



Washington Update

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1. Education Agenda: NASEMSO Provides Implementation Timeline and Textbook Publication Schedules

The National Association of State EMS Officials (NASEMSO) recognizes the complexities involved with implementing the National EMS Education Agenda and that it would not be possible without the support of the entire EMS community from student candidates to educators to publishers to state EMS offices, to name a few. NASEMSO has created a "Timeline" to illustrate the complexities of implementing the *Education Agenda*. It represents several milestones for implementation and identifies EMS stakeholders that have expressed an interest in participating in a range of implementation activities with a time-oriented goal for achieving them. The chart does not represent an exclusive list and additional objectives will be added as they are identified. This document was created by a consensus process and we anticipate that we will remain on target with its goals; however, individual states retain the authority to determine their level for participation.

In related news, NASEMSO has compiled a listing of known production schedules for EMS text books and materials that support the National EMS Education Standards. Additional information will be added to the list as it becomes available to NASEMSO. All related NASEMSO "Implementation" documents, including the *"Implementation Timeline"* and *"Anticipated Production Schedules for EMS Textbooks and Materials"* will be posted on our [web site](#). For the new Timeline and publication schedule, go to [Toolkit](#) and look under Transition Materials.

2. NASEMSO Provides New Issue Brief on N-95 Respirators and Fit Testing Requirements for EMS Personnel

Conflicting information promulgated by national organizations, the scientific community, and the news media about the use of masks, respirators, and the utility of fit-testing diminishes the ability of the health care community, including Emergency Medical Services (EMS) to promote consistent practice among its practitioners. The National Association of State EMS Officials (NASEMSO) believes that the health and welfare of emergency responders is critical to the Nation's emergency care infrastructure and supports the efforts of the Centers for Disease Control and Prevention (CDC), the National Institute of Occupational Safety and Health (NIOSH), and the Occupational Safety and Health Administration (OSHA) to educate medical first responders and others about the potential risks associated with illnesses that are transmitted from person to person through close contact or droplet exposure. A new NASEMSO Issue Brief on N-95 Respirators and Fit-Testing Requirements for EMS Personnel is now available at <http://www.nasemso.org/Advocacy/PositionsResolutions/IssueBriefs.asp>.

3. NASEMSO Comments on NHTSA Strategic Plan

NASEMSO has provided formal comment to the National Highway Traffic Safety Administration's Strategic Plan--Docket No. NHTSA-2009-0171. All public comments can be viewed at www.regulations.gov. NASEMSO's comments are now available on our web site at www.nasemso.org. Go to "Projects" then "Highway Incident & Transportation Systems (HITS)."

4. NASEMSO Supports Senate Bill to Eliminate CAH "Isolation Test"

The Critical Access Hospitals (CAH) program was designed to improve rural health care access and reduce hospital closures. Critical Access Hospitals provide essential services to a community and are reimbursed by Medicare on a "reasonable cost basis" for services provided to Medicare patients while current legislation requires them to be at least 35 miles from one another (commonly referred to as the 35 mile rule or "isolation test."). For those areas served by a CAH ambulance, the CAH would receive cost-based ambulance reimbursement. For those areas served by a community ambulance where ambulance transport is to or from the CAH, the community ambulance would receive cost based payment by billing Medicare under arrangement through the CAH. Introduced by Senator Kent (ND) in 2009, S. 1157, the Craig Thomas Rural Hospital and Provider Equity Act of 2009, would eliminate the existing ownership requirement, "isolation test" (35 mile rule) for CAH-based ambulance services, and would also allow Critical Access Hospitals to do "under arrangement" cost based billing for all the services that deliver patients to them. The language in S.1157 addresses all of these issues and is supported by NASEMSO, the National Rural Health Association, the National Organization of State Offices of Rural Health, the National EMS Management Association, and the American Ambulance Association. For more information, read--

- [Full text of the Bill.](#)
- [NASEMSO Letter to AEMS Regarding CAH/ S.1157](#)
- [Fact Sheet: "Eliminate the CAH "Isolation Test" for Ambulance Reimbursement"](#)

5. Procedure for NASEMSO Roster Changes Reviewed

NASEMSO frequently receives requests from individuals and council chairs about changes to the NASEMSO membership roster. Readers are reminded that ONLY the state EMS director can authorize changes to the official

NASEMSO membership roster. Requests for changes from any other individual will not be accepted. Requests to NASEMSO staff to contact the state director on behalf of an individual will be deferred. State EMS directors who have personnel changes may provide them to Sharon Kelley via info@nasemso.org.

6. Executive Order Establishes New Council of Governors

President Obama recently signed an Executive Order establishing a Council of Governors to strengthen further the partnership between the Federal Government and State Governments to protect our Nation against all types of hazards. When appointed, the Council will be reviewing such matters as involving the National Guard of the various States; homeland defense; civil support; synchronization and integration of State and Federal military activities in the United States; and other matters of mutual interest pertaining to National Guard, homeland defense, and civil support activities. The bipartisan Council will be composed of ten State Governors who will be selected by the President to serve two year terms. In selecting the Governors to the Council, the White House will solicit input from Governors and Governors’ associations. Federal members of the Council include the Secretary of Defense, the Secretary of Homeland Security, the Assistant to the President for Homeland Security and Counterterrorism, the Assistant to the President for Intergovernmental Affairs and Public Engagement, the Assistant Secretary of Defense for Homeland Defense and Americas’ Security Affairs, the U.S. Northern Command Commander, the Commandant of the Coast Guard, and the Chief of the National Guard Bureau. The Secretary of Defense will designate an Executive Director for the Council. [More information on the Council of Governors...](#)

7. GAO Studies State Assistance Programs Receiving Medicaid and CHIP Funds

The Government Accounting Office (GAO) has released a new study on cost and coverage issues related to state premium assistance programs receiving Medicaid and CHIP funds. In this report, the GAO describes states’ premium assistance programs, including the (1) funding source, operating authority, and type of private health insurance coverage subsidized; (2) policies regarding eligibility and enrollment; (3) benefits, premiums, and cost sharing; (4) expenditures and cost-effectiveness policies; and (5) challenges program officials reported in implementing and operating such programs, as well as the effect that the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) may have on these challenges. *Medicaid and CHIP: Enrollment, Benefits, Expenditures, and Other Characteristics of State Premium Assistance Programs*. GAO-10-258R, January 19 <http://www.gao.gov/cgi-bin/getrpt?GAO-10-258R>

8. FAA’s Aviation News Features Issue on Human Element Research

Human factors are topics discussed at most aviation safety seminars, as well as a fundamental subject during pilot and mechanic training. Yet, despite widespread awareness of the importance of human factors in safety, it continues to play a key role in a majority of today’s aircraft incidents and accidents. Encompassing everything from fatigue and workload management, to integrating the latest advances in technology, the topic of human factors covers a wide spectrum. The *FAA Aviation News* team, along with staff members of the FAA’s Civil Aerospace Medical Institute (CAMI) teamed up to produce an issue dedicated to this important subject. Headlining the issue is the article, “The Importance of the Human Element,” written by Dr. Thomas R. Chidester and Dr. Carla A. Hackworth. The article provides readers with a solid foundation on human factors and addresses the question several might ask: Why should I care? The article also discusses how CAMI research helps explain and pinpoint human factors that may lead to an error. Additional articles are provided on “Finding and Fighting Fatigue” and “Factoring in the Human in Avionics Certification.” For more information on how FAA human factors research helps improve your safety, go to: www.faa.gov/news/aviation_news.

9. NEMSIS Version 3 Revision Process Underway

The NEMSIS TAC is providing Version 3 draft documents in [PDF](#), [WORD](#), and [EXCEL](#). All versions are available at: www.nemsis.org/support/version3Info.html. All public comments will be collected through the NEMSIS website at www.NEMSIS.org using a specially configured wiki. The comment period will extend from February 5th through the end of March but it is strongly suggested that comments be submitted within 30 days. It is anticipated that the Final NEMSIS Version 3 Standard will be released the last week of May 2010.

10. FEMA Announces New Membership of National Advisory Council

Federal Emergency Management Agency (FEMA) Administrator W. Craig Fugate recently announced the newest appointments to the National Advisory Council (NAC)—comprised of emergency management and law enforcement leaders from state, local and tribal government and the private sector to advise the FEMA Administrator on all aspects of disaster preparedness and management to ensure close coordination with all partners across the country. NAC members serve three-year terms and are selected based on their expertise in emergency management and response, public health, infrastructure protection, cybersecurity, communications, as well as other areas related to FEMA’s mission. The NAC, chartered in 2007, holds quarterly meetings open to the public. New members/reappointments include: Joseph Bruno, James Featherstone, Brigadier General Donald P. Dunbar, Dr. David Markenson, J. Michael Phillips, John Wesley Hines, Jane Halliburton, Charles H. Ramsey, Richard Devylder, Ellen Gordon, Joseph Becker, Larry A. Larson, Diana Rothe-Smith, and Teresa Scott. The next meeting of the FEMA NAC will be held February 10-11, 2010 in Washington, DC.

11. GAO Addresses Medical Surge in State Emergency Preparedness Efforts

In June 2008, the GAO recommended that the Secretary of the Department of Health and Human Services (HHS) ensure that the department serves as a clearinghouse for sharing among the states altered standards of care guidelines developed by individual states or medical experts. HHS was silent on GAO’s recommendation but has since reported taking steps to design such a clearinghouse. Based on a review of state emergency preparedness documents and interviews with 20 state emergency preparedness officials, GAO found that many states had made efforts related to three of the four key components of medical surge that GAO had identified—increasing hospital capacity, identifying alternate care sites, and registering medical volunteers. But fewer had implemented the fourth: planning for altering established standards of care. More than half of the 50 states had met or were close to meeting the criteria for the five medical-surge-related sentinel indicators for hospital capacity reported in the Hospital Preparedness Program’s 2006 midyear progress reports. In a 20-state review, GAO found that

- all 20 were developing bed reporting systems and most were coordinating with military and veterans hospitals to expand hospital capacity,
- 18 were selecting various facilities for alternate care sites,
- 15 had begun electronic registering of medical volunteers, and
- fewer of the states—7 of the 20—were planning for altered standards of medical care to be used in response to a mass casualty event.

Emergency Preparedness: State Efforts to Plan for Medical Surge Could Benefit from Shared Guidance for Allocating Scarce Medical Resources. GAO-10-381T, January 25 <http://www.gao.gov/cgi-bin/getrpt?GAO-10-381T>
 Highlights - <http://www.gao.gov/highlights/d10381thigh.pdf>

12. House Bill Would Address the Needs of Children in Disasters

Rep. Corrine Brown (FL) has introduced H.R. 4478 to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The Bill would direct the President to take actions to address the needs of children and families who are victims of a major disaster. H.R. 4478 is in the first step in the legislative process. Introduced bills and

resolutions first go to committees that deliberate, investigate, and revise them before they go to general debate. It was referred to the House Committee on Transportation and Infrastructure on January 20. Read the full text [here](#).

13. CDC Provides New Pediatric Pan Flu Guidance for Community Stakeholders

The purpose of this document is to provide a suggested approach, based on input from pediatric stakeholders, to communicating pediatric-related information on pandemic influenza at the community level in a step-by-step manner. This is a suggested approach to coordinating communication and disseminating information; it can be adapted or modified to suit most communities as they see fit. The goal is to give community planners "talking points" for discussions on a coordinated approach to communication in their community. Go to [CDC Guidance from Pediatric Stakeholders: A Coordinated Approach to Communicating Pediatric-related Information on Pandemic Influenza at the Community Level](#).

14. HHS Releases National Health Security Strategy and Implementation Guide

The Pandemic and All-Hazards Preparedness Act (PAHPA) was enacted in 2006 to improve the Nation's ability to detect, prepare for, and respond to a variety of public health emergencies. Among other things, PAHPA directs the Secretary of the Department of Health and Human Services (HHS) to develop a National Health Security Strategy (NHSS), to be initially presented to Congress in 2009 and subsequently revised every four years afterward. The Nation's first National Health Security Strategy (NHSS) is intended to help galvanize efforts to minimize the health consequences associated with significant health incidents. The NHSS was developed in consultation with a broad range of stakeholders, including representatives from local, state, territorial, tribal, and federal government; community-based organizations; private-sector firms; and academia. The vision for health security described in the NHSS is built on a foundation of community resilience - healthy individuals, families, and communities with access to health care and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations. Communities help build resilience by implementing policies and practices to ensure the conditions under which people can be healthy, by assuring access to medical care, building social cohesion, supporting healthy behaviors, and creating a culture of preparedness in which bystander response to emergencies is not the exception but the norm. For more information, go to—

- [National Health Security Strategy](#)
- [Interim Implementation Guide for National Health Security Strategy](#)

15. CDC Foundation Solicits Contributions to Global Disaster Response Fund

Teams from the Centers for Disease Control and Prevention (CDC) are on the ground in Haiti and have identified critical supplies and equipment needed to address the growing public health crisis - items that CDC cannot purchase quickly through normal government channels. CDC is also beginning to outline long-term needs for helping Haiti rebuild its public health system. You can help CDC response teams purchase what they need immediately to detect and control disease outbreaks and contribute to rebuilding Haiti's public health infrastructure by making a gift to the CDC Foundation's [Global Disaster Response Fund](#).

16. DHS Unveils “Virtual USA” Information-Sharing Initiative

Department of Homeland Security (DHS) Secretary Janet Napolitano recently launched Virtual USA, an innovative information-sharing initiative—developed in collaboration with the emergency response community and state and local governments across the nation—that helps federal, state, local and tribal first responders communicate during emergencies. Virtual USA links disparate tools and technologies in order to share the location and status of critical assets and information—such as power and water lines, flood detectors, helicopter-capable landing sites, emergency vehicle and ambulance locations, weather and traffic conditions, evacuation routes, and school and

government building floor plans—across federal, state, local and tribal governments. [For more information on Virtual USA...](#)

17. OIG Identifies State Concerns with CHEMPACK Storage

In 2004, CDC established the CHEMPACK project as part of an approximately \$3.5-billion Federal Strategic National Stockpile of drugs and medical supplies to assist States in protecting communities against the potentially deadly effects of chemical agents that attack the human nervous system (i.e., nerve agents). While nerve agent antidotes in the CHEMPACK project are part of the Strategic National Stockpile, they are not located with other federally stockpiled drugs. When States elect to participate in the CHEMPACK project, they sign a memorandum of agreement with CDC that outlines Federal and State roles and responsibilities. During a recent audit, federal investigators found that 9% of selected Chempack containers were stored incorrectly for at least 1 of 12 months. Although states volunteer to participate in the Chempack program, the Centers for Disease Control and Prevention retains ownership of the nerve-agent antidotes until use and is responsible for their quality assurance. [Read the report...](#)

18. Medical Surge Capacity Focus of IOM Forum Workshop Summary

The IOM’s Forum on Medical and Public Health Preparedness for Catastrophic Events held a workshop June 10-11, 2009, to assess the capability of and tools available to federal, state, and local governments to respond to a medical surge. In addition, participants discussed strategies for the public and private sectors to improve preparedness for such a surge. The workshop brought together leaders in the medical and public health preparedness fields, including policy makers from federal agencies and state and local public health departments; providers from the health care community; and health care and hospital administrators. *Medical Surge Capacity: Workshop Summary* is now available [here](#).

19. CRS Issues H1N1 Influenza Legal Issues Report

The Congress Research Service (CRS) has released a Report for Congress entitled, *The 2009 Influenza Pandemic: Selected Legal Issues*. The report provides a brief overview of legal issues including emergency measures, civil rights, liability issues, and employment issues. To view the report, please visit <http://www.fas.org/sgp/crs/misc/R40560.pdf>.

20. First Case of XXDR TB Identified in US

The first case of contagious, aggressive, especially drug-resistant form of tuberculosis has been identified in the United States. The Associated Press learned of the case, which until now has not been made public, as part of a six-month look at the soaring global challenge of drug resistance. It was recently reported that for the first time that a patient with extremely drug resistant TB (XXDR-TB) was identified in the United States. Extremely drug resistant TB (XXDR-TB) is very rare, much more so than extensively drug resistant TB (XDR-TB) and has been seen in only a handful of patients worldwide. XXDR-TB is a new designation, referring to TB that is resistant to both first and second-line drugs for TB. [News information here...](#)and [here](#).

In related news, a patient with drug-resistant TB was able to fly from Philadelphia to San Francisco earlier this month despite a public health order. He had been scheduled to transfer to another flight overseas when health authorities intercepted him. According to a news article in the San Francisco Chronicle, the patient who is not being identified, was added to a federal "do not board" list the day before his flight and it is unclear how he managed to get on the US Airways flight the next day. An investigation is under way. The federal "do not board" list was created in June 2007 to prevent the spread of contagious diseases like tuberculosis. Since then, 88 people

have made the list, all of them infected with tuberculosis. Read more: "TB patient flies to SFO despite air travel ban" (01/13/2010) <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/01/13/BA0U1BHA65.DTL>

21. Executive Order Identifies USPS for Delivery of Medical Countermeasures for Bio Attacks

President Obama has signed an Executive Order that helps take a major step forward in countermeasure dispensing. The Executive Order establishes a Federal capability for timely provision of medical countermeasures following a biological attack. The EO would establish a US Postal Model for US cities (that also includes using local Federal law enforcement personnel to assist, develop a Federal rapid response force to assist cities rapidly distribute medical countermeasures, and ensure all Federal agencies have the means to ensure critical personnel have immediate access to countermeasures to ensure mission essential functions continue uninterrupted. The EO can be viewed at <http://www.whitehouse.gov/the-press-office/executive-order-medical-countermeasures-following-a-biological-attack>.

22. Joint Policy Statement—Guidelines for Care of Children in the Emergency Department Now Available

This statement outlines resources necessary to ensure that hospital EDs stand ready to care for children of all ages, from neonates to adolescents. These guidelines are consistent with the recommendations of the Institute of Medicine’s report on the future of emergency care in the United States health system. Although resources within emergency and trauma care systems vary locally, regionally, and nationally, it is essential that hospital ED staff and administrators and EMS systems’ administrators and medical directors seek to meet or exceed these guidelines in efforts to optimize the emergency care of children they serve.

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1233.pdf>

23. Protecting and Promoting Worker Health and Well-Being

The WorkLife Initiative, a program developed by the National Institute for Occupational Safety and Health (NIOSH) and partners, seeks to better understand and promote the kinds of work environments, programs, and policies that result in healthier, more productive workers with reduced disease and injury and lower health care needs and costs. It is based on a foundational commitment to workplaces free of recognized hazards and the idea that better work-based health policies and programs can help to sustain and improve the health and wellbeing of workers. New information on the WorkLife Initiative is available on the [NIOSH web site](#).

In related news, NIOSH has also published a document that provides a snapshot of our work addressing the safety and health issues that reach across all the U.S. states, industries, and disciplines, including information about efforts in traditional and emerging areas such as NORA, research-to-practice, emergency response, nanotechnology, personal protective technology, global collaborations, and other cross-cutting programs. It also included examples of how NIOSH and partners are working hard to achieve a shared mission of making the workplace safer and healthier for all workers. Go to [Delivering on the Nation's Investment in Worker Safety and Health \(Pub. No. 2010-122, January 2010\)](#).

24. What Are the Costs When a Worker Dies in the Line of Duty?

NIOSH announces the publication of "The Cost of Fatal Injuries to Civilian Workers in the United States, 1992-2001." The data in this document measure the economic loss to society from the premature deaths of workers.

<http://www.cdc.gov/niosh/docs/2009-154/>

25. President Signs Executive Order on Distracted Driving

President Obama’s Executive Order on distracted driving will prohibit more than 4 million federal employees from

texting behind the wheel while working or while using government vehicles and communications devices. Transportation Secretary Ray LaHood also unveiled a new national television PSA and website, <http://www.distracted.gov/>, to get the word out on the dangers of distracted driving. National Highway Traffic Safety Administration (NHTSA) research shows that nearly 6,000 people died in 2008 in crashes involving a distracted or inattentive driver, and more than half a million were injured. On any given day in 2008, more than 800,000 vehicles were driven by someone using a hand-held cell phone. The Governors Highway Safety Association provides an up-to-date resource on cell phones and text messaging laws at http://www.ghsa.org/html/stateinfo/laws/cellphone_laws.html.

In related news, the Department of Transportation has exercised federal authority banning texting for commercial truck drivers. The action is the result of the Department's interpretation of standing rules. Truck and bus drivers who text while driving commercial vehicles may be subject to civil or criminal penalties of up to \$2,750. Federal Motor Carrier Safety Administration (FMCSA) research shows that drivers who send and receive text messages take their eyes off the road for an average of 4.6 seconds out of every 6 seconds while texting. At 55 miles per hour, this means that the driver is traveling the length of a football field, including the end zones, without looking at the road. Drivers who text while driving are more than 20 times more likely to get in an accident than non-distracted drivers. Because of the safety risks associated with the use of electronic devices while driving, FMCSA is also working on additional regulatory measures that will be announced in the coming months.

26. AASTHO Seeks Input on National Strategy on Highway Safety

The American Association of State Highway and Transportation Officials (AASTHO) have identified plans for a new "vision" document, "Toward Zero Deaths: a National Strategy on Highway Safety." The National Strategy is an effort to develop a national approach to eliminating highway fatalities as a threat to public and personal health. To be developed with input from a wide range of highway safety stakeholders, the end result of the National Strategy will have two key parts: a national safety plan and an associated outreach program, and a process for implementing the plan. *Toward Zero Deaths: A National Strategy on Highway Safety* will be a data-driven effort focusing on identifying and creating opportunities for changing American culture as it relates to highway safety. The effort will also focus on developing strong leadership and champions in the organizations that can directly impact highway safety through engineering, enforcement, education, emergency medical service (EMS), policy, public health, communications, and other efforts. Interested persons should contact the HITS Committee via NASEMSO Program Manager, Mary Hedges at Hedges@nasemso.org or HITS Committee Chairperson Dia Gainor at gainord@dhw.idaho.gov.

27. Feds Issue Regulations on 'Meaningful Use' and Setting Standards for Electronic Health Records

The Centers for Medicare & Medicare Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) encourage public comment on two regulations issued that lay a foundation for improving quality, efficiency and safety through meaningful use of certified electronic health record (EHR) technology. The regulations will help implement the EHR incentive programs enacted under the American Recovery and Reinvestment Act of 2009 (Recovery Act). For more information on the proposed regulation, go to <http://www.hhs.gov/news/press/2009pres/12/20091230a.html>.

28. National Library of Medicine Launches Mobile MedlinePlus

The mobile Internet audience is large and growing fast, almost doubling from February 2007 to February 2009. Some experts predict that within the next five years, more people will connect to the Internet via mobile devices than via desktop or laptop computers. People use their mobile devices to accomplish a variety of tasks, including

finding health information. With this in mind, NLM developed the mobile version of MedlinePlus to bring high-quality health information to users on the go. Wondering what the side effects are for your new prescription? Go to Mobile MedlinePlus (<http://m.medlineplus.gov>) while you're waiting for the pharmacist to fill your order! Or, instantly look up the symptoms of H1N1 flu if you're at the supermarket and your child's school calls you to tell you he doesn't feel well. The National Library of Medicine's Mobile Medline Plus builds on the NLM's MedlinePlus Internet service, which provides authoritative consumer health information to over 10 million visitors per month. [Read the press release...](#)

29. Resources for Clinicians Treating Individuals Returning From Haiti

CDC continues to develop and compile guidance and information for communities responding to the Haiti earthquake. A list of resources that CDC has identified that may be useful to healthcare providers treating individuals arriving from Haiti is available at <http://emergency.cdc.gov/coca/reminders/2010/2010jan22.asp>. The list highlights some of the infectious diseases that providers may encounter while treating evacuees and/or returning relief workers.

In related news, the CDC has provided **New and Updated Interim Guidance and Links to Resources for Clinicians**

- Updated - Guidance for Relief Workers and Others Traveling to Haiti for Earthquake Response
<http://wwwnc.cdc.gov/travel/content/news-announcements/relief-workers-haiti.aspx>
- CDC Responds to the Haiti Earthquake
http://emergency.cdc.gov/disasters/earthquakes/haiti/cdc_earthquake_response.asp
- Traveler's Health
<http://wwwnc.cdc.gov/travel/>
- CDC Emergency Twitter account
<http://twitter.com/cdcemergency>
- CDC [Emergency Preparedness and Response](#) Earthquakes Information
<http://emergency.cdc.gov/disasters/earthquakes/>

30. CMS Issues Annual Report on National Health Spending

Nominal health spending in the United States grew 4.4 percent in 2008, to \$2.3 trillion or \$7,681 per person. This was the slowest rate of growth since the Centers for Medicare & Medicaid Services started officially tracking expenditures in 1960. Despite slower growth, however, health care spending continued to outpace overall nominal economic growth, which grew by 2.6 percent in 2008 as measured by the Gross Domestic Product (GDP). The findings are included in a report by CMS' Office of the Actuary, released in the health policy journal *Health Affairs*. To read the complete report, click [here](#).

31. NIH to Host Regional Seminars on Grant Policy and Procedure

The National Institutes of Health (NIH) will be hosting two regional seminars focusing on the latest NIH grants policy and process information. Sessions will include information on federal regulations and policies, fundamentals of the grants process, peer review, and NIH initiatives. In addition, the NIH electronic Research Administration (eRA) hands-on computer workshops will be offered in conjunction with a seminar, providing attendees with experience on how to interact electronically with NIH. The seminars will take place April 14-16, 2010 in Philadelphia, Pennsylvania and June 23-25, 2010 in Portland, Oregon. For more information, go to <http://nexus.od.nih.gov/nexus/nexus.aspx?ID=349&Month=12&Year=2009>.

32. MMWR Focuses on Revised Immunization Schedules

[Recommended Immunization Schedules for Persons Aged 0 Through 18 Years — United States, 2010](#)

January 8, 2010, Vol. 58, No. 51 & 52

The Advisory Committee on Immunization Practices (ACIP) annually publishes an immunization schedule for persons aged 0 through 18 years that summarizes recommendations for currently licensed vaccines for children aged 18 years and younger and includes recommendations in effect as of December 15, 2009. The “Quick Guide” is available [here](#).

[Recommended Adult Immunization Schedule — United States, 2010](#)

January 15, 2010, Vol. 59, No. 1

The Advisory Committee on Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. In October 2009, ACIP approved the Adult Immunization Schedule for 2010, which includes several changes. The “Quick Guide” is available [here](#).

33. Video Addresses Bullying in the Workplace

Do you work with a bully? It appears that the answer is yes for many employees. In just one year, there were 100,000 web downloads of Washington State’s Safety and Health Assessment and Research for Prevention (SHARP) Program publication "Workplace Bullying: What Everyone Needs to Know" <http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf>. The document defines workplace bullying, describes its impact on individuals and organizations, and includes a workplace bullying policy example as well as additional resources.

34. McNeil Expands OTC Recall to Include More Products

The recall of Tylenol products described in the December 31 issue of Washington Update has been expanded to include some batches of regular and extra-strength Tylenol, children's Tylenol, eight-hour Tylenol, Tylenol arthritis, Tylenol PM, children's Motrin, Motrin IB, Benadryl Roloids, Simply Sleep, and St. Joseph's aspirin. The company initiated this recall following an investigation of consumer reports of an unusual moldy, musty, or mildew-like odor that, in a small number of cases, was associated with temporary and non-serious gastrointestinal events. These include nausea, stomach pain, vomiting, or diarrhea. This precautionary action is voluntary and has been taken in consultation with the FDA. Based on this investigation, McNeil Consumer Healthcare has determined that the reported uncharacteristic smell is caused by the presence of trace amounts of a chemical called 2,4,6-tribromoanisole (TBA). This can result from the breakdown of a chemical that is sometimes applied to wood that is used to build wood pallets that transport and store product packaging materials. The health effects of this chemical have not been well studied but no serious events have been documented in the medical literature. Consumers should check the full list at <http://www.mcneilproductrecall.com> to identify the recalled batches.

35. ACEP Announces 2010 EMS Week Plans

The dates for National EMS Week 2010 are May 16 thru May 22, with Wednesday, May 19 set aside as *Emergency Medical Services for Children Day*. This year’s theme is: “EMS: Anytime. Anywhere. We’ll Be There.” Please send orders for materials no later than February 15, 2010. An order form is available [online](#) for your convenience and can be e-mailed to Denise Fechner at dfechner@acep.org, faxed to 972-580-2816, or mailed to ACEP, PO Box 619911, Dallas, TX 75261-9911. You can also order quantities of 1 to 9 kits online at <http://www.acep.org/emsweek>.

36. New Club Drug Identified

A new club drug, referred to as “Molly”, has recently been identified. This narcotic is predominately being sold to high school and college-age students at “rave” parties. According to the Drug Enforcement Administration (DEA) and Michigan State Police, “Molly” is an off-white powder sold in a gelatin capsule, which is clandestinely manufactured and marketed in “rave clubs” as a more intense version of Ecstasy. The drug has properties similar to the stimulant effects of Ecstasy, but taken in larger doses it promotes hallucinogenic reactions. Young adults who have previously taken Ecstasy can accidentally overdose by trying to achieve the same hallucinogenic effects. Chemically, “Molly” is 1-(3-Trifluoromethylphenyl) piperazine, known as TFMPP, which is rarely used by itself, and commonly administered with benzylpiperazine (BZP). DEA has given TFMPP and BZP an emergency Schedule I status, meaning it has a high potential for abuse and no accepted medical use. TFMPP also goes by the names “legal E”, “legal X”, or “A2”. This drug can cause increased heart rate, blood pressure and body temperature. Other side effects include migraine headaches, muscle aches, nausea, vomiting, insomnia, and loss of appetite. DEA is currently conducting “Operation X-Out”, a nationwide initiative aimed at increasing education and enforcement operations involving club drugs.

37. PTSF Announces Position Opening

The Pennsylvania Trauma Systems Foundation is seeking an enthusiastic nurse leader with a passion for trauma care to direct trauma center accreditation activities and assist in trauma program development throughout Pennsylvania as it seeks to include Level IV trauma centers into its system. Interested applicants must be a registered nurse with a minimum of 5 years of leadership experience working in a trauma center or trauma system manager role. Please contact Juliet Geiger, Executive Director via jgeiger@ptsf.org for more information.

38. APHA Seeks Transportation Manager

The American Public Health Association (APHA) is seeking a Manager for its Transportation, Health and Equity program. Interested candidates can submit their resume and cover letter to: Human Resources – APHA, 800 I St., NW, Washington, DC 20001-3710. Fax to (202) 777-2418 or E-mail to resume@apha.org.

39. Regional Systems of Care for Out-of-Hospital Cardiac Arrest. A Policy Statement From the AHA

NOW AVAILABLE at <http://circ.ahajournals.org/cgi/reprint/CIR.0b013e3181c8b7db>.

Out-of-hospital cardiac arrest continues to be an important public health problem, with large and important regional variations in outcomes. Survival rates vary widely among patients treated with out-of-hospital cardiac arrest by emergency medical services and among patients transported to the hospital after return of spontaneous circulation. Most regions lack a well-coordinated approach to post-cardiac arrest care. Effective hospital-based interventions for out-of-hospital cardiac arrest exist but are used infrequently. Barriers to implementation of these interventions include lack of knowledge, experience, personnel, resources, and infrastructure. A well-defined relationship between an increased volume of patients or procedures and better outcomes among individual providers and hospitals has been observed for several other clinical disorders. Regional systems of care have improved provider experience and patient outcomes for those with ST-elevation myocardial infarction and life-threatening traumatic injury. This statement describes the rationale for regional systems of care for patients resuscitated from cardiac arrest and the preliminary recommended elements of such systems. The position statement has been endorsed by NASEMSO.

UPCOMING EVENTS

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

ITLS Ohio Emergency Care Conference, Ohio Chapter, International Trauma Life Support
Crowne Plaza Columbus North, Columbus, OH. February 25 – 28, 2010. Contact: ITLS Ohio at 888/464-2857 or info@itraumaohio.org " Website: itraumaohio.org.

*PULSE CHECK 2010, the 55th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association, will be held Thursday evening September 30, 2010 to Sunday morning October 3, 2010 at the Holiday Inn Albany on Wolf Road. Information is posted on the Association's web site at www.nysvara.org.

*New Jersey Statewide Conference on EMS, Atlantic City November 11th - 13th 2010. For more information visit: www.njemsconference.com

*New Jersey METI Games. November 11th - 12th, 2010. For more information visit www.njemsconference.com.

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

2010 Big National Conference for Leaders of Little and Medium EMS Agencies. February 1-5, 2010. East St. Louis, IL. For more information, go to <http://bnc.ncemsi.org/>.

Do you use video in your public safety role? The Third Video Quality in Public Safety Workshop is seeking more EMS participants!! February 1-3, 2010 in Boulder, CO. Through the *VQIPS* initiative, public safety practitioners, Federal partners, manufacturers, and representatives of standards making bodies are working to improve the way in which video technologies serve the public safety community. The VQIPS workshop is a collaborative working session for these entities to coordinate efforts in establishing quality requirements for video use in public safety. For more information, go to http://www.pscr.gov/projects/video_quality/vqips/vqips_workshop_feb1-3_2010.php.

ENA Leadership Conference. February 17-21, 2010. Hyatt Regency Chicago. Chicago, IL. For more information, go to www.ena.org.

The NIOSH Personal Protective Technology Program will host the 3rd Annual Stakeholders' Meeting on March 2 and 3, 2010 at the Hyatt Regency Pittsburgh Airport.

EMS Today. JEMS Conference and Exposition. March 2-6, 2010. Baltimore Convention Center, Baltimore, MD. More information at www.EMSToday.com.

2010 AAMS Spring Conference. March 17-19, 2010 Washington Marriott at Metro Center, Washington, DC. For more information, go to www.aams.org.

EMSC Town Hall Conference Call. April 14, 2010 from 3:30 pm to 5:00 pm (eastern). The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

IAFC's Fire Rescue Med Conference. May 1-5, 2010. Orleans Hotel, Las Vegas, NV. For more information, go to <http://www.iafc.org/displaycommon.cfm?an=1&subarticlenbr=6>.

EMS ON THE HILL DAY, May 3-4, 2010, Washington, D.C. Updates and more information on the event will be posted on the NAEMT web site, www.naemt.org.

*ITS America Annual Meeting and Exposition. May 3-5, 2010. Houston, TX. For more information go to <http://www.itsa.org/annualmeeting.html>.

ACEP 2010 Leadership and Advocacy Conference. May 16-19, 2010. Washington, DC. Go to www.acep.org for more information.

Joint NASEMSO Mid-Year/EMSC Grantee Meeting. May 25-27, 2010. Doubletree Hotel, Bethesda, MD. More info at www.nasemso.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. June 9-10, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

EMSC Town Hall Conference Calls 3:30 pm to 5:00 pm (eastern) July 14, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

Pinnacle 2010. July 26-30, 2010. Sheraton San Diego Hotel and Marina. San Diego, CA For more information, go to www.pinnacle-ems.com.

15th Annual NAEMSE Symposium. September 7-12, 2010. Renaissance Hotel & Convention Center in Schaumburg, IL. For more information, go to <http://www.naemse.org/symposium>.

ENA Annual Meeting. San Antonio Convention Center, San Antonio, TX. General Assembly September 22-24, Scientific Assembly September 23-25, 2010. Go to www.ena.org for more information.

NAEMT Annual Meeting at EMS EXPO 2010 - Sept. 27 – Oct. 1, 2010. Dallas Convention Center, Dallas, TX. For more information, go to <http://www.firehouseevents.com/>.

ACEP Scientific Assembly 2010. September 28 - October 1, 2010. Mandalay Bay, Las Vegas, NV. For more information, go to www.acep.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. October 6-7, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

NASEMSO Annual Meeting. October 10-15, 2010, Norfolk Marriott Waterside/Waterside Convention Center Norfolk, Virginia. More info available at www.nasemso.org. Sponsorship and exhibitor information [now available](#).

2010 Air Medical Transport Conference October 11-13, 2010. Ft. Lauderdale, FL. For more information, go to www.aams.org.

ECCU 2010. Emergency Cardiac Care Update, December 8-11, 2010. San Diego, CA. Sponsored by the Citizen CPR Foundation. For more information, go to <http://eccu2010.com/>.

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

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