



Washington Update

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March 15, 2013

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National EMS Week, May 19-25, 2013



1. McGinnis Named Among Top 25 in Public Sector Innovation

NASEMSO salutes Program Manager Kevin McGinnis, named one of Government Technology Magazine's Top 25 in its annual salute to the men and women who truly make government more efficient, more effective and friendlier to the citizens it serves. Government Technology annually publishes an issue that recognizes the hardest working and most innovative individuals in the public sector. [Read the profile on Kevin McGinnis here.](#) Congratulations, Kevin!!

2. NASEMSO Supports Deficit Reduction Without Further Cuts to Discretionary Programs

As Congress faces the debt ceiling, fiscal year 2013 spending bills, sequestration, and the fiscal year 2014 budget, NASEMSO and a coalition of 3,200 national, state, and local organizations sent a letter to all Members of Congress urging them to support a balanced approach to deficit reduction that does not include further cuts to discretionary programs. The approach to deficit reduction has thus far been unbalanced. Discretionary programs have contributed \$1.5 trillion in spending cuts from the Fiscal Year 2011 Continuing Resolution, the bipartisan Budget Control Act, and the bipartisan American Taxpayer Relief Act, while revenues have contributed just \$600 billion. Additional cuts in discretionary programs would put the health, education, safety, and security of all Americans at risk. [For more information...](#)

3. Accreditation Webinar Powerpoint Now Available on NASEMSO Web Site

For those we were not able to attend the February 25 NASEMSO webinar on the status of National EMS Program Accreditation, featuring Dia Gainor (NASEMSO), Bill Brown (NREMT), and Dr. George Hatch (CoAEMSP), we have uploaded the slides [here](#). Due to technological difficulties, the audio is not available. We apologize for the inconvenience!

4. States Eligible for SAMSHA Funding to Implement SBIRT Screening

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year 2013 Cooperative Agreements for Screening, Brief Intervention, and Referral to Treatment (SBIRT). The purpose of this program is to implement screening, brief intervention and referral to treatment services for adults in primary care and community health settings with substance misuse and substance use disorders (SUDs). This program is designed to expand/enhance the state and tribal continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact; increase abstinence and reduce costly health care utilization; and promote sustainability of SBIRT services through the use of health information technology (HIT). SAMHSA expects that grants of up to \$2.003 million per year will be provided to up to four selected grantees for up to five years. The actual award amounts may vary, depending on the availability funds. Eligible applicants are the immediate office of the Single State Authority (SSA); director of the health department (or equivalent agency) in the states, territories, and District of Columbia; or the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or tribal organization. [For more information...](#)

5. OMB Sequestration Report to Congress

Here is a link to the OMB sequestration report to Congress. Health agencies are on page 24. CDC is slated for a total cut of \$289 million (page 24) and the Prevention and Public Health Fund a cut of \$51 million (page 26). According to the OMB cover letter "Because these cuts must be achieved over only seven months instead of 12, the effective percentage reductions will be approximately 13 percent for non-exempt defense programs and 9 percent for non-exempt nondefense programs." [For more information...](#)

6. More on Sequester, Budgets, and Appropriations from the Congressional Research Service

A new report from the Congressional Research Service provides an overview of actions taken by Congress to provide FY2013 appropriations for the accounts funded by the Departments of Labor, Health and Human Services, and Education, and Related Agencies (L-HHS-ED) appropriations bill. The L-HHS-ED bill provides funding for all accounts subject to the annual appropriations process at the Departments of Labor (DOL) and Education (ED). It provides annual appropriations for most agencies within the Department of Health and Human Services (HHS), with certain exceptions (e.g., the Food and Drug Administration is funded via the Agriculture bill). The L-HHS-ED bill also provides funding for more than a dozen related agencies, including the Social Security Administration. Read [Labor, Health and Human Services, and Education: FY2013 Appropriations Overview](#).

7. Moody's: Medicaid and Medicare DSH Payment Reductions Could Challenge States and Hospitals

The upcoming reductions called for in the Affordable Care Act to federal disproportionate share hospital (DSH) payments, estimated to rise to \$17 billion annually by 2019, will lead to political and budgetary pressure on state governments as they seek to replace the lost funds says Moody's Investors Service. Hospitals providing high levels of charity care and with heavy Medicaid loads will be most vulnerable to budget shortfalls because of the DSH reductions. Pressures will be greatest in states that opt out of Medicaid expansion, but have a relatively high proportion of uninsured residents, says Moody's in the report "Reduction of Medicaid & Medicare Disproportionate Share Hospital Payments a Looming Challenge for States and Hospitals." The DSH reductions are expected to be covered by the lower cost of charity care, as the Affordable Care Act is aimed at lowering the ranks of the uninsured. However, states that opt out of the Medicaid expansion, as the June 2012 Supreme Court ruling on the Affordable Care Act allows, may face large uninsured populations at the same time that the DSH payments decline. [For more information...](#)

8. Reminder on State Innovation Models Initiative

State officials are reminded of the CMS-based State Innovation Models Initiative Program that is providing up to \$300 million to support the development and testing of state-based models for multi-payer payment and health care delivery system transformation with the aim of improving health system performance for residents of participating states. The projects will be broad based and focus on people enrolled in Medicare, Medicaid and the Children's Health Insurance Program (CHIP). To see if your state is receiving funding that might be used to support EMS participation, click [here](#).

9. Draft Regional Action Plans Submitted to the WFEC

Draft Regional Action Plans for each of the Cohesive Strategy Regions - the Northeast, Southeast, and West - were submitted to the Wildland Fire Executive Council (WFEC) on March 5, 2013. The Action Plans were developed through a collaborative, intergovernmental, and public process. The Plans will be reviewed and considered for concurrence at the April 5, 2013, WFEC meeting. (Please CTRL-click on the desired bullet to review.)

- [DRAFT Northeast Regional Action Plan, March 2013](#)
- [DRAFT Southeast Regional Action Plan, March 2013](#)
- [DRAFT Western Regional Action Plan, March 2013](#)

10. National Public Health Week is April 1-7

National Public Health Week is right around the corner and APHA needs your help to make this another successful campaign. Scheduled for April 1-7, NPHW 2013 is focusing on "[Public Health is ROI, Save Lives, Save Money.](#)" The theme is a reference to the public health return on investment, or ROI, which shows that for every dollar spent to prevent health problems in a community, \$5.60 in later medical treatment is averted. The 2013 NPHW Partners Toolkit, fact sheets and other resources are available on the [NPHW website](#).

11. NTSB to Consider Safety Alerts in General Aviation

The National Transportation Safety Board will meet to consider five Safety Alerts aimed at reducing the number of general aviation accidents. A Safety Alert is a brief information sheet that pinpoints a particular safety issue and offers practical remedies to address the hazard. Each year the NTSB investigates about 1500 GA accidents in which about 475 pilots and passengers are killed and hundreds more are seriously injured. The safety issue areas under consideration at the Board meeting will include:

- Reduced-visual-reference accidents, including controlled flight into terrain and uncontrolled descent to the ground due to spatial disorientation
- Aerodynamic stalls at low altitude in daylight visual weather conditions

- Pilot inattention to indications of mechanical problems
- Risk management for aviation maintenance technicians
- Risk management for pilots

General Aviation Safety has been on the NTSB's Most Wanted List since 2011: <http://go.usa.gov/2Wu3>.

12. Notice of FirstNet Board Of Directors Meeting

This special meeting of the First Responders Network Authority (FirstNet) Board is called consistent with Section 4.05 of FirstNet's Bylaws. During this special meeting, the Board will select its General Manager and discuss financial matters. These matters will be discussed in a closed session. Pursuant to Section 6204(e)(2) of the Middle Class Tax Relief and Job Creation Act of 2012 (Act), FirstNet may meet in closed session "to preserve the confidentiality of commercial or financial information that is privileged or confidential, to discuss personnel matters, or to discuss legal matters affecting the First Responder Network Authority, including pending or potential litigation." Members of the public may listen to the teleconference by dialing 1-888-282-0378 and keying in passcode 7383732. Members of the public will be placed on hold during the closed session and the teleconference will resume when the closed session concludes. The Board anticipates that this will be a relatively short call. March 18, 2013 VIA TELECONFERENCE at 12:00 pm – 1:00 pm Eastern Daylight Time.

13. IAED Announces New Peer Reviewed Journal

The International Academies of Emergency Dispatch (IAED) are proud to announce the publication of a new peer-reviewed journal of dispatch science and pre-arrival care, the Annals of Emergency Dispatch and Response (AEDR). AEDR provides a unique resource for researchers, administrators, and practitioners in the fields of emergency dispatch, pre-arrival medicine, emergency nurse telephone triage, and other areas of pre-arrival care, bridging the gap between the operational aspects of public safety and emergency medicine and the scientific research in these fields. The first issue will be coming out in March/April 2013. The Journal is seeking submissions of research, perspectives, and editorial papers for future issues. Please see the attached submission announcement for more details. [For more information...](#)

14. New NCSL Resource Highlights State 9-1-1 Legislation

State legislatures passed a variety of measures in 2012 to support and improve the operations of public emergency communication services for today's digital mobile society. The legislation listed below includes key 2012 enactments, excluding appropriations. See the National Conference of State Legislatures 9-1-1 Legislation Database for a more complete list of 2012 introduced and enacted 9-1-1 legislation. [For more information...](#)

15. Call for Reviewers - State and Local Implementation Grant Program

The U.S. Department of Commerce's National Telecommunications and Information Administration (NTIA) is soliciting volunteers to serve as peer reviewers to assess grant application proposals for the \$121.5M State and Local Implementation Grant Program (SLIGP), an important planning and consultation component for the proposed nationwide public safety broadband network. Please find more info [here](#). The deadline for applications is March 19, 2013.

16. CMS Releases ICD-10 Checklists and Timelines

To help you prepare for ICD-10, CMS has released new [checklists and timelines](#) for small and medium provider practices, large provider practices, small hospitals, and payers. These resources are designed to give you a high-level understanding of what the ICD-10 transition requires and how your ICD-10 preparations compare with recommended timeframes. The checklists offer easy-to-understand lists of tasks that CMS recommends completing before the October 1, 2014, ICD-10 deadline. Each task also includes an estimated timeframe, allowing you to plan

based on your current progress. Depending on your organization, you may be able perform some of the tasks on a compressed timeline or at the same time as other tasks. The timelines are an at-a-glance resource for getting a sense of how your transition is moving forward. The timelines provide a visual guide to key transition activities by phase. You can use the checklists and timelines to identify where you need to focus your efforts. Then you can consult the more in-depth ICD-10 resources available on the CMS website. *Keep Up to Date on ICD-10* Visit the CMS [ICD-10](#) website for the latest news and resources to help you prepare for the *October 1, 2014*, deadline. Read [recent ICD-10 email update messages](#). Access the [ICD-10 continuing medical education modules](#) developed by CMS in partnership with Medscape.

17. Free, Online Tutorials from AHRQ on How to Use HCUP Data

A series of free, online tutorials on AHRQ’s Healthcare Cost and Utilization Project (HCUP) is designed to help health services researchers, students, and data analysts use record-level data effectively from HCUP’s Nationwide Inpatient Sample, Kid’s Inpatient Database, and the Nationwide Emergency Department Database. The multi-year analysis tutorial is the latest course in this series. The five other tutorials provide an overview of HCUP data, tools, and products; sample design; loading and checking data; calculating standard errors; and producing national estimates. Each course is modular, allowing the user to either move through the entire course or access selected parts. [Select](#) to access the HCUP Online Tutorials. [Select](#) for more information about HCUP.

18. FEMA Seeks Comment on Model Plans for Schools and Churches

As part of [his plan to reduce gun violence](#), President Obama directed the Departments of Homeland Security, Education, Health and Human Services and Justice to create model emergency management plans for schools, institutions of higher education, and houses of worship. FEMA is inviting public comment on ideas for emergency management planning at schools, institutions of higher education, and houses of worship on what should be included in these plans and how students and staff can best be trained to follow them. To share your ideas (and see what other people are saying), click [here](#). The topic, “[Taking Action: Creating Model Emergency Management Plans for Schools, Institutions of Higher Education and Houses of Worship](#),” will be open until March 18.

19. Upcoming Webinar on Hospital Preparedness

In a changing healthcare landscape, new issues are emerging in how the health system prepares for and responds to disasters. This interactive webinar aims to inform advocates, policymakers, and practitioners on the latest policy, research, and on-the-ground experience in hospital preparedness. Panelists include Dr. David Marcozzi, Director, National Healthcare Preparedness Programs, U.S. Department of Health and Human Services. From the Trust For Americas Health and the Roundtable on Critical Care Policy -- Key Issues in Hospital Preparedness, Thursday, March 28th, 1:00 - 2:00 p.m. EDT. Click [here](#) to register.

20. Updated Guidelines for Evaluation of Severe Respiratory Illness Associated with a Novel Coronavirus

The Centers for Disease Control and Prevention (CDC) is working closely with the World Health Organization (WHO) and other partners to better understand the public health risk posed by a novel coronavirus that was first reported to cause human infection in September 2012. Additional details can be found in the [March 7, 2013 MMWR Early Release](#)

21. FEMA Seeks Applicants for National Advisory Council

The NAC advises the FEMA Administrator on all aspects of emergency management frameworks, strategies, and plans while incorporating the whole communities input through appointed council members. Application deadline for membership extended through Friday, March 22! [For more information...](#)

22. Senate Backs Disaster Preparedness Bill

According to the Congressional Quarterly News, the Senate recently advanced a measure to extend several medical-disaster-preparation programs. The bill (HR 307), passed by unanimous consent, would reauthorize a set of programs created almost a decade ago under the Project BioShield Act (PL 108-276) and the Pandemic and All-Hazards Preparedness Act (PL 109-417). The legislation would reauthorize the National Disaster Medical System, which helps manage the government’s medical response in emergencies and disasters. It also would extend the Public Health Emergency Preparedness Cooperative Agreement, which provides grants to state and local health departments to aid in the response to public health hazards. Before advancing the bill earlier this month, the Senate Health, Education, Labor and Pensions Committee adopted an amendment that would reauthorize both programs through fiscal 2018, as opposed to 2017, at current spending levels: \$53 million annually for the National Disaster Medical Program and \$642 million annually for the Public Health Emergency Preparedness Cooperative Agreement. The amendment also would make technical changes. The legislation would allow the Food and Drug Administration to collect and analyze information about the safety and effectiveness of products used under the emergency authority. In addition, the FDA would be permitted to use medical countermeasures under emergency circumstances even if they are not yet approved by the agency. Because the measure was amended by the Senate committee, the bill now heads back to the House for final passage.

23. New GAO Report: Efforts to Share Terrorism-Related Suspicious Activity Reports

In 2007, DOJ and its federal partners developed the Nationwide Suspicious Activity Reporting Initiative to establish a capability to gather and share terrorism-related suspicious activity reports. GAO was asked to examine the initiative's progress and performance. This report addresses the extent to which (1) federal agencies have made progress in implementing the initiative, and what challenges, if any, remain; (2) the technical means used to collect and share reports overlap or duplicate each other; (3) training has met objectives and been completed; and (4) federal agencies are assessing the initiative's performance and results. GAO analyzed relevant documents and interviewed federal officials responsible for implementing the initiative and stakeholders from seven states (chosen based on their geographic location and other factors). The interviews are not generalizable but provided insight on progress and challenges. [For more information...](#)

24. Presidential Plan for Returning Military Personnel Includes EMS Integration

A new report by the Executive Office of the President, "The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and their Spouses," details the barriers that veterans and their families face as they seek employment; the Administration’s commitment to help them leverage their skills to good, meaningful jobs; and the progress that has already been made. [For more information...](#)

25. PAHPA Reauthorization Signed by the President

The Senate and House have passed the Pandemic and All-Hazards Preparedness Act of 2013 (on February 28th and March 4th respectively) and the Bill was signed by President Obama earlier this week. The final changes strengthen the National Health Security Strategy (NHSS) to not only increase the surge capacity of emergency medical service systems and other providers, but also optimizes a coordinated and flexible approach to surge capacity. [For more information...](#) Read also [Assistant Secretary Nicole Lurie statement on the Pandemic and All Hazards Preparedness Reauthorization Act.](#)

26. Field EMS Bill Reintroduced in Congress

H.R.809 - Field EMS Quality, Innovation, and Cost Effectiveness Improvements Act of 2013 has been reintroduced in the 113th Congress by Rep. Larry Bucshon (IN). The Bill is identical to last year's version and has been referred to the Subcommittee on Health. [For more information...](#)

27. FDA Requests Comment on the Effect of Extreme Weather on Medical Devices

Extreme Weather (EW) events and natural disasters can interfere with the manufacturing, shipping, storage, or use of marketed devices, which may lead to concerns with their safety or effectiveness. The Food and Drug Administration (FDA) is studying the potential effects of EW and natural disasters on medical device safety and quality. FDA is announcing at this time its request for comments on the topic of extreme weather effects on medical device safety and quality. Read the notice and instructions to comment [here](#). The deadline for comment is May 10, 2013.

28. Overseas Tax Savings for U.S. Drugmakers Under Threat

According to Bloomberg News, the six biggest U.S. drugmakers avoided paying \$7.05 billion in U.S. taxes last year by shifting their profits overseas. That's almost double the amount they saved using the same strategy 10 years earlier, according to data compiled by Bloomberg. For years, multinationals such as Pfizer Inc., Merck & Co., and Johnson & Johnson have been moving ownership of patents and trademarks to subsidiaries in low- or no-tax countries. This has allowed drug companies, as well as businesses in several other industries, to skirt paying U.S. taxes on sales of those products unless the money is returned home. While the practice of shifting assets and profits overseas is legal, that could change. As the trend continues to grow in an era when the government is desperate to raise revenue, the strategy has drawn the ire of legislators eager to shut it down. [For more information...](#)

29. AHA Issues Ischemic Stroke Guidelines

The American Heart Association/American Stroke Association has updated its comprehensive acute stroke care guidelines, which were previously updated in 2009. The guidelines followed the usual AHA/ASA classification of recommendations and levels of evidence. Updates include added emphasis on the need to transport patients to stroke centers and door to needle times for tissue plasminogen activator (TPA). [For more information...](#)

30. New Report Highlights Problem of Falsified and Substandard Drugs

Falsified and substandard medicines provide little protection from disease and, worse, can expose consumers to major harm. Bad drugs pose potential threats around the world, but the nature of the risk varies by country, with higher risk in countries with minimal or non-existent regulatory oversight. It is difficult to measure the public health burden of falsified and substandard drugs, the number of deaths they cause, or the amount of time and money wasted using them. A new report from the Institute of Medicine (IOM) assesses the global public health implications of falsified, substandard, and counterfeit pharmaceuticals to help jumpstart international discourse about this problem. At the international level, productive discussion relies on cooperation and mutual trust. The report lays out a plan to invest in quality to improve public health. [For more information...](#)

31. FDA Issues Industry Guidance for Pulse Oximeters

Attention to those who have a special interest in manufacturing requirements for pulse oximeters: the Food and Drug Administration has just posted *Pulse Oximeters - Premarket Notification Submissions [510(k)s] Guidance for Industry and Food and Drug Administration Staff*. The Agency will accept written comments and suggestions at any time for Agency consideration to the Division of Dockets Management, Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, (HFA-305), Rockville, MD, 20852. Submit electronic comments to <http://www.regulations.gov>. Identify all comments with the docket number listed in the notice of availability that

publishes in the Federal Register. Comments may not be acted upon by the Agency until the document is next revised or updated. To read the revised guidance, click [here](#).

32. CDC Seeking Comments on the Pediatric Mild TBI Guideline Protocol

Between March 7 and April 7, the Pediatric Mild Traumatic Brain Injury (TBI) Guideline Workgroup is seeking public comment on a guideline protocol on diagnosing and treating pediatric mild TBI (among patients age 18 and under). Comprised of leading experts in the field of TBI, CDC Injury Center’s Board of Scientific Counselors established the Pediatric Mild TBI Guideline Workgroup to create a clinical guideline for health care professionals working in the acute care and primary care setting. The Workgroup is using the American Academy of Neurology’s (AAN) guideline development process to develop a multidisciplinary, evidence-based guideline. You can access the guideline protocol for review and comment at: <http://www.aan.com/go/practice/publiccomments>. Public comment on the guideline protocol is one of the first steps in the evidence-based clinical guideline development process. To learn more about the Pediatric Mild TBI Guideline Workgroup and next steps for the project, please visit: http://www.cdc.gov/traumaticbraininjury/MTBI_pediatric.html.

33. Methodology of the Youth Risk Behavior Surveillance System — 2013

The Youth Risk Behavior Surveillance System (YRBSS), established in 1991, monitors six categories of priority health-risk behaviors that contribute to the leading causes of morbidity and mortality among youths and young adults. YRBSS data are obtained from a national school-based survey conducted by CDC as well as school-based state, territorial, tribal, and large urban school district surveys conducted by education and health agencies. These surveys have been conducted biennially since 1991 and include representative samples of students in grades 9–12. This report updates a description of the YRBSS methodology that was published in 2004 and provides additional information about this surveillance system. [For more information...](#)

34. Advancing Quality Improvement Science for Children’s Healthcare Research

Register today for the American Pediatric Association’s third annual conference on pediatric quality improvement methods, research, and evaluation. Individuals with interest and/or experience in how to conduct, evaluate, apply, or interpret quality improvement research should attend. CME credit is available. This AHRQ-funded meeting will be held on May 3, in Washington, D.C. [For more information...](#)

35. Pediatric Inter Facility Transfer Tool Kit Released

The EMSC National Resource Center, the Emergency Nurses Association, and the Society of Trauma Nurses have developed an interactive tool kit designed to assist hospitals in developing preplanned processes for inter facility transfer of children. Download the toolkit [here](#).

36. CSN Releases State Fact Sheets on Injury and Violence

Unintentional injuries and violence are the leading causes of death, hospitalization, and disability for children ages 1-18. This fact sheet provides a snapshot of data on the injury-related Maternal and Child Health Block Grant National Performance Measures and Health Status Indicators, with a special focus on disparities based on race, gender, and rural/urban residence. The fact sheet is intended to be a helpful and easy-to-use tool for needs assessments, planning, program development, and presentations. The Children’s Safety Network (CSN) National Injury and Violence Prevention Resource Center, funded by the Maternal and Child Health (MCH) Bureau, works with states to utilize a science-based, public health approach for injury and violence prevention (IVP). CSN is available to provide information and technical assistance on injury surveillance and data; needs assessments; best practices; and the design, implementation, and evaluation of programs to prevent child and adolescent injuries.

[For more information...](#)

37. New CDC Data on Mobile Device Use While Driving Compares US to 7 European Countries

The latest issue of Morbidity and Mortality Weekly Report (MMWR) reports that road traffic crashes are a global public health problem, contributing to an estimated 1.3 million deaths annually. To assess the prevalence of mobile device use while driving in Belgium, France, Germany, the Netherlands, Portugal, Spain, the United Kingdom (UK), and the United States, CDC analyzed data from the 2011 EuroPNStyles and HealthStyles surveys. Prevalence estimates for self-reported talking on a cell phone while driving and reading or sending text or e-mail messages while driving were calculated. This report describes the results of that analysis, which indicated that, among drivers ages 18–64 years, the prevalence of talking on a cell phone while driving at least once in the past 30 days ranged from 21% in the UK to 69% in the United States, and the prevalence of drivers who had read or sent text or e-mail messages while driving at least once in the past 30 days ranged from 15% in Spain to 31% in Portugal and the United States. Lessons learned from successful road safety efforts aimed at reducing other risky driving behaviors, such as seat belt nonuse and alcohol-impaired driving, could be helpful to the United States and other countries in addressing this issue. Strategies such as legislation combined with high-visibility enforcement and public education campaigns deserve further research to determine their effectiveness in reducing mobile device use while driving. Additionally, the role of emerging vehicle and mobile communication technologies in reducing distracted driving–related crashes should be explored. [For more information...](#)

38. IMPORTANT ANNOUNCEMENT: CDC and CMS Sound Alarm on “Nightmare” Bacteria

The Centers for Disease Control and Prevention (CDC) and CMS are asking your assistance in tackling what may be one of the most pressing patient safety threats of our time—carbapenem-resistant Enterobacteriaceae (CRE). CDC recently released [a report](#) on the presence of CRE in U.S. inpatient medical facilities, demonstrating that action is needed now to halt the spread of these deadly bacteria. We are asking for rapid action from healthcare leaders to ensure that infection prevention measures are aggressively implemented in your facilities and those around you. Enterobacteriaceae are a family of more than 70 bacteria, including *Klebsiella pneumoniae* and *E. coli*, that normally live in the digestive system. Over time, some of these bacteria have become resistant to a group of antibiotics known as carbapenems, often referred to as last-resort antibiotics. During the last decade, [CDC has tracked](#) one type of CRE from a single healthcare facility to facilities in at least 42 states. In some healthcare facilities, these bacteria already pose a routine threat to patients. CDC has released a concise, practical [CRE prevention toolkit](#) with recommendations for controlling CRE transmission in hospitals, long-term acute care facilities, nursing homes, and health departments. Key recommendations follow CDC’s “Detect and Protect” strategy, including:

- Enforcing use of infection control precautions (standard and contact precautions).*
- Grouping patients with CRE together.*
- Dedicating rooms, staff, and equipment to the care of patients with CRE whenever possible.*
- Having facilities alert each other when patients with CRE transfer back and forth.*
- Asking patients whether they have recently received care somewhere else.*
- Using antibiotics wisely.*

When fully implemented, CDC recommendations have been proven to work. Medical facilities in several states have reduced CRE infection rates by following CDC’s prevention guidelines. The United States is at a critical point in our ability to stop the spread of CRE. If we do not act quickly, we will miss our window of opportunity and CRE could become widespread across the country. [For more information...](#)

39. Progress on Evidence-Based Guidelines for Prehospital Emergency Care Now Available

Since 2008, the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services and the Emergency Medical Services for Children (EMSC) Program (Health Resources and Services Administration), have been fortunate to work with EMS stakeholders to create and pilot test a model for developing and implementing evidence-based guidelines (EBGs) for prehospital emergency care. NHTSA is pleased to share the progress (Appendix A) of the project with the EMS community. [For more information...](#)

40. New AHRQ Evidence Report Details Top Patient Safety Strategies

In a major effort to help health care systems protect the safety of patients in the United States, HHS' Agency for Healthcare Research and Quality (AHRQ) recently released a report identifying the top 10 patient safety strategies that can be implemented immediately by health care providers. Based on an assessment of evidence about patient safety interventions, the report finds that 10 strategies, if widely implemented, have the potential to vastly improve patient safety and save lives in U.S. health care institutions. Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices assesses the evidence for 41 patient safety strategies and most strongly encourages adoption of the top 10. The strategies can help prevent medication errors, healthcare-associated infections and other patient safety events. While largely developed to encourage safe patient care in a healthcare facility, there are several useful recommendations that could be easily integrated into emergency medical services such as "do not use" abbreviations, hand hygiene, ergonomics, prevention of healthcare associated infections, team training, simulation, and protocols for infusion pumps. The report is an update to a landmark 2001 AHRQ report, Making Health Care Safer: A Critical Analysis of Patient Safety Practices (Evidence Report/Technology Assessment No. 43). [For more information...](#)

41. QuickStats: Number of Deaths from 10 Leading Causes — NVSS, United States, 2010

In 2010, a total of 2,468,435 deaths occurred in the United States. The first two leading causes of death, heart disease (597,689 deaths) and cancer (574,743), accounted for nearly 50% of all deaths. In contrast, the other leading causes accounted for much smaller percentages, ranging from 5.6% (138,080 deaths) for the third leading cause of death, chronic lower respiratory disease, to 1.6% (38,364) for suicide, the 10th leading cause of death. All other causes combined accounted for 25% of the deaths. Available at http://www.cdc.gov/nchs/data/dvs/deaths_2010_release.pdf

42. NIH Study Associates Climate in Influenza Transmission

Two types of environmental conditions — cold-dry and humid-rainy — are associated with seasonal influenza epidemics, according to an epidemiological study led by researchers at the National Institutes of Health's Fogarty International Center. The paper, published in PLoS Pathogens, presents a simple climate-based model that maps influenza activity globally and accounts for the diverse range of seasonal patterns observed across temperate, subtropical and tropical regions. The findings could be used to improve existing current influenza transmission models, and could help target surveillance efforts and optimize the timing of seasonal vaccine delivery, according to Fogarty researcher Cecile Viboud, Ph.D., who headed the study. The study was conducted in the context of the Multinational Influenza Seasonal Mortality Study, an ongoing international collaborative effort led by Fogarty to better understand the epidemiological and evolutionary patterns of influenza. A link to the paper can be found at <http://dx.plos.org/10.1371/journal.ppat.1003194>.

43. Save the Date: Ambulance Interior Decontamination Webinar

DHS S&T will host a webinar for on April 25th at 1pm eastern time to address the IAB R&D Priority List item 8; Ambulance Interior Decontamination. As a result of their work with the United States Transportation Command in aircraft decontamination, the S&T Directorate has found a commercial fixed and mobile decontamination solution

involving the use of a lower concentration mist application of hydrogen peroxide. The process was developed by a doctor and former EMS Director and is well backed by testing and results verification. While there may be other or similar solutions in development or being developed by our National Labs, this solution appears to be the most mature solution that is currently available. The webinar will provide an overview of the application process, science, R&D and current application and use of the technology by first responders. Further information regarding the webinar will be forthcoming. The webinar will help to flush out additional questions, concerns and the need for further R&D to address this identified gap in the EMS community. The registration/login information is not yet available.

44. GPO Launches New Bookstore Website

The U.S. Government Printing Office (GPO) has launched an upgraded version of the U.S. Government Online Bookstore. GPO started making Government publications available for sale in the 1920s with a retail bookstore and then established an online presence for selling publications in 1999. GPO has approximately 4,000 Federal titles and more than 150 eBooks available through the agency’s online bookstore. Visit GPO’s new online bookstore website at <http://bookstore.gpo.gov/>.

45. USFA Offers Specialized Training in EMS

Seats are still available in EMS Program classes at the National Fire Academy. For the latest schedules and application information, please visit the website at www.usfa.fema.gov/nfa. The 2008 Reauthorization of the U.S. Fire Administration added “advanced emergency medical services training” to the list of topics that the National Fire Academy shall provide. Since that time, the National Fire Academy has evaluated the EMS courses that already existed, gathered input from across the Nation, and began developing new courses. Recently the following courses have become available.

R0147/R0847 - Emergency Medical Services Incident Operations (EMSIO) is specifically designed to meet the needs of responders managing the medical portions of a medium to large scale incident. EMSIO provides students the opportunity to apply ICS organizational structure, resource management, patient tracking, and documentation skills to mass casualty scenarios including planes, trains, buses, stadiums, hazardous materials, active shooters, environmental and natural disasters.

R0158 – Emergency Medical Services Quality Management (EMSQM) provides the background and principles associated with implementing a departmental Quality Management program. Through the use of internal data collection and analysis, students practice with examples and develop a specific process improvement program for their own agency.

R0139 – Hot Topics Research for Emergency Medical Services (HTREMS) is the counterpart to EMSQM in the effort to identify, promote, and embrace evidence based change decisions. HTREMS presents the process effective collection and presentation of data through the use of a wide variety of research resources. Students will prepare a persuasive justification for a topic pertinent to their agency.

F0166/W0166 – Emergency Medical Services Functions in the Incident Command System (EMSFICS) is a 2-day course also designed to meet the needs of responders managing the medical portions of a medium to large scale incident. Through tabletop exercises, students apply ICS skills to the medical components of mass casualty incidents including structure fires, wildland fires, mass gathering special events, active shooters, hazardous materials, and medical facility evacuations. (This course is available off-campus, coordinated through State fire training agencies.)

46. Updated Occupational Injury and Illness Classification System Resource

NIOSH, in collaboration with the U.S. Bureau of Labor Statistics (BLS), has posted an updated resource for the Occupational Injury and Illness Classification System (OIICS). The enhanced web site provides graphical interfaces to the BLS-redesigned OIICS Code Trees and prior versions, along with downloadable software applications. The web site is a resource for anyone who may need to use the OIICS for characterizing occupational injuries and illnesses or for a better understanding of the national occupational injury and illness data released by BLS and NIOSH. [For more information...](#)

47. OSHA Webpage for Clinicians

OSHA recently released a new web page that provides information, resources, and links to help clinicians navigate OSHA's web site and to aid clinicians in caring for workers. The web page is designed to serve clinicians new to occupational health and to serve occupational health providers. [For more information...](#)

48. NIOSH Announces Meeting on Respiratory Protection for Healthcare Workers

On June 18, 2013, NIOSH will hold a meeting for stakeholders in Atlanta on respiratory protection for healthcare workers. This meeting will focus on a theme of improving healthcare worker compliance with respiratory protection and this gathering provides an opportunity to exchange knowledge and ideas between professionals, policy makers, and manufacturers involved in the field of personal protective equipment for healthcare workers. [For more information...](#)

49. Global Forum on Innovation in Health Professional Education

On May 14-15, the Global Forum will hold a public workshop on Establishing Transdisciplinary Professionalism for Health Care. This workshop will be followed by a second public workshop on October 9-10, 2013, which will focus on assessment of innovation in health professional education. Both workshops will be held at the Keck Center in Washington, DC, and more information will be made available in the coming months on the Global Forum's webpage. [For more information...](#)

50. NAEMT Announces EMS Fitness Guidelines

Lack of physical fitness within EMS agencies contributes to injuries and an increase in chronic diseases. EMS practitioners are seven times more likely than the average worker to miss work as a result of injury, and one in four EMS practitioners will suffer a career-ending injury within the first four years of service. Back injury alone is the primary reason practitioners leave EMS. In an effort to reduce injuries from patient movement, improve practitioner health and create a safer EMS work environment, NAEMT established a formal relationship with the American Council on Exercise (ACE) to create the *Task Performance and Health Improvement Recommendations for Emergency Medical Service Providers*. ACE exercise physiologists observed EMS practitioners bending, twisting, reaching, pushing, pulling and maneuvering while providing patient care. These repetitive motions were often done in tight spaces. ACE personnel also observed the external loads imposed by carrying or moving patients and equipment. The team used the site visits, ride-along encounters and staff interviews to generate initial observations and a practitioner task analysis. The results of the efforts were found to be consistent from site to site. The recommendations are designed to achieve the following primary outcomes: improve job-related physical capacity, improve overall wellness; and create self-reliance. View the full EMS Fitness Guidelines [here](#).

51. Online Career Master of Public Health Program for Working Professionals

Designed for working professionals who are unable to leave their jobs, the Career Master of Public Health (CMPH) program at the Rollins School of Public Health, Emory University, is a distance-learning program. Each semester,

students are required to attend two long weekends on the Emory University campus in Atlanta, Georgia. All additional coursework is taught using the Internet and distance-learning techniques. The CMPH program offers three majors: Applied Epidemiology, Applied Public Health Informatics, and Prevention Science. In addition to coursework in their major, students in the CMPH program take six required core courses (epidemiology, biostatistics, social behavior, environmental health, global health, and the U.S. health-care system) and additional coursework that includes competencies in public health informatics, evaluation, and surveillance. All CMPH students also complete a practicum and culminating experience that are relevant to their areas of specialization. Program faculty members represent both academia and public health practice and include persons who work at Emory, CDC, and local public health departments. Completion of coursework for the CMPH degree takes 7 semesters for the full-time student and is fully accredited by the Council on Education for Public Health and the Southern Association of Colleges and Schools. Prospective students should apply by May 1, 2013, to guarantee consideration for the fall 2013 semester. Additional information is available via e-mail at cmph@sph.emory.edu or visit online at <http://www.sph.emory.edu/cmph>.

52. NQF Invites Comment on Common Formats for Patient Safety Data

The National Quality Forum (NQF) has established a process and tool for receiving comments on the Common Formats for Patient Safety Data, beginning with the release of each version and continuing for a period of months thereafter. This project is guided by an Expert Panel that considers and makes recommendations regarding comments from healthcare stakeholders. The Panel will use relevant elements of NQF's CDP to receive and review comments; however, the process will not involve voting or endorsement of any product. More information is available at www.qualityforum.org.

53. National Poison Prevention Week

The American Association of Poison Control Centers is pleased to be observing National Poison Prevention Week, March 17 – March 23, 2013, AAPCC encourages raised awareness about poisoning prevention and the use of the Poison Help number. The Poison Help number, 1-800-222-1222, connects a caller to his or her local poison center. Experts are on call 24 hours a day every day of the year to provide free, fast, confidential advice for poisoning questions and emergencies. [For more information...](#)

54. It's Brain Injury Awareness Month

March is Brain Injury Awareness Month. Research indicates that in the United States, 1) males have the highest rates of TBI; 2) the youngest children and older adults are at highest risk for sustaining fall-related TBIs; 3) adolescents and young adults (i.e., persons aged 15–24 years) have the highest rates of motor vehicle–related TBIs; and 4) adults aged ≥75 years have the highest rates of TBI-related hospitalization and are more likely to die from TBI (either TBI alone or along with other injuries or illnesses) than any other age group. The burden of TBI can be reduced through primary prevention strategies and improvements in the health and quality of life for TBI survivors. CDC recommends integrating public health prevention and health-care delivery systems, including efficient, effective care and rehabilitation services to address the issue of TBI among at-risk populations. Additional information about TBI management is available at <http://www.cdc.gov/traumaticbraininjury>, information about preventing motor vehicle–related TBIs is available at <http://www.cdc.gov/motorvehiclesafety>, and information about preventing fall-related TBIs is available at <http://www.cdc.gov/homeandrecreationsafety/falls>.

55. New Joint Commission Speak Up Video Tackles Pain

The Joint Commission announces the release of [“Speak Up: About Your Pain,”](#) an engaging animated video that illustrates the reasons why it is important for patients to speak up about their pain and provides easy-to-understand examples for the general public. The video’s main characters, Henry and Julie, experience different

kinds of pain: aching, throbbing, dull, shooting and cramping. During the course of the video they both learn how to tame their pain by speaking up and describing their conditions to their health care providers. "Speak Up: About Your Pain" explains that proper pain management can help patients feel better and heal faster, and encourages everyone to:

- Make sure their pain is assessed by a health care provider;
- Describe the pain they are experiencing to their caregivers;
- Take appropriate steps to alleviate pain instead of trying to "tough it out;"
- Ask their doctor or other caregiver about an alternative pain treatment if medication causes side effects; and
- Inquire about other methods for treating their pain, such as physical therapy, acupuncture or massage therapy.

Produced by The Joint Commission, Speak Up's entertaining 60-second videos are intended as public service announcements.

56. EMSC NRC Seeking Program Coordinator

The EMS for Children (EMSC) National Resource Center (NRC) is looking for an energetic, detail-oriented individual with excellent analytical, writing, and verbal communication skills to serve as its program coordinator. This individual will be part of a team that provides technical assistance to research and state grantees and develops EMSC- related educational resources and trainings. [For more information...](#)

57. APHA Fellowship Program

The deadline for applications for the 2014 APHA Public Health Fellowship in Government is fast approaching. We are looking for candidates with strong public health credentials who are interested in spending one year in Washington, D.C., working in a congressional office on legislative and policy issues related to health, the environment or other public health concerns. The fellowship will begin in January 2014 and continue through December 2014. The fellowship provides a unique learning experience for a public health professional to gain practical knowledge in government and see how the legislative and public policy process works. Electronic applications, including a CV and three letters of recommendation, are due to APHA by April 8, 2013. For more information, visit the [fellowship Web page](#) or contact susan.polan@apha.org.

58. Pennsylvania EMSC Seeks EMS Systems Specialist

The Pennsylvania Emergency Health Services Council (PEHSC) is currently seeking an EMS systems specialist whose primary responsibility will include management of the Commonwealth's EMS for Children (EMSC) State Partnership grant program. Applicants should be highly motivated, independent thinkers with knowledge of EMS systems. Responsibilities will include: writing recommendations and policy guidelines, developing projects geared toward facilitating the implementation of established EMSC program goals, and providing technical assistance in other areas as requested. Minimum qualifications include a Bachelor's degree and prior EMS experience. Excellent verbal and written skills are required. Please forward qualifications and salary requirements no later than March 22, 2013, to pehsc@pehsc.org.

59. Cervical spine injury: analysis and comparison of patients by mode of transportation. Urdaneta AE, Stroh G, Teng J, Snowden B, Barrett TW, Hendey GW. J Emerg Med. 2013 Feb;44(2):287-91. A new study compared the characteristics and injury patterns in cervical spine injury patients who were transported to the ED via Emergency Medical Services (EMS) versus private vehicle. [Medline abstract.](#)

60. The Effect of an Ambulance Diversion Ban on Emergency Department Length of Stay and Ambulance Turnaround Time. Annals of Emergency Medicine Burke et al.. Volume 61, Issue 3 , Pages 303-311.e1, March 2013. This study reviews the impact of a statewide ban on ambulance diversion. [Abstract](#).

61. Surviving sepsis campaign: international guidelines for management of severe sepsis and septic shock: 2012 Dellinger RP et al.. Crit Care Med. 2013 Feb;41(2):580-637. Provides an update to the "Surviving Sepsis Campaign Guidelines for Management of Severe Sepsis and Septic Shock," last published in 2008. [Medline abstract](#).

62. Family Presence during Cardiopulmonary Resuscitation. Jabra et al.. N Engl J Med 2013; 368:1008-1018. The study evaluates the effect of family presence in prehospital settings. [Abstract](#).

UPCOMING EVENTS

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

*Pennsylvania 36th Annual Statewide EMS Conference 1 Curriculum~2 Locations! Lancaster ~ August 15-16 Altoona ~ September 26-27. [Click here for more information](#).

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

National Prevention Information Network (NPIN) is hosting a series of six webinars: [In the Know: Social Media for Public Health](#). 4/2, 4/23, 5/14, and 6/4.

*FREE WEBINAR: Maximizing Use of Homeland Security Information Network (HSIN) Tools and Features. March 27, 2013 at 2 PM EDT. No registration required—attend via <https://connect.hsin.gov/capacitybuilding>

*Celebrate National Public Health Week. April 1-7, 2013

*CAAHEP Accreditation Update & Evaluating Student Competency Workshop. April 18-20, 2013. Dallas, TX. [Click here to register...](#)

*NAEMSE Instructor Course Level II. April 26-28, 2013 Richmond, KY. [For more information...](#)

The 2013 EMS for Children State Partnership Program Meeting will be held April 29 - May 1 at the Hyatt Regency Bethesda Hotel in Bethesda, MD. [For more information...](#)

* 3rd Annual Advancing Quality Improvement Science for Children’s Healthcare Research. May 3, 2013. Grand Hyatt, Washington, DC. [For more information...](#)

*NAEMSE Instructor Course Level II. May 3-4, 2013 Champaign, IL. [For more information...](#)

*NAEMSE Instructor Course Level I. May 10-12,2013. Cranford, NJ. [For more information...](#)

SAVE THE DATE: 9th International Roundtable on Community Paramedicine. May 13-15, 2013. Warwickshire, England. [For more information...](#)

Celebrate National EMS Week, May 19-25, 2013. For more information, go to <http://www.acep.org/emsweek/>.

Celebrate EMS-C Day, May 22, 2013

*NAEMSE Instructor Course Level I. May 31,2013 – June 2, 2013 S. Portland, ME. [For more information...](#)

*Public Safety Broadband Stakeholder Conference. June 4-6, 2013, at the Westin Hotel in Westminster, CO. [For more information...](#)

*NAEMSE Instructor Course Level I. June 7-9, 2013 Greenville, SC. [For more information...](#)

*NAEMSE Instructor Course Level II. June 14-15, 2013 Anaheim, CA. [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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