



# Washington Update

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**April 1, 2014**

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**1. NASEMSO Congratulates Gainor for 2013 Outstanding Wildfire EMS Distinguished Service Award**

NASEMSO Executive Director Dia Gainor received the 2013 Outstanding Wildfire EMS Distinguished Service Award at the NASEMSO Mid-Year Meeting on Mar. 4, 2014, in Orlando, Fla. Her service was recognized to enhance awareness on the national stage as a passionate advocate. The award was presented by Gene Madden on behalf of the National Wildfire Coordination Group. Way to go, Dia!!

**2. Model EMS Clinical Guidelines - DRAFT Available for Public Review**

The DRAFT *Model EMS Clinical Guidelines* are now posted at [Model EMS Guidelines Project](#). The initial 2-year effort is led by the NASEMSO Medical Directors Council and comprised of a team of physicians from the American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP), American College of Osteopathic Emergency Physicians (ACOEP), American Academy of Emergency Medicine (AAEM), American Academy of Pediatrics, Committee on Pediatric Emergency Medicine (AAP-COPEM), American College of Surgeons, Committee on Trauma (ACS-COT) and Air Medical Physician Association (AMPA). While not yet a comprehensive set of EMS protocols, the Model Guidelines are intended to be a resource for EMS medical directors and EMS systems of care. They incorporate the latest evidence-based guidelines and will be updated over time. The Co-PIs, Drs. Carol Cunningham (Ohio State Medical Director) and Richard Kamin (Connecticut State Medical Director) are requesting input from the EMS community, as well as physician specialty organizations. Comments should be submitted to Mary Hedges, NASEMSO Program Manager, at [hedges@nasemso.org](mailto:hedges@nasemso.org) no later than April 30. The team will meet to review all comments the first week of May.

**3. 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, Cleveland, Ohio, Oct. 6-10, 2014. The goal of the 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](#). Deadline for abstracts is **Aug. 31, 2014**. Questions should be directed to [Terry Mullins](#).

**4. NASEMSO Joins Coalition to Support EMS-C Appropriations**

NASEMSO has joined forces with national, state, and local organizations in a letter to the House Subcommittee on Labor, Health and Human Services, and Education to restore funding for the Emergency Medical Services for Children (EMSC) program at the Health Resources and Services Administration to \$21,116,000 in the Fiscal Year (FY) 2015 Labor, HHS, Education (LHHS) appropriations bill. The letter explained that "Every state has received

EMSC funds, which they have used to ensure that hospitals and ambulances are properly equipped to treat pediatric emergencies, to provide pediatric training to paramedics and first responders, and to improve the systems that allow for efficient, effective pediatric emergency medical care. Additionally, EMSC funding has helped to improve pediatric capacity and transport of pediatric patients and address emerging issues such as pediatric emergency care readiness and pediatric emergency medical services in rural and remote areas.” The sign-on letter is available on the [NASEMSO web site](#).



*National Public Health Week: April 7-13, 2014*

**5. AHRQ Grant Opportunity Focuses on Simulation and Patient Safety**

The Agency for Healthcare Research and Quality (AHRQ) is interested in funding a diverse set of projects that develop, test and evaluate various simulation approaches for the purpose of improving the safe delivery of health care. Simulation in health care serves multiple purposes. As a training technique, it exposes individuals and teams to realistic clinical challenges through the use of mannequins, task trainers, virtual reality, standardized patients or other forms, and allows participants to experience in real-time the consequences of their decisions and actions. The principal advantage of simulation is that it provides a safe environment for health care practitioners to acquire valuable experience without putting patients at risk. Simulation also can be used as a test-bed to improve clinical processes and to identify failure modes or other areas of concern in new procedures and technologies that might otherwise be unanticipated and serve as threats to patient safety. Yet another application of simulation focuses on the establishment of valid and reliable measures of clinical performance competency and their potential use for credentialing and certification purposes. Applications that address a variety of simulation techniques, clinical settings, provider groups, priority populations, patient conditions, and threats to safety are welcome. [For more information...](#)

**6. RWJF to Host Webinar on Improving Community Health**

Where we live matters-and the [2014 County Health Rankings](#) prove it. People living in the least healthy counties are twice as likely to have shorter lives as people living in the healthiest. But what can be done? On Friday, April 4 from 12:00 - 1:00 p.m. ET, join Susan Dentzer, senior policy adviser to the Robert Wood Johnson Foundation, for our next *First Friday* Google+ Hangout. You'll hear stories from leaders in health policy, philanthropy, business, and local communities who are using the *Rankings* to drive meaningful change. Ask questions or share what your community is doing to improve health with the hashtag #RWJF1stFri. RSVP to watch the First Friday Hangout...

**7. Council on Financial Reform (COFAR) Issues Fraud Alert**

The Council on Financial Assistance Reform (COFAR) asked federal agencies to share the fraud alert message below from OMB with grant applicants and recipients. "Over the past few months, the Council on Financial Assistance

Reform (COFAR) has received inquiries and complaints from persons targeted by a fraudulent grants scheme. Let me state clearly and unequivocally, the COFAR is not a grant making organization. **The COFAR will never request banking information, social security numbers, or other personally identifiable information to facilitate the issuance of a "grant."** According to reports, the scam artist claims to represent the COFAR when contacting the individual. Victims are told they have been selected to receive a government grant ranging from \$5,000 to \$25,000. In order to receive the grant money, the representative explains a "processing fee" ranging between \$150 and \$700 must be paid and asks individuals for bank account information. If you have received reports from anyone who may have been a victim of a government grant scam, please ask them to file a complaint with the FTC online, or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. The FTC enters Internet, telemarketing, identity theft, and other fraud-related complaints into Consumer Sentinel, a secure online database available to hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

**8. NTSB Releases Preliminary Report on Recent Air Ambulance Crash Near Florida**

The National Transportation Safety Board (NTSB) has released a preliminary report related to the fatal Learjet 35 crash off the coast of Florida in November 2013. The airplane had just completed an air ambulance flight for Air Evac International from San Jose, Costa Rica to FLL, and was repositioning back to its base in Cozumel, Mexico. A reported loss of power initiated a series of events outlined in the NTSB report that appear to have caused the pilots to become overwhelmed and unable to navigate safely back to the airport, resulting in the loss of the entire crew. [For more information...](#)

**9. April Is 9-1-1 Education Month**

In an effort to improve 9-1-1 education and awareness throughout the country, the National 9-1-1 Education Coalition is proud to recognize April as National 9-1-1 Education Month. The suggested theme for all outreach and activities is *Be 9-1-1 Ready*, which incorporates a number of messages to help the public better understand how to use 9-1-1 services nationwide. The Coalition encourages public and elected officials to create and promote local events during the month of April, such as: school/community outreach, street fairs featuring first responders and their equipment, and distribution of 9-1-1 educational material. A dedicated [website](#) provides the tools and means to enhance 9-1-1 public education. A public relations toolkit and other resources to support the Be 9-1-1 Ready campaign are readily available. The website is updated regularly with content from members, local communities, and the Coalition.



**THE NUMBER TO KNOW**

**10. NIOSH Offers Options for Prolonging Supplies of Respirators During Severe Outbreaks**

Supplies of NIOSH-certified and FDA-cleared Surgical N95 filtering facepiece respirators can become depleted during an influenza pandemic or wide-spread respiratory pathogen outbreak. When facing depleted inventories as

a result of these types of events, healthcare facilities should consider a combination of approaches to conserve supplies of N95 respirators:

- Minimize the number of individuals who need to use respiratory protection through the preferential use of engineering and administrative controls;
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators) where feasible;
- Implement practices allowing extended use and/or limited reuse of N95 respirators; and
- Prioritize the use of N95 respirators for those personnel at the highest risk of contracting or experiencing complications of infection.

[For more information...](#)

**11. Hopkins: Untrained Volunteers May Do Harm as Well as Good During Disasters**

In a report just published online in advance of the print edition of *Disaster Medicine and Public Health Preparedness*, Johns Hopkins University surveyed 24 nongovernment volunteer organizations (NVOs) that had responded to disasters in the past and found that 19 of them — or 79 percent — had spontaneous volunteers show up to help. While a majority of those organizations said they found such volunteers useful, 42 percent reported that volunteers had been injured in the response, and there were two reported deaths among them. Organizations were allowed to respond anonymously as a way to encourage survey participation. Overall, the research raises a number of compelling volunteer safety and liability issues that need to be addressed with further studies and the development of a safer, more systematic approach to taking on unsolicited and untrained volunteers in the field right after a calamity. [For more information...](#)

**12. FDA Updates information Regarding Saline Shortages**

Due to the shortage of Normal Saline, Fresenius Kabi USA LLC, will temporarily distribute normal saline in the United States from its Norway manufacturing facility. FDA is temporarily exercising enforcement discretion for the distribution of Fresenius Kabi USA’s normal saline product while it is needed to address this critical shortage that directly impacts patients. FDA inspected Fresenius Kabi’s Norway facility where its normal saline product is made to ensure the facility meets FDA standards. FDA asks that health care professionals contact the Fresenius Kabi USA directly to obtain the product. While these initial shipments will help, they will not resolve the shortage. However, FDA is working closely with manufacturers to meet the needs for normal saline across the U.S. in the coming weeks. Please find below the links to the updated general web posting, the Dear Healthcare Professional letter, labeling and an update on this new supply.

- <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm314743.htm>
- <http://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM390949.pdf>
- <http://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM390952.pdf>
- <http://www.fda.gov/Drugs/DrugSafety/ucm382255.htm>

**In related news,** The American Society of Health-System Pharmacists (ASHP) and the University of Utah Drug Information Service developed a document entitled “*Intravenous Solution Conservation Strategies*” (available [here](#)). This document is a very helpful resource for healthcare facilities developing coping strategies for spot shortages. The fact sheet summarizes the status of the current acute shortage of certain large-volume intravenous solutions and provides conservation and inventory control strategies for organizations to consider while managing the current situation. It is important to note that healthcare professionals should use their professional judgment in deciding how to use this information, taking into account the needs and resources of their individual

organizations.

**13. DHS Releases Emergency Services Sector Roadmap to Secure Voice and Data Systems**

The Dept. of Homeland Security Emergency Services Sector (ESS) has released the *Sector Roadmap to Secure Voice and Data Systems*, which is [available for download](#) here. The *Roadmap* contains several mitigation measures that can be used to address the risks identified in the previously published *ESS-Cyber Risk Assessment*. The *Roadmap* is intended to serve as a guide and reference document for ESS personnel, as they adapt to the growing prevalence of and reliance upon digital technologies and other cyberinfrastructure in the sector.

**14. FEMA Will Offer Virtual Tabletop Exercise with Hurricane Focus**

FEMA announces plans to offer a Virtual Tabletop Exercise as part of the fiscal year 2014 (FY 14) series of Virtual Tabletop Exercises (VTTX) that will be offered monthly by the Emergency Management Institute (EMI). The VTTX involves key personnel discussing simulated scenarios in an informal setting, and can be used to assess plans, policies, training, and procedures. This VTTX differs from other Tabletop exercises in that it will be conducted using Video Teleconference (VTC) technology (not web-based), and is intended to provide an opportunity for responders across the Nation to simultaneously participate in a hazard-specific facilitated discussion. See [1051 - Training Opportunity - V-0009 - VTTX Hurricane Focus May 6 7 8 2014](#)

**15. President Announces Climate Data Initiative**

Delivering on a commitment in President Obama’s [Climate Action Plan](#), the White House has announced the launch of the Climate Data Initiative, an ambitious new effort bringing together extensive open government data and design competitions with commitments from the private and philanthropic sectors to develop data-driven planning and resilience tools for local communities. This effort will help give communities across America the information and tools they need to plan for current and future climate impacts. Data from NOAA, NASA, the U.S. Geological Survey, the Department of Defense, and other Federal agencies will be featured on [climate.data.gov](#), a new section within [data.gov](#) that opens for business today. The first batch of climate data being made available will focus on coastal flooding and sea level rise. NOAA and NASA will also be [announcing an innovation challenge](#) calling on researchers and developers to create data-driven simulations to help plan for the future and to educate the public about the vulnerability of their own communities to sea level rise and flood events.

**16. SAMSHA Offers New Resource in Disaster Planning**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces a new resource from its technical assistance publication series--*TAP34: Disaster Planning Handbook for Behavioral Health Treatment Programs*. This program offers guidance in creating a disaster preparedness and recovery plan for programs that provide treatment for mental illness and substance use disorders. It also covers the planning process, preparing for disaster, roles and responsibilities, training, and testing. [For more information...](#)

**In related news**, in a disaster, it's essential that behavioral health responders have the resources they need—when and where they need them. The SAMHSA Disaster App makes it easy to provide quality support to survivors. Users can navigate pre-deployment preparation, on-the-ground assistance, post-deployment resources, and more—at the touch of a button from the home screen. Users also can share resources, like tips for helping survivors cope, and find local behavioral health services. And, self-care support for responders is available at all stages of deployment. [For more information...](#)

**17. MCHB to Host the Everyday Pediatric Readiness for Extraordinary Events Webcast**

The Maternal and Child Health Bureau (MCHB) will host the Emergency Medical Services for Children (EMSC) webcast [Everyday Pediatric Readiness for Extraordinary Events](#) from 4:00pm – 5:30pm (Eastern) on April 22, 2014. This webcast will highlight best practices and lessons learned from the Commonwealth of the Northern Mariana Islands (CNMI) where the threat of a tsunami or typhoon is an everyday reality and where routine and extraordinary often intersect. The CNMI EMSC program will discuss successes and challenges in pediatric disaster preparedness and response, including: the EMS systems and resources; interagency collaboration; and community planning, practice, response, and recovery. Please email questions about the webinar to Anthony Gilchrest, EMSC National Resource Center manager, at [AGilchre@childrensnational.org](mailto:AGilchre@childrensnational.org) or call 301-244-6220.

**18. Free Safety Program Available on “Responding to Gunfire”**

Sadly, firefighters and other emergency responders are now more frequently fired upon in the course of their duties. They are also being called upon to respond to scenes with on-going ballistic threats such as active shooter events. In response, the [Firefighters Support Foundation's \(FSF\)](#) newest [training](#) program, *Response to Gunfire-- Tactics when Shot at or Working at Ballistic Scenes*, is now available. This program addresses the types of gunfire events that first responders may find themselves at, what their actions should be to protect themselves, and what to do while waiting for SWAT to arrive on-scene. Also covered is integrating with an armed law enforcement escort team so as to attend to downed victims. The program consists of a 40-minute video presentation and an accompanying 48-slide PowerPoint. The presenter is the commander of a very active state police SWAT team who has responded to hundreds of events where fire service and EMS personnel had to work in concert with law enforcement. He has trained hundreds of firefighters and other first responders to integrate with armed law enforcement escort teams. The program is free to all members of public safety and emergency management agencies. Simply click [HERE](#) for the video and [HERE](#) for the PowerPoint.

**19. Global Forum on Innovation in Health Professional Education**

The Institute of Medicine’s Global Forum on Innovation in Health Professional Education will webcast its next workshop on [Scaling up Best Practices in Community-based Health Professional Education](#) on May 1-2. This workshop aims to provide a framework for understanding the responsibilities of health professions, institutions, and students to the communities they serve; and to explore a wide variety of innovative models of community-based health professional education. A special 2-hour session targeting web viewers will take place on May 2 beginning at 8:45 AM ET. This session will highlight examples of community-based educational activities. [For more information...](#)

**20. House Committee Passes Public Health Legislation**

The House Energy and Commerce Committee’s Subcommittee on Health recently passed the following public health related bills.

- The Improving Trauma Care Act (HR 3548), introduced by Representative Bill Johnson (R-OH), amends the Public Health Service Act to improve the definition of trauma by including injuries caused by thermal, electrical, chemical, or radioactive force. These injuries are commonly treated by burn centers.
- The Trauma Systems and Regionalization of Emergency Care Reauthorization Act (HR 4080), introduced by Representatives Michael C. Burgess(R-TX) and Gene Greene (D-TX), reauthorizes Trauma Care Systems Planning Grants, which support state and rural development of trauma systems. It also reauthorizes pilot projects to implement and assess regionalized emergency care models.

[For more information...](#)



**21. NIOSH Center for Motor Vehicle Safety Now on Twitter**

The NIOSH Center for Motor Vehicle Safety is now on Twitter. The purpose of this Twitter site is to reach a wider audience with information about NIOSH activities and information products related to prevention of work-related motor vehicle crashes. [For more information...](#)

**22. Traffic Records Training for State Highway Safety Office Leadership Now Available**

"Traffic Records Training for State Highway Safety Office Leadership" is a course that provides new Governor's Representatives for Highway Safety (GRs) and Highway Safety Coordinators with an understanding of the critical role traffic records data plays in a State Highway Safety Office's planning and evaluation efforts, their data-related responsibilities under MAP-21, and additional resources. Cambridge Systematics developed the course and executive briefing in collaboration with an expert panel of GHSA members and traffic records managers. The project was funded by NHTSA. For more information, or to download the course, visit [www.ghsa.org/html/resources/tr/](http://www.ghsa.org/html/resources/tr/)

**23. Senator Introduces "Good Samaritan" Bill on Use of Overdose Prevention Drug**

On March 6, Senator Ed Markey (D-MA) introduced the "[Opioid Overdose Reduction Act](#)" (S.2092), which is "Good Samaritan" legislation to protect first responders, volunteers, family members who administer opioid overdose prevention drugs. The bill protects from civil liability individuals who have been properly trained and who administer Naloxone as well as health care professionals who prescribe Naloxone to a person at risk of overdose or a third party, such as a family member of an abuser. A one-page summary of the legislation can be found [here](#). On March 11, Senator Markey sent a [letter to the Food and Drug Administration](#) (FDA) calling on them to engage researchers, addiction treatment leaders, and drug developers to develop and approve new therapies that will reduce drug use, as well as reduce the harms associated with it.

**24. Senate Passes Child Care Disaster Plan Legislation**

Just in from NOLA.com--Last week, the Senate voted to [reauthorize](#) a \$5 billion annual grant program that provides childcare for 1.6 million children. It includes a new requirement that all providers who care for children with federal funding complete criminal background checks and learn first aid. The bill includes amendments added by Sens. Mary Landrieu, D-La. and David Vitter, R-La. Landrieu's amendment requires states to develop disaster plans for childcare centers. Vitter's amendment requires enforcement of a long-established requirement of the childcare grants that priority be given to parents of children with special needs.

**25. Keeping Families Safe Around Medicines**

In the third of a yearly series, Safe Kids has launched a report, Keeping Kids Safe Around Medicine, saying grandparents exercise care in storing medicines "up and away" but 28% do not use tamper resistant caps and 42% have left them on kitchen and bathroom counters. The report notes:

- In 2012, more than 64,000 kids were treated in an emergency department for medicine poisoning.
- In 3 out of 4 cases, these medicines belonged to a parent or grandparent.
- More grandparents identified electrical outlets than medicine as a top safety issue but 36 times more children go to the ER for medicine poisoning.

[For more information...](#)

**26. Optimal Resources for Children's Surgical Care in the United States**

The American College of Surgeons has issued new standards aimed at ensuring surgical facilities achieve optimal outcomes in young patients by meeting the medical, emotional and social needs of children and infants. The [standards](#) categorize facilities by level of resources, similar to the classification of trauma centers:

- **Level I** facilities are at the highest level of preparedness. They're equipped to perform complex and non-complex procedures on children of all ages, are staffed around the clock with credentialed pediatric surgeons, anesthesiologists, radiologist and ER docs, and have Level IV NICUs.
- **Level II** facilities are capable of providing advanced care for children of all ages, including those with comorbid conditions, typically in a single surgical specialty. A certified pediatric surgeon, anesthesiologist and radiologist must be on staff, with other pediatric specialists available for consultation. Facilities must have a Level III or higher NICU and be able to stabilize and transfer critically ill children to a hospital with higher-level resources.
- **Level III** facilities have the resources to perform common, low-risk procedures in otherwise healthy children older than 1 year. A general surgeon, anesthesiologist and emergency physician with pediatric experience must be on staff. These facilities must have a Level I or higher NICU and be able to stabilize and transfer critically ill children to a hospital with higher-level resources.

Additionally, all facilities hosting pediatric patients must have at least 1 pediatric surgical nurse on staff, must develop a pediatric rapid response team that's available at all hours and have an in-house physician certified in Pediatric Advanced Life Support. They must also be equipped for the resuscitation of pediatric patients in all clinical care areas.

**27. Class 1 Recall Involves Pediatric Resuscitation Systems**

Pediatric transport teams are alerted that GE Healthcare has announced a Class 1 recall involving the oxygen and air wall inlet fittings on the back panel of the resuscitation systems listed below were reversed during assembly. These recalled products may interfere with oxygen delivery resulting in inaccurate oxygen regulation in newborns (neonates) and may lead to low blood oxygen (hypoxia) or high blood oxygen (hyperoxia). This may cause death in neonates, particularly those who are critically ill. Preterm and low-birth weight babies are also at increased risk in terms of morbidity and mortality.

- Giraffe Warmer with Resuscitation System
- Panda Warmer with Resuscitation System
- Giraffe Stand-Alone Infant Resuscitation System
- Resuscitation System Upgrade Kits
- Panda Freestanding with Resuscitation System

These devices are used to resuscitate infants and newborns and regulate body temperature. While affected users have been notified in writing, an abundance of caution seems warranted in this regard. For more information, including the affected lot numbers, click [here](#).

**28. IOM Recommends Strategy for Child Abuse and Neglect Research**

A new reference from the Institute of Medicine (IOM), *New Directions in Child Abuse and Neglect Research*, recommends a coordinated, national research infrastructure with high-level federal support needs to be established and implemented immediately. This report calls for a comprehensive, multidisciplinary approach to child abuse and neglect research that examines factors related to both children and adults across physical, mental, and behavioral health domains--including those in child welfare, economic support, criminal justice, education, and health care systems--and assesses the needs of a variety of subpopulations. It should also clarify the causal pathways related to child abuse and neglect and, more importantly, assess efforts to interrupt these pathways. *New Directions in Child Abuse and Neglect Research* identifies four areas to look to in developing a coordinated research enterprise: a

national strategic plan, a national surveillance system, a new generation of researchers, and changes in the federal and state programmatic and policy response. [For more information...](#)

**29. May is National Trauma Awareness Month**

The American Trauma Society, in collaboration with the Society of Trauma Nurses, is once again pleased to present National Trauma Awareness Month. This May, National Trauma Awareness Month celebrates its 26<sup>th</sup> anniversary with the campaign slogan, “*Playing It Safe*” will focus on **Sports Injuries**. In recent years, increasing numbers of people of all ages have been heeding their health professionals’ advice to get active for all of the health benefits exercise has to offer. But for some people—particularly those who overdo or who don’t properly train or warm up—these benefits can come at a price: sports injuries. [For more information...](#)

**30. Access to Firearms Linked to Elevated Mortality Risk**

Firearm access in the U.S. is associated with increased risk for death, both by suicide and homicide, according to a meta-analysis in the Annals of Internal Medicine. Researchers analyzed the results of 15 observational studies that looked at firearm ownership or availability in the home. People with access to firearms had an increased risk for suicide (odds ratio, 3.24), compared with people without access. Firearm access was also associated with being the victim of a homicide (OR, 1.94), and for women, the risk was even higher (OR, 2.84). An editorialist says that the meta-analysis likely underestimates mortality from firearm access because the authors did not include population-level studies. [For more information...](#)

**31. New HCUP Methods Report Evaluates Reporting of E Codes**

AHRQ has released a new study that evaluates the reporting of external cause of injury codes (E codes) on injury-related discharges in the Healthcare Cost and Utilization Project (HCUP) databases. The study, titled [HCUP External Cause of Injury \(E Code\) Evaluation Report](#), is part of an HCUP [Method Series](#), which features methodological information on topics dealing with HCUP databases and software tools. Injuries are a major cause of mortality, morbidity and disability. E codes are intended to provide data for injury research and evaluation of injury prevention strategies. Injury-related discharges were identified in the HCUP databases using International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes. The percentage of injuries with injury-related E codes was determined for each of the following HCUP databases: State Inpatient Databases, Nationwide Inpatient Sample, State Emergency Department Databases, and Nationwide Emergency Department Sample.

**32. FICEMS Releases 5-Year Plan**

In an effort to further coordinate federal efforts in emergency medical services (EMS), the members of the Federal Interagency Committee on EMS (FICEMS) recently approved and released the five-year plan at their biannual meeting in Washington D.C. Developed through a collaborative process and funded by three different departments, the plan provides a framework to synchronize interagency efforts and strengthen EMS practices, principles and strategies throughout the United States. During the meeting, members collaborated on the new vision and mission statement, which provide an anchor for the strategic goals and objectives in the plan. For more on the plan’s strategic goals and details, visit [www.ems.gov/ficems/plan.htm](http://www.ems.gov/ficems/plan.htm).

**33. FDA Allows Marketing of First Medical Device to Prevent Migraine Headaches**

Today, the U.S. Food and Drug Administration allowed marketing of the first device as a preventative treatment for migraine headaches. This is also the first transcutaneous electrical nerve stimulation (TENS) device specifically authorized for use prior to the onset of pain. Cefaly is a small, portable, battery-powered, prescription device that

resembles a plastic headband worn across the forehead and atop the ears. The user positions the device in the center of the forehead, just above the eyes, using a self-adhesive electrode. The device applies an electric current to the skin and underlying body tissues to stimulate branches of the trigeminal nerve, which has been associated with migraine headaches. The user may feel a tingling or massaging sensation where the electrode is applied. Cefaly is indicated for patients 18 years of age and older and should only be used once per day for 20 minutes. [For more information...](#)

**34. Policy Update! NIOSH Revising Policy on Use of Emergency Breathing Support Systems**

NIOSH is revising its policy on the use of emergency breathing support systems (EBSS), also known as buddy breathers. This policy change will be applicable only to self-contained breathing apparatus that meet the requirements of NFPA 1981, 2013, or subsequent editions. NIOSH is modifying the existing policy on buddy breathers to further support and encourage best practices in the fire service for the deployment of EBSS. Interested parties can view the entire letter [here](#).

**In related news**, NIOSH recently issued a user notice warning respirator users about the danger associated with using after-market component parts. [For more information...](#)

**35. GAO Study Highlights Manufacturing Component of Medical Countermeasures**

Public health emergencies, such as the 2001 anthrax attacks and the 2009 H1N1 influenza pandemic, raise concerns about the nation's vulnerability to threats from CBRN agents and new or reemerging infectious diseases, such as pandemic influenza. HHS is the federal agency primarily responsible for identifying medical countermeasures needed to address the potential health effects from exposure to CBRN agents and emerging infectious diseases. HHS conducted a review to assess how to better address these concerns. Its August 2010 review concluded that the advanced development and manufacture of CBRN medical countermeasures needed greater support. The review recommended that HHS develop centers to provide such support, in part by using flexible manufacturing technologies, such as disposable equipment, to aid in the development and rapid manufacture of products. The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 requires the Government Accountability Office (GAO) to examine HHS's flexible manufacturing initiatives and the activities these initiatives will support. This report addresses (1) how much funding HHS has awarded for flexible manufacturing activities for medical countermeasures, and (2) the extent to which these activities will support the development and production of CBRN medical countermeasures. Read [GAO-14-329](#), *National Preparedness: HHS Has Funded Flexible Manufacturing Activities for Medical Countermeasures, but It Is Too Soon to Assess Their Effect*.

**36. GAO Report Highlights DHS Critical Infrastructure Partnerships**

Federal efforts to protect the nation's critical infrastructure from cyber threats has been on the Government Accountability Office (GAO's) list of high-risk areas since 2003. Critical infrastructure is assets and systems, whether physical or cyber, so vital to the United States that their destruction would have a debilitating impact on, among other things, national security and the economy. Recent cyber attacks highlight such threats. DHS, as the lead federal agency, developed a partnership approach with key industries to help protect critical infrastructure. This testimony identifies key factors important to DHS implementation of the partnership approach to protect critical infrastructure. Read [GAO-14-464T](#), *Critical Infrastructure Protection: Observations on Key Factors in DHS's Implementation of Its Partnership Approach*.

**37. New Interactive Video Aims to Reduce Clinical Research Misconduct**

The Research Clinic, a Web-based interactive training video aimed at teaching clinical and social researchers how to better protect research subjects and avoid research misconduct, was just released by the U.S. Department of Health and Human Services’ Office of Research Integrity (ORI) and Office for Human Research Protections (OHRP). The video lets the viewer assume the role of one of four characters and determine the outcome of the storyline by selecting decision-making choices for each playable character. The characters are:

- A principal investigator (PI), a busy oncologist who must balance doing what he thinks is best for his patients and his research;
- A clinical research coordinator, an overworked nurse who works for a PI who pressures her to falsify data and violate study protocols;
- A research assistant who has difficulties obtaining informed consent and following research protocols; and
- An Institutional Review Board (IRB) chair who is tasked with ensuring that research subjects and the integrity of the research enterprise are protected while dealing with a culture resistant to change.

The viewer is presented with various scenarios. For each scenario, the viewer is asked to choose from among courses of action, each of which leads to a different outcome. The video can be used to teach researchers how to avoid research misconduct and violating regulations enacted to protect human subjects in research studies. [For more information...](#)

**38. CDC Reports on Healthcare-Associated Infections**

The CDC has released its estimates of healthcare-associated infections in the U.S. for 2011 in the New England Journal of Medicine. For that year, the agency estimates there were some 720,000-hospital infections — the top two categories were surgical-site infections and pneumonia, with 158,000 infections each. Clostridium difficile was the most common pathogen in these infections, comprising roughly 15% of the total. Device-associated infections (attributable to catheters and ventilators, for example) accounted for about 25% of all infections. [For more information...](#)

**39. Revised TeamSTEPPS Curriculum Helps Improve Patient Safety**

A revised TeamSTEPPS® curriculum can help providers improve health care quality and reduce medical errors by using an evidence-based teamwork system. Since first introduced in 2006, thousands of health care organizations have used TeamSTEPPS to build the foundation for a culture of safety. TeamSTEPPS was developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense (DoD). TeamSTEPPS 2.0 is an evidence-based teamwork system to improve communication and teamwork skills among health care professionals. The curriculum is available online and in DVD format and includes PowerPoint presentations, teaching modules, and video vignettes that can be used to train staff. [For more information...](#)

**40. ECCC Offers Resources on Health Information Exchanges**

In February, ASPR’s Emergency Care Coordination Center (ECCC) in conjunction with the Office of the National Coordinator for Health Information Technology (ONC) hosted a meeting that brought together members of the emergency care and emergency medical services (EMS) community, emergency care software vendors, and government agencies to discuss issues and successes surrounding connectivity to the health information exchanges. A piece on this topic was posted in the ASPR blog on February 20<sup>th</sup> ([click here to view](#)) and in the ONC blog on March 18<sup>th</sup> ([click here to view](#)). ECCC is pleased to announce an online campaign related to [Health Information Technology and EMS](#). It is our hope that this campaign will connect the emergency care, EMS, and HIT communities so they can share and discuss pilot projects, concepts, and initiatives related to health information exchange.

**41. HHS Releases Security Risk Assessment Tool to Help Providers with HIPAA Compliance**

HIPAA requires organizations that handle protected health information to regularly review the administrative, physical and technical safeguards they have in place to protect the security of the information. By conducting these risk assessments, health care providers can uncover potential weaknesses in their security policies, processes and systems. Risk assessments also help providers address vulnerabilities, potentially preventing health data breaches or other adverse security events. A vigorous risk assessment process supports improved security of patient health data. The [SRA tool's website](#) contains a User Guide and Tutorial video to help providers begin using the tool. Videos on risk analysis and contingency planning are available at the website to provide further context. The tool is available for both Windows operating systems and iOS iPads. Download the Windows version at <http://www.HealthIT.gov/security-risk-assessment>. The iOS iPad version is available from the [Apple App Store](#) (search under "HHS SRA tool"). The ONC is committed to improving the SRA tool in future update cycles, and is requesting that users provide feedback. Public comments on the SRA tool will be accepted at <http://www.HealthIT.gov/security-risk-assessment> until June 2, 2014.

**42. IRS Excludes Volunteer Firefighters and EMS Personnel from ACA Employer Mandate**

The Internal Revenue Service (IRS) and US Treasury Department have issued final regulations on the Shared Responsibility for Employers Regarding Health Coverage provisions under section 4980H of the Internal Revenue Code (Employer Mandate Provision of the Affordable Care Act), including a section on volunteer firefighters and emergency medical personnel. The final regulations provide that hours of service do not include hours worked as a "bona fide volunteer." According to the regulations, "the definition of 'bona fide volunteer' is generally based on the definition of that term... which provides special rules for length of service awards offered to certain volunteer firefighters and emergency medical providers under a municipal deferred compensation plan. For purposes of section 4980H, bona fide volunteers are not limited to volunteer firefighters and emergency medical providers. Rather, bona fide volunteers include any volunteer who is an employee of a government entity or an organization described in section 501(c) that is exempt from taxation." This provision ensures that hours worked by volunteers will not cause them to be treated as full-time employees under the Employer Mandate Provision. The regulations became effective February 12, 2014. [For more information...](#)

**43. New National Organization Fills Gaps for Public Safety Infection Control Officers**

Every emergency response employer in the United States is required by law to have a designated infection control officer (DICO). Individuals often are appointed to this position without being given any training or assistance on how to do the job. NAPSICO has been formed to fill this gap and provide DICOs what they need to effectively serve in this role. The National Association for Public Safety Infection Control Officers (NAPSICO) is a new non-profit association established to provide designated infection control officers (DICOs) the tools needed to develop and manage an effective infection control program in their organization. This Association is focused directly to the needs of the public safety DICO's. All information provided regarding diseases and infection control will be evidence-based, which will facilitate appropriate policy and procedure development and cost-benefit analysis. Visit the web site at [www.napsico.org](http://www.napsico.org).

**44. Call for Proposals EMS Today 2015**

The 2015 EMS Today Conference & Expo is currently accepting proposals from potential speakers who would like to present. We're looking for speakers who can present on topics that are innovative, progressive and of the highest quality. **[THE DEADLINE HAS BEEN EXTENDED TO APRIL 24, 2014!!](#)** [For more information...](#)

**45. Senate Passes ICD-10 Delay Bill**

The Senate has voted to approve a bill that will delay the implementation of ICD-10-CM/PCS by at least one year. The bill now moves to President Obama, who is expected to sign it into law. The bill was passed 64-35 at 6:59 pm ET on Monday, March 31. The bill, H.R. 4302, Protecting Access to Medicare Act of 2014, mainly creates a temporary “fix” to the Medicare sustainable growth rate (SGR). A seven-line section of the bill states that the Department of Health and Human Services (HHS) cannot adopt the ICD–10 code set as the standard until at least October 1, 2015. The healthcare industry had been preparing to switch to the ICD-10 code set on October 1, 2014. [For more information...](#)

**46. AHA/ACC Issue New Guidelines for the Management of Atrial Fibrillation**

A new guideline for the management of atrial fibrillation (AF) incorporates important information about the new oral anticoagulants and catheter ablation for the treatment of AF symptoms. The guideline was just released by the American Heart Association, the American College of Cardiology, and the Heart Rhythm Society. The biggest change since the previous 2006 guideline has been the introduction of new oral anticoagulants, including dabigatran, rivaroxaban, and apixaban, which can be used in some patients instead of warfarin for stroke prevention. Warfarin continues to be indicated for the treatment of AF in patients who have mechanical heart valves. The new agents are strongly recommended for use in patients with nonvalvular AF who are unable to maintain a therapeutic INR level with warfarin. Catheter ablation also gets a strong recommendation when a rhythm control strategy is desired in patients with symptomatic AF refractory to at least one antiarrhythmic drug. [For more information...](#)

**47. Swedish Study Shows 20-25% Reduction in Hospital Admissions for “Rule-Out MI” with HS Troponin T**

Swedish researchers will publish the results of a study in the Journal of the American College of Cardiology that could help revolutionize the risk stratification of chest pain patients in emergency departments worldwide. The study, conducted at the Karolinska University Hospital in Stockholm, was presented last week at the ACC Annual Meeting in Washington, DC. Researchers concluded that “All patients with chest pain who have an initial High Sensitivity Cardiac Troponin T (hs-cTnT) level of <5 ng/l and no signs of ischemia on ECG have a minimal risk of MI or death within 30 days and can be safely discharged directly from the ED.” The abstract is available [here](#). (Read [more](#) on this topic...)

**48. Hospital Survey on Patient Safety Culture**

Based on data from 653 U.S. hospitals, the 2014 user comparative database report provides initial results that hospitals can use to compare their patient safety culture to other U.S. hospitals. In addition, the 2014 report presents results showing change over time for 359 hospitals that submitted data more than once. The report consists of a narrative description of the findings and four appendixes, presenting data by hospital characteristics and respondent characteristics for the database hospitals overall and separately for the 359 trending hospitals. Select to download print version (Part 1, [PDF File](#), 2.4 MB; Parts 2 and 3, [PDF File](#), 3.5 MB).

**49. NIOSH Partners With WHO to Address Occupational Health Issues**

The National Institute for Occupational Safety and Health (NIOSH) is now coordinating with the World Health Organization to address occupational health issues globally. As such, a related NIOSH newsletter (Collaborating Centre Connection) has been retired and subscribers are invited to participate in the Global Occupational Health Network (GOHNET) Newsletter. Subscribers may also contribute articles. GOHNET gives members the opportunity to read topical discussions on occupational health and safety (OHS). If you would like to receive the

Newsletter and be informed about what happens at WHO in the area of OHS, please go to the following location and complete the GOHNET survey. [Access the online survey](#) Username: GOHNET Password: GOHNET

**50. Sepsis Study Comparing Three Treatment Methods Shows Same Survival Rate**

Survival of patients with septic shock was the same regardless of whether they received treatment based on specific protocols or the usual high-level standard of care, according to a five-year clinical study. The large-scale randomized trial, named ProCESS for Protocolized Care for Early Septic Shock, was done in 31 academic hospital emergency departments across the country and was funded by the National Institute of General Medical Sciences (NIGMS), a component of the National Institutes of Health. [For more information...](#)

**51. Influenza Vaccine Cuts Flu-Related Pediatric ICU Admissions**

Complete vaccination coverage against influenza (e.g., 2 doses in young children) is associated with about an 80% reduction in flu-related pediatric intensive care unit admissions, according to a case-control study in the Journal of Infectious Diseases. Between 2010 and 2012, U.S. researchers examined data on some 45 children who were admitted to 21 pediatric ICUs with confirmed influenza, 170 ICU controls without influenza, and 90 community-based controls. Vaccination coverage was low, with just 18% of influenza cases, 31% of ICU controls, and 51% of community controls fully vaccinated. In adjusted analyses, full vaccination was 74% to 82% effective in preventing influenza-related ICU admission. Partial vaccination coverage provided no benefit. Free access is provided to the Journal of Infectious Diseases article [here](#).

**52. Application of New Cholesterol Guidelines**

According to the New England Journal of Medicine, more than half of adults between ages 40 and 75 who need help managing cholesterol would be eligible for statin therapy for the prevention of heart disease on the basis of the newest American College of Cardiology and American Heart Association guidelines. The new guidelines have the potential to increase the net number of new statin prescriptions by 12.8 million. [For more information...](#)

**53. “Citing Urgent Need, U.S. Calls on Hospitals to Hone Disaster Plans”**

New York Times, March 11, 2014. Describing emergency preparedness as an “urgent public health issue,” the proposal by the Department of Health and Human Services offers regulations aimed at preventing the severe disruptions to health care that followed Hurricane Katrina and Hurricane Sandy. More than 68,000 institutions would be affected, including large hospital chains, “mom and pop” nursing homes, home health agencies, rural health clinics, organ transplant procurement organizations, outpatient surgery sites, psychiatric hospitals for youths and kidney dialysis centers. [For more information...](#)

**54. Glove and Gown Effects on Intraoperative Bacterial Contamination**

Paper surgical gowns aren't as green as reusable cloth ones, but when it comes to preventing surgical site infections, disposability trumps sustainability by a long margin, say researchers. In their [study](#) published in the March issue of the journal Annals of Surgery, they also demonstrate that double-glovers who change their outer gloves midway through surgery boost their infection prevention effectiveness. Through a laboratory-based strikethrough study of gown materials and Staphylococcus bacteria, the researchers found that 26 out of 27 cloth gowns allowed bacterial transmission, while none of the paper gowns did. Further examinations of gloves and gown sleeves during the course of orthopedic surgeries found that double-gloved participants who'd changed their outer gloves an hour in, as well as those wearing paper gowns, showed lower bacterial contamination rates.

**In related news**, only about half of healthcare facilities have funds set aside for hand hygiene training, and about 10% of them lack a clear commitment on the part of senior leadership to support hand hygiene improvement. In





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...](#)

\*Public Meeting of the National EMS Advisory Council. September 9-10, 2014

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...](#)

\*Public Meeting of the National EMS Advisory Council. December 3-4, 2014

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

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