



Washington Update

National Association of State EMS Officials - 201 Park Washington Court - Falls Church, VA 22046-4527
Ph: 703-538-1799 - Fx: 703-241-5603 - Email: info@nasemso.org - www.nasemso.org

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May 9, 2014

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NASEMSO SALUTES ALL NURSING AND EMS COLLEAGUES!!



EMS WEEK 2014 • MAY 18-24

1. 2014 NASEMSO Annual Meeting Update

The 2014 NASEMSO Annual Meeting is only 5 months away and plans are moving into high gear to bring you the BEST in EMS policy trends, information, products, and services while providing a productive venue to network with state EMS colleagues across the country!! Hotel and conference registration will become available by the end of May. Be sure to save the dates: October 6-10, 2014 and monitor our [web site](#) for breaking news (including registration and program info) as it becomes available! Plan now to submit your poster, highlighting system research and performance assessment and improvement to illustrate innovation and progress in improving EMS! And get ready to **ROCK ON** in the city that our own Sister Carol calls home: Cleveland, OH!!

2. NASEMSO Congratulates Joe Schmider on State Director Appointment to FICEMS

Public Law 109-59 authorizes the Federal Interagency Committee on Emergency Medical Services (FICEMS), an entity that is tasked to ensure coordination among the Federal agencies involved with State, local, tribal, or regional EMS and 9-1-1 systems. NASEMSO recently learned that NASEMSO member Joe Schmider has been appointed by Transportation Secretary Foxx to fill the position reserved for a State EMS Director. Schmider has been active in EMS for many years while serving in a variety of positions from PA to TX and is well qualified to fill the shoes of retired FICEMS member, Dr. Robert Bass. Please join us in congratulating [Joe](#) on this important accomplishment!!

3. NASEMSO Annual Report to NEMSAC Now Available

Since 2007, NASEMSO has collected annual data to chart the progress of implementing the EMS Education Agenda for the Future: A Systems Approach and developed a report to advise the National EMS Advisory Council (NEMSAC). Tremendous progress has been made moving the Nation to a common goal. Today, 76% of states intend to use the National EMS Scope of Practice Model as a foundation for State licensure at the EMR level; 100% at the EMT level, 88% at the AEMT level, and 100% at the Paramedic level. 90% of states require National EMS Program Accreditation at the Paramedic level. 92% of states use the National EMS Certification process at one or more levels for state licensure. The results of data collected in the fall of 2013 have been presented to NEMSAC and posted on the NASEMSO web site. NASEMSO expresses its gratitude to 50 states and Guam for participating in this survey! [For more information...](#)

4. CDC Announces Webinar on Tribal Public Health Law Resources

The Centers for Disease Control and Prevention’s Public Health Law Program and the Network for Public Health Law will co-host Advancing Tribal Public Health Through Law: Legal Technical Assistance and Resources for Tribes and Tribal-Serving Organizations, a webinar on tribal public health law resources on Thursday, May 29, 2014, 2:00–3:00 p.m. (EDT). Speakers will share information on the role of law in advancing tribal public health goals and provide examples of legal technical assistance offered to tribes on public health issues including:

- * Development of public health codes
- * Hunting and fishing rights
- * Legal preparedness for public health emergencies

The speakers include staff from the National Indian Health Board, CDC’s Public Health Law Program, the Network for Public Health Law, and the National Congress for American Indians. Participants will be able to ask questions of the speakers about public health law-related issues and needs of tribal communities. Find more information and [register for the webinar](#).

5. CDC Encourages the Use of State Health Data to Reduce Rate of Preventable Deaths

In 2010, the top five causes of death in the United States were 1) diseases of the heart, 2) cancer, 3) chronic lower respiratory diseases, 4) cerebrovascular diseases (stroke), and 5) unintentional injuries. The rates of death from each cause vary greatly across the 50 states and the District of Columbia. An understanding of state differences in death rates for the leading causes might help state health officials establish disease prevention goals, priorities, and strategies. States with lower death rates can be used as benchmarks for setting achievable goals and calculating the number of deaths that might be prevented in states with higher rates. To determine the number of premature annual deaths for the five leading causes of death that potentially could be prevented ("potentially preventable deaths"), CDC analyzed National Vital Statistics System mortality data from 2008–2010. The number of annual potentially preventable deaths per state before age 80 years was determined by comparing the number of expected deaths (based on average death rates for the three states with the lowest rates for each cause) with the

number of observed deaths. The results of this analysis indicate that, when considered separately, 91,757 deaths from diseases of the heart, 84,443 from cancer, 28,831 from chronic lower respiratory diseases, 16,973 from cerebrovascular diseases (stroke), and 36,836 from unintentional injuries potentially could be prevented each year. In addition, states in the Southeast had the highest number of potentially preventable deaths for each of the five leading causes. The findings provide disease-specific targets that states can use to measure their progress in preventing the leading causes of deaths in their populations. [For more information...](#)

6. HHS Invites Comments on Proposed National Health Security Strategy

The US Department of Health and Human Services (HHS) is seeking comments on the draft 2015-2018 [National Health Security Strategy](#) (NHSS) and Implementation Plan (IP). The 2015-2018 NHSS draft puts forward a vision, goal, guiding principles, strategic objectives, priorities, and implementation activities to enhance national health security over the next four years. HHS seeks feedback on the following:

- Overall strategic direction of the NHSS.
- The focus of the objectives and priorities.
- How public health departments can integrate with others across the community to implement the NHSS and build individual and community resilience.
- Whether or not these activities are the appropriate priority activities for the next four years.
- Whether or not there are existing efforts that can be leveraged and thus eliminate activities which would duplicate effort.
- Ways in which an outcome could be achieved via a different implementation approach.
- Identification of the governmental and non-governmental organizations (to include private sector and academia) that should be involved in the achievement of an activity.

To comment, go to <http://www.phe.gov/nhss> by May 21.

7. FAA Delays Helicopter Rule Implementation

The Federal Aviation Administration (FAA) is delaying the effective date of the Helicopter Air Ambulance, Commercial Helicopter, and Part 91 Helicopter Operations final rule published on February 21, 2014. In that rule, the FAA amended its regulations to revise the helicopter air ambulance, commercial helicopter, and general aviation helicopter operating requirements. The April 22, 2014 effective date does not provide an adequate amount of time for the affected certificate holders to implement the new requirements. By extending the effective date to April 22, 2015, the affected certificate holders will have sufficient time to implement the new requirements. This action will only affect the effective date of the provisions of the rule scheduled to take effect April 22, 2014. Other provisions in the rule with specified compliance dates will not be affected. [For more information...](#)

8. NTSB Recommends FAA, NWS Improve Weather Forecast to Pilots

The National Transportation Safety Board (NTSB) recently issued nine recommendations addressing the need to provide more comprehensive preflight weather information to pilots. The recommendations were issued to both the Federal Aviation Administration (FAA) and the National Weather Service (NWS), who are jointly responsible for providing such information to pilots. Timely, detailed weather information is critical for enabling airmen to properly balance risks and make sound decisions when determining to fly. The recommendations are based on NTSB accident investigations involving aircraft encountering weather conditions, such as adverse surface wind, dense fog, icing, turbulence, and low-level wind shear. Currently, although information on these conditions may exist, it is not always provided to pilots through NWS products during preflight weather forecasts. To view the NTSB's recommendations to the FAA and the NWS, click on the following links:

- <http://www.nts.gov/doclib/recletters/2014/A-14-013-016.pdf>
- <http://www.nts.gov/doclib/recletters/2014/A-14-017-021.pdf>

9. FAA Launches “Got Weather” Campaign

The U.S. Department of Transportation’s Federal Aviation Administration (FAA) and general aviation groups have launched an eight-month national safety campaign titled, “[Got Weather? #GotWx](#),” to help general aviation (GA) pilots prepare for potential weather challenges they may encounter during the 2014 flying season. The [Got Weather?](#) safety campaign will run through December and refresh each month to feature a new weather topic such as turbulence, thunderstorms, icing, crosswinds, and the resources available to pilots. Pilots can go to one user-friendly [website](#) to get fast facts about the topic and links to partner videos, safety seminars, quizzes, proficiency programs, online training, case studies, and more. The campaign partners will share campaign materials, link to the website, and promote the campaign on social media.

10. FirstNet Announces Plans for State Consultations

FirstNet officials plan to begin state consultations in July to determine the best way to deploy the portion of the nationwide broadband network for public safety within a give state or territory. Items on the final state checklist are supposed to ensure that state representatives are prepared for their consultation with FirstNet and should generate information that will be useful, whether the jurisdiction chooses to let FirstNet build the network or chooses to opt out and build its portion of the broadband system on its own. FirstNet recently delivered proposed checklists to the state points of contact (SPOCs) in the 56 states and territories impacted by FirstNet and sought additional input. That input was incorporated into the [consultation package](#), which includes a six-point “readiness checklist” that states and territories need to complete before initiating talks with FirstNet and eight “discussion topics” that FirstNet would like submitted.

11. Act of Congress Delays ICD-10 Implementation

Congress recently enacted the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93), which effectively delayed the implementation of ICD-10 to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015. Physicians groups have expressed ongoing concern about rushing ICD-10 implementation while hospitals and the healthcare IT community are decrying the cost of the delay. [For more information...](#)

12. New AHRQ Publication Guides Development of Registries To Evaluate Patient Outcomes

The Agency for Healthcare Research and Quality (AHRQ’s) Effective Health Care Program recently released ["Registries for Evaluating Patient Outcomes: A User's Guide: Third Edition,"](#) a new publication to support the design, implementation, analysis, interpretation and quality evaluation of registries created to increase understanding of patient outcomes. This project expands the second edition to address 11 new topics in registry methodology and updates existing chapters to cover new legislation and other changes in registry science. Real-world contemporary case examples are provided to illustrate key principles of registry design, operation and evaluation and to demonstrate different strategies and perspectives to address common challenges. The third edition can be downloaded for free from the [Effective Health Care Program website](#) and soon will be available in file formats designed to be read with eBook readers, such as Nook, Kindle and iPad.

13. AHRQ Will Host Two-Part Webinar on HCUP: Registration Opens May 14

The Agency for Healthcare Research and Quality (AHRQ) will host a two-part webinar on the Healthcare Cost and Utilization Project (HCUP) databases, product and tools. During the first one-hour session, in which the HCUP databases and related resources will be introduced, health services and policy researchers will learn how HCUP can enhance research studies. The webinar is scheduled for May 21 at 2 p.m. ET. The second one-hour session, scheduled for June 4 at 2 p.m. ET, will introduce HCUP products and tools that facilitate research, with particular emphasis on HCUPnet, the free online data query system. Registration for both webinars will open May 14 at 8 a.m. ET. Separate registration for each webinar is required. Registration details are available on the [HCUP User Support website](#). Space is limited and capacity is often reached quickly.

14. Reminder: National Preparedness Grant Application Period Still Open

The U.S. Department of Homeland Security (DHS) announced the release of FY 2014 Funding Opportunity Announcements for six DHS preparedness grant programs totaling over \$1.6 billion. The Homeland Security grants assist states, urban areas, tribal and territorial governments, and nonprofit organizations as well as the private sector to strengthen our nation’s ability to prevent, protect against, mitigate, respond to, and recover from terrorist attacks, major disasters, and other emergencies in support of the National Preparedness Goal and the National Preparedness System. Completed final applications for these six preparedness grants are due no later than 11:59 p.m. EDT, May 23, 2014. For more information, visit www.fema.gov/grants.

15. Reminder: 2014 FEMA Individual and Community Preparedness Awards Application Period Still Open

FEMA has announced that the application period for the 2014 Individual and Community Preparedness Awards is now open. The awards highlight innovative local practices and achievements by recognizing individuals and organizations that have made outstanding contributions toward making their communities safer, stronger, better prepared and more resilient. To be considered for this year’s awards, all submissions must be received by May 30, 2014 at 11:59 p.m. EDT and must feature program activities taking place between January 1, 2013 and May 30, 2014. Please visit www.ready.gov/citizen-corps/citizen-corps-awards for more information about the awards and to download instructions for submitting an application.

16. NACCHO Releases 2013 MRC Profile

The National Association of County and City Health Officials (NACCHO) recently released [Stronger Together: The 2013 Network Profile of the Medical Reserve Corps](#). The Medical Reserve Corps (MRC) is a national network of over 200,000 volunteers organized into nearly 1,000 local units across the United States and was formed after the Sept. 11, 2001 attacks as a way for citizens to respond after a crisis. The report reflects information about the structure and operations of each local unit, unit leader and volunteer demographics, activities, training, unit administration, communication, partnerships, legal protections, and finances.

17. NETC Announces FY15 Leadership Academy

The National Emergency Training Center at Emmitsburg, MD has announced that applications for the National Emergency Management Leaders Academy ([Leaders Academy](#)) FY15 Cohort #5 are now being accepted. The Leaders Academy is the first leadership component of the Emergency Management Professional Program and provides the essential skills needed for emergency managers to lead emergency management programs. Sharing best practices, lessons learned, tools, and documentation will allow emergency management leaders to have a firm understanding of Federal, State, and local emergency management programs, as well as how these programs can be effectively leveraged to support State and local needs and requirements in this complex and demanding career field. This course is designed for current and emerging leaders in emergency management. The target

audience includes government, non-profit voluntary organizations, and private sector managers responsible for emergency management or homeland security, including:

- State, local, tribal, and territorial emergency management or homeland security program staff and managers;
- Federal department heads and branch chiefs of emergency management or homeland security;
- Directors and managers of non-profit voluntary organizations;
- Private sector managers leading emergency management offices and related programs; and
- Emergency management program directors from all organizations listed above with significant authority and responsibilities.

Interested personnel should contact the Leaders Academy Program Manager, Todd Wheeler at Todd.Wheeler@fema.dhs.gov, who will provide additional instructions and all required applications documents.

18. WHO Declares PHE Over International Spread of Polio

The World Health Organization recently called the spread of polio thus far in 2014 an "extraordinary event" that constitutes a public health emergency. Preparing for the high transmission season (May/June), the WHO offered guidance to the three nations that pose the greatest risk for exporting the virus this year: Cameroon, Pakistan, and the Syrian Arab Republic. Recommendations include declaring public health emergencies in those countries and increasing vaccination efforts. Similar guidance was offered to nations that are infected with, but not currently exporting, poliovirus (e.g., Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia and particularly Nigeria). [For more information...](#)

In related news, the Centers for Disease Control and Prevention (CDC) have confirmed a case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in a traveler to the United States. This virus is relatively new to humans and was first reported in Saudi Arabia in 2012. In some countries, the virus has spread from person to person through close contact, such as caring for or living with an infected person. However, there is currently no evidence of sustained spread of MERS-CoV in community settings. [For more information...](#)

19. FEMA to Offer Virtual Tabletop Exercise With Aircraft Focus

FEMA has announced plans to offer a Virtual Tabletop Exercise (VTTX) June 17, 18, and 19, 2014. The VTTX is designed to engage participants in a no-fault, hazard specific exercise discussion involving an aircraft scenario. The VTTX program is designed for a "community-based" group (not individual participation) of at least 12 or more personnel from local or state emergency management organizations with representation from all Emergency Management disciplines-public safety, public works, public health, health care, government, administrative, communications, military, private sector, non-governmental, and other whole community partners involved in an aircraft crash focus incident response and recovery. [For more information...](#)

20. White House Targets Climate Change in Wildland Fire Strategy

In the past two decades, a rapid escalation of extreme wildfire behavior, accompanied by significant increases in risk to responders and citizens, home and property losses, costs, and threats to communities and landscape have been observed. In the Federal Land Assistance, Management, and Enhancement Act of 2009 (FLAME Act), Congress mandated the development of a national cohesive wildland fire management strategy to comprehensively address wildland fire management across all lands in the United States. Shortly after enactment of the FLAME Act, a three-phased, intergovernmental planning and analysis process involving stakeholders and the public was initiated and is commonly referred to as the Cohesive Strategy effort. *The National Strategy: The Final Phase of the Development of the National Cohesive Wildland Fire Management Strategy* (The National Strategy)

represents the culmination of a collaborative effort by Federal, state, local, and tribal governments, non-governmental partners, and public stakeholders. [For more information...](#)

21. Patient Decontamination Guidance in a Mass Chemical Exposure Open for Public Comment

The U.S. Department of Homeland Security is happy to announce that the draft guidance "*Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities*" is now available for public comment. The U.S. Department of Homeland Security Office of Health Affairs and the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response are leading this effort to provide evidence-based guidance drawing on expertise in emergency response, emergency medicine, toxicology, risk communication, behavioral health, and other relevant fields from academic and non-government organizations and federal, state, and local agencies. State and local civilian first responders and health care providers, along with emergency managers, public health practitioners, law enforcement officials, and risk communications experts are the nation's first line of defense for any mass-scale event, and must be prepared to respond to chemical incidents. Ensuring that first responders around the nation have the tools and resources they need to respond to a potential mass contamination event is a critical element of the Administration's strategy, and this guidance furthers the next step to enhance our national efforts. This draft guidance provides first responders with important information on how to effectively respond to an event that involves the release of hazardous chemicals in the communities they serve and is part of the federal government's focus on ensuring the readiness of the nation's first responders. The document covers guiding principles, which begins with defining patient and decontamination and moves through the desired endpoints and patient decontamination as a whole of community approach. The public comment period for the draft guidance, located [here](#), is open until Monday, May 19, 2014.

22. IOM Health Professional Education Workshop Summary Now Available

Assessing Health Professional Education is the summary of a workshop hosted by the Institute of Medicine's Global Forum on Innovation in Health Professional Education to explore assessment of health professional education. At the event, Forum members shared personal experiences and learned from patients, students, educators, and practicing health care and prevention professionals about the role each could play in assessing the knowledge, skills, and attitudes of all learners and educators across the education to practice continuum. The workshop focused on assessing both individuals as well as team performance. This report discusses assessment challenges and opportunities for interprofessional education, team-based care, and other forms of health professional collaborations that emphasize the health and social needs of communities. [For more information...](#)

23. Congressional Hearing Spotlights Growing Problems of Prescription Drug and Heroin Abuse

On April 29, the House Energy and Commerce Committee's Subcommittee on Oversight and Investigations held a hearing entitled "Examining the Growing Problems of Prescription Drug and Heroin Abuse." Witnesses included representative from Drug Enforcement Agency (DEA), Office of National Drug Control Policy, Centers for Disease Control and Prevention, National Institutes of Health, and Substance Abuse and Mental Health Services Administration. The hearing focused on the surge in opioid use and the federal government's activities in working with the states to address abuse and deaths resulting from overdose. The hearing delved into a number of additional issues, including the use of naloxone used to prevent opioid overdose deaths, the value of abuse-deterrent formulations, and the potential abuse of the recently approved hydrocodone-only painkiller Zohydro. Related witness testimonies are now available [here](#). Of note, the National Institute on Drug Abuse (NIDA) reported that naloxone was used to reverse more than 10,000 overdose cases between 1996 and 2010 ([link to report](#)). The Agency also testified that it supports the new hand-held auto-injector designed for family members and caregivers

as well as the development of a naloxone nasal spray that can be used by an overdose victim, a companion, or a wider range of first responders in the event of an emergency.

In related news, the Substance Abuse and Mental Health Services Administration (SAMHSA) recently sent a letter to state agencies that administer the Substance Abuse and Prevention Block Grants (SABG) to clarify that, at a State's discretion, SABG funds (other than primary prevention set-aside funds) may be utilized to purchase naloxone (Narcan®) and the necessary materials to assemble overdose kits and to cover the costs associated with the dissemination of such kits.

24. FDA Approves New Hand-held Auto-injector to Reverse Opioid Overdose

The U.S. Food and Drug Administration (FDA) recently approved a prescription treatment that can be used by family members or caregivers to treat a person known or suspected to have had an opioid overdose. Evzio (naloxone hydrochloride injection) rapidly delivers a single dose of the drug naloxone via a hand-held auto-injector that can be carried in a pocket or stored in a medicine cabinet. It is intended for the emergency treatment of known or suspected opioid overdose, characterized by decreased breathing or heart rates, or loss of consciousness. Evzio is injected into the muscle (intramuscular) or under the skin (subcutaneous). Once turned on, the device provides verbal instruction to the user describing how to deliver the medication, similar to automated defibrillators. FDA Commissioner Margaret Hamburg supported the move in a statement, "For years, the lack of a lay-friendly delivery system has made it difficult to make naloxone broadly available to the public and to foster its use in non-medical settings, where it is often most urgently needed. [Evzio is] . . . an extremely important innovation that will save lives." [For more information...](#)

25. FDA Awards IDE for Technology to Treat Thermal Burns

The Food and Drug Administration (FDA) just awarded an Investigational Device Exemption (IDE 15921) to initiate a Phase I Clinical Trial for the Magellan Bio-Bandage for the treatment of acute deep partial thickness thermal injuries. Bio-Bandage is an autologous intervention that uses the patient's own blood (acquired by phlebotomy) to accelerate new tissue growth. The product has been available since 2003 and its use is already approved in the treatment of acute and chronic wounds. CMS approved Bio-Bandage as a reimbursable option for Medicare and Medicaid patients with chronic wounds in December 2013. [For more information...](#)

26. Current Clinical Questions in Post Resuscitation Hypothermia

The National Institute of Neurological Disorders and Stroke has posted a Request for Information (RFI) on Current Clinical Questions in Post Resuscitation Hypothermia. The deadline for response is May 30, 2014. If you are not familiar with the mechanism, an RFI solicits feedback from scientific and other interested organizations on the clinical research questions that need to be answered...in this case about post resuscitation therapeutic hypothermia. Post cardiac arrest hypothermia was shown to improve neurological outcomes in two studies performed in Australia and Europe. There have been other promising results that have shown that mild hypothermia improves survival and neurologic outcome after cardiac arrest. With preliminary reports such as these, the NIH would like to delve deeper into questions about its utility and determine whether and in what cases hypothermia is more beneficial than strict maintenance of normothermia. A link to the RFI with complete instructions on how to submit a response is here in the attached link: Request for Information: Current Clinical Questions in Post Resuscitation Hypothermia ([NOT-GM-14-112](#))

27. NEW from the CDC!! Data on Injury-related ED Visits by Children and Adolescents

The Centers for Disease Control and Prevention (CDC) has recently posted NCHS Data Brief, No. 150 - Injury-related Emergency Department Visits by Children and Adolescents: United States, 2009–2010. Injury is the leading cause of death and a major source of morbidity among children and adolescents in the United States. This report examines nationally representative data on injury-related ED visits by children and adolescents aged 18 years and under in the United States during 2009–2010. Injury-related ED visit rates were also compared for the age groups 0–4, 5–12, and 13–18 years, as these correspond to the preschool, school-age, and teen life periods respectively. Key findings include:

- In 2009–2010, an annual average of 11.9 million injury-related emergency department (ED) visits were made by children and adolescents aged 18 years and under in the United States.
- The injury-related ED visit rate was 151 per 1,000 persons aged 18 years and under, and rates were higher for males than for females for all age groups (0–4 years, 5–12 years, and 13–18 years).
- The injury-related ED visit rates among persons aged 5–12 years and 13–18 years were higher for non-Hispanic black persons than for other race and ethnicity groups.
- Leading causes of injury-related ED visits among both males and females included falls and striking against or being struck unintentionally by objects or persons. Visit rates were higher for males than for females for both of these causes.

[For more information...](#)

28. SAMHSA Town Hall Meetings Aim to Prevent Underage Drinking

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a summary report of its 2012 town hall meetings to prevent underage drinking. The new report, 2012 Town Hall Meetings to Prevent Underage Drinking: Moving Communities Beyond Awareness to Action, Presents outcomes from a series of Town Hall meetings to educate communities about underage drinking and engage them in prevention efforts. Includes brief case studies to illustrate different approaches and lessons learned in hosting successful events. [For more information...](#)

29. EMSC NRC Launches New Web Site

The Emergency Medical Services for Children (EMSC) National Resource Center's (NRC) website recently changed to <http://www.emscnrc.org>. The new URL features a new design, and much of the content has been reorganized. Please note that if your website or marketing materials currently link to the old website (www.childrensnational.org/emsc), you will need to change those links as soon as possible. This includes all products or pdfs on your website that are hosted by www.childrensnational.org. The new URLs should be easy to find on the new site. If you cannot find the new URL for a specific page or product, please feel free to contact [Suzanne Sellman](#), EMSC NRC senior communications specialist.

30. Traffic Safety Facts: Not-in-Traffic Surveillance: Fatality and Injury Statistics in Non-Traffic Crashes

The U.S. National Highway Traffic Safety Administration (NHTSA) has released a fact sheet that summarizes trends and statistics of injuries and fatalities resulting from non-traffic motor vehicle crashes, 2008-2011—which are those that occur off the public traffic ways (e.g., parking facilities or driveways). [For more information...](#)

Read also: [2012 Traffic Safety Facts: Children](#), a fact sheet that summarizes trends and 2012 statistics of traffic fatalities of children.

31. State, Tribal, Local, and Territorial Public Health Professionals Gateway Provides 2013 PSRs

The Centers for Disease Control and Prevention (CDC) provides regular highlights for all 50 states and the District of Columbia through Prevention Status Reports (PSR) —the status of public health policies and practices designed to prevent or reduce 10 important public health problems. NEW-four key policies that states can use to reduce motor vehicle crash injuries and deaths:

- [Implementing primary enforcement seat belt laws](#)
- [Mandating the use of car seats and booster seats for motor vehicle passengers through at least age 8 years](#)
- [Using comprehensive graduated driver licensing systems](#)
- [Requiring the use of ignition interlock devices for those convicted of driving while intoxicated](#)

32. ACP Recommends Physicians Take Steps to Reduce Gun Violence

The American College of Physicians recommends counseling patients on the risks of keeping firearms in their homes, especially when minors or people with dementia, mental illness, or substance use disorders live there. In a new position paper published in the Annals of Internal Medicine, the group says that physicians should also counsel patients on the best practices to reduce firearm-related injuries and deaths. The ACP also supports regulating the purchase of firearms to reduce injuries and deaths, including universal background checks, waiting periods, and banning assault weapons. [For more information...](#)

33. FHWA Launches New Site to Assist State EMS Officials

The Federal Highway Administration (FHWA) has launched a new web site to encourage State EMS Offices to engage in the Strategic Highway Safety Plan (SHSP) process to reduce serious highway injuries and fatalities. The Strategic Highway Safety Plan (SHSP) is a data-driven, four to five year comprehensive plan that integrates the 4Es of highway safety:

- Engineering,
- Education,
- Enforcement and
- Emergency Medical Services (EMS).

A new website is available to help EMS officials develop relationships and become involved in their State SHSP. [For more information...](#)

34. FDA Reviews Use of Aspirin for Primary Prevention of Heart Attack and Stroke

The Food and Drug Administration (FDA) has reviewed available data related to the use of aspirin to reduce the possibility of having a heart attack or stroke and does not believe the evidence supports the general use of aspirin for primary prevention of a heart attack or stroke (i.e. no prior history or cardiovascular disease.) The FDA signals serious risks associated with the use of aspirin, including increased risk of bleeding in the stomach and brain, in situations where the benefit of aspirin for primary prevention has not been established. The available evidence supports the use of aspirin for preventing another heart attack or stroke in patients who have cardiovascular disease or who have already had a heart attack or stroke (secondary prevention.) In patients who have had a cardiovascular event, the known benefits of aspirin for secondary prevention outweigh the risk of bleeding. [For more information...](#)

35. WISQARS Goes Mobile

CDC’s Web-based Injury Statistics Query and Reporting System (WISQARS) gives you fatal and nonfatal injury data in the United States, and now the WISQARS Mobile Application gives you fatal injury data on-the-go. WISQARS Mobile spotlights four preventable public health problems—motor vehicle-related injuries, prescription drug

overdoses, traumatic brain injuries and violence against children and youth. It also gives you data about unintentional injury, homicide and suicide. View dynamically displayed maps of state-level fatal injury rates. Click on the interactive graphs and charts of death counts and rates by cause of injury death, sex, race/ethnicity and age groups. WISQARS is widely used by researchers, teachers, policy makers, the media, and the public for injury prevention program planning, education, and policy decisions. Use WISQARS Mobile to conveniently inform others about injuries as a public health concern. Click to learn more:

- [WISQARS Mobile](#)
- [WISQARS Homepage](#)

36. HHS Publishes Updated Action Plan to Combat Viral Hepatitis

Federal partners have launched an updated Action Plan for the Prevention, Care and Treatment of Viral Hepatitis (2014-2016), building upon the nation’s first comprehensive cross-agency action plan to combat viral hepatitis. The three-year renewal of the Action Plan builds upon the substantial progress accomplished since 2011 by agencies and offices from across the Department of Health and Human Services, as well as with our partners at the Departments of Justice, Housing and Urban Development, and Veterans Affairs, to prevent new infections and improve the diagnosis, care and treatment of individuals living with chronic hepatitis C in the United States. Between 3.5 and 5.3 million Americans are living with chronic viral hepatitis, and most of them do not know that they are infected. Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation in the United States. In addition, it is a leading infectious cause of death in the U.S., claiming the lives of 12,000–18,000 Americans each year. [For more information...](#)

37. Foxx Sends Transportation Reauthorization Proposal to Congress

US Department of Transportation Secretary Foxx has announced the details of the GROW AMERICA ACT or Generating Renewal, Opportunity, and Work with Accelerated Mobility, Efficiency, and Rebuilding of Infrastructure and Communities throughout America, an effort that among other things will:

- Address the shortfall in the Highway Trust Fund and provide \$87 billion to address the nation’s backlog of deficient bridges and aging transit systems;
- Increase safety across all modes of surface transportation, including increasing the civil penalties the National Highway Traffic Safety Administration (NHTSA) can levy against automakers who fail to act quickly on vehicle recalls;
- Provide certainty to state and local governments that must engage in long-term planning;
- Reduce project approval and permitting timelines while delivering better outcomes for communities and the environment.

[For more information...](#)

38. Stolen Laptops Lead to Important HIPAA Settlements

Two entities have paid the U.S. Department of Health and Human Services Office for Civil Rights (OCR) \$1,975,220 collectively to resolve potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. These major enforcement actions underscore the significant risk to the security of patient information posed by unencrypted laptop computers and other mobile devices. While one of the violations occurred at a facility, the other incident occurred when an unencrypted laptop computer containing the ePHI of 148 individuals was stolen from a workforce member’s car. OCR has six educational programs for health care providers on compliance with various aspects of the HIPAA Privacy and Security Rules. Each of these programs is

available with free Continuing Medical Education credits for physicians and Continuing Education credits for health care professionals, with one module focusing specifically on mobile device security. [For more information...](#)

39. New NCHS Data Online Query System Now Available

The National Center for Health Statistics (NCHS) is pleased to announce the beta release of our newest statistical tool, the NCHS Data Online Query System (DOQS). NCHS DOQS gives users the ability to generate and store statistical analyses customized to their specific requirements. The system provides dynamically generated statistical tables, charts, and graphs using NCHS public use data. NCHS DOQS is designed for the general user without knowledge of commercial statistical software packages. Currently, visit data from the Emergency Department component of the 2005-2010 National Hospital Ambulatory Medical Care Survey are available, with more datasets planned for the future. In advance of our upcoming general release, we invite you to explore the beta version of NCHS DOQS and give us your feedback. Your insights will help us provide you with the best possible public health statistical tool. To begin using [NCHS DOQS](#), we recommend that you start with a brief [tutorial](#). Once you have tried out the system, please send your feedback, using the Contact Us section of the website.

40. FDA Further Extends Expiration Dates of Meridian's DuoDote Auto-Injector Lots

The U.S. Food & Drug Administration (FDA) has announced a further extension of expiration dates of DuoDote auto-injector lots. The lots of DuoDote that are specified in the alert can be used for up to two years past the originally labeled expiration date, provided the products have been and continue to be stored under labeled storage conditions. [For more information...](#)

41. Alere Recalls INRatio2 PT/INR Professional Test Strips

Alere is recalling this product due to complaints of patients who had a therapeutic or near therapeutic INR with the Alere INRatio2 PT/INR Professional Test Strip but a significantly higher INR (outside of therapeutic range) when performed by a central laboratory. Alere has received nine serious adverse event reports, three of which described bleeding associated with patient deaths. The reason for the adverse event reports was significantly different test results between the Alere INRatio2 PT/INR Professional Test Strip and the local laboratory plasma INR test. Given these reports, Alere is concerned that the Alere INRatio2 PT/INR Professional Test Strips may report an inaccurately low INR result. Alere will transition customers from the current Alere INRatio2 PT/INR Professional Test Strip to the Alere INRatio PT/INR Test Strip (PN 100139). The voluntary recall does not include the Alere INRatio PT/INR Test Strip (PN 100071), which is utilized by patient self-testers for home INR monitoring. Healthcare professionals should immediately STOP using the Alere INRatio2 PT/INR Professional Test Strips and use an alternative method to perform PT/INR testing, such as a plasma-based laboratory INR test, an alternative Alere product, or an alternative point-of-care monitoring system from a different manufacturer. [For more information...](#)

42. NFPA Provides Links for Public Comment Opportunities

The public comment period for NFPA 1917 is currently open and closes on May 16th, 2014. Any member of the public can submit public comments based on the draft that has been published. The website is www.nfpa.org/1917. Once there you will see the “doc info page” for that particular document. In this case NFPA 1917. You will also see a hyperlink stating that the next edition is currently open for public comment. Once you click on that link you will be able to enter any public comments on the work of the committee based on the draft that has been published. The committee responsible for NFPA 1917 will be meeting sometime between May 16th, 2014 and October 31, 2014 to address any submitted public comments. Another document that might be of interest is NFPA 450, Guide for Emergency Medical Services and Systems. That website is www.nfpa.org/450. This document is currently accepting public inputs until July 7, 2014. Any public inputs would be based on the current

edition of the document, which is published on the website. Again any member of the public can submit public input for the committee to address. The committee responsible for NFPA 450 will be meeting between July 7th, 2014 and December 12th, 2014 to address any submitted public inputs.

43. Call for Proposals: International Roundtable on Community Paramedicine

The International Roundtable on Community Paramedicine (IRCP) will be held September 3-5, 2014 at the Atlantis Casino Resort in Reno, Nevada. Approximately one hundred EMS Administrators, Chiefs, Executive Directors, CEO’s and other Managers typically from Australia, Canada, New Zealand, the United Arab Emirates, the United Kingdom and the United States attend. If you wish to assist the IRCP and the industry by participating as a presenter for our event you are invited to submit a proposal. Additional information and a preliminary program are available on REMSA’s website www.remsa-cf.com.

44. CURRENT STATE JOB OPPORTUNITIES

☑ **Emergency Medical Service & Trauma Supervisor**, Washington State Department of Health, Division of Health Services Quality Assurance – Office of Community Health Systems – EMS, Trauma, Injury and Violence Prevention Section, Tumwater, Washington. Deadline for Applications: Until Filled. [complete details](#)

☑ **Executive Director**, Kansas Department of Emergency Medical Services, Topeka, Kansas. Deadline for Applications: June 10, 2014. [complete details](#)

☑ **Emergency Medical Services Deputy Chief (Administrator I)**, Division of Fire Standards and Training & EMS, New Hampshire Department of Safety, Concord, New Hampshire. Deadline for Applications: May 12, 2014. [complete details](#)

☑ **Injury Prevention Coordinator**, Wyoming Department of Health, Injury Prevention Program, Cheyenne, Wyoming. Deadline for Applications: Until Filled. [complete details](#)

45. AHA/ASA Revise Recurrent Stroke Guidelines

The American Heart Association and the American Stroke Association have released updated guidelines for preventing recurrent stroke in patients who've experienced a stroke or transient ischemic attack. Here are a few of the changes from the groups' 2011 guidelines:

- Systolic blood pressure below 140 mm Hg and diastolic pressure below 90 mm Hg are reasonable goals.
- Vitamin K antagonist therapy, apixaban, and dabigatran are indicated to prevent recurrent stroke in patients who have nonvalvular atrial fibrillation, while rivaroxaban is considered a reasonable option.
- For patients over age 70, carotid endarterectomy may have better outcomes than carotid angioplasty with stenting. In younger patients, the two approaches are similar in their risks for perioperative complications and long-term ipsilateral stroke.

Additional recommendations on medical and surgical management are included. [For more information...](#)

46. Better Outcomes with Prehospital Stroke Thrombolysis

Daniel J. Pallin, MD reviewing *Ebinger M et al. JAMA 2014 Apr 23.*

In a German study, time to thrombolysis was faster when treatment was provided by neurologists in a specially-equipped ambulance than in the ED. Investigators in Germany compared time to thrombolysis between stroke patients receiving routine care in an emergency department and those evaluated in the prehospital setting by a special ambulance called “stroke emergency mobile” or STEMO. The STEMO was staffed by a neurologist and was equipped with a mobile computed tomography scanner and a point-of-care laboratory. The unit of randomization

was the week, with the STEMO responding when available during intervention weeks; 1804 STEMO responses were compared with 2969 routine cases. Of note, 1409 patients during STEMO weeks received routine care because the STEMO was not available. With STEMO care, call-to-thrombolysis time was 25 minutes shorter; rates of thrombolysis were 13% higher (92% vs. 79%); and hemorrhage, mortality, and functional outcomes were similar to those with routine care. Citation: Ebinger M et al. Effect of the use of ambulance-based thrombolysis on time to thrombolysis in acute ischemic stroke: A randomized clinical trial. JAMA 2014 Apr 23; 311:1622.

47. Epinephrine May Be of No Survival Benefit in Cardiac Arrest

Kristi L. Koenig, MD, FACEP, FIFEM reviewing Lin S et al. Resuscitation 2014 Mar 15.

A meta-analysis shows similar survival to discharge and neurological outcomes in adult cardiac arrest patients irrespective of epinephrine use or dose. Standard advanced cardiac life support guidelines recommend administration of epinephrine at a dose of 1 mg every 3 to 5 minutes, but is there evidence that this therapy improves outcomes? To answer this question, researchers performed a meta-analysis of 14 randomized, controlled trials (12,250 total patients) in nine countries that compared standard-dose epinephrine with high-dose epinephrine (>1 mg per dose), vasopressin, or placebo in adults with out-of-hospital cardiac arrest. Rates of survival to hospital admission and return of spontaneous circulation were higher with high-dose epinephrine than with the standard dose and were lower with placebo than with the standard dose. However, there were no differences in survival to discharge or neurological outcomes between any treatment groups or subgroups (initial cardiac rhythm, number of doses). The meta-analysis did not control for quality of cardiopulmonary resuscitation. Citation: Lin S et al. Adrenaline for out-of-hospital cardiac arrest resuscitation: A systematic review and meta-analysis of randomized controlled trials. Resuscitation 2014 Mar.

UPCOMING EVENTS

PLEASE NOTE: CALENDAR ITEMS ARE ALWAYS WELCOME!!! Send to robinson@nasemso.org

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

California EMS for Children Forum: Get Ready for Kids. May 19, 2014. Palm Springs Convention Center, Palm Springs, CA. [For more information...](#)

* The Connecticut EMS EXPO – May 29-31. Mohegan Sun Casino, Uncasville, CT. Go to <http://www.ctemsexpo.com> for more info.

Pennsylvania 37th Annual Statewide EMS Conference, August 13-15, 2014, Lancaster Marriott at Penn Square, Lancaster, PA. [For more information...](#)

Pennsylvania 37th Annual Statewide EMS Conference, September 17-19, 2014. Blair County Convention Center, Altoona, PA. [For more information...](#)

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

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

NAEMSE Instructor Course Level 1

| | |
|---------------------|----------------|
| May 30-June 1, 2014 | Logan, WV |
| June 13-15, 2014 | Bridgeport, CT |
| June 27-29, 2014 | Manheim, PA |

NAEMSE Instructor Course Level 2

| | |
|------------------|---------------|
| May 16-17, 2014 | Macon, GA |
| July 11-12, 2014 | Mount Gay, WV |

[For more information...](#)

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

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

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

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

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>

NASEMSO Staff Contacts

Elizabeth Armstrong, CAE, MAM / Executive VP
 (703) 538-1799 ext. 8 -
armstrong@nasemsso.org

Dia Gainor/Executive Director
 (703) 538-1799 ext. 7
 Email: Dia@nasemsso.org

Sharon Kelly / Executive Assistant
 (703) 538-1799 ext. 2 - kelly@nasemsso.org

Kathy Robinson / Program Manager
 (703) 538-1799 ext. 1894 –
robinson@nasemsso.org

Kevin McGinnis/Program Manager
 (571) 749-7217 – Email: mcginnis@nasemsso.org

Leslee Stein-Spencer/Program Manager
 Email: Stein-Spencer@nasemsso.org

Mary Hedges/Program Manager
 Email: Hedges@nasemsso.org

Rachael Alter/Program Manager
 Email: Alter@nasemsso.org

Dan Manz/Program Manager
 Email: Manz@nasemsso.org

Karen Thompson / Web Site Content Manager
 (828) 693-5045 – Email:
thompson@nasemsso.org

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

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