



# Washington Update

National Association of State EMS Officials - 201 Park Washington Court - Falls Church, VA 22046-4527  
Ph: 703-538-1799 - Fx: 703-241-5603 - Email: [info@nasemsso.org](mailto:info@nasemsso.org) - [www.nasemsso.org](http://www.nasemsso.org)

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**February 17, 2011**

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**February is American Heart Month**

**Heart disease is the leading cause of death in the United States**



**Learn about heart disease and steps to take now to improve your [heart health](#).**

**Read the [President’s proclamation](#).**

**1. NASEMSO Leadership Outlines Vision and Executive Reorganization**

Based on input from its members, the NASEMSO Executive Committee is putting the final touches on a revised job description for the position of Executive Director (ED.) Current ED Elizabeth Armstrong will be promoted to the position of Executive Vice President and a national search will commence to find the new NASEMSO team member. NASEMSO seeks to expand its presence and capacity in projects of national significance to EMS. The position is responsible for providing strategic leadership through attendance at various meetings, in-person interactions with federal and other EMS partners. Working in consultation with the Executive Vice President, the Executive Director will provide input, implement and direct the long-range goals, strategies, plans and policies of NASEMSO. The ED will assist the NASEMSO President as spokesperson of the association and be instrumental in positioning NASEMSO to pursue its vision. More information will be provided on the [NASEMSO web site](#) as it becomes available. Potential candidates can contact Beth Armstrong, [Barmstrong@asmii.net](mailto:Barmstrong@asmii.net) or 703-533-0251 extension 1780; response deadline March 15.

**2. NASEMSO Members Invited to Rural Traffic Safety Webinar**

Professionals in the emergency medical services (EMS) industry throughout the country have a unique perspective on safety. The extremes of rural scenarios create special challenges, yet EMS personnel can make significant contributions to reducing death and disability following motor vehicle crashes. This webinar will focus on some of the behavioral interventions the EMS community is introducing and provide insights about opportunities for rural EMS systems. NASEMSO President Randy Kuykendall will outline specific initiatives aimed at improving the safety of EMS personnel and system performance, such as Colorado's experience in developing a culture of safety

through a statewide advisory council and the now-annual Colorado EMS safety conference. HITS Committee Chair Dia Gainor will discuss the EMS Incident Response and Readiness Assessment tool developed as part of a recent rural highway mass casualty project in Idaho. Registration is requested by **Friday, February 18**. To register, please RSVP via e-mail to [cts@umn.edu](mailto:cts@umn.edu). [For more information...](#)

**3. NASEMSO Highlights State EMS Office Involvement in Domestic Preparedness Efforts**

"State EMS Office Involvement in Domestic Preparedness Efforts" is a report based upon a survey of the 56 state and territorial EMS agencies, and is intended to ascertain the extent to which state and territorial EMS offices are represented and supported in ongoing multi-agency coordination for readiness and planning. The report includes sections on: (A) the integration of preparedness and response activities, and (B) funding, including the degree of engagement of state and territorial EMS offices with federal grant resources for preparedness and response activities. Funding enables public health departments to have the capacity and capability needed for effective response to the public health consequences of terrorist incidents, infectious disease outbreaks, natural disasters and biological, chemical, nuclear and radiological emergencies. [For more information...](#)

**4. Federal Budget Update**

The U.S. House of Representatives took up debate this week on a [Continuing Resolution](#) (CR) that would fund government programs through the end of the 2011 fiscal year, while cutting numerous budgets including several transportation programs such as high-speed rail, Amtrak, and FAA's Next Gen initiative. The current CR is set to expire on March 4, a critical deadline by which Congress and the President must come to an agreement on the spending bill or risk a government shutdown. [More than 400 amendments](#) have been introduced and are being debated. In related news, the President's Fiscal Year 2012 Budget for the U.S. Dept. of Health & Human Services has been released. The budget justification is expected shortly and will be [available here](#). Funding for HRSA was reduced by \$685 million in the President's FY2012 budget, from \$7.5 billion in FY2010 to an estimate of \$6.821 in FY2012. [Download Budget in Brief](#). The CDC FY 2012 budget justification is also available online. CDC received an overall \$574 million cut to CDC core programs. Details are available in the [justification document](#).

**5. NQF Prepares for Phase II of REMC Project**

Regionalizing emergency medical care services is one policy option for improving care while making more efficient use of medical resources. Phase I of this project began in June 2010 and encompasses an environmental scan and a commissioned paper. The National Quality Forum is preparing to begin Phase II of the Regionalized Emergency Medical Care Project. As such, they have issued a call for nominations for their steering committee. The call is open through March 10th. [For more information...](#)

**6. NCSL Posts Traffic Safety State Legislative Action**

The National Conference of State Legislatures has published a report summarizing bills regarding traffic safety issues that were considered by state legislatures during the 2010 legislative sessions. Topics include Occupant Protection, Impaired Driving, Distracted Driving, Driver's Licensing, Aggressive Driving, Speed Limits, Automated Enforcement, Motorcycle Safety, School Bus Safety, and Pedestrian and Bicycle Safety. [For more information...](#)

**7. Communities Receive CDC Health Grants**

Forty communities in 24 states today received grants to develop and implement solutions that prevent chronic diseases and related risk factors. The community efforts are convened through a national network of partners and are implemented through a collaborative approach called Action Communities for Health, Innovation, and Environmental change (ACHIEVE). ACHIEVE is supported by the Centers for Disease Control and Prevention (CDC)'s Healthy Communities Program. ACHIEVE is a partnership between local communities and national and

state organizations joined in a movement to create healthier places to live, work and play. Through ACHIEVE, partners take a holistic approach to creating healthy communities for this and future generations and change policies on physical activity, nutrition, tobacco cessation, obesity, diabetes and cardiovascular disease, to make the healthy choice the easy choice. It also provides local leaders with technical assistance to empower communities to take local action to solve specific health problems. [For more information...](#)

**8. FAA Opinion Supports State EMS Office in Proposed Air Ambulance Climate Control Regulation**

In a recent opinion provided by the Federal Aviation Administration (FAA) General Counsel to the state of Tennessee and others, the FAA issued a statement regarding permanently installed heating and air conditioning units in aircraft supporting state regulation of climate control objectives “if it serves ‘primarily a patient care objective’.” [Read the letter...](#)

**9. Rockefeller Broadband Bill Gains Support of Every Major National Public Safety Organization**

Senator Jay Rockefeller IV, Chairman of the Senate Commerce, Science, and Transportation Committee, recently reintroduced *The Public Safety Spectrum and Wireless Innovation Act of 2011 (S. 28)* to build an effective, nationwide, interoperable broadband communications system for public safety. The Chairman's proposal to allocate 10 megahertz of the 700 MHz spectrum known as the "D-block" to public safety officials for a nationwide, interoperable, wireless broadband network has been embraced by national and local public safety organizations. This network will allow public safety officials to remotely access criminal databases, distribute surveillance video feeds to on-scene personnel, and receive high speed file downloads, such as floor plans for burning buildings, wirelessly. President Obama announced last month that he supports Chairman Rockefeller’s approach. Building the network will not add to the deficit. In fact, the Wireless Association (CTIA) and the Consumer Electronics Association (CEA) announced this week that the incentive auctions will bring in more than \$33 billion. Support for Chairman Rockefeller’s Public Safety Spectrum and Wireless Innovation Act (S. 28) continues to grow. The National Association of State EMS Officials (NASEMSO) joins with the Public Safety Alliance in urging all Members of the United States Congress to support public safety and the public’s safety by co-sponsoring this legislation and a companion bill expected to be reintroduced in the House by Representative Peter King. [For more information...](#)

In related news, President Obama’s comments on wireless access and mobile broadband are available [here](#).

**10. FCC Moves Ahead on Nationwide Broadband System for First Responders**

The Federal Communications Commission has unanimously approved an order that would establish interoperability standards for a nationwide public safety communications network. The order, which the commission will publish in the *Federal Register* as a proposed rule, requires all public safety mobile broadband networks to use a common air interface, specifically Long-Term Evolution, to support roaming and interoperable communications. LTE is compatible with older and new devices, making network interconnection and interoperability more likely as technology continues to evolve, according to an FCC [fact sheet](#).

In related news, the Federal Communications Commission has released a video that provides an overview on the Commission’s Third Report and Order (Order) and Further Notice of Proposed Rulemaking (FNRPM) that were recently adopted. When implemented, the new and proposed rules will help advance interoperable broadband communications for America’s first responders. Once built, the network will enable public safety broadband users to share information, videos, photos and emails over robust, dedicated and secure mobile broadband networks across departments and jurisdictions nationwide for day-to-day operations and during large-scale emergencies. Members of the FCC’s Emergency Response Interoperability Center (ERIC) which is part of the Public Safety and Homeland Security Bureau developed the video to provide the public with a broad overview of the Order and

FNPRM. The short video focuses on the adoption of rules to require LTE as the common technology platform for all public safety broadband networks. The video also provides brief descriptions of proposed interoperability rules encompassing architectural vision of the network, open standards, system identifiers of network, roaming, applications, security, interconnectivity of networks, testing, coverage, performance, interference, out-of-band emission, and devices to mention a few. You can find this video on the FCC's YouTube page at:

[http://www.youtube.com/watch?v=h50Njf\\_Ga\\_A](http://www.youtube.com/watch?v=h50Njf_Ga_A)

#### **11. FCC to Host Interoperability Forum**

The Federal Communications Commission's (FCC's), Public Safety Homeland Security Bureau's (PSHSB) Emergency Response Interoperability Center (ERIC) will host an Interoperability Forum on Friday, March 4, 2011, from 9:00 a.m. to 3:30 p.m. The forum will be held in the Commission Meeting Room at FCC Headquarters, located at 445 12th Street, SW, Room TW-C305, Washington, DC 20554. The forum will garner input on the technical framework for the nationwide public safety mobile broadband network to ensure nationwide interoperability. This network must be technically compatible and fully interoperable from the first day of network deployment in order to serve as the nationwide broadband network envisioned for America's first responders. The forum will focus on: ensuring nationwide interoperability for public safety broadband utilizing 4G technology, solutions for the deployment of Radio Access Network (RAN) equipment to achieve nationwide operability and interoperability, and core network, security and services. The finalized agenda and list of panelists will be released closer to the event date. [For more information and to register for the event...](#)

#### **12. NIFOG Now Available from DHS Office of Emergency Communications**

The [Office of Emergency Communications](#) (OEC) publishes the National Interoperability Field Operations Guide (NIFOG) as a reference guide for public safety radio technicians and communications planners. The waterproof, pocket-sized guide (also available in PDF format) contains radio regulations, tables of radio channels, and technical reference information. If you are establishing or repairing emergency communications in a disaster area, this is a tool you should have. NIFOG is a technical reference for emergency communications planning and for radio technicians responsible for radios that will be used in disaster response. The NIFOG includes rules and regulations for use of nationwide and other interoperability channels, tables of frequencies and standard channel names, and other reference material, formatted as a pocket-sized guide for radio technicians to carry with them. To download or request copies of the NIFOG, please visit <http://www.safecomprogram.gov/SAFECOM/nifog> Your comments are welcome at [OEC@HQ.DHS.GOV](mailto:OEC@HQ.DHS.GOV).

#### **13. US Senate Releases Report on Fort Hood Shooting**

A Senate investigation into the Fort Hood shooting faults the Army and FBI for missing warning signs and failing to exchange information that could have prevented the massacre. The U.S. Senate Committee on Homeland Security and Governmental Affairs launched an investigation of the events preceding the attack with two purposes: (1) to assess the information that the U.S. Government possessed prior to the attack and the actions that it took or failed to take in response to that information; and (2) to identify steps necessary to protect the United States against future acts of terrorism by homegrown violent Islamist extremists. This investigation flows from the Committee's four-year, bipartisan review of the threat of violent Islamist extremism to our homeland which has included numerous briefings, hearings, consultations, and the publication of a staff report in 2008 concerning the internet and terrorism. Read [A TICKING TIME BOMB COUNTERTERRORISM LESSONS FROM THE U.S. GOVERNMENT'S FAILURE TO PREVENT THE FORT HOOD ATTACK](#).

**14. Napolitano Announces New Terrorist Advisory System**

DHS Secretary Napolitano has announced an end to the controversial color coded system intended to alert government officials and the public about the perceived level of threats to the Nation’s security. The new system, called the National Terrorism Advisory System (NTAS), reflects the reality that the Nation must always be on alert and ready. Under the new, two-tiered system, DHS will coordinate with other federal entities to issue formal, detailed alerts regarding information about a specific or credible terrorist threat. These alerts will include a clear statement that there is an “imminent threat” or “elevated threat.” The alerts also will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals and communities can take. Depending on the nature of the threat, the alert may be sent to a limited, particular audience like law enforcement, or a segment of the private sector, like shopping malls or hotels. The alert may also be issued more broadly to the American people distributed—through a statement from DHS—to the news media as well as via the DHS [website](#) and social media channels such as [Facebook](#), [Twitter](#) and [the DHS blog](#). The alerts will have a specified end date, which will be extended only if additional information becomes available or if the threat evolves. A 90 day implementation process began on January 27.

**15. EMI Offers Course on EMAC**

E431 Understanding the Emergency Management Assistance Compact (EMAC) is now available from the Emergency Management Institute (EMI). This course enables emergency management personnel and response and recovery personnel from all political jurisdictions to more effectively understand, activate, implement, and utilize the EMAC system. Emergency management personnel and response and recovery personnel from all political jurisdictions who can be legally deployed through the EMAC system, persons officially responsible for requesting and providing EMAC assistance, and those individuals desiring a more comprehensive working knowledge of the EMAC system are encouraged to attend. The 4 day course is being offered April 4-7, 2011 in Emmitsburg, MD. For course information, go to <http://www.training.fema.gov/EMI/> or contact the EMI course manager, Deborah Evans at (301) 447-1139, 1-800-238-3358 (ext. 1139), or email [Deborah.Evans1@dhs.gov](mailto:Deborah.Evans1@dhs.gov).

**16. EmForum Hosts Discussion on Mass Shootings**

In light of the recent tragic event in Arizona, an introduction to the course, "Mass Shootings Planning and Response for Public Safety Awareness" is an opportunity to learn about related topics including: Threat Assessments/Threat Groups Overview, Pre-Incident Planning, Multi-Agency Response, Command Considerations, Scene Safety, "Lessons Learned" and Resources for Planning and Training. A recording of the broadcast including background material is now available at <http://www.emforum.org/vforum/110127.htm>.

**17. FEMA Seeks Applicants for National Advisory Council**

The U.S. Department of Homeland Security’s Federal Emergency Management Agency (FEMA) is requesting individuals who are interested in serving on the National Advisory Council (NAC) to apply for appointment. The NAC is an advisory committee established in accordance with the provisions of the Federal Advisory Committee Act to ensure effective and ongoing coordination of federal preparedness, protection, response, recovery, and mitigation for natural disasters, acts of terrorism, and other man-made disasters. The NAC will have a position open for applications and nominations in the following disciplines: Emergency Management, Emergency Response, Health Scientist, Standard Settings, Infrastructure Protection, Communications, Disabilities, Local Non-Elected Official, Tribal Elected Official, and three appointments which will be selected at the discretion of the FEMA Administrator. The selected members would serve until June 15, 2014. In addition, FEMA seeks applications to fill the remaining term for a Local Elected Official position (to serve until June 15, 2012), a State Non-Elected Official position (to serve until June 15, 2013), and an Administrator’s Selection (to serve until June 15, 2013). Qualified individuals interested in serving on the NAC are invited to apply for appointment by submitting a resume

or Curriculum Vitae (CV). Letters of recommendation may also be provided, but are not required. Applications are being accepted through Friday, March 4, 2011. [For more information...](#)

**18. EMCAPS Model Estimates Casualties from CBRNE Attacks**

The National Center for the Study of Preparedness & Catastrophic Event Response (PACER) at the Johns Hopkins University has posted EMCAPS: Electronic Mass Casualty Assessment and Planning Scenarios, a standalone software program intended to allow users to model disaster scenarios for drill planning and to use as an education resource. The EMCAPS Model allows users to estimate casualties arising from biological (Anthrax, Plague, Food Contamination), chemical (blister, nerve and toxic agents) radiological (dirty bomb) or explosive (IED) attacks. These scenarios are based on the Department of Homeland Security Planning Scenarios (April 2005). When you run the EMCAPS Model, you are able to select one of the scenarios listed and adjust the various inputs (e.g., bomb size, population density, quantity of release, wind speed, etc) to most closely simulate your own environment. For the selected scenario, EMCAPS will then estimate casualties including levels of acuity. In other words, EMCAPS allows you to model the selected scenarios for your own community. [For more information...](#)

**19. ASPA Highlights the Benefits of Specialized and Professional Accreditation in Promotional Video**

The Association of Specialized & Professional Accreditors (ASPA) has performed a worthy public service by posting an online video "[Specialized and Professional Accreditation: What Should I Know?](#)" The video is intended to help prospective students protect their tuition dollars by informing them of what to ask about accreditation before they enroll in a given school or program. Also, the Commission on Accreditation of Allied Health Education Programs (CAAHEP), a member of ASPA, offers [online testimonials by program directors and educators on the importance of accreditation](#). It's important that states not just educate students, but educate them *about* education. An uninformed decision could lead to wasted time and money and a dead end job-search.

**20. IOM to Host Workshop on Allied Health Professions**

The Institute of Medicine (IOM) will host a one and one half day workshop to examine the current allied health care workforce and consider how that workforce contributes to solutions for improving access to health care services, particularly for underserved, rural, and other populations. The workshop will address questions such as:

- What is allied health and who is part of that workforce?
- What workforce strategies hold promise to improve access to selected allied health services across the continuum of provider professions?
- How can policy makers, state and federal governments, and allied health care providers improve the regulations and structure of allied health care delivery to increase access to care?

Allied Health professionals are generally thought to be those who are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders. As in many instances with health care providers and health care professionals, allied health professionals also have issues with scope of practice, interactions with other health care workers, and varying regulation from jurisdiction to jurisdiction. Please note that registration for this event will open at the end of March or early April. [For more information...](#)

**21. NIOSH Launches Online Health and Safety Practices Survey of Healthcare Workers**

On January 31, NIOSH launched an online Health and Safety Practices Survey of Healthcare Workers. The survey asks about health and safety practices and types of exposure controls used by healthcare personnel who handle or come in contact with hazardous chemical agents. The chemical agents under study include antineoplastic agents,

anesthetic gases, surgical smoke, aerosolized medications, high level disinfectants and chemical sterilants. More than 20 professional organizations have partnered with NIOSH to make the survey available to their members. All sampled participants received an invitation email on January 31, 2011. Survey results will be available on the NIOSH web site later this year. For more information, contact Jim Boiano ([jboiano@cdc.gov](mailto:jboiano@cdc.gov)) or Andrea Steege ([asteege@cdc.gov](mailto:asteege@cdc.gov)).

**22. NIOSH Seeks Comment on Emergency Responder Health Monitoring and Surveillance**

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of the following draft publication for public comment. The document is entitled, "Emergency Responder Health Monitoring and Surveillance." The document proposes a new framework for ensuring responder safety and health by monitoring and conducting surveillance of their health and safety during the entire cycle of emergency response, including the pre-deployment, deployment, and post-deployment phases of a response. The proposed system is referred to as the "Emergency Responder Health Monitoring and Surveillance (ERHMS)" system, which includes a guidance section describing the principles of ensuring optimal responder safety and health, as well as a tools section to help facilitate the execution of these principles during an actual response. The goals of this proposed system are to ensure that only properly trained and fit responders are deployed to a response, that the health and safety of all responders are appropriately monitored during a response, and that a systematic and comprehensive evaluation be conducted to determine the potential need for long term surveillance of responders' health after their deployment has been completed. This system will help to ensure that hazardous occupational exposures and signs and symptoms observed during an emergency response are utilized to mitigate adverse physical and psychological outcomes and determine whether protective measures are sufficient to prevent or reduce harmful exposures to workers. Data collected during the pre-, during-, and post-deployment phases will also help to identify which responders would benefit from medical referral and possible enrollment in a long-term health surveillance program. The document, entitled "Emergency Responder Health Monitoring and Surveillance," and instructions for submitting comments can be found at: <http://www.cdc.gov/niosh/docket/review/docket223/>.

**23. TRB EMS Safety Subcommittee Holds Annual Meeting**

The Transportation Research Board (TRB) of the National Academies is one of six major divisions of the National Research Council— a private, nonprofit institution that is the principal operating agency of the National Academies in providing services to the government, the public, and the scientific and engineering communities. The TRB EMS Safety Subcommittee is an interdisciplinary committee that shares a common interest in advancing EMS and Medical Transportation Safety Research, the subcommittee is Chaired by Nadine Levick and Co-chaired by Eileen Frazer. The TRB EMS Safety Subcommittee held its annual meeting on January 24, 2011, presented live through a webinar session. For further information about the meeting, topics that were discussed, and the recorded sessions please use this link: <http://www.objectivesafety.net/TRBSubcommittee.htm>.

**24. NIOSH Announces Virtual Center for Vehicle Safety Research**

The National Institute for Occupational Safety and Health (NIOSH) recently announced the creation of a virtual research center within the agency that will better focus, coordinate, and stimulate research to prevent work-related motor vehicle injuries and fatalities. Motor vehicle crashes consistently have been the leading cause of work-related death in the U.S., accounting for more than one-third of all job-related fatalities in 2008. The NIOSH Center for Motor Vehicle Safety will build on existing research projects that include assessment of crash-risk factors for truck drivers (the occupation with the greatest number of work-related crash fatalities), and studies involving other worker populations with high risk for vehicle-related fatalities, such as firefighters and emergency responders, law enforcement officers, oil and gas industry workers, and highway construction workers.

Development of databases identifying the body dimensions of truck drivers and firefighters will provide data critical for designing safer vehicles. Research and outreach on fleet safety management and global road safety will help the new center to remain responsive to NIOSH stakeholder interests and will ensure that worker safety is recognized as a vital component of global road-safety initiatives. [For more information...](#)

In related news, the NIOSH Center for Motor Vehicle Safety (NCMVS) was established in December 2010 to coordinate and promote research to guide prevention of motor vehicle crashes, the leading cause of death among U.S. workers. A new web page for the NIOSH Center for Motor Vehicle Safety can be found at [www.cdc.gov/niosh/topics/motorvehicle/NCMVS.html](http://www.cdc.gov/niosh/topics/motorvehicle/NCMVS.html).

### 25. RITA Identifies High-Priority Applications and Development Approach

US DOT has released this announcement of the high-priority applications selected by the Research & Innovative Technology Administration (a sister administration to NHTSA) Intelligent Transportation Systems Mobility Program for initial development in 2011. EMS system stakeholders and state EMS officials should take note of the prominent inclusion of applications specific to EMS and emergency response. Four project concept areas related to incident response, emergency staging and communications, uniform management, and evacuation ("R.E.S.C.U.M.E") were selected from among 93 ideas solicited in 2010. This elevation of EMS and emergency response priorities to a level of parity with other transportation system project ideas was the result of multidisciplinary input through the Transportation Safety Advancement Group, which is chaired by NASEMSO member Dia Gainor. Specific open source project concepts include telematics data transmission standards, incident scene vehicle staging guidelines, and development of systems that would automatically alert drivers to emergency incident scenes ahead on their route. [For more information...](#) or contact Dia via [gainord@dhw.idaho.gov](mailto:gainord@dhw.idaho.gov).

### 26. Pediatric Resuscitation Guidelines Announced by ILCOR

The 2010 International Liaison Committee on Resuscitation Pediatric Task Force has updated the 2005 treatment recommendations for pediatric resuscitation. Highlights include the following:

- Initiate cardiopulmonary resuscitation (CPR) if there are no signs of life and a pulse is not palpated within 10 seconds.
- Provide conventional CPR (chest compressions with rescue breathing).
- Compress at least one third of the anterior-posterior dimension of the chest. Modify or discontinue cricoid pressure if it impedes preintubation ventilation or intubation.
- Monitor capnography to confirm endotracheal tube position, recognizing that end-tidal CO<sub>2</sub> in infants and children might be below detectable limits for colorimetric devices (85% sensitivity and 100% specificity).
- Consider use of an esophageal detector device in children weighing >20 kg.
- Use capnography monitoring to assess effectiveness of chest compressions.
- Avoid excessive ventilation, which can decrease cerebral perfusion pressure, rates of return of spontaneous circulation (ROSC), and survival rates.
- After ROSC, titrate oxygen concentration to limit the risk for toxic oxygen byproducts.
- For pediatric septic shock, include therapy directed at normalizing central venous oxygen saturation to ≥ 70%.
- Do not routinely use bicarbonate or calcium for pediatric cardiac arrest: Both agents are associated with decreased survival.
- Consider using cuffed tracheal tubes in infants and young children; cuff pressure should not exceed 25 cm H<sub>2</sub>O. Appropriate sized tubes by age are as follows:
  - 3 mm for age ≤1 year

- 3.5 mm for age 1–2 years
- Age in years/4 + 3.5 mm for age >2 years

Kleinman ME et al. Pediatric basic and advanced life support: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Pediatrics* 2010 Nov; 126:e1261. [For more information...](#)

**27. ACS-COT Solicits Comments for Revision of “Green Book”**

The American College of Surgeons Committee on Trauma announces that revisions of “Resources for Optimal Care of the Injured Patient” are now underway. In order to ensure that this resource provides accurate and relevant information for optimal care, all revisions to the next edition will be evidence-based. A web site has been established to provide suggested revisions with supporting evidence, and to classify that evidence according to current guidelines. The Committee on Trauma will review all proposed revisions. Please feel free to contact the ACS Trauma office with any questions or concerns at [dhaskin@facss.org](mailto:dhaskin@facss.org) or 312-202-5388. The COT welcomes submissions for consideration in the revision process through its COT Revision site:

[www.COTresourcesupdate.org](http://www.COTresourcesupdate.org). NASEMSO’s Trauma Council will be collecting comments to submit to the Committee on Trauma. If members have comments they wish to be included in the NASEMSO response, please send them to [Robinson@nasemso.org](mailto:Robinson@nasemso.org) by March 4, 2011.

**28. Edgerton Named Branch Chief for EMSC and Injury Prevention**

The Health Resources and Services Administration (HRSA) has announced that Elizabeth Edgerton, MD, MPH is the new Branch Chief for EMSC and Injury Prevention within the Division of Child, Adolescent and Family Health, the Maternal and Child Health Bureau (MCHB). As an accomplished academician and program administrator, Dr. Edgerton has worked in the fields of EMSC and injury prevention throughout her career. NASEMSO congratulates Dr. Edgerton on her new appointment!

**29. HHS OIG to Provide Compliance Training Session**

On May 18, 2011, the Office of Inspector General (OIG) for the US Department of Health and Human Services will offer a free, half-day compliance training session in Washington at the HHS Hubert H. Humphrey Building for local health care providers, compliance professionals, and their legal counsel. The session will feature government experts from OIG, the Centers for Medicare & Medicaid Services, United States Attorneys’ Offices, and State Medicaid Fraud Control Units to talk about the realities of health care fraud and the importance of implementing an effective compliance program. Space at this session is limited, we encourage anyone interested in these issues to visit <http://compliance.oig.hhs.gov> for more information and to request enrollment.

**30. FDA Reviews Classification of Automated External Defibrillators**

On January 25, 2011, the Circulatory System Devices Panel of the Food and Drug Administration’s (FDA) Medical Devices Advisory Committee discussed recommendations regarding regulatory classification of Automated External Defibrillators (AED) to either reconfirm to class III (subject to premarket approval application (PMA)) or reclassify to class II (subject to premarket notification (510(k))), as directed by section 515(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C 360e(i)). Automated external defibrillators (AEDs) were given a Class III designation when they were determined to be substantially equivalent to similar Class III devices that were on the market prior to the 1976 Medical Device Amendments. AEDs have always been regulated through the 510(k) process, a premarket pathway that is typically reserved for Class I and Class II devices, but which has also been used for some Class III devices that were allowed to be reviewed under the 510(k) regulations until reclassified or determined to require a PMA. According to a 1990 amendment to the 1976 legislation, the FDA must either down-

classify AEDs to Class II or keep AEDs as Class III and require they go through the more stringent Premarket Approval (PMA) process. The Panel is now proceeding with the formal classification of AEDs and recommends that AEDs be classified as Class III medical devices and subject to the regulations in accordance with premarket approval (PMA) applications. A final decision about the classification and regulatory pathway for AEDs is anticipated to be published in 2011. Read the Panel's recommendation [here](#). Additional information (and an opposing view) is available on the Sudden Cardiac Arrest Foundation's [web site](#).

In related news Dr. Tim Price (KY State EMS Medical Director) represented NASEMSO at the FDA Public Workshop on External Defibrillators, December 15-16, 2010 in Washington, DC. Session materials and transcripts are now available [here](#).

**31. NIH Study Reinforces Need for Public AED Programs**

Cardiac arrests that can be treated by electric stimulation, also known as shockable arrests, were found at a higher frequency in public settings than in the home, according to a National Institutes of Health-funded study appearing in the Jan. 27 issue of the New England Journal of Medicine. The study compared home and public cardiac arrests under various scenarios. For example, the study considered whether bystanders or emergency medical services (EMS) personnel witnessed the cardiac arrest, and whether the person experiencing the arrest received treatment with an automatic external defibrillator (AED). In every scenario, a higher percentage of public cardiac arrests were classified as ventricular tachycardia (VT) or ventricular fibrillation (VF), the types of abnormal heart rhythms that can be treated by electric shock. More than one-third of the people who had a cardiac arrest in public and were treated with an AED survived. This is a significant improvement over the roughly 8 percent national average of cardiac arrest survival. In comparison, the overall survival for home-occurring cardiac arrests treated with an AED was 12 percent. The study is based on data from the world's largest data registry of pre-hospital cardiac arrest and life-threatening trauma, which is part of the Resuscitation Outcomes Consortium (ROC). The researchers collected cardiac arrest data for over 14,000 people between Dec. 2005 and April 2007. The data spanned over 200 EMS agencies and their receiving hospitals across the United States and Canada. [For more information...](#)

**32. IOM Issues Consensus Report on PPE**

In light of the unanswered research questions following the 2009 H1N1 influenza pandemic, the National Personal Protective Technology Laboratory at the National Institute for Occupational Safety and Health (NIOSH) asked the IOM to assess the progress of PPE research and to identify future directions for PPE for healthcare personnel. While the IOM finds that there are gaps and deficiencies in the research about PPE use in health care, there is sufficient knowledge to recommend a four-pronged strategy for effective PPE use. The IOM also offers several recommendations for continuing the momentum of PPE research that are detailed in the report and the report brief. For more information... [Preventing Transmission of Pandemic Influenza and Other Viral Respiratory Diseases: Personal Protective Equipment for Healthcare Personnel Update 2010](#).

In related news, OSHA has produced a new training [video](#) for healthcare employers and workers that explains the proper use of respirators and the procedures to follow to assure that respirators protect workers from airborne hazards in healthcare settings. The 33-minute video explains the major components of a respiratory protection program including fit-testing, medical evaluations, training and maintenance. The video also discusses the difference between respirators and surgical masks, features a segment on common respiratory hazards found in healthcare settings, and demonstrates how respirator use helps protect workers from exposure to airborne chemicals. [For more information...](#)

**33. IOM Issues Workshop Summary on Using Clinical Data**

The successful development of clinical data as an engine for real-time knowledge generation has the potential to transform health and health care in America. Nurturing clinical data as a resource for continuous learning can allow patients, health professionals, and health care researchers to have the best information on which to base care decisions, health strategies, and scientific recommendations. However, broader access to and use of health care data requires not only fostering reliable and accessible data systems, but also addressing the issues such as individual data ownership and patient and public perception of clinical data as a carefully stewarded public good. As part of its [Learning Health System Series](#), the [Roundtable on Value & Science-Driven Health Care](#) hosted a workshop to consider the issues surrounding clinical data as a foundation for care improvement. Workshop participants explored the transformational prospects for large, interoperable clinical and administrative datasets to allow real-time discoveries in areas such as disease risk and personalized diagnosis and treatment. In addition, participants shared their views on the priorities for data stewardship if clinical data are to become a reliable resource for broad, systematic, and continuous improvement in health and health care. For more information... [Clinical Data as the Basic Staple for Health Learning - Workshop Summary](#)

**34. National Fire Academy Completes New Emergency Medical Services Courses**

The U.S. Fire Administration's (USFA) National Fire Academy (NFA) has completed development of the first two new Emergency Medical Services (EMS) courses in response to the U.S. Fire Administration Reauthorization Act of 2008. An additional six courses are in the process of development or revision. The Reauthorization Act included direction for the National Fire Academy to provide advanced EMS training. "In recognition of the value that fire-service based EMS provides American communities, the USFA's NFA is revising and improving the EMS program to meet the needs of EMS agencies," said NFA Superintendent Dr. Denis Onieal. "The EMS curriculum now offers courses specifically identified as gaps in EMS education that prepare today's EMS leaders to better manage their system's response abilities and organizational quality control." The two new EMS courses are Emergency Medical Services Quality Management (EMS QM) and Emergency Medical Services Functions in the Incident Command System (EMS FICS). EMS QM is a six-day course offering to be conducted on the NETC campus, while EMS FICS is a two-day course offering to be conducted either on the NETC campus or locally through partnerships with State and metropolitan fire service training organizations. For more information about the new EMS curriculum or other USFA programs and offerings, visit [www.usfa.dhs.gov](http://www.usfa.dhs.gov).

**35. NTSB to Host International Family Assistance Conference**

The National Transportation Safety Board is hosting a conference to share best practices and promote post-accident family assistance in all modes of transportation. *Family Assistance: Promoting an International Approach for the Transportation Industry*, will be held in Washington, DC on March 28 and 29, 2011. The conference will bring together family members, transportation accident investigation agencies, industry representatives, government agencies, and the news media to share perspectives on lessons learned in providing family assistance following transportation accidents in an international context. This conference, being held at NTSB's headquarters, is provided free of charge to those interested in the provision of family assistance in all modes of transportation. A complete agenda and list of speakers will be published prior to the conference. The first day will be webcast at [www.nts.gov](http://www.nts.gov). [For more information and to register for the conference](#). All questions and email should be sent [here](#).

**36. HHS National Vaccine Plan Now Available**

The U.S. Department of Health and Human Services recently unveiled a new National Vaccine Plan to enhance coordination of all aspects of federal vaccine and immunization activities. Its goal is to ensure that all Americans can access the preventive benefits of vaccines. The National Vaccine Plan is the nation's roadmap for a 21st century vaccine and immunization enterprise. It includes strategies for advancing vaccine research and

development, financing, supply, distribution, safety, global cooperation, and informed decision-making among consumers and health care providers. The National Vaccine Plan consists of two phases: a strategic plan with overall goals and objectives to achieve over a 10-year period, and an implementation plan with measurable outcomes and processes to achieve the goals of the plan. More details about the implementation plan will be available in spring 2011. [For more information...](#)

**37. HHS Provides Evaluation and Capacity Review Tools**

The US Department of Health and Human Services has posted three new tools for Flu surveillance, laboratory testing and inventory tools for use by Centers for Disease Control and Prevention (CDC) international partners and collaborating countries.

- The National Inventory of Core Capabilities for Pandemic Influenza Preparedness and Response (National Inventory) has been used in more than 40 countries to document select capabilities at a single point in time, and determine progress toward enhanced preparedness over time.
- The surveillance evaluation tool is intended to help CDC and its cooperative agreement partners take a standard, systematic approach to the review and assessment of epidemiologic sentinel site surveillance for influenza like illness (ILI) and severe acute respiratory illness (SARI). The tool consists of a series of questionnaires/site visit guidelines to help in the identification of problems, and it also provides the opportunity for users to provide quality, focused technical assistance, feedback and recommendations.
- The CDC-APHL International Influenza Laboratory Capacity Review Tool (IILCRT) is a data gathering tool to assess laboratory capabilities and capacities, with an emphasis on influenza diagnostics. The information collected from the tool can be used to identify a laboratory's strengths and challenges. The capacity review with the IILCRT will be conducted in the laboratory to assess a wide variety of laboratory aspects.

[For more information...](#)

**38. Settlement Reached in EMS Employee Fired for Facebook Comment**

A complaint issued by the NLRB's Hartford regional office on October 27, 2010 alleges that an ambulance service illegally terminated an employee who posted negative remarks about her supervisor on her personal Facebook page. The complaint also alleges that the company illegally denied union representation to the employee during an investigatory interview, and maintained and enforced an overly broad blogging and internet posting policy. An NLRB investigation found that the employee's Facebook postings constituted protected concerted activity, and that the company's blogging and internet posting policy contained unlawful provisions, including one that prohibited employees from making disparaging remarks when discussing the company or supervisors and another that prohibited employees from depicting the company in any way over the internet without company permission. Such provisions constitute interference with employees in the exercise of their right to engage in protected concerted activity. In a recent settlement, the company agreed to revise its overly-broad rules to ensure that they do not improperly restrict employees from discussing their wages, hours and working conditions with co-workers and others while not at work, and that they would not discipline or discharge employees for engaging in such discussions. [For more information...](#)

**39. National EMS Memorial Service Releases Names of 2011 Honorees**

The National EMS Memorial Service has released the names of the 43 individuals from 18 states to be honored at the 2011 National EMS Memorial Service. Since 1992, the National EMS Memorial Service has been honoring America's EMS providers who have given their lives in the line of duty. The 43 individuals being honored this year join 538 others previously honored by the National EMS Memorial Service. Each year at the NEMSMS, members of the honoree's families are presented with a medallion, symbolizing eternal memory; a U.S. Flag which has flown

over the Nation's Capital, symbolizing service to the country; and a white rose, symbolizing their undying love. The 2011 National EMS Memorial Service will be conducted at the First Presbyterian Church of Colorado Springs on June 25, 2011. Additional information on the National EMS Memorial Service is available from its web site at <http://nemsms.org>

**40. New NAEMT EMS Safety Course to Debut March 1**

*EMS Safety – Taking Safety to the Streets* is designed to help reduce the number and intensity of injuries incurred by EMS practitioners in carrying out their work. The course increases students' awareness and understanding of EMS safety standards and practices and develops their ability to effectively implement these practices when on duty. This course is designed for all EMS practitioners, other medical professionals providing prehospital patient care, EMS supervisors and administrators. The curriculum covers safety in emergency vehicles, at the operational scene and while handling patients, as well as patient, practitioner and bystander safety and personal health. The course includes a student manual. This course will be offered for the first time on March 1 in Baltimore, Maryland in conjunction with EMS Today. All NAEMT continuing education courses are CECBEMS accredited and meet NREMT recertification requirements. [For more information...](#)

**41. OSH Internships Now Available**

Applications are being accepted for the Occupational Health Internship Program (OHIP) through March 14. OHIP is a national program committed to recruiting, training, mentoring and inspiring a new generation of occupational safety and health professionals to prevent job injury and disease through a partnership with workers. Funded by NIOSH and other organizations, OHIP is a project of the Association of Occupational and Environmental Clinics (AOEC). Applications are available at <http://www.aoec.org/OHIP/htapply.htm> or for more information, contact Sarah Jacobs, [sjacobs@irle.ucla.edu](mailto:sjacobs@irle.ucla.edu) or Ingrid Denis, [idenis@aoec.org](mailto:idenis@aoec.org).

**42. Hydrocodone Bitartrate and Acetaminophen Tablets Recalled**

Qualitest Pharmaceuticals recalled several lots of hydrocodone bitartrate and acetaminophen tablets because they were mislabeled as phenobarbital, the company recently announced. Several lots of phenobarbital were also recalled. The affected lots were distributed throughout the U.S. and Puerto Rico between September 21 and December 29, 2010. Unintentionally taking hydrocodone and acetaminophen instead of phenobarbital could result in respiratory depression, central nervous system depression, liver toxicity, coma, and death. Unintentionally missing phenobarbital doses could result in loss of seizure control. Patients are advised to stop using affected tablets and contact Qualitest for reimbursement (1-800-444-4011). [For more information...](#)

**43. American Regent Issues Voluntary Recalls for Certain Injection Products**

American Regent has issued voluntary recalls for certain lots of Sodium Thiosulfate Injection 10% and Potassium Phosphates Injection due to visible particulates in these products. The Food and Drug Administration notes that glass delamination can occur with high pH solutions when the surface glass from the vial separates into thin layers, resulting in glass particles with a flaky appearance. [For more information...](#)

**44. Class 1 Recall: Medtronic SynchroMed II and SynchroMed EL Implantable Infusion Pump and Refill Kits**

The SynchroMed II Programmable Pump and the SynchroMed EL Infusion System are used in patients undergoing therapy that requires the constant delivery of drugs or fluids into a patient's body. The Medtronic refill kit is used in refilling Medtronic implantable infusion pumps, with the exception of Medtronic MiniMed Infusion Pumps. Medtronic has issued a Class I recall of SynchroMed II (Model No: 8637), SynchroMed EL (Model No: 8626 and 8627), and Refill Kits (Model No: 8551, 8555, 8561, 8562, 8564, 8565, and 8566) because pocket fills (the

unintended injection of drugs or fluids into the patient’s subcutaneous tissue at the pump pocket site instead of the pump) may result in patient harm, serious injury, and/or death due to drug overdose or underdose. Medtronic reminded healthcare professionals to check needle placement within the pump septum during the drug refill procedure. According to Medtronic, it is essential that the needle be inserted through the refill septum until it has reached the needle stop in the pump reservoir. At every refill, patients and caregivers should be reminded about the signs and symptoms of drug overdose, underdose, and withdrawal. Read the MedWatch safety alert, including a [link](#) to the recall notice.

**45. IDSA Issues Practice Guidelines for MRSA**

The Infectious Diseases Society of America (IDSA) has issued its first clinical practice guidelines for the treatment of methicillin-resistant Staphylococcus aureus (MRSA) infections in children and adults. The guidelines, released on January 5, were published in the February 1 issue of Clinical Infectious Diseases. The 13-member MRSA guidelines panel was convened by the IDSA Standards and Practice Guidelines Committee in 2007 to develop evidence-based, consensus guidelines for clinicians managing patients with MRSA infections. The guidelines have been endorsed by the Pediatric Infectious Diseases Society, the American College of Emergency Physicians, and the American Academy of Pediatrics. [For more information...](#)

**46. Report Available from the Initiative on the Future of Nursing**

*The Future of Nursing: Leading Change, Advancing Health*, released by the Institute of Medicine (IOM) in October 2010, is now available in hardcover. The Committee on the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing, at the IOM, examined the capacity of the nursing workforce to meet the demands of a reformed health care and public health system. In its report, the committee offers recommendations that collectively serve as an action-oriented blueprint to:

- ensure that nurses can practice to the full extent of their education and training,
- improve nursing education,
- provide opportunities for nurses to assume leadership positions and to serve as full partners in health care redesign and improvement efforts, and
- improve data collection for workforce planning and policy making.

[Order the hardcover report from the IOM website.](#)

**47. Registration Now Open for EMS on the Hill Day**

The National Association of Emergency Medical Technicians (NAEMT) is sponsoring the second EMS on the Hill Day on May 3-4, 2011 in Washington, DC. The event provides participants the opportunity to join with other EMS professionals from across the nation to meet with Congressional leaders on Capitol Hill to advocate for the passage of key EMS legislation. [Registration](#) for EMS on the Hill Day is now open.

**48. DOJ Aggressively Pursuing Cases of Health Care Fraud**

Late yesterday, the US Department of Health and Human Services and the US Department of Justice announced twenty individuals, including three doctors, were charged in the Southern District of Florida for various health care fraud, kickback and money laundering charges related to their alleged participation in a fraud scheme involving approximately \$200 million in Medicare billing for purported mental health services. “Community mental health centers are an essential element of the nation’s health care system and serve vulnerable populations,” said Daniel R. Levinson, HHS Inspector General. “Today’s arrests by OIG agents and our law enforcement partners show that we will not tolerate criminals who pay kickbacks for referrals of Medicare business or who bill for services that

were either medically unnecessary or never provided." The complete news release is available online at <http://go.usa.gov/gBm>

In related news, the U.S. Attorney has indicted four Philadelphia area ambulance company operators for healthcare fraud. The Gray Eagle Ambulance Co. was charged with carrying out a scheme to fraudulently bill Medicare by transporting patients by ambulance that were able to walk or travel by paratransit. They are charged with health care fraud in the running of the Advantage Ambulance Co.

**A special thanks to contributor AR for the following items:**

**49. Many Consumers Unaware Of AED Use, Availability**

[MedPage Today](#) (2/7, Petrochko) reported that less than half of people presented with a situation to "save someone's life in public with an automated external defibrillator (AED)" would be willing to do so, according to a [study](#) in the Annals of Emergency Medicine. The poll of "1,018 people from 38" countries found that "47 percent could correctly identify an AED when it was pointed to" by an investigator and "53 percent said they knew" the purpose of the device. But only 34 percent knew that "anyone was allowed to use" an AED. And while "47 percent" said that they would be "willing to use the AED" in an emergency, "43 percent said they would not." The researchers called for more "public awareness and training programs" on AED use and availability.

**50. AEDs Appear To Give Accurate Readings in Moving Helicopters**

[Reuters](#) (1/26, Norton) reports that automated external defibrillators appear to work in moving medevac helicopters, according to a [study](#) published online Jan. 18 in the journal Resuscitation. The study found that AEDs have consistently correct simulated heart-rhythm disturbance readings while the helicopters were flying. In fact, the AEDs in moving helicopters showed more accurate results than those in moving ambulances. The researchers attributed the better performance to the fact that the helicopters do not hit road bumps while traveling.

**51. HHS Launches Campaign to Urge Women to Call 911 At Heart Attack Warning Signs**

The [Los Angeles Times](#) (2/16) reports, "Despite the danger, research shows many women don't recognize the signs" of a heart attack. To help raise awareness, the US Department of Health and Human Services' "Office on Women's Health this month kicked off the 'Make the Call. Don't Miss a Beat' campaign." The goal is to "educate women about the warning signs of heart attack and encourage them to call 911." Campaign director and senior science adviser in the Office on Women's Health, Suzanne Haynes, said that it "may be hard for women to know whether a vague symptom such as arm pain" is a sign of a heart attack, so she "encourages women to think about whether the symptom is unusual."

**52. S. Side Trauma Care Ignored Long Enough**

[Chicago Sun-Times](#): When 18-year-old Damian Turner was killed in a drive-by shooting last August, paramedics did not take him to the University of Chicago Medical Center, four blocks away. Instead, they had no choice but to drive Turner nine long miles to the nearest Level 1 trauma center, Northwestern Memorial Hospital, where he later died. Would Turner have survived had he been taken to the U. of C. -- and had that hospital been equipped to handle his injuries? Nobody can say. But one thing is clear: it's an outrage that Turner had to be transported so far to get the proper level of care (2/15).

UPCOMING EVENTS

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

\*Southern Regional EMS Conference. March 16-18, 2011. Biloxi, MS. [For more information...](#)

\*Virginia Emergency Management Association Symposium. March 30-April 1, 2011 Hilton Richmond Hotel, Richmond, VA. [For more information...](#)

\*EMS Care 2011 at the Beach. Maryland State EMS Conference. March 31-April 3, 2011. Ocean City, MD. [For more information...](#)

\*36TH ANNUAL VAVRS RESCUE COLLEGE. June 11-19, 2011. Virginia Tech Skelton Conference Center, Blacksburg, VA. [For more information...](#)

\* Pennsylvania's 1<sup>st</sup> Annual Pediatric Emergency Care Symposia. June 17, 2011. Genetti Hotel, Williamsport, PA. [For more information...](#)

\* Pennsylvania's 1<sup>st</sup> Annual Pediatric Emergency Care Symposia –August 18, 2011. Lancaster Marriott, Lancaster, PA. [For more information...](#)

\* Pennsylvania's 34<sup>th</sup> Annual Statewide EMS Conference – August 18-19, 2011 at the Lancaster County Convention Center & Marriott, Lancaster, PA [For more information...](#)

\* Pennsylvania's 1<sup>st</sup> Annual Pediatric Emergency Care Symposia –September 16, 2011. Holiday Inn, Johnstown, PA. [For more information...](#)

\* 77th VAVRS Convention. September 21 - 25, 2011-- Virginia Beach Convention Center, Virginia Beach, VA. [For more information...](#)

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)

\* 32<sup>nd</sup> Annual Virginia EMS Symposium. November 9-13, 2011. Norfolk Waterside Marriott, Norfolk, VA. [For more information...](#)

\* Texas EMS Conference. November 20-23, 2011. Austin Convention Center, Austin, Texas. [www.texasemsconference.com](http://www.texasemsconference.com).

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

\*MCHB Webinars on February 28, 2011:

- From 10:30 a.m. to noon (Eastern), the EMSC Program and the Federal Interagency Committee for EMS (FICEMS) will host the webcast "[Exception From Informed Consent: Lessons from a Consensus Conference](#)" to introduce participants to the current issues in conducting clinical trials using the Exception

from Informed Consent (EFIC) regulations. The results of a National Highway Traffic Safety Administration-sponsored consensus conference on addressing the barriers to conducting EFIC trails will be presented along with a perspective from the Food and Drug Administration.

- A Review of the New MCHB Performance Measures. 3:00 pm (eastern). Presenters will explain the background inception of the MCHB Performance Measures (PM), what grantees should expect to see when they access the HRSA Electronic Handbooks, and review the elements of each MCHB PM. A review of the PM elements will help grantees to better understand the reporting expectations of the Maternal Child Health Bureau and how instituting these measures may impact future activities planned by EMSC grantees. [For more information...](#)

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

\*NAEMSE EMS INSTRUCTOR COURSE Feb. 28-March 2, 2011 - Baltimore, MD (held at EMS Today). Registration info at [www.naemse.org/instructor-course](http://www.naemse.org/instructor-course)

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...](#)

\*NAEMSE EMS INSTRUCTOR COURSE March 18-20, 2011 – Bloomington, IL. Registration info at [www.naemse.org/instructor-course](http://www.naemse.org/instructor-course)

\*NAEMSE ANNUAL MINI SYMPOSIUM April 1-2 – Orlando, FL [www.naemse.org/minisymposium](http://www.naemse.org/minisymposium)

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.

\*NAEMSE EMS INSTRUCTOR COURSE April 8-10, 2011 – Plainfield, NJ. Registration info at [www.naemse.org/instructor-course](http://www.naemse.org/instructor-course)

\*EMS on the Hill Day. May 3-4, 2011. [For more information...](#)

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...](#)

\*National EMS Week. May 15-21, 2011 with May 18 set aside as Emergency Medical Services for Children (EMSC) Day!!

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

\*1<sup>st</sup> INTERNATIONAL NAEMSE MINI SYMPOSIUM June 11-12, 2011 – Toronto, Canada. [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...](#)

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.

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

\*18<sup>th</sup> ITS World Congress on Intelligent Transport Systems. October 16-20, 2011. Orlando, Florida. [For more information...](#)

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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**NASEMSO Staff Contacts**

Elizabeth B. Armstrong, CAE, MAM / Executive Director  
(703) 538-1799 ext. 7 - [armstrong@nasemso.org](mailto:armstrong@nasemso.org)

Sharon Kelly / Executive Assistant  
(703) 538-1799 ext. 2 - [kelly@nasemso.org](mailto:kelly@nasemso.org)

(703) 538-1799 ext. 4 – [robinson@nasemso.org](mailto:robinson@nasemso.org)

Kathy Robinson / Program Manager

Kevin McGinnis/Program Manager  
(571) 749-7217 -- [mcginnis@nasemso.org](mailto:mcginnis@nasemso.org)

Leslee Stein-Spencer/Program Manager  
Email: [Stein-Spencer@nasemsso.org](mailto:Stein-Spencer@nasemsso.org)

[Hedges@nasemsso.org](mailto:Hedges@nasemsso.org)

Karen Thompson / Web Site Content Manager  
(828) 693-5045 - [thompson@nasemsso.org](mailto:thompson@nasemsso.org)

Mary Hedges/Program Manager

National Association of State EMS Officials  
201 Park Washington Court  
Falls Church VA 22046  
Phone: (703) 538-1799  
Fax: (703) 241-5603  
Website: [www.nasemsso.org](http://www.nasemsso.org)

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