response plans with the current threat environment;
- Organizing the state fusion center and its intelligence products; and
- Developing a successful approach to the future of public safety communications.

For more information about this report, the GHSAC and other NGA Center Homeland Security & Public Safety Division efforts, visit www.nga.org/center/hsp.

15. Challenge.Gov: Sharing the Responsibility to Protect Communities Against the Impacts of Disasters

The Federal Emergency Management Agency (FEMA) is hosting an online challenge to come up with ideas on how we can all help prepare our communities before disaster strikes and how the government can support community-based activities to help everyone be more prepared. This could be a new project or means of engaging the public to prepare for disasters on the individual or family level; a public service announcement about business preparedness to play on local radio or TV stations; or a new device, technology, application or piece of equipment to mitigate the effects of disaster. Submissions will be judged based on originality, level of community engagement, and ease of implementation. The best, most unique idea will be selected as the winner and will be highlighted on FEMA’s website. Deadline for submission is January 31, 2011. [For more information...](#)

16. TFAH and RWJF Provide 2010 “Ready or Not?” Report on State Preparedness Efforts

The annual Ready or Not? report, released by the Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation, notes that the almost decade of gains is in real jeopardy due to severe budget cuts by federal, state, and local governments. In the eighth annual *Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism* report, 14 states scored nine or higher on 10 key indicators of public health preparedness. Three states (Arkansas, North Dakota, and Washington State) scored 10 out of 10. Another 25 states and Washington, D.C. scored in the 7 to 8 range. No state scored lower than a five. [For more information...](#)

17. ACEP Launches Integrative Training Program on Disaster Planning

Under a cooperative agreement with FEMA, the American College of Emergency Physicians (ACEP) has launched a free first-of-its-kind integrative training that covers the development and maintenance of pre-incident plans ensuring the efficient distribution of patients, the sharing of information and resources, and the coordination between state and local agencies with hospitals and others responding to the medical needs of disaster victims. Additional topics include patient and resource tracking, credentialing systems, deployable federal resources, principles of community emergency planning, and more. This course is directed toward those working in emergency management agencies and healthcare organizations, especially in small communities and rural areas, which have primary job responsibilities other than disaster preparedness. It is also useful for those in public health, EMS, fire services, and other organizations involved in disaster preparedness. The four-hour online training is part of a training portal that has several components to it. Each state has its own virtual community to foster collaboration. Each virtual community includes a members section, the training modules, a Q&A section and a Forum section. [For more information...](#)

18. NIOSH Publication Focuses on Workplace Injuries

EMS managers may find that a new publication from the National Institute for Occupational Safety and Health (NIOSH) geared for hospitals is very relevant to EMS work environments. According to the U.S. Bureau of Labor Statistics [2009], the incidence rate of lost-workday injuries from slips, trips, and falls (STFs) on the same level in hospitals was 38.2 per 10,000 employees, which was 90% greater than the average rate for all other private industries combined (20.1 per 10,000 employees). STFs as a whole are the second most common cause of lost-workday injuries in hospitals. This guide provides excellent tips and checklists for assessing and preventing workplace injuries. See [Slip, Trip, and Fall Prevention for Healthcare Workers](#).

19. NIOSH to Host PPT Update

The National Institute for Occupational Safety and Health (NIOSH), Personal Protective Technology (PPT) Program and National Personal Protective Technology Laboratory (NPPTL) will conduct a stakeholders meeting to provide updates on NIOSH-funded research, certification and standards, educate participants on resources to reinforce the proper use of NIOSH-certified respirators, and explore personal protective technology use in industry sectors. In addition, conformity assessment (certification and standards) needs and gaps relative to the personal protective technology will be discussed at this meeting. The public meeting will be held 8 a.m. to 5 p.m., March 29, 2011 at Hyatt Regency Pittsburgh International Airport, 1111 Airport Boulevard, Pittsburgh, PA 15231. Registration and additional information is available on the NIOSH NPPTL Web site, <http://www.cdc.gov/niosh/npptl>.

20. NIOSH Seeks Comment on CBRN Combination Respirator Unit

The National Institute for Occupational Safety and Health (NIOSH) is developing appropriate standards and test procedures for the various types of respiratory protective devices used to provide protection to workers in chemical, biological, radiological, and nuclear environments. NIOSH invites public comments through February 12, 2011, on a proposal to develop a performance standard for one such device, a combination respirator unit that employs the technologies of two or more different types of respiratory protective devices. [For more information...](#)

21. IOM Outlines Strategy for Improving Worker Safety in New Report

A report released November 11, by the Institute of Medicine (IOM), recommends that the NIOSH National Personal Protective Technology Laboratory continue and expand its leadership role in the development and implementation of conformity assessment (certification) processes related to nonrespirator personal protective technologies (PPT). The new report is a result of a 2009 request by NIOSH for IOM to assess the certification mechanisms needed to ensure the effectiveness of nonrespirator PPT. The request was generated from a 2008 National Academies PPT program evaluation that included the recommendation for NPPTL to "oversee all PPT certification in order to ensure a minimum uniform standard of protection and wearability." [For more information...](#)

22. NIOSH Works to Reduce Ambulance Crashes

The National Institute for Occupational Safety and Health (NIOSH) and partners are working to reduce ambulance crash-related injuries and deaths among EMS workers. The Ambulance Crash Survivability Improvement Project addresses the layout and structural integrity of ambulance compartments, design of hardware, and occupant restraints. The findings will be used to help inform new standards for ambulance safety devices, structural integrity, and other safety-related factors. [For more information...](#)

23. NJCPHP Provides Guidebook on Respiratory Protection

"Essential Elements of Respiratory Protection" is a short guidebook listing 19 essential elements of respiratory protection for workers potentially exposed to deleterious agents, such as hazardous wastes or agents of mass destruction. Learning objectives include: Articulate the essential elements of an effective respiratory program; identify and comprehend the basic personal respirators functional categories; apply the essential elements to develop, implement or evaluate a respiratory protection program; and recognize critical administrative, medical, environmental, technical and regulatory requirements. The guidebook presents the information in a graphical format which makes presentation and absorption of material quicker and easier. "Essential Elements of Respiratory Protection" is provided by The New Jersey Center for Public Health Preparedness, UMDNJ School of Public Health and is now available for [download](#).

24. NIOSH Seeks Comment on ERE Provisions for Infectious Disease Exposures

A notice invites public comments to the National Institute for Occupational Safety and Health (NIOSH) on a proposed list of infectious diseases that may pose life-threatening health risks to emergency response employees through bloodborne or airborne transmission. The notice also asks for comment on proposed guidelines describing the circumstances in which emergency response employees may be exposed to such diseases, and proposed guidelines describing the manner in which medical facilities should determine whether emergency response employees have been exposed in the line of duty. The notice was issued pursuant to the Ryan White HIV/AIDS Treatment Extension Act of 2009. The notice appears in the Federal Register at <http://edocket.access.gpo.gov/2010/2010-31149.htm> (Federal Register, December 13, 2010, Vol. 75, No. 238, pp. 77642-77644). NASEMSO members who wish to provide input via the Association’s response to the docket should contact NASEMSO Program Advisor, [Mary Hedges](#) as soon as possible.

25. Field EMS Bill Introduced in Congress

On Dec. 16, 2010, Reps. Tim Walz (D-MN) and Sue Myrick (R-NC) introduced the Field EMS Quality, Innovation, and Cost-Effectiveness Improvement Act of 2010 (H.R. 6528). This bill addresses many of the challenges plaguing field EMS to better fulfill public expectations that all who need emergency medical care in the field can depend upon the highest quality of care and transport to the most appropriate setting. To learn more about this important legislation, Advocates for EMS (NASEMSO is a member of this coalition) has supplied the following documents: [a section-by-section summary](#), [a white paper](#), and [the bill's text](#).

26. CDC Highlights “Drowsy Driving” as Public Health Issue

Driving while drowsy contributes annually to an estimated 100,000 motor vehicle crashes and approximately 1,500 deaths nationwide. The 2009 Sleep in America Poll reported that approximately 30% of respondents had driven drowsy at least once per month during the past year, and approximately 1% had a crash or near-crash because of driving while drowsy during that time. Inadequate sleep impairs safe driving by reducing alertness and slowing reaction time. Groups at higher risk for sleep-related crashes include 1) bus, truck, and other commercial drivers; 2) shift workers; 3) persons with more than one job or irregular work hours; 4) persons with untreated sleep disorders (e.g., sleep apnea or narcolepsy); and 5) drivers aged ≤25 years. Teens are more likely than older drivers to be sleep-deprived. Adults and teens need 7--9 hours and 8.5--9.25 hours of sleep per day, respectively. Additional information is available from the [National Sleep Foundation](#) and CDC (<http://www.cdc.gov/sleep>).

27. AHRQ Seeks Comment on Pediatric Quality Measures

On February 4, 2009, the Congress enacted the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111-3), Section 401(a) of the legislation amended title XI of the Social Security Act (the Act) to establish section 1139A (42 U.S.C. 1320b-9a). Subsection 1139A(b)(E) requires the Secretary to consult with a wide spectrum of national stakeholders to identify gaps in existing pediatric quality measures and establish priorities for development and advancement of such measures. The Secretary delegated CHIPRA implementation to the Centers for Medicare & Medicaid Services (CMS). A Memorandum of Understanding was entered into with the Agency for Healthcare Research and Quality (AHRQ), by which AHRQ would conduct several activities in Title IV. These included the identification of an initial, recommended core set of children's healthcare quality measures for voluntary use by Medicaid and CHIP programs and establishment of the Pediatric Quality Measures Program (PQMP), both in collaboration with CMS. The deadline for comments is January 24, 2011. [For more information...](#)

28. NTSB Publishes “Most Wanted” List

The National Transportation Safety Board (NTSB) has added motorcycle safety to its annual “Most Wanted List.” From 1997 through 2008, the number of motorcycle fatalities more than doubled during a period when overall highway fatalities declined. Although the number of motorcycle fatalities fell in 2009, the 4,400 deaths still outnumber those in aviation, rail, marine and pipeline combined. According to the U.S. Department of Transportation, head injury is the leading cause of death in motorcycle crashes. The NTSB therefore recommends that everyone aboard a motorcycle be required to wear a helmet that complies with DOT’s Federal Motor Vehicle Safety Standard 218. Currently, 20 states, the District of Columbia and 4 territories have universal helmet laws that apply to all riders. Twenty-seven states and one territory have partial laws that require minors and/or passengers to wear helmets. Three states - Iowa, Illinois and New Hampshire - have no helmet laws. A complete package explaining state actions on all recent recommendations, including easy-to-follow maps is available on the Board's website at http://www.nts.gov/Recs/mostwanted/state_issues.htm.

29. GAO Provides Letter Report on FDA Handling of Heparin Contamination

In early 2008, the Food and Drug Administration (FDA) responded to a crisis involving the contamination of heparin, a medication used to prevent and treat blood clots, when the agency received multiple reports of adverse events involving severe allergic reactions. The crisis took place from January 2008 through May 2008, during which time FDA took several actions in its response to the crisis. GAO was asked to review FDA's management of the heparin crisis. This report examines (1) how FDA prevented additional contaminated heparin from reaching U.S. consumers, (2) how FDA coordinated its response to the contaminated heparin crisis, and (3) FDA's monitoring and analysis of adverse events associated with heparin. To conduct this review, GAO reviewed relevant FDA documents, regulations, and guidance; analyzed FDA data; and interviewed FDA officials and other experts involved in the crisis and knowledgeable about drug quality standards. [Read the report...](#) or [Highlights](#).

30. MCHB to Offer Research Webinar

The Maternal Child Health Bureau has announced plans to host a webinar on Exception from Informed Consent: Lessons from a Consensus Conference. This webcast will introduce participants to the current issues in conducting clinical trials using the Exception from Informed Consent (EFIC) regulations. The results of a NHTSA sponsored consensus conference on addressing the barriers to conducting EFIC trails will be presented along with a perspective from the FDA. The session is scheduled for February 28, 2011, from 10:30 a.m. EST on MCHCOM.com. [For more information...](#)

31. FDA Announces Sodium Bicarbonate Injection and Albuterol Sulfate Recalls

American Regent and the Food and Drug Administration (FDA) notified healthcare professionals of the nationwide recall of specific lots of Sodium Bicarbonate Injection, USP, 7.5% and 8.4%, 50 mL Single Dose Vials because some vials of these lots contain particulates. Potential adverse events after intravenous administration include damage to blood vessels in the lung, localized swelling, and granuloma formation. [Read the complete MedWatch 2010 Safety summary](#).

In related news, several lots of 0.083% albuterol sulfate inhalation solution have been recalled by the manufacturer because the 2.5 mg/3 mL single-use vials are labeled as 0.5 mg/3 mL. Affected lot numbers can be found [here](#).

32. OIG Posts Advisory Opinion on Medical Transports from SNFs

The Office of the Inspector General has posted an advisory opinion regarding proposed payment plans for emergency and non-emergency transportation services provided for Medicaid-covered residents of skilled nursing facilities. Readers should keep in mind that the response is related to a specific scenario that is described in the letter but it is a good reminder that payment for transport services can have federal “anti-kickback” implications.

[For more information...](#)

33. Darvon/Darvocet Pulled from US Market

Xanodyne Pharmaceuticals Inc. which makes Darvon and Darvocet, the brand version of the prescription pain medication propoxyphene, has agreed to withdraw the medication from the U.S. market at the request of the U.S. Food and Drug Administration. The FDA has also informed the generic manufacturers of propoxyphene-containing products of Xanodyne’s decision and requested that they voluntarily remove their products as well. The FDA sought market withdrawal of propoxyphene after receiving new clinical data showing that the drug puts patients at risk of potentially serious or even fatal heart rhythm abnormalities. As a result of these data, combined with other information, including new epidemiological data, the agency concluded that the risks of the medication outweigh the benefits. [For more information...](#)

34. MN Seeks State EMS Director

Minnesota is seeking qualified candidates to apply for the position of State EMS Director. As the Minnesota Emergency Medical Services Regulatory Board's (EMSRB) chief administrative officer, the successful candidate will supervise a staff of 15 and manage an annual budget of more than \$6.5 million. Information related to the position is available at <https://statejobs.doer.state.mn.us/JobPosting>. Interested persons will need to create an online resume at <http://www.careers.state.mn.us/>. Please contact [Cindy Greenlaw Benton](#) with questions. The closing date for applications is February 3, 2011.

35. DomesticPreparedness.com Survey on Medical Countermeasures for Large-Scale Biological Attacks

Is America prepared to recover from a biological attack? Robert Kadlec, Former Special Assistant to the President for Homeland Security and Senior Director for Biological Defense Policy has prepared nine easy-to-answer multiple-choice questions. Your input will help DomPrep prepare a report that will be shared with stakeholders in the bio-defense and medical countermeasures areas. [Take Survey Now!](#)

36. Out-of-hospital Hypertonic Resuscitation Following Severe Traumatic Brain Injury: a Randomized Controlled Trial.

Bulger et al. [JAMA](#). 2010 Oct 6;304(13):1455-64. Hypertonic fluid therapy diminishes cerebral edema and enhances systemic perfusion pressure in patients with severe blunt head injury, but its effect on neurological outcome is unknown. In a multicenter, double-blind, randomized, placebo-controlled trial, researchers evaluated the effect of hypertonic fluid in patients >15 years who had sustained severe blunt closed head injury (prehospital Glasgow Coma Scale score <8) and did not have hypovolemic shock (systolic blood pressure ≤70 mm Hg or 71–90 mm Hg with a pulse ≥108 beats per minute). Patients were randomized to receive an initial fluid bolus of 250 mL of 7.5% saline, 7.5% saline/6% dextran 70, or 0.9% saline within 4 hours of the dispatch call. CONCLUSION: Among patients with severe TBI not in hypovolemic shock, initial resuscitation with either hypertonic saline or hypertonic saline/dextran, compared with normal saline, did not result in superior 6-month neurologic outcome or survival.

[Abstract available.](#)

37. Mechanical Ventilators in US Acute Care Hospitals. Rubinson et al. [Disaster Med Public Health Prep](#). 2010 Oct;4(3):199-206. The objective of this study was to determine the quantity of adult and pediatric mechanical

ventilators at US acute care hospitals. Results: Responding to the survey were 4305 (74.8%) hospitals, which accounted for 83.8% of US intensive care unit beds. Of the 52 118 full-feature mechanical ventilators owned by respondent hospitals, 24 204 (46.4%) are pediatric/neonatal capable. Accounting for nonrespondents, we estimate that there are 62 188 full-feature mechanical ventilators owned by US acute care hospitals. The median number of full-feature mechanical ventilators per 100 000 population for individual states is 19.7 (interquartile ratio 17.2–23.1), ranging from 11.9 to 77.6. The median number of pediatric-capable device full-feature mechanical ventilators per 100 000 population younger than 14 years old is 52.3 (interquartile ratio 43.1–63.9) and the range across states is 22.1 to 206.2. In addition, respondent hospitals reported owning 82 755 ventilators other than full-feature mechanical ventilators; we estimate that there are 98 738 devices other than full-feature ventilators at all of the US acute care hospitals. [Abstract available.](#)

38. Alignment of Cricoid Cartilage and Esophagus and its Potential Influence on the Effectiveness of Sellick Maneuver in Children. Dotson et al. [Pediatr Emerg Care.](#) 2010 Oct;26(10):722-5. The effectiveness of cricoid pressure in preventing aspiration of gastric contents during rapid sequence intubation may be limited if the esophagus is laterally displaced from the trachea at the level of the cricoid cartilage. Esophageal lateral displacement has been reported to occur in 50% to 90% of adults. Children 8 years and older assume the anatomic airway characteristics of adults, and therefore, we hypothesized that esophageal displacement would be significantly more common in older versus younger children. The purposes of this study were to determine the alignment of the trachea to the esophagus at the level of the cricoid cartilage on cervical spine or neck computed tomographic (CT) scans and to compare the frequency and quantity of esophageal displacement between children younger than 8 years and children 8 years and older. **CONCLUSIONS:** This is the first pediatric study on the rate and degree of esophageal displacement from the airway at the level of the cricoid cartilage. Lateral displacement of the esophagus occurred at a significantly greater rate in the younger (45%) compared with the older (15%) children, which was directly opposite of our hypothesis. Of the 36 children (30%) with esophageal displacement, all had displacement to the left of the cricoid cartilage. [Abstract available.](#)

39. Clinical Practice Guidelines by the Infectious Diseases Society of America for the Treatment of Methicillin-Resistant Staphylococcus Aureus Infections in Adults and Children. Liu et al. Clinical Infectious Diseases Advance Access published January 4, 2011. Evidence-based guidelines for the management of patients with methicillin-resistant Staphylococcus aureus (MRSA) infections were prepared by an Expert Panel of the Infectious Diseases Society of America (IDSA). The guidelines are intended for use by health care providers who care for adult and pediatric patients with MRSA infections. The guidelines discuss the management of a variety of clinical syndromes associated with MRSA disease, including skin and soft tissue infections (SSTI), bacteremia and endocarditis, pneumonia, bone and joint infections, and central nervous system (CNS) infections. Recommendations are provided regarding vancomycin dosing and monitoring, management of infections due to MRSA strains with reduced susceptibility to vancomycin, and vancomycin treatment failures. [For more information...](#)

UPCOMING EVENTS

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

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

*National Association of EMS Physicians (NAEMSP) Annual Meeting. January 13-15, 2011. Hyatt Regency Coconut Point Resort and Spa, Bonita Springs, Florida. [For more info...](#)

*EMSC State Partnership Town Hall Conference Call. January 24, 2011 at 2:00 pm EST. To participate in the conference call, dial the HRSA conference line at 866-823-9065 and enter meeting code: 1346468.

*2011 National Health Policy Conference February 7-8, 2011. JW Marriott, Washington, DC. As policymakers, practitioners, and administrators shift their focus to the details of implementing the ACA, the National Health Policy Conference (NHPC) offers your first opportunity to hear directly from them about their plans for overcoming challenges and advancing health care reform in 2011. Register to take advantage of the small size and interactive format of this conference to network with attendees who share your concerns and interests. NHPC plenary sessions offer perspectives on the health policy priorities of the administration and the Congress and breakout meetings, offered in three sets of concurrent sessions. For more information, go to www.academyhealth.org/nhpc.

*Emergency Nurses Association (ENA) Leadership Conference. February 16-20, 2011. Portland Convention Center OR. [For more information...](#)

* American Academy of Emergency Medicine (AAEM) Scientific Assembly. Feb. 28-March 2, 2011. Orlando FL. [For more information...](#)

*EMS Today JEMS Conference and Exposition. March 1-5, 2011. Baltimore Convention Center, Baltimore, MD. [For more information...](#)

*Association of Air Medical Services (AAMS) Leadership Conference. March 16-18, 2011. Washington DC. [For more information...](#)

*EMSC State Partnership Town Hall Conference Call. April 6, 2011 at 2:00 pm EDT. To participate in the conference call, dial the HRSA conference line at 866-823-9065 and enter meeting code: 1346468.

* Fire Rescue Med. May 10-14, 2011 Orleans Hotel, Las Vegas, NV. International Association of Fire Chiefs EMS Section. [For more information...](#)

*National Association of State EMS Officials (NASEMSO) Mid-Year Meeting. May 3-5, 2011. Loews Hotel. Annapolis, MD. [For more information...](#)

*IAEM-USA 2011 Mid-Year Meeting. June 9-11, 2011. Emmitsburg, MD [For more information...](#)

*EMSC State Partnership Town Hall Conference Call. July 25, 2011 at 2:00 pm EDT. To participate in the conference call, dial the HRSA conference line at 866-823-9065 and enter meeting code: 1346468.

*Pinnacle 2011. July 25-29, 2011. Loews Miami Beach Hotel, Miami Beach, FL. [For more information...](#)

*EMS Expo. Aug 29-Sept 2, 2011. Las Vegas Convention Center, Las Vegas, NV [For more information...](#)

*National Association of EMS Educators (NAEMSE) September 13-18, 2011. Peppermill Resort, Reno NV. [For more information...](#)

*Emergency Nurses Association (ENA) Annual Meeting. September 20-24, 2011. Tampa Convention Center, Tampa, FL. [For more information...](#)

*National Association of State EMS Officials (NASEMSO) Annual Meeting. October 2-7, 2011. Hilton Monona Terrace, Madison, WI. [For more information...](#)

*American College of Emergency Physicians (ACEP) Annual Meeting October 15-18, 2011 San Francisco, CA. [For more information...](#)

*EMSC State Partnership Town Hall Conference Call. October 12, 2011 at 2:00 pm EDT. To participate in the conference call, dial the HRSA conference line at 866-823-9065 and enter meeting code: 1346468.

*Air Medical Transport Conference. October 17-19, 2011. St. Louis, MO. [For more information...](#)

*EMEX 2011. November 12-17, 2011. Rio All-Suites Hotel, Las Vegas, NV. International Association of Emergency Managers. [For more information...](#)

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

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