



# Washington Update

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*January 20, 2011*

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

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

**1. JCREC Publishes Discussion Paper on Community Paramedicine**

The National Association of State EMS Officials (NASEMSO) and the National Organization of State Offices of Rural Health (NOSORH) through their Joint Committee on Rural Emergency Care (JCREC) has developed a discussion paper on Community Paramedicine. NASEMSO and NOSORH jointly support the effort to improve the understanding of community paramedicine. In 2011, the JCREC will continue to learn about CP and is contemplating several strategies, including monthly CP forums or education sessions for states and programs developing or contemplating CP; development of a more comprehensive state guide to developing a CP program; and a symposium to discuss issues and solutions to the points brought up in the discussion paper. The final version of the discussion paper which has been approved for distribution by NASEMSO and NOSORH is now available [here](#).

**2. NASEMSO Member Loses Home in Fire**

Fire crews from Carlin and Elko, NV responded to the call just after 2 am on January 11 and found the home of NASEMSO friend and colleague, Bob Heath, fully involved in flames. A fire spokesperson said the structure, although still standing, was described as a total loss of both home and contents. Bob and his wife fortunately escaped without injury. A trust fund has been established at the Nevada Bank and Trust for anyone who wishes to help. Donations can be sent to Robert & Linda Heath Fire Fund Account: 5500034508 or mailed to the bank via the Carlin branch at PO Box 446, Carlin, NV 89822. Our thoughts and prayers remain with Bob and Linda during this difficult time!!

**3. PECARN Announces Funding Opportunity**

The Emergency Medical Services for Children (EMSC) Program at the Health Resources and Services Administration (HRSA) is pleased to announce a funding opportunity announcement (FOA) for the Network Development Demonstration Project (NDDP). The purpose of the EMSC-NDDP cooperative agreement is to continue to demonstrate the value of an infrastructure or network designed to be the platform from which to conduct investigations on the efficacy of treatments, transport, and care responses in emergency care settings, including those preceding the arrival of children to hospital emergency departments. Funded NDDP cooperative agreements and a separately funded data center make up the Pediatric Emergency Care Applied Research Network (PECARN). Qualified Applicants: State governments and accredited schools of medicine are the only eligible applicants for funding under the EMSC Program. Up to six (6) will be awarded at up to \$630,000 in total (direct and indirect) costs per year for four (4) years for each of the six (6) awards. Please note that a technical assistance call will be held on January 24, 2011 at 12:00 noon (Eastern). Details for accessing the call are in the full FOA. A letter of intent is due February 15, 2011. The application deadline is on March 16, 2011 at 8:00 pm (Eastern). You may find the application by searching under CFDA number 93.127 in <http://www.grants.gov>.

**4. HRSA Announces RAED Grants**

The purpose of the Rural Access to Emergency Devices (RAED) Grant Program is to provide funding to rural community partnerships to purchase automated external defibrillators (AEDs) that have been approved, or cleared for marketing by the Food and Drug Administration; and provide defibrillator and basic life support training in AED usage through the American Heart Association, the American Red Cross, or other nationally-recognized training courses. A community partnership is composed of local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities. In the past, AEDs have been placed in colleges, universities, community centers, local businesses, law enforcement and ambulance vehicles, fire trucks, 911 dispatch centers, and offices. The grant creates opportunities to educate the public on AEDs via advertisements, news media, schools, churches, shopping malls, restaurants, home owner associations, businesses, local government bodies, security firms, etc. The deadline for Applications is February 28, 2011. [Link to Announcement...](#)

**5. HRSA Announces Health Center Planning Grants**

The purpose of planning grants is to demonstrate the need for health services in the community from public or non-profit organizations seeking a grant to plan for the development of a comprehensive primary care health center under the Health Center Program authorized under Section 330 of the Public Health Service Act. The purpose of the Health Center Program is to extend comprehensive primary and preventive health services (including mental health, substance abuse and oral health services) and supplemental services to populations currently without access to such services, and to improve their health status. The program includes: 1) Community Health Centers, section 330(e); 2) Migrant Health Centers, section 330(g); 3) Health Care for the Homeless program, section 330(h); and 4) Public Housing Primary Care, section 330(i). The populations served by these programs include: 1) medically underserved populations in urban and rural areas; 2) migratory and seasonal agricultural workers and their families; 3) homeless people, including children and families; and 4) residents of publicly subsidized housing. The deadline for applications is March 18, 2011. [Link to Announcement...](#)

**6. FAA Announces Record Number of Laser Events in 2010**

The FAA recently announced that in 2010, nationwide reports of lasers pointed at aircraft almost doubled from the previous year to more than 2,800. This is the highest number of laser events recorded since the FAA began keeping track in 2005. Nationwide, laser event reports have steadily increased since the FAA created a formal reporting system in 2005 to collect information from pilots. Reports rose from nearly 300 in 2005 to 1,527 in 2009 and 2,836

in 2010. Los Angeles International Airport recorded the highest number of laser events in the country for an individual airport in 2010, with 102 reports, and the greater Los Angeles area tallied nearly twice that number, with 201 reports. Chicago O'Hare International Airport was a close second, with 98 reports, and Phoenix Sky Harbor International Airport and Norman Y. Mineta San Jose International Airport tied for the third highest number of laser events for the year with 80 each. Some cities and states have laws making it illegal to shine lasers at aircraft and, in many cases, people can face federal charges. The FAA is actively warning people not to point high-powered lasers at aircraft because they can damage a pilot's eyes or cause temporary blindness. The FAA continues to ask pilots to immediately report laser events to air traffic controllers so local law enforcement officials can be contacted. [For more information...](#)

**7. Nomination Deadline Extended for 9-1-1 Heroes Awards**

The E9-1-1 Institute, National Emergency Number Association (NENA), Association of Public-Safety Communications-Officials International (APCO), National Association of State 9-1-1 Administrators (NASNA), and 9-1-1 Industry Alliance (9IA) want to remind you that nominations are open for the 2010 9-1-1 Honors Awards. The 2011 awards ceremony will take place at the 9-1-1 Honors Gala on Tuesday, March 29th, 2011 in Washington, DC. The deadline has been extended to Saturday, January 29, 2011. Descriptions, eligibility requirements, the nomination form, and submission instructions can be found online at [www.e911institute.org](http://www.e911institute.org).

**8. FEMA Seeks Comments on NIMS Training Plan**

The Federal Emergency Management Agency (FEMA) is requesting public comments on the NIMS Training Plan. This plan defines National Incident Management System (NIMS) national training. It specifies stakeholder responsibilities and activities for developing, maintaining, and sustaining NIMS training. In addition to delineating responsibilities and actions, the NIMS Training Plan defines the process for developing training and personnel qualification requirements for emergency management/response personnel. Comments must be received by February 22, 2011. [For more information...](#)

**9. CDC Launches NPHRN to Enhance State Communications Capabilities**

The National Public Health Radio Network (NPHRN) is a collaborative initiative between CDC's Office of Public Health Preparedness and Response (OPHPR) and the Division of Emergency Operations (DEO). In summary, the NPHRN will provide CDC, state, territorial, and local health departments with non-infrastructure dependent redundant communications capability – a "back up" method of communication when all else fails. Utilizing specific frequencies within the High Frequency (HF) spectrum, the NPHRN provides CDC and the 50 states, Puerto Rico, the Virgin Islands, the Pacific Island Jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Republic of the Marshall Islands, Republic of Palau, and the Federated States of Micronesia), and the localities of Chicago, Los Angeles County, New York City, and Washington, D.C. with a wireless redundant communications capacity. When participating in the NPHRN, CDC and public health partners will have the capability to transmit and receive vital information in the event that traditional infrastructure dependent communication media (telephone, internet, cellular) are damaged, overloaded, or destroyed thus preventing effective and reliable communication. [For more information...](#)

**10. AHRQ Highlights Hospital Preparedness Resources**

The Agency for Healthcare Research and Quality (AHRQ) announces several resources that can help hospital preparedness exercise coordinators plan for, design and develop, conduct, evaluate, and improve hospital preparedness exercises.

- The [Hospital Preparedness Exercises Atlas of Resources and Tools](#) describes nearly 200 resources and tools that are available to help exercise coordinators meet Federal funding requirements and accreditation standards throughout the exercise cycle. Each entry provides descriptive and citation information for the resource or tool.
- The [Hospital Preparedness Exercises Guidebook](#) complements the Atlas, serving as a reference for planning, conducting, and evaluating exercises and for how to comply with accreditation standards and Federal guidelines.
- The accompanying [Hospital Preparedness Exercises Pocket Guide](#) serves as a quick reference, summarizing the Guidebook.

**11. NIOSH Releases Final HHE Deepwater Horizon Response**

NIOSH released the ninth, and final, interim report highlighting the findings and recommendations from the health hazard evaluation of Deepwater Horizon response workers. All of the interim reports and sampling and health symptom survey data are available at <http://www.cdc.gov/niosh/topics/oilspillresponse/gulfspillhhe.html>. More information on NIOSH’s involvement in the Deepwater Horizon Response can be found at <http://www.cdc.gov/niosh/topics/oilspillresponse/>.

**12. CDC Posts Updated Guidance on Influenza Antiviral Agents**

As influenza activity increases in the United States, clinicians are urged to consult CDC guidance on the use of influenza antiviral agents and rapid influenza diagnostic tests this season. Updated recommendations on the use of antiviral medications has been previewed in Morbidity and Mortality Weekly Report (MMWR),

- The recommendations are currently available on CDC’s website at <http://www.cdc.gov/mmwr/pdf/rr/rr6001.pdf>.
- The updated guidance for health care professionals on the use of rapid influenza diagnostic tests is available at [http://www.cdc.gov/flu/professionals/diagnosis/clinician\\_guidance\\_ridt.htm](http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm).
- For the most recent summary of influenza activity in the United States, consult the CDC influenza surveillance report FluView at <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>.

**13. NFA Promotes Leadership Strategies for Community Risk Reduction**

The United States Fire Administration’s National Fire Academy is conducting the second pilot class at the National Emergency Training Center (NETC) in Emmitsburg, MD for its newly developed 6-day course Leadership Strategies for Community Risk Reduction. The pilot class is scheduled to begin Sunday, June 26 through Friday, July 1, 2011. The ultimate goal of the course is to develop fire and EMS leaders and managers who are committed to comprehensive multi-hazard community risk reduction. [For more information...](#)

**14. ACIP Updates Recommendations for Use of Tdap Vaccine**

Despite sustained high coverage for childhood pertussis vaccination, pertussis remains poorly controlled in the United States. A total of 16,858 pertussis cases and 12 infant deaths were reported in 2009. Although 2005 recommendations by the Advisory Committee on Immunization Practices (ACIP) called for vaccination with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) for adolescents and adults to improve immunity against pertussis, Tdap coverage is 56% among adolescents and <6% among adults. ACIP recommends a single Tdap dose for persons aged 11 through 18 years that have completed the recommended childhood diphtheria and tetanus toxoids and pertussis/diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP) vaccination series and for adults aged 19 through 64 years. ACIP recommends that pertussis vaccination, when indicated, should not be delayed and that Tdap should be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine. ACIP concluded that while longer intervals between Td and Tdap vaccination could decrease

the occurrence of local reactions, the benefits of protection against pertussis outweigh the potential risk for adverse events. [For more information...](#)

**15. DOT to Implement New Rules to Decrease Occupant Ejections**

U.S. Transportation Secretary Ray LaHood recently announced a final rule aimed at decreasing occupant ejections in passenger vehicles. The new U.S. Department of Transportation standard, which will help reduce the number of people partially or completely ejected through side windows during rollover crashes, will begin phasing in during 2013. Under the new rule, issued by the Department’s National Highway Traffic Safety Administration (NHTSA), vehicle manufacturers must develop a countermeasure for light passenger vehicles under 10,000 lbs that prevents the equivalent of an unbelted adult from moving more than 4 inches past the side window opening in the event of a crash. The new standard will begin phasing in during 2013 – all newly manufactured vehicles will be required to provide this protection by model year 2018. [For more information...](#)

**16. CDC Updates Influenza Guidance in Healthcare Settings**

In case you didn’t notice, the Centers for Disease Control and Prevention (CDC) has archived influenza guidance previously referencing H1N1 Infection Control Guidance for Healthcare Personnel and EMS. The information is no longer being maintained or updated. EMS personnel are now referred to the CDC’s [Infection Control in Health Care Facilities](#) web site. New guidance on seasonal influenza supersedes previous CDC guidance for both seasonal influenza and the Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, which was written to apply uniquely to the special circumstances of the 2009 H1N1 pandemic as they existed in October 2009. As stated in that document, CDC planned to update the guidance as new information became available. In particular, one major change from the spring and fall of 2009 is the widespread availability of a safe and effective vaccine for the 2009 H1N1 influenza virus. Components of this vaccine have been included in the 2010-2011 trivalent seasonal vaccine. Second, the overall risk of hospitalization and death among people infected with this strain was uncertain in spring and fall of 2009, but is now known to be substantially lower than pre-pandemic assumptions. In addition, more information has been recently published or presented indicating that face mask use and hand hygiene reduce the risk of influenza infection in health care and household settings. The current circumstances and new information justify an update of the recommendations. This updated guidance continues to emphasize the importance of a comprehensive influenza prevention strategy that can be applied across the entire spectrum of healthcare settings. CDC will continue to evaluate new information as it becomes available and will update or expand this guidance as needed. Additional information on influenza prevention, treatment, and control can be found on [CDC's influenza website](#).

NASEMSO members and others frequently comment about the perceived exclusion of EMS personnel in Department of Health and Human Service (HHS) and Centers for Disease Control and Prevention (CDC) guidance related to health, wellness, and disease prevention. While it is not practical for every federal document to outline comprehensive definitions pertaining to a particular audience, here is the HHS reference that demonstrates federal commitment to EMS disciplines in guidance titled for HCP:

Definition of Health Care Personnel (HCP), March 2008\*

HCP refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, **emergency medical service personnel**, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, house-keeping, laundry, security,

maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and **emergency medical services**.

\*Adapted from Influenza Vaccination of Health-Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(RR02):1-16.

### 17. NIOSH Requests Public Comment

- **Infectious Diseases and Emergency Responders**  
Public comments will be accepted through February 11 on a proposed list of infectious diseases that may pose life-threatening health risks to emergency response employees through bloodborne or airborne transmission. Comments will also be accepted 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.  
<http://edocket.access.gpo.gov/2010/2010-31149.htm>
  
- **New Respiratory Device Standards**  
Public comments will be accepted through February 12 on a proposal to develop a performance standard for a combination respirator unit that employs the technologies of two or more different types of respiratory protective devices. The notice is part of NIOSH's ongoing program for 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.  
<http://www.cdc.gov/niosh/docket/review/docket082A/>

### 18. Health Community Embraces EHR for Federal Incentive Payments

In a recent survey conducted by the Department of Health and Human Services (HHS), four-fifths of the nation's hospitals and 41 percent of office-based physicians currently intend to take advantage of federal incentive payments for adoption and meaningful use of certified electronic health records (EHR) technology. The survey information was released as the registration period opened for the Medicare and Medicaid EHR Incentive Programs. To qualify for incentive payments, under the Medicare EHR Incentive Program, providers must achieve meaningful use of certified EHR technology, under regulations issued by CMS and the Office of the National Coordinator for Health Information Technology (ONC.) Medicaid providers can receive their first year's incentive payment for adopting, implementing, and upgrading certified EHR technology but must demonstrate meaningful use in subsequent years in order to qualify for additional payments. [For more information...](#)

### 19. FDA Limits Maximum Dose of Acetaminophen in Prescription Drug Products

The Food and Drug Administration (FDA) is taking steps to reduce the maximum dosage unit strength of acetaminophen in prescription drug products. This change will provide an increased margin of safety to help prevent liver damage due to acetaminophen overdosing by persons who unwittingly combine acetaminophen containing products. A recent Federal Register notice explains the reasons for the reduction in dosage unit strength and describes how FDA is implementing it for approved prescription drug products that exceed the new maximum tablet or capsule strength. FDA is also requiring safety labeling changes, including a new boxed warning, for acetaminophen-containing prescription drug products to address new safety information about the risk of liver

damage. There are 7 different prescription acetaminophen combinations currently marketed under a total of 189 approved active applications. [For more information...](#)

**20. NFPA Technical Committee on EMS Meets**

The National Fire Protection Association (NFPA) Technical Committee on EMS met in San Antonio, TX, on January 6-7. The Committee is chaired by National Volunteer Fire Council (NVFC) Kentucky Director and EMS/Rescue Section Chair Ken Knipper. The Technical Committee is responsible for NFPA 450 – Guide for Emergency Medical Services and Systems. This document provides guidelines and recommendations to assist those interested or involved in EMS system design and provides a template for local stakeholders to evaluate EMS systems and make improvements based on that evaluation. NFPA 450 is up for revision, and the Technical Committee is reviewing the document to determine if any changes should be made. At the January meeting, the Committee expressed its desire to keep the document pure to its original design, although some updates were made to keep the document current. The Committee also decided to cite the National Highway Traffic Safety Administration’s (NHTSA) publication Emergency Medical Services Performance Measures to address a recent request from the Standards Council to incorporate additional material on performance measures. The Technical Committee will perform a thorough gap and standard analysis of NFPA 450 during its next meeting to determine if all 14 EMS attributes listed in NHTSA’s EMS Agenda for the Future are covered in the document. (Special thanks to the National Volunteer Fire Council EMS Section for this update!)

**21. Morphine Oral Solution Could Lead to Medication Errors**

Roxane Laboratories and the Food and Drug Administration (FDA) have notified healthcare professionals of serious adverse events and deaths resulting from accidental overdose of morphine sulfate oral solutions, especially when using the high potency 100 mg/5mL product. The packaging and label for morphine sulfate oral solution (100 mg/5 mL product), which was first approved in January 2010 for the treatment of chronic pain, has led to medication errors, the manufacturer and the FDA report. The FDA alert comes in response to reports of accidental overdoses, including some deaths, when labels were misinterpreted. "In most of these cases," says the manufacturer, "morphine sulfate oral solutions ordered in milligrams (mg) were mistakenly interchanged for milliliters (mL) of the product." In other cases, there was confusion about the concentration of morphine in the product. For complete details, see the linked manufacturer's drug safety information. Patients will receive a medication guide when filling prescriptions for morphine sulfate. [For more information...](#)

**22. Solution Offered to Auxiliary AC System Control in Specific 2011 Ford Models to Comply with KKK Specs**

The Ford Motor Company has issued a QVM Bulletin (Q-195) to vehicle manufacturers regarding aftermarket auxiliary air conditioning units in 2011 F-350, F-450, F-550 Chassis systems (which are used to build ambulances.) In order to comply with KKK Specifications, units require independent control of the rear air-conditioning systems. Until recently, the 2011 F-Super Duty chassis could not meet the KKK specification for independent control of the rear a/c (unless a completely separate a/c system is installed). This can result in the rear compartment temperature being overridden by the front controls. Intermotive Vehicle Controls has notified NASEMSO and the Ambulance Manufacturer Division group of the National Truck Equipment Association (NTEA) of the availability of a CAN Vehicle Controller as a potential solution which will enable these vehicles to pass KKK inspections. Interested persons are encouraged to visit the “Emergency Response” section at <http://www.intermotive.net/products.html>.

The individual documents can also be found by using these links.

- [Ambulance KKK Specification](#)



- [Ford VMV Bulletin on A/C System Control](#)
- [CVC501-A-02 \(with high idle\)](#)
- [CVC502-A-01 \(without high idle\)](#)

Anyone that has questions can contact Marc Ellison at 800-969-6080 extension 17, cell 530-210-1843, or by e-mail at [mellison@intermotive.net](mailto:mellison@intermotive.net).

### 23. Controversy over Ambulance Disinfectant Isolated to Single Service

Following a formal complaint by a local union over undocumented health concerns for its workers, EPA Region 2 has ordered a New Jersey EMS provider to immediately stop micro-misting their ambulances with disinfectants acquired from Zimek Technologies and the Zimek's Micro-Mist® Disinfectant and Sanitizer Application System. This device is used to deliver disinfectants to the interior of ambulances as micron or submicron sized particles. Zimek Technologies has not been contacted by the EPA or been served any notification from them. The EPA Region 2 issued an order directly to the local New Jersey ambulance service to stop using its Zimek System until further notice while the health-related claims are further investigated to determine if they are legitimate. By its terms, the order did not affect any other Zimek user. [For more information...](#)

### 24. Geriatrics Society Updates Fall Prevention Guidelines

The American Geriatrics Society has updated its 2001 guideline for preventing falls in older people. The article, published in the Journal of the American Geriatrics Society, offers several recommendations regarding screening, assessment, and intervention. Additional resources are available on the web site. [For more information...](#)

**25. Aerosol inhalation from spacers and valved holding chambers requires few tidal breaths for children.** Schultz et al. Pediatrics 2010 Dec; 126:e1493. The goal was to determine the number of breaths required to inhale salbutamol from different spacers/valved holding chambers (VHCs). CONCLUSION For young children, tidal breaths through a spacer/VHC were much larger than expected. Two tidal breaths were adequate for small-volume VHCs and a 500-mL modified soft drink bottle, and 3 tidal breaths were adequate for the larger Volumatic VHC. [Free abstract](#). Subscription required to access article.

### 26. NPR "Talk of the Nation" Highlights Challenges of Field Triage

National Public Radio (NPR) recently featured an overview of the shooting event in Tucson and the use of triage to categorize patients. The transcript and mp3 file of the program can be accessed [here](#).

### 27. MMR Scare Fraught With Misconduct

In a recent editorial and series of articles, the British Medical Journal now reports that Andrew Wakefield's evidence connecting MMR vaccine to an increased incidence of autism appears to be falsified. In the first part of a the BMJ series, Journalist Brian Deer exposes the bogus data behind claims that launched a worldwide scare over the measles, mumps, and rubella vaccine, and reveals how the appearance of a link with autism was manufactured at a London medical school. For more information:

- [Editorial: Wakefield's article linking MMR vaccine and autism was fraudulent](#)
- [Secrets of the MMR scare, part 1: how the case against the MMR vaccine was fixed](#)
- [Secrets of the MMR scare, part 2: How the vaccine crisis was meant to make money](#)
- [Secrets of the MMR scare, part 3: The Lancet's two days to bury bad news](#)

**28. Assessing the Impact of Prehospital Intubation on Survival in Out-of-Hospital Cardiac Arrest.** Egly et al. Prehospital Emergency Care January 2011, Vol. 15, No. 1 , Pages 44-49. Objective. To compare the rates of survival to hospital admission and discharge of nontraumatic out-of-hospital cardiac arrest (OHCA) patients who received successful out-of-hospital endotracheal intubation and those who were not intubated. Conclusion. This observational study in an unselected population shows that patients in VF/VT arrest who underwent out-of-hospital intubation were less likely to survive to discharge than those not intubated. Out-of-hospital intubation of patients with non-VF arrest was associated with an increased rate of survival to admission, but not survival to discharge. Future prospective studies are needed to define the role of out-of-hospital endotracheal intubation in cardiac arrest patients. Read More: <http://informahealthcare.com/doi/abs/10.3109/10903127.2010.514090>

**29. Predictors of Influenza Vaccination among Emergency Medical Services Personnel.** Hubble et al. Prehospital Emergency Care. Posted online on 12 Jan 2011. Background. Because of their frequent patient interactions, particularly with patients in long-term care facilities, emergency medical services (EMS) professionals are at risk of contracting and spreading influenza. However, influenza vaccination rates among EMS professionals are poorly quantified. Objectives. We sought to document vaccination rates of EMS professionals and identify predictors of vaccination uptake. Conclusion. In this multicenter evaluation of EMS professionals, influenza vaccination rates were unacceptably low. Previous influenza infection, employer vaccine recommendation, a perception of increased risk for contracting the illness, and favorable beliefs about vaccine effectiveness were all predictive of vaccination acceptance. Emergency medical services systems should focus their efforts on combating misinformation through employee educational campaigns as well as develop policies regarding immunization requirements and working while ill. Read More: <http://informahealthcare.com/doi/abs/10.3109/10903127.2010.541982>

**30. Effect of high flow oxygen on mortality in chronic obstructive pulmonary disease patients in prehospital setting: randomised controlled trial.** Austin et al. BMJ 2010; 341:c5462. Objectives: To compare standard high flow oxygen treatment with titrated oxygen treatment for patients with an acute exacerbation of chronic obstructive pulmonary disease in the prehospital setting. Conclusions: Titrated oxygen treatment significantly reduced mortality, hypercapnia, and respiratory acidosis compared with high flow oxygen in acute exacerbations of chronic obstructive pulmonary disease. These results provide strong evidence to recommend the routine use of titrated oxygen treatment in patients with breathlessness and a history or clinical likelihood of chronic obstructive pulmonary disease in the prehospital setting. [Read the article...](#)

**UPCOMING EVENTS**

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

\*New Jersey Statewide Conference on EMS. November 2 - 5, 2011 Sheraton, Atlantic City, NJ. For more information, please visit [www.NJEMSConference.com](http://www.NJEMSConference.com)

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

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](http://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 World 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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