



Washington Update

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1. NASEMSO Congratulates Dr. Robert Bass on Receiving 2014 JEMS Lifetime Achievement Award

The James O. Page Charitable Foundation and *JEMS*, the *Journal of Emergency Medical Services*, named Dr. Robert Bass, as the 2014 recipient of a Lifetime Achievement Award for Outstanding Service in Emergency Medical Services. The Lifetime Achievement Award honors an individual who has made an extraordinary contribution to the advancement of EMS over the course of a career. Dr. Bass was honored for his tireless work as an advocate for the needs of EMS professionals and development of EMS and trauma systems excellence. A NASEMSO past president, as well as past president for the National Association of EMS Physicians (NAEMSP), and former chair of the American College of Emergency Physicians EMS Committee, Bass was the only non-federal member serving on the Federal Interagency Committee on EMS (FICEMS). He recently retired as the executive director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and has been involved in EMS issues on many levels for more than three decades. Dr. Bass received the Award at the EMS Today Conference in Washington, D.C., on February 6, 2014. Congratulations, Bob!!

2. Final Draft Model Interstate Compact for EMS Personnel Licensure for State Adoption Now Available

Over the past several months, NASEMSO engaged a National Advisory Panel with representatives of 23 national organizations, industry stakeholders, and guidance from the Council of State Governments and Vedder Price to develop a model interstate compact for states' legislative use to solve the problem associated with day-to-day emergency deployment of EMS personnel across state boundaries. The final draft has been delivered to the Department of Homeland Security and rollout has commenced throughout the EMS community. [For more information...](#)

3. NASEMSO Offers Compilation of Blast Injury Training Resources

The National Association of State EMS Officials (NASEMSO) Education and Professional Standards Council, Medical Directors Council, and Domestic Preparedness Committee has prepared a compilation of EMS training resources on bombings and blast injuries available free of charge through the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) partnership, the Firefighters Support Foundation, the International Association of Arson Investigators, and others. Several of these resources can be immediately used to support just in time blast injury and public health preparedness training efforts to prepare EMS responders at the state, regional, and local levels. NASEMSO will be utilizing this model to assist state EMS offices with future training needs. [For more information...](#)

4. NASEMSO Poster Competition Slated for 2014 Annual Meeting

Interested persons are reminded that NASEMSO is conducting a poster competition in conjunction with the NASEMSO Annual Meeting in Cleveland, OH October 6-10, 2014. The goal of the NASEMSO-sponsored poster competition is to foster and develop system research and performance assessment and improvement skills in State offices of EMS and trauma. [Download the Call for Posters here for complete details.](#) Deadline for abstracts is **Aug. 31, 2014**. Questions should be directed to Terry Mullins, terry.mullins@azdhs.gov.

5. New Document Focuses on Local Health Departments Working With the NIOSH HHE Program

Local health departments often are asked by the public, a local employer, or a local government official to look into a health problem in someone's workplace. Some have the resources to do this, others do not. A new NIOSH brochure for local health departments describes the NIOSH Health Hazard Evaluation Program and how local health departments can use its services to help meet their public health mission. The brochure can be downloaded at <http://www.cdc.gov/niosh/docs/2014-113/>.

6. FAA Final Rule Addresses Helicopter Operations for Air Ambulance, Commercial, and Part 91

The U.S. Department of Transportation's Federal Aviation Administration (FAA) has issued a final rule that requires helicopter operators, including air ambulances, to have stricter flight rules and procedures, improved communications, training, and additional on-board safety equipment. The rule represents the most significant improvements to helicopter safety in decades and responds to government's and industry's concern over continued risk in helicopter operations. All U.S. helicopter operators, including air ambulances, are required to use stricter flying procedures in bad weather. This will provide a greater margin of safety by reducing the probability of collisions with terrain, obstacles or other aircraft. Within 60 days, all operators will be required to use enhanced procedures for flying in challenging weather, at night, and when landing in remote locations. Within three years, helicopter air ambulances must use the latest on-board technology and equipment to avoid terrain and obstacles, and within four years, they must be equipped with flight data monitoring systems. Under the new rule, all Part 135 helicopter operators are required to:

- Equip their helicopters with radio altimeters.
- Have occupants wear life preservers and equip helicopters with a 406 MHz Emergency Locator Transmitter (ELT) when a helicopter is operated beyond power-off glide distance from the shore.
- Use higher weather minimums when identifying an alternate airport in a flight plan.
- Require that pilots are tested to handle flat-light, whiteout, and brownout conditions and demonstrate competency in recovery from an inadvertent encounter with instrument meteorological conditions.

In addition, under the new rule, all air ambulance operators are required to:

- Equip with Helicopter Terrain Awareness and Warning Systems (HTAWS).
- Equip with a flight data monitoring system within four years.

- Establish operations control centers if they are certificate holders with 10 or more helicopter air ambulances.
- Institute pre-flight risk-analysis programs.
- Ensure their pilots in command hold an instrument rating.
- Ensure pilots identify and document the highest obstacle along the planned route before departure.
- Comply with Visual Flight Rules (VFR) weather minimums, Instrument Flight Rules (IFR) operations at airports/heliports without weather reporting, procedures for VFR approaches, and VFR flight planning.
- Conduct the flight using Part 135 weather requirements and flight crew time limitation and rest requirements when medical personnel are on board.
- Conduct safety briefings or training for medical personnel.

This rule is effective April 22, 2014. [For more information...](#)

7. NTSB Issues Two Safety Alerts Focusing on Improving Helicopter Safety

The National Transportation Safety Board recently issued two Safety Alerts highlighting the importance of proper maintenance and simulator training as critical ways to improve helicopter safety. This year, helicopter safety was added to the [NTSB's Most Wanted List of Safety Improvements](#). In the past decade, over 1,500 accidents have occurred involving helicopters used as air ambulances, for search and rescue missions, commercial helicopter operations such as tour flights, and instructional operations. During that same time, the NTSB issued over 200 safety recommendations on issues related to helicopter investigations. The two Safety Alerts are: • Safety Through Helicopter Simulators • Helicopter Safety Starts in the Hangar. Accompanying the safety alerts are two videos, produced in conjunction with Helicopter Association International. Featured in the videos are NTSB investigators sharing their perspectives about the lessons learned from helicopter accident investigations.

The two helicopter Safety Alerts and the two videos, are available at:

http://www.nts.gov/safety/safety_alerts.html

http://www.nts.gov/safety/safety_videos.html

8. DHS S&T Releases Key Findings Related to Wireless Emergency Alerts

The Department of Homeland Security's (DHS) Science and Technology Directorate (S&T) has announced the release of a report entitled: Wireless Emergency Alerts (WEA) Mobile Penetration Strategy. Launched in 2012, WEA provides a national capability to deliver alert messages directly to the public via mobile devices in a specific affected geographic region. The Mobile Penetration Strategy is directed toward decision makers throughout all levels of government, commercial mobile service providers (CMSPs) and mobile wireless device manufacturers. The report characterizes WEA coverage across the nation, identifies barriers to adoption, and suggests options for improving coverage. It provides recommendations for each group on how to improve the utilization of WEA nationwide, maximize public awareness and user acceptance. During the development of the Mobile Penetration Strategy, researchers solicited information from a wide range of commercial and government sources to estimate WEA penetration and coverage geographically, demographically, by wireless carrier coverage, and by mobile device populations. Researchers also conducted interviews with officials in the public and private sectors throughout the country. Research conducted by the National Defense Research Institute found that: most state emergency managers plan to use WEA; CMSPs can provide WEA to almost all of the United States; and that demographic and other factors affect WEA use. The WEA Mobile Penetration Strategy can be downloaded from www.firstresponder.gov at <http://go.usa.gov/BRn4>.

9. FEMA Releases Resource Typing Library Tool

The Resource Typing Library Tool (RTLTL) is an online catalogue of national resource typing definitions and job titles/position qualifications. The Federal Emergency Management Agency (FEMA) National Integration Center (NIC) provides the RTLTL to support the implementation of the National Preparedness System. Nationally typed resources support a common language for the mobilization of resources (equipment, teams, units, and personnel) prior to, during, and after major incidents. Resource users at all levels use these definitions to identify and inventory resources for capability estimation, planning, and for mobilization during mutual aid efforts. Nationally typed resources represent the minimum criteria for the associated component and capability. Definitions and job titles/position qualifications are easily searchable and discoverable through the RTLTL. They can be downloaded in PDF format or directly used by third party software applications using the available Web Services application-programming interface (API). FEMA is hosting a series of webinars to introduce the RTLTL and the latest version of the Incident Response Inventory System (IRIS). All webinars will be open to the whole community, which includes—individuals (including those with disabilities and others with access and functional needs), businesses and nonprofits, faith-based and community groups, schools, and all levels of government. These webinars will provide an overview on how to navigate the RTLTL and its use in inventorying critical resources. Each webinar will cover the same information. Advance registration is required due to space limitations. The (webinar) agenda will cover topics such as:

- Overview of National Preparedness Efforts
- How RTLTL and IRIS support Resource Management
- Introduction to the Resource Typing Library Tool and the Incident Resource Inventory System
- Demonstration of RTLTL and IRIS Registration is on a first come, first serve basis.

To register, please visit <http://www.fema.gov/resource-management>. Special note: several of the EMS and medical resource types were revised in 2013. The RTLTL contains an older (2009) version of the documents and it is anticipated the 2013 revisions will be available in the near future.

10. FEMA Seeks Applicants for National Advisory Committee

On February 18th, the Department of Homeland Security’s Federal Emergency Management Agency (FEMA) announced that it was requesting individuals who are interested in serving on the National Advisory Council (NAC) to apply for appointment. The NAC is an advisory council established 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 advises the FEMA Administrator on all aspects of emergency management while incorporating the whole community’s input through appointed council members. The NAC consists of up to 35 members, experts and leaders in their respective fields, appointed for a three-year term by the FEMA Administrator and are composed of federal, state, tribal, local, private sector, and non-profit leaders and subject matter experts in a wide range of disciplines. The NAC will have one position open for applications and nominations in each of the following disciplines:

- Emergency Management
- Emergency Response
- Non-Elected Local Government Officials
- Elected Tribal Government Officials
- Non-Elected Tribal Government Officials
- Health Scientist
- Communications
- Infrastructure Protection
- Standards Settings and Accrediting

Disabilities

Individuals interested in serving on the NAC are invited to apply for appointment by submitting a Cover Letter and a Resume or Curriculum Vitae (CV) to the Office of the National Advisory Council by Friday, March 14, 2014, 11:59 p.m. EST. [For more information...](#)

11. Snow Now Means Water Later: Are You Ready?

Snow thaw and the potential for heavy spring rains heighten the flood risk throughout the nation in the coming months. Floods are one of the most common hazards in the United States, however not all floods are alike. Some floods develop slowly, while others such a flash floods, can develop in just a few minutes and without visible signs of rain. Additionally, floods can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states. Having an evacuation plan in place before a flood occurs can help avoid confusion and prevent injuries and property damage. A thorough evacuation plan should include:

- Conditions that will activate the plan
- Chain of command
- Emergency functions and who will perform them
- Specific evacuation procedures, including routes and exits
- Procedures for accounting for personnel, customers and visitors
- Equipment for personnel
- Review the plan with workers

Several online resources are available to assist agencies and individuals with flood preparedness:

- [Occupational Safety and Health Administration](#)
- [Centers for Disease Control and Prevention](#)
- [Federal Emergency Management Agency](#)
- [American Red Cross](#)

12. CMS Extends Deadline for Comments

On December 27th, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to "establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It would also ensure that these providers and suppliers are adequately prepared to meet the needs of patients, residents, clients, and participants during disasters and emergency situations." CMS recently announced that it has extended the deadline for comments to March 31st (previously due February 25th). [For more information...](#)

13. Global Health Security Agenda Promotes Collaboration Among Nations

The [importance of global health security](#) has never been clearer. New microbes are emerging and spreading, drug resistance is rising, and laboratories around the world could intentionally or unintentionally release dangerous microbes. Globalization of travel and trade increase the chance and speed of these risks spreading. To address these challenges, CDC is joining with other U.S. government agencies and global partners to advance a [Global Health Security Agenda](#). The aim of this agenda is to accelerate progress toward a safe world and to promote global health security as an international priority to **Prevent** and reduce the likelihood of outbreaks – natural, accidental, or intentional; **Detect** threats early to save lives and; **Respond** rapidly and effectively using multi-sectorial, international coordination and communication.

14. SAMHSA Behavioral Health Disaster Response Mobile App

A free new behavioral health app from the Substance Abuse and Mental Health Services Administration (SAMHSA) offers first responders immediate access to field resources for aiding disaster survivors. Has the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and send resources to colleagues. [For more information...](#)

15. NTSB Offers Training Related to Transportation Accidents

The National Transportation Safety Board (NTSB) is offering two investigative courses and one focused on family assistance at the NTSB's Training Center in Ashburn, Va., next month. **Cognitive Interviewing** (March 19-20) provides the foundational knowledge and skills needed to conduct interviews of participants in, and witnesses to, transportation incidents or accidents. Learn more at <http://go.usa.gov/BJBP>. The **Transportation Disaster Response: Family Assistance** course (March 25-27) was developed for commercial transportation officials, representatives of federal agencies, staff of non-governmental relief organizations and emergency managers and is instrumental in understanding how any organization involved in the accident response can most effectively support the family assistance efforts. Learn more at <http://go.usa.gov/BJBG>. **Aircraft Accident Investigation** (March 31-April 11) provides participants with a comprehensive overview of the procedures and methods used and the skills required to investigate an aircraft accident. Examples from recent NTSB investigations will be used to demonstrate particular aspects of the investigative process. Learn more at <http://go.usa.gov/BJKW>. Information about the NTSB Training Center, course registration information and a complete listing of all public courses offered is available at <http://go.usa.gov/gfEA>.

16. NASEMSO Offers New Resources to Assist Implementation Efforts

To assist state EMS officials, EMS program administrators, and others explain background and implementation progress related to the EMS Education Agenda for the Future, NASEMSO's Implementation Team has posted a Powerpoint presentation, "2014: A New Day in EMS Education The Progress Continues" on the NASEMSO web site. It has been provided in a ppt format so that users can modify the approach to meet state and local needs. The presentation can be downloaded [here](#). Visitors to NASEMSO's Education Agenda web site should notice that the web site has been reorganized to provide greater access to several resources intended to support implementation efforts, hopefully making them easier to find and use.

17. New Standards Interpretations Adopted by CoAEMSP Board of Directors

During its recent meeting, the CoAEMSP Board of Directors adopted several new Interpretations for the CAAHEP *Standards and Guidelines*. The CoAEMSP Interpretations are NOT part of the *Standards and Guidelines* document and are subject to change by CoAEMSP. Questions regarding the Interpretations can be directed to the CoAEMSP [Executive Office](#). The new Interpretations include:

- Sponsorship with regards to students in other states (Distance Education)
- Medical Director Qualifications with regards to students in other states (Distance Education)
- Hospital/Clinical/Field/Internship Affiliations
- Curriculum - Tracking
- Faculty Responsibilities
- Safeguards

Access the new interpretations [here](#).

18. CAAHEP Standards Under Revision

The Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) is responsible for

developing and periodically revising the CAAHEP *Standards and Guidelines* in order to maintain: a) compliance with CAAHEP policy, including the *Standards Template*; and b) congruence between the educational preparation of students and the accepted state of practice for the discipline. CAAHEP requires the CoAEMSP to review *Standards and Guidelines* at least once every five (5) years and provide the CAAHEP Board of Directors with a written report on the outcome of review. The current *Standards* were last approved by CAAHEP in 2005. In 2010, with the anticipated change in the profession for programs to become accredited by January 1, 2013, CoAEMSP requested and CAAHEP granted an extension for reviewing the Standards. In 2014, with the huge influx of programs successfully brought into the accreditation system, the CoAEMSP has embarked on the revision of the CAAHEP *Standards and Guidelines*. On February 8, 2014, the CoAEMSP Board of Directors approved the first draft of the proposed Standards and Guidelines. The draft is being reviewed by the CAAHEP Standards Committee for its formal review and comment. Once the draft is finalized between the CAAHEP Standards Committee and the CoAEMSP Board of Directors, the draft will be disseminated to all the 14 sponsoring organizations and communities of interest. Solicitations will be made via e-newsletters, social media announcements, the coaemsp.org web site, CoAEMSP workshops, sponsoring organizations communiqués, etc. The revision process is expected to take 18-24 months.

19. CoAEMSP and NAEMSE Offer “Evaluating Student Competency Workshop”--March 7-8 in New Orleans

This 2-day workshop is designed to assist instructors in appropriately evaluating students in all domains as well as complying with CAAHEP accreditation Standards related to student evaluation. This workshop has an online pre-course component that is approximately 4 hours in length. The following will be addressed:

- Principles of Student Evaluation
- Constructing an Evaluation Strategy / Case Studies
- Written Evaluation Tools
- Item Analysis of Written Exams
- Cut Score Determination
- Developing a Portfolio Competency
- Affective Evaluation
- Simulations & Scenario Oral Evaluation

[For more information...](#)

20. NIOSH Invites Comments on Center for Motor Vehicle Safety Strategic Plan

The National Institute for Occupational Safety and Health (NIOSH) invites public comment on the draft Research and Guidance Strategic Plan 2014-2018 for the NIOSH Center for Motor Vehicle Safety. Fatality data show that across all industries, motor vehicle-related incidents are consistently the leading cause of work-related fatalities, and are the first or second leading cause in every major industry sector. The Center is the focal point for research and prevention activities within the Institute to reduce work-related motor vehicle crashes and resulting injuries. Comments on the draft strategic plan must be received no later than March 8, 2014. The request for comments is available [here](#). For more information, contact Stephanie Pratt atSPratt@cdc.gov

21. ECCC Launches EMS Collaboration Community on IdeaScale

The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has created a public forum for stakeholders to discuss and share individual ideas about public health and medical emergency preparedness, response, and recovery. Taking the concept a step further, ASPR’s Emergency Care Coordination Center (ECCC) in conjunction with the Office of the National Coordinator for Health Information Technology (ONC) is pleased to announce a campaign related to Emergency Medical Services (EMS) and Health Information Technology (HIT).

ECCC hopes to connect the emergency care, EMS, and HIT communities so they can share and discuss pilot projects, concepts, and initiatives related to health information exchange. This forum also allows others to benefit from those experiences and the resulting knowledge base to avoid or overcome barriers. Support your ideas and vote of others at <http://www.phegov.ideascale.com>, Health Information Technology and EMS.

22. AHRQ Study Finds Use of Contact Precautions in Emergency Departments Varies

In a survey of 301 emergency departments (EDs) in 49 states, AHRQ-funded researchers found that policies on the use of contact precautions to prevent the spread of antimicrobial resistant organisms and *Clostridium difficile* varied greatly, according to a study published online February 3 in *Infection Control and Hospital Epidemiology*. The researchers found that, while most EDs require their staff to use contact precautions (wearing a gown and gloves) when treating patients suspected of having an infection caused by a specific organism, less than half of EDs require such contact precautions when treating patients with symptoms often caused by those organisms. For example, 79 percent of EDs required isolation (including contact precautions) when treating patients with suspected methicillin-resistant *Staphylococcus aureus* (MRSA), but only 49 percent required contact precautions for all patients with purulent skin infections, which are predominantly caused by community-acquired MRSA. The authors also found that most EDs had not participated in quality improvement projects related to decreasing the spread of these organisms. The authors suggest, based on the variations they observed, that ED organizations and leaders enact policies on the use of contact precautions in the ED. Select to access an [abstract](#) of the study's findings.

23. 2014 GAO Report Highlights Drug Shortages

From prolonged duration of a disease, to permanent injury, to death, drug shortages have led to harmful patient outcomes. FDA—an agency within the Department of Health and Human Services (HHS)—works to prevent, alleviate, and resolve shortages. In 2011, Government Accountability Office (GAO) recommended that FDA should enhance its ability to respond to shortages. In 2012, the Food and Drug Administration Safety and Innovation Act (FDASIA) gave FDA new authorities to address drug shortages. FDASIA also mandated GAO to study drug shortages. In the report on which it is based, GAO focuses on (1) trends in recent drug shortages and describes what is known about their effect on patients and providers; (2) the causes of drug shortages; and (3) the progress FDA has made in addressing drug shortages. GAO analyzed data from FDA and the University of Utah Drug Information Service, which is generally regarded as the most comprehensive source of drug shortage information for the time period we reviewed. GAO interviewed officials from FDA, organizations representing providers, and drug manufacturers. GAO also reviewed the literature, relevant statutes, regulations, and documents. *DRUG SHORTAGES: Threat to Public Health Persists Despite Actions to Help Maintain Product Availability* GAO-14-339T is now available at <http://www.gao.gov/products/GAO-14-339T>.

In related news, an related hearing by the House Energy & Commerce Subcommittee on Health broadcast on C-SPAN with presentations by the GAO and FDA is available [here](#).

24. IOM Committee on DHS Workforce Resilience Releases Follow-up Report

The more than 200,000 men and women who make up the U.S. Department of Homeland Security (DHS) are entrusted with ensuring that the United States is safe, secure, and resilient against terrorism and other hazards. DHS, in turn, is responsible for protecting the health, safety, and resilience of its employees as well as guaranteeing effective management of the medical needs of those under DHS care or custody. The DHS Office of Health Affairs (OHA) asked the Institute of Medicine (IOM) to recommend ways to better integrate occupational health functions and operational medicine throughout DHS with the necessary centralized oversight authority. Building off the foundational recommendations from a 2013 IOM report, this report concludes that although DHS has worked

diligently to overcome overarching management problems, its fragmented health protection system remains a barrier to promoting a healthy, safe, and resilient workforce. In order to ensure mission readiness and to provide DHS employees with occupational health support, strategic alignment through committed leadership, organizational and functional alignment, and management of health and safety information are needed. [For more information...](#)

25. Etomidate Injection Recall Announced by Manufacturer

Agila Specialties notified medical care organizations of a nationwide recall to the hospital/user level of 10 lots of Etomidate Injection 2 mg/mL – 10 mL and 20 mL. All of the products bear a Pfizer label. Product was distributed Nationwide to distributors, retailers, hospitals, pharmacies, and/or clinics. The product was recalled due to the potential for small black particles, identified as paper shipper labels, to be present in individual vials; the potential for missing lot number and/or expiry date on the outer carton, and the potential for illegible/missing lot number and expiry on individual vials. Intravenous administration of particles may lead to impairment of microcirculation, phlebitis, infection, embolism and subsequent infarction. [For more information...](#)

26. Philips Respironics Initiates Recalls Trilogy Ventilator

On February 11, 2014, Philips Respironics initiated a voluntary recall to address a potentially defective component on the Trilogy Ventilator power management board, which could affect the function of the device. If this issue is not corrected it is possible that the ventilator may fail to deliver mechanical breaths and that the alarm functionality may be reduced to indicate ventilatory failure, resulting in serious adverse health consequences or death. There have been no reports of death or serious injury related to this potential problem. The Philips Respironics Trilogy Ventilator is intended to provide continuous or intermittent ventilatory support for the care of individuals who require mechanical ventilation. The devices are intended to be used in home, institution/hospital, and portable applications such as wheelchairs and gurneys. [For more information...](#)

27. FY 2013 Fire Prevention and Safety Grants Application Period Now Open

Starting Tuesday, February 18, 2014, organizations may begin online grant applications for Fiscal Year (FY) 2013 Fire Prevention and Safety (FP&S) Grant funding. The deadline for all FP&S Grant applications is Friday, March 21, 2014, at 5 p.m. Eastern Time (ET). Key Changes in the FY 2013 Fire Prevention and Safety funding opportunity:

- The grantee cost sharing is now 5% for all eligible applicants for both FP&S and Research and Development (R&D) activities regardless of population size or applicant type.
- Applications and awards are limited to a maximum federal share of \$1.5 million dollars, regardless of applicant type.
- The evaluation criteria under the Research and Development activity have been modified and now clarifies the evaluation process for the Research and Development applications.

The [FY 2013 Fire Prevention and Safety Grants Funding Opportunity Announcement \(FOA\)](#) explains the purpose of the grant program, activities eligible for support, eligibility criteria, award criteria, application instructions, and Federal requirements for grantees.

28. ACEP Reports Nation Receives a D+ in Emergency Care

Emergency physicians have sounded a warning that the continuing failure of state and national policies is endangering emergency patients, citing as proof a worse grade of D+ in the latest edition of a state-by-state report card on support for emergency care (Report Card). The Report Card forecasts an expanding role for emergency departments under the Affordable Care Act and describes the harmful effects of the competing pressures of shrinking resources and increasing demands. The Report Card measures conditions and policies under which

emergency care is being delivered, not the quality of care provided by hospitals and emergency providers.

[“America’s Emergency Care Environment: A State-by-State Report Card”](#) — has 136 measures in five categories:

- Access to Emergency Care (30 percent of the grade): the nation received a D-
- Quality and Patient Safety (20 percent): the nation received a C
- Medical Liability Environment (20 percent): the nation received a C-
- Public Health and Injury Prevention (15 percent): the nation received a C
- Disaster Preparedness (15 percent): the nation received a C-

The District of Columbia ranked first in the nation with a B-, surpassing Massachusetts, which held the top spot in the 2009 Report Card. Wyoming ranked dead last, receiving an F overall. The top ranked states were the District of Columbia (1st, B-), Massachusetts (2nd, B-), Maine (3rd, B-), Nebraska (4th, B-) and Colorado (5th, C+). The bottom ranked states were Wyoming (51st, F), Arkansas (50th, D-), New Mexico (49th, D), Montana (48th, D) and Kentucky (47th, D).

29. National Organizations Promote Guidelines for Geriatric Emergency Departments

The American College of Emergency Physicians, the American Geriatrics Society, Emergency Nurses Association, and the Society for Academic Emergency Medicine announce the availability of a Geriatric Emergency Department Guidelines document, a product of two years of consensus-based work. The purpose of Geriatric Emergency Department Guidelines is to provide a standardized set of guidelines that can effectively improve the care of the geriatric population and which is feasible to implement in the ED. The guidelines create a template for staffing, equipment, education, policies and procedures, follow-up care, and performance improvement measures and encourages EMS training. [For more information...](#)

UPCOMING EVENTS

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

Twenty-Eighth Annual Conference on the Prevention of Child Abuse. March 3-4, 2014 Omni Colonnade Hotel San Antonio, Texas. [For more information...](#)

13th Annual Update in Acute and Emergency Care Pediatrics Conference. Knoxville, TN on March 28-29, 2014. [For more information...](#)

35th Annual Virginia EMS Symposium, November 5-9, 2014, Norfolk Waterside Marriott, Norfolk, Va. For more information, visit <http://www.vdh.virginia.gov/OEMS/symposium/index.htm>.

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

NAEMSE Instructor Course Level 1

March 14-16, 2014	Elizabeth, NJ
April 4-6, 2014	Champaign, IL
April 25-27, 2014	Greenville, SC

NAEMSE Instructor Course Level 2

March 7-8, 2014	Orland Park, IL
March 21-22, 2014	Loudon, VA
May 2-4, 2014	Sacramento, CA
May 16-17, 2014	Macon, GA

NASEMSO Mid-Year Meeting, March 3-5, 2014. Rosen Center, Orlando, FL. [For more information...](#)

ENA Leadership Conference. March 5-9, 2014. Phoenix, AZ. [For more information...](#)

AAMS Spring Conference. March 11, 2014. Washington, DC. [For more information...](#)

EMS on the Hill Day, March 26, 2014, Washington, DC. Registration and information is now available at www.naemt.org.

[2014 Preparedness Summit](#). April 1-4, 2014 in Atlanta GA.

National Public Health Week. April 7-13, 2014. [For more information...](#)

Fire-Rescue Med. April 29-May 3, 2014. Arlington, VA. [For more information...](#)

ACEP Leadership and Advocacy Conference. May 18-21, 2014. Washington, DC. [For more information...](#)

National EMS Week. May 18-24, 2014. This year's theme is "EMS: Dedicated. For Life." [For more information...](#)

Pinnacle EMS Leadership and Management Conference. July 21-25, 2014. Scottsdale, AZ. [For more information...](#)

ITS America World Congress. September 7-11, 2014. Detroit Marriott at the Renaissance Center. Detroit, MI. [For more information...](#)

NAEMSE Symposium. September 16-21, 2014. Peppermill Resort Hotel. Reno, NV. [For more information...](#)

Air Medical Transport Conference. September 22-24, 2014. Nashville, TN.

NASEMSO Annual Meeting. October 6-10, 2014. Westin Cleveland and Cleveland Public Auditorium, Cleveland, OH. [For more information...](#)

ENA Annual Meeting. October 7-11, 2014. Indiana Convention Center. Indianapolis, IN. [For more information...](#)

ACEP Annual Meeting. October 27-October 30, 2014. Chicago, IL. [For more information...](#)

EMS Expo. November 9-13, 2014. Nashville, TN. [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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