



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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1. Dia Gainor Joins NASEMSO as Executive Director

The National Association of State EMS Officials (NASEMSO) announces that Dia Gainor joined its staff on May 2, 2011, as the executive director. In this new position, Gainor is responsible for providing strategic leadership to promote and expand NASEMSO's presence and capacity as a national leader in emergency medical services. As executive director, Gainor will act as a spokesperson for NASEMSO, positioning the association to pursue its vision with federal partners and other organizations. Her major duties and responsibilities will include outreach, representation and business development, along with staffing NASEMSO's EMS Data Council and the Pediatric Emergency Care Council. Elizabeth Armstrong, CAE, NASEMSO's executive director since 1996, will become NASEMSO's executive vice president. She will continue to oversee NASEMSO's scope of operations and staff team delivery of services, programs and information beneficial to the members. Dia can be reached at dia@nasemsso.org.

In related news, NASEMSO Executive Director Dia Gainor recently received the highest award the Idaho Military Division may bestow upon a civilian, the Idaho Distinguished Service Medal. Additionally, she received the Idaho Governor's Challenge Coin. [Download NASEMSO news release](#). Congratulations, Dia!

2. Plans Gearing Up for 2011 NASEMSO Annual Meeting

The 2011 NASEMSO Annual Meeting will be held October 2-7, 2011 in Madison, WI. The FIRST DRAFT agenda and hotel information has been posted on the NASEMSO web site and more details will be added as soon as they become available. The agenda has been posting to assist planning purposes but it is a working document and highly subject to change. Sponsors and vendors can contact NASEMSO Program Manager, [Kathy Robinson](#) with related questions. [For more information...](#)

3. NASEMSO HITS Committee Completes MIECE Proof of Concept

The NASEMSO HITS Committee and Highway Mass Casualty Workgroup is pleased to announce the completion of the Model Inventory of Emergency Care Elements (MIECE) Proof of Concept. MIECE is a safety data analysis tool, and the Proof of Concept is intended to demonstrate the feasibility and utility of an emergency care inventory that displays resources and capacity by segments of highway. MIECE was one of two projects undertaken by the multi-disciplinary work group led by NASEMSO in response to the NTSB recommendations following the 2008 Mexican Hat motor coach crash in rural Utah. The MIECE Proof of Concept, as well as additional information on the Highway Mass Casualty Workgroup can be found on the [NASEMSO website](#).

4. NASEMSO Delegation Returns from EMS Visit to Israel

State EMS Directors Jim DeTienne (MT) and Joe Schmider (PA) and NASEMSO Program Managers Leslee Stein-Spencer and Kathy Robinson along with several EMS colleagues were accompanied by John Erich, a journalist from EMSWorld as recent guests of the Israeli Consulate to study EMS infrastructure and emergency preparedness efforts in the war torn country. The visit will be highlighted in a special supplement by EMSWorld later this year. Several powerpoints from the visit are now available on the [NASEMSO web site](#) and the visit will be described in a plenary session at the 2011 NASEMSO Annual Meeting.

5. NASEMSO Joins Radiological Readiness Alliance

NASEMSO has become a charter member of the National Alliance for Radiation Readiness (NARR). NARR seeks to build radiological emergency preparedness, response and recovery capacity and capabilities and to serve as the collective "voice of health" in radiological preparedness. The inaugural meeting of NARR was held on March 24th in Atlanta. In addition to NASEMSO, NARR is comprised of members from:

- The Association of State and Territorial Health Officials (ASTHO)
- The National Association of County and City Health Officials (NACCHO)
- The Conference of Radiation Control Program Directors (CRCPD)
- The Council of State and Territorial Epidemiologists (CSTE)
- The Association of Public Health Laboratories (APHL)
- The National Emergency Management Association (NEMA)
- The American Medical Association (AMA)

An official NARR website is expected to be created by the end of June. James Blumenstock from ASTHO is the NARR Project Officer and Chief Program Officer. The NASEMSO liaison to NARR is Steven Blessing, who can be reached at steven.blessing@state.de.us

6. HHS Announces Additional Funding Opportunities Related to the Home Visitation Program

The U.S. Department of Health and Human Services (HHS) has announced that up to \$99 million in additional competitive grants would be available to states to enhance existing Maternal, Infant and Early Childhood Home Visitation Programs through the Affordable Care Act. The HHS press release can be found [here](#). Eligible entities include the 50 states, Puerto Rico, Guam, U.S. Virgin Islands, the Northern Mariana Islands, American Samoa and the District of Columbia. Applications will be due on July 1, 2011.

7. HRSA Announces HRSA in Your State

Looking for real time data and information about HRSA funded programs across all U.S. States and territories? Then check out HRSA’s newly developed tool “[HRSA in Your State](#)”! The tool offers overviews of HRSA programs and current information such as the number and amount of grants awarded down to the County level. You can also find the number of health centers, National Health Service Corps members and the communities they serve, and the number of eligible providers through the 340B program in each state. The tool is interactive and linked to different pages on the HRSA website to provide further information about programs.

8. RWJF and University of Wisconsin Pair to Provide County Health Rankings

The Robert Wood Johnson Foundation (RWJF) is collaborating with the University of Wisconsin Population Health Institute to develop health rankings for each state’s counties. The County Health Rankings show that the health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, to quality of health care, to the environment. This collection of 50 reports – one per state – helps community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live. [For more information...](#)

9. ASTHO Report Highlights Effects of State Budget Cuts

The ongoing fiscal crisis continues to have a negative impact on the ability of state and territorial health agencies to protect the public’s health, according to a new report from the Association of State and Territorial Health Officials. Budget cuts at all levels of government are jeopardizing the significant gains that state and territorial health agencies made in prevention and preparedness programs during the past decade. State and territorial health agencies (SHAs) have been forced to cut critical programs and reduce staffing levels in response to state budget cuts. Services have been reduced, entire programs and staff positions have been eliminated, and many staff have been laid off or furloughed. The ASTHO Research Brief, “Budget Cuts Affect the Health of America’s People,” outlines the impact of these cuts on state health programs. [For more information...](#)

10. Accreditation of Health Departments Ready for Fall Launch

A national program to accredit the nation’s health departments, which is expected to transform the delivery of community health services, is on target to launch this fall. The Public Health Accreditation Board, the nonprofit organization that is spearheading the voluntary accreditation program, recently completed a nationwide pilot test, putting it another step closer to its goal of accrediting all of the nation’s health departments. [For more information...](#)

11. NTSB Issues Safety Alert for Unmarked Weather Observation Towers

The National Transportation Safety Board (NTSB) recently issued a Safety Alert to warn pilots of low-flying aircraft about the dangers associated with unmarked towers built to record weather observations. The Meteorological Evaluation Towers (METs), many of which fall just below the 200-foot Federal Aviation Administration threshold for obstruction markings, can be difficult to see from the air and can be a danger to aircraft conducting low-flight

operations, including helicopter emergency services, law enforcement, fire suppression and other low-altitude activities. Since 2003 the NTSB has investigated three fatal accidents involving in-flight collisions with METs, including one in January. [For more information...](#)

12. FCC Establishes Deadline for Public Safety Radio Transition

On January 1, 2013, all public safety and business industrial land mobile radio systems operating in the 150-512 MHz radio bands must cease operating using 25 kHz efficiency technology, and begin operating using at least 12.5 kHz efficiency technology. This deadline is the result of an FCC effort that began almost two decades ago to ensure more efficient use of the spectrum and greater spectrum access for public safety and non-public safety users. Migration to 12.5 kHz efficiency technology (once referred to as Refarming, but now referred to as Narrowbanding) will allow the creation of additional channel capacity within the same radio spectrum, and support more users. After January 1, 2013, licensees not operating at 12.5 KHz efficiency will be in violation of the Commission's rules and could be subject to FCC enforcement action, which may include admonishment, monetary fines, or loss of license. To learn more, please read the [VHF/UHF Narrowbanding FAQs](#). A link to the Powerpoint presentation describing the Narrowbanding proceeding as well as information about the deadline is available [here](#).

13. Lieberman-McCain Bill to Transfer D Block to Public Safety Re-introduced in Senate

The Lieberman-McCain Bill to reallocate the "D" Block to public safety has been submitted in the United States Senate and numbered as S. 1040. This bill joins the legislation of Senator Rockefeller (S. 28) and Representatives King-Thompson (H.R. 607) in reallocating the "D" Block spectrum to public safety. [For more information...](#)

14. Obama Issues Policy Directive on National Preparedness

President Obama recently signed Presidential Policy Directive (PPD)-8: National Preparedness aimed at strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the Nation, including acts of terrorism, cyber-attacks, pandemics, and catastrophic natural disasters. The Directive follows a comprehensive review of national preparedness policy and replaces Homeland Security Presidential Directive 8 (HSPD-8) (2003) and HSPD-8 Annex I (2007). The Obama directive places significant emphasis on an "all-of-nation", "all-hazards" approach to disasters fusing together the capabilities of federal, state, and local authorities to respond to crises. It refocuses government resources on mitigation—preventing catastrophes from getting worse—and resilience—how communities actively respond to and recover from a major disaster. [For more information...](#)

15. ESF #9 - Search and Rescue Updated and Available on the NRF Resource Center

Emergency Support Function (ESF) #9 – Search and Rescue (SAR) rapidly deploys Federal SAR resources to provide lifesaving assistance to State, tribal, and local authorities, to include local SAR Coordinators and Mission Coordinators, when there is an actual or anticipated request for Federal SAR assistance. The description has recently been update and is now available [here](#).

16. New National Terrorism Advisory System Released

The National Terrorism Advisory System, or NTAS, replaces the color-coded Homeland Security Advisory System (HSAS). This new system will more effectively communicate information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector. After reviewing the available information, the Secretary of Homeland Security will decide, in coordination with other Federal entities, whether an NTAS Alert should be issued. NTAS Alerts will only be issued when credible information is available. These alerts will include a clear statement that

there is an imminent threat or elevated threat. Using available information, the alerts will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and governments can take to help prevent, mitigate or respond to the threat. The NTAS Alerts will be based on the nature of the threat: in some cases, alerts will be sent directly to law enforcement or affected areas of the private sector, while in others, alerts will be issued more broadly to the American people through both official and media channels. [For more information...](#)

17. FEMA Updates NIMS Compliance Assistant Support Tool

The Federal Emergency Management Agency (FEMA) announces the release of the National Incident Management System (NIMS) Compliance Assistance Support Tool (NIMSCAST) version 4.00.12. Homeland Security Presidential Directive-5 requires that all Federal Departments and agencies make adoption of NIMS by State, tribal, and local organizations a condition to receive Federal Preparedness assistance. To that end, FEMA’s National Integration Center developed NIMSCAST as a free self-assessment instrument for Federal, State, tribal, and local governments to evaluate and report on their respective implementation of NIMS. Included in the new release is the ability to rollover prior year’s Corrective Action Plan information and the restored capability to send e-mails to user accounts through NIMSCAST. NIMS Guide 01-11 is available for more-specific information on NIMSCAST version 4.00.12. This release of NIMSCAST represents the first step toward its integration into FEMA’s Preparedness Compliance Assessment System Tool (PrepCAST). FEMA is developing the PrepCAST as its online portal that will link users to reporting tools, of which NIMSCAST is the cornerstone. The 2012 State Preparedness Report (SPR) Survey, presently under draft, will be accessible via PrepCAST in the future. Additionally, FEMA plans to continue to expand PrepCAST to incorporate additional collections in the future. The first version of PrepCAST scheduled for release in the Fall 2011. [For more information...](#)

18. SAMHSA Provides Toolkit on Mental Health Awareness for Disasters

A new toolkit from the Substance Abuse and Mental Health Services Administration (SAMHSA) arms disaster recovery workers with a new resource on mental health awareness. The kit includes materials for responding effectively to the general public during and after a disaster and in dealing with workplace stress and also includes materials for the general public. A digital version of the materials can be downloaded. [For more information...](#)

19. Psychological First Aid Training Available Online

PFA online (<http://learn.nctsn.org>) is a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster setting. This professionally-narrated course is for individuals new to disaster response who want to learn the core action of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation’s trauma experts and survivors. This project was funded by SAMHSA, NCPTSD, NACCHO, and HHS Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps.

20. Building Community Disaster Resilience through Private-Public Collaboration

Increasing evidence indicates that collaboration between the private and public sectors could improve the ability of a community to prepare for, respond to, and recover from disasters. Several previous National Research Council reports have identified specific examples of the private and public sectors working cooperatively to reduce the effects of a disaster by implementing building codes, retrofitting buildings, improving community education, or issuing extreme-weather warnings. State and federal governments have acknowledged the importance of collaboration between private and public organizations to develop planning for disaster preparedness and response. Despite growing ad hoc experience across the country, there is currently no comprehensive framework

to guide private-public collaboration focused on disaster preparedness, response, and recovery. To address these concerns, the Department of Homeland Security (DHS) asked the National Research Council to form a committee of experts to assess the current state of private-public sector collaboration dedicated to strengthening community resilience, to identify gaps in knowledge and practice, and to recommend research that could be targeted for investment. The result of this important work has been published and is now [available](#).

21. AHRQ Public Health Emergency Preparedness Program Announces Reorganization

As of June 30, 2011, the Department of Health and Human Services’ (HHS) Agency for Healthcare Research and Quality (AHRQ) is discontinuing its Public Health Emergency Preparedness Research Program (PHEP). Since AHRQ began its work in public health emergency preparedness in 2000, the federal government has increased its efforts to prepare for and respond to public health emergencies. As preparedness programs have expanded and diversified at the federal level, coordination among them has become more complex and a realignment of federal resources is needed. Activities pursued under AHRQ’s program will continue to be supported by other federal agencies. AHRQ is currently working with its federal partners to ensure that emergency preparedness materials developed by the agency remain publicly available to emergency planners and responders in the field.

In related news, The Emergency Preparedness Resource Inventory (EPRI) is a database and communication system designed to help cities, counties, States, or regions (1) compile an inventory of resources needed to respond to emergencies and (2) determine what resources are available during an emergency. In addition to a Web-based software tool, EPRI includes an [Administrator's Guide](#) and a [User's Manual](#). This version of EPRI, new as of May 2011:

- Is compatible with latest versions of SQL Server (tested up to 2008).
- Is compatible with the newer versions of IIS (tested up to IIS 6.0).
- Now has an installation wizard to make installation easier.
- Now has a more robust user interface and uses updated controls.
- Has data quality monitoring tools.
- Comes preloaded with data from the AHRQ Surge model.
- Improved inventory reporting functionality.
- Enhanced emergency request functions.

Select for [Download Information](#).

22. NLE 2011 Used to Evaluate Earthquake Response

The National Level Exercise 2011 was held the week of May 16, 2011. All participating Federal, State, Tribal and Private Sector entities received simulated notifications that a catastrophic earthquake had struck the central United States. The exercise was designed to validate the following capabilities: communications, critical resource logistics and distribution, mass care (sheltering, feeding and related services), medical surge, citizen evacuation and shelter-in-place, emergency public information and warning, emergency operations center (EOC) management, and long term recovery. Past exercises focused on terror-based scenarios while the 2011 exercise tested capabilities involving a natural disaster. The first recap (of certainly many to come) is available at <http://blog.fema.gov/2011/05/nle-recap-participating-in-exercise.html>.

23. WISER 4.4 Now Available

Wireless Information System for Emergency Responders (WISER) is a system designed to assist first responders in hazardous material incidents. WISER provides a wide range of information on hazardous substances, including substance identification support, physical characteristics, human health information, and containment and

suppression advice. You can download this update to WISER's Windows, Pocket PC, and SmartPhone platforms from the [WISER Web site](#) or access the updated on-line version, [WebWISER](#). Please see the WISER Web site's [What's New in 4.4](#) for more information.

24. ASPR Report Focuses on Progress of HPP and Healthcare Coalitions

The nation's experience with the H1N1 pandemic affirmed that the entire healthcare community must be engaged in response to public health and medical emergencies. Since the creation of the Hospital Preparedness Program (HPP) in 2002, States and hospitals, along with the public health and emergency management communities, have worked tirelessly to improve the State of medical and public health preparedness. While some of their accomplishments have been captured in a variety of publications, no single document captures their progress. A new report from the Assistant Secretary for Preparedness and Response (ASPR), *"From Hospital to Healthcare Coalitions Transforming Health Preparedness and Response in Our Communities"* provides an up-to-date snapshot of HPP partnerships and aims to reach legislators, funding recipients, and other key stakeholders to better inform programs, policies, and the State of healthcare preparedness and response. [For more information...](#)

25. CDC Announces National Standards for PHP Capabilities

One of the nation's key preparedness challenges has been determining appropriate state and local public health preparedness priorities. To assist state and local public health departments in their strategic planning, the Centers for Disease Control and Prevention (CDC) developed 15 capabilities to serve as national public health preparedness standards. CDC's *"Public Health Preparedness Capabilities: National Standards for State and Local Planning"* provides a guide that state and local jurisdictions can use to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions. [For more information...](#)

26. CDC Provides Hospital Preparedness Report

This report is a summary of hospital preparedness for responding to public health emergencies, including mass casualties and epidemics of naturally occurring diseases such as influenza. Sample data were weighted to produce national estimates. Key results:

- Nearly all hospitals had response plans for chemical releases, natural disasters, epidemics, and biological incidents. Preparedness for explosive or incendiary incidents was less frequent than preparedness for other types of incidents.
- While most hospitals had plans for cancellation of elective procedures and admissions, two-thirds had plans for alternate care areas with beds, staffing, and equipment.
- One-half of hospitals planned for alternate care areas in inpatient hallways or decommissioned ward space, or for conversion of inpatient units to augment intensive care.
- One-half of hospitals had adjusted standards of care for allocation of mechanical ventilators for mass casualties.
- Although over one-half of hospitals had staged epidemic drills, only one-third included mass vaccination or medication distribution.
- One-half of hospitals planned for advance registration of health care professionals.
- While most hospitals had memoranda of understanding (MOUs) with other hospitals to transfer adults during an epidemic, fewer hospitals had MOUs for pediatrics and burns. Less than one-half of hospitals accommodated the needs of children and persons with disabilities during a public health emergency.

From No. 37. *"Hospital Preparedness for Emergency Response: United States, 2008."* [For more information...](#)

27. HHS Hospital Preparedness Report Highlights State Efforts

The U.S. Department of Health and Human Services' Assistant Secretary for Preparedness and Response has released "*From Hospitals to Healthcare Coalitions: Transforming Health Preparedness and Response in Our Communities,*" the program's first state-by-state report identifying advances states have made in preparing hospitals for major disasters. [For more information...](#)

28. 3E Reference Card/Job Aid for "Post Blast/Active Shooter" Scenarios

NASEMSO has posted a new reference for "Post Blast/Active Shooter" scenarios on its web site. This document has been developed by the Minneapolis/St. Paul MMRS and Metro Emergency Services Board using state and federal grant funds. It may not be sold or used for profit. We extend our appreciation to the authors for sharing their knowledge and expertise! [For more information...](#)

29. EMI Revises Notice Regarding the Retirement of OpScan and Scantron Forms

FEMA's Emergency Management Institute (EMI) April 2011 notice regarding the imminent retirement of exam answer forms for its popular independent study program has been revised. The Emergency Management Institute (EMI) has re-instated use of the OpScan Form (Form 064-0-9.) This form will be accepted for examination purposes until 28 December 2012 at which time it will be retired. Blank OpScan forms may be requested until 28 September 2012. Organizations that utilize the OpScan form should begin formulating processes to prepare for the retirement of this form and the hardcopy processing of examinations by EMI. Beginning 1 January 2013 all EMI Independent Study course testing will be accomplished online. [For more information...](#)

30. NASEMSO I-Team Releases Transition Templates

NASEMSO's Education Agenda Implementation Team ("I-Team") has approved the release of several "Transition Templates" to assist states with achieving the new scope of practice levels. Some states have already identified state-based learning objectives and educational priorities that exist both above and below the Education Standards making it difficult to establish a "national curriculum" for transition. Because a transition course per se would have a limited shelf life as the Education Standards are implemented, available resources have been focused on developing materials that will support implementation of the new practitioner levels and pre-packaged educational materials geared specifically to the changes are generally unavailable. To assist this effort, NASEMSO has utilized the Gap Analysis Template to help identify the generic "Gap Content" that can be used to enhance the knowledge and skills of existing practitioners that desire certification/licensure at the level of the Education Standards. States still need to determine which content and/or skills must be tested and/or verified to complete state-based transition processes. The templates are available as follows:

- First Responder to Emergency Medical Responder
- EMT-Basic to Emergency Medical Technician
- EMT Intermediate 85 to Advanced Emergency Medical Technician
- EMT Intermediate 99 to Advanced Emergency Medical Technician
- EMT Intermediate 99 to Paramedic
- EMT-Paramedic to Paramedic

These materials are now available in NASEMSO's [Implementation Toolkit](#).

31. Video on Program Accreditation Premiers on CoAEMSP Web Site

Dr. Ritu Sahni, Oregon State Medical Director Associate Professor of Emergency Medicine, Oregon Health & Science University, Portland, OR, discusses the role of program accreditation in a new video available on the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)

[web site](#). "State accreditation and National accreditation serve different purposes, but both protect the public. National accreditation doesn't override the State's authority," says Dr. Sahni.

32. Spikes in Pertussis in Three States; Vaccine Rates Extremely Low Among Adults

Pertussis has resurged with the reported cases steadily increasing since the 1980s. Three states have had unusually high rates of pertussis, prompting the need to reassess immunization status for everyone. The resurgence is thought to be due to the consequence of immunity waning after childhood vaccination, leaving adolescents and adults only partially protected. High rates in Michigan, California and Ohio Unusually high rates of [pertussis](#) have been reported in Michigan, California and Ohio. In Michigan, there were 1,519 cases in 2010, up sharply from the previous year's 902 cases. California reported 8,383 cases in 2010. And Columbus, OH, and surrounding Franklin County areas reported 966 cases in 2010, the region's highest in 25 years. Healthcare workers are at risk of pertussis and healthcare-associated outbreaks of pertussis also have been increasingly recognized and reported from a diverse range of healthcare facilities, putting healthcare workers at increased risk for infection. One study estimates that there is a 1.7-fold increased risk for healthcare workers compared with the general population. Pertussis now ranks among the most frequent infectious disease exposures that require evaluation by occupational health services in hospitals. [Vaccination](#) is the best defense against pertussis. Infants and young children should receive their complete tetanus, diphtheria, and pertussis (Tdap) vaccination series, and adolescent and adults should receive boosters, even if they received all their recommended vaccines. It is estimated that 97 percent of eligible adults have not been vaccinated against tetanus, diphtheria, and pertussis.

In related news, inadequate tetanus toxoid vaccination and inadequate wound prophylaxis remain the most important factors associated with tetanus. To update a previous report and to determine the populations at greatest risk for the disease, CDC analyzed cases reported to the National Notifiable Diseases Surveillance System (NNDSS) during 2001--2008. This report summarizes the results of that analysis, which found that 233 tetanus cases were reported during 2001--2008; among the 197 cases with known outcomes, the case-fatality rate was 13.2%. [For more information...](#)

33. Report Tracks Progress of Effective PPE in Emergency Response Situations

The Institute of Medicine (IOM) has released a new report, *Preventing Transmission of Pandemic Influenza and other Viral Respiratory Diseases: Personal Protective Equipment for Healthcare Personnel, Update 2010 (2011)*. This report provides a progress update on a 2008 IOM report that responded to a NIOSH request for the IOM to investigate the urgent need to address concerns regarding effective personal protective equipment for use by healthcare personnel in an influenza pandemic. [For more information...](#)

34. NIOSH Provides Draft Guidance on Emergency Responder Health Monitoring and Surveillance

The National Institute for Occupational Safety and Health (NIOSH) requests comments on the draft guidance document, *Emergency Responder Health Monitoring and Surveillance, NIOSH Docket Number: NIOSH 223*. This draft document proposes a new framework for ensuring responder safety and health by monitoring and conducting surveillance of their health and safety during the entire cycle of emergency response, including the pre-deployment, deployment, and post-deployment phases of a response. The proposed system is referred to as the "Emergency Responder Health Monitoring and Surveillance (ERHMS)" system, and includes a guidance section describing the principles involved in ensuring optimal responder safety and health, as well as tools which can be utilized to help facilitate the execution of these principles during an actual response. Several national EMS organizations, including NASEMSO, commented on the document. While the comment period has expired, the draft is still available for review [here](#).

35. New OSHA-NIOSH INFO SHEET: Protecting Workers from Heat Illness

At times, workers may be required to work in hot environments for long periods. When the human body is unable to maintain a normal temperature, heat-related illnesses can occur and may result in death. This fact sheet provides information to employers on measures they should take to prevent heat-related illnesses and death.

[For more information...](#)

36. Nation’s Highway Traffic Reaches Highest Level Since 2007

Americans drove three trillion miles in 2010, the most vehicle miles traveled since 2007 and the third-highest ever recorded, U.S. Transportation Secretary Ray LaHood recently announced. The increase in traffic volume comes as the U.S. in 2009 posted its [lowest number of traffic fatalities](#) and injuries since 1950. The Secretary noted that Americans drove 0.7 percent more, or 20.5 billion additional vehicle miles traveled (VMT), in 2010 than the previous year. Travel increased by 0.6 percent, or 1.4 billion VMT, in December 2010 compared to the previous December. It is the tenth consecutive month of increased driving. With an increase of 11.1 percent, or 156 million additional miles traveled, Nebraska led the nation with the largest single-state increase that month, and rural driving outpaced urban driving across the country. The new data, from the Federal Highway Administration’s monthly “Traffic Volume Trends” report, show the South Gulf area, a bloc of eight states ranging from Texas to Kentucky, experienced the greatest regional increase in December 2010 at 46.6 billion VMT, an increase of 624 million miles traveled compared to the previous December. To review the VMT data in FHWA’s “Traffic Volume Trends” reports, visit <http://www.fhwa.dot.gov/ohim/tvtw/tvtpage.cfm>.

In related news, while motor vehicle crash-related deaths involving cars and light trucks reached an all-time low in the United States, at the same time, motorcyclist deaths reached an all-time high, more than doubling between 1999 and 2008. [For more information...](#)

37. NCIPC Provides Road Safety Fact Sheets

Over 30,000 people are killed in crashes each year in the United States. In 2005, in addition to the toll on victims’ family and friends, crash deaths resulted in \$41 billion in medical and work loss costs. A new CDC data analysis looked at the costs of crash deaths by state and found that half of all costs were found in 10 states. The ten states with the highest medical and work loss costs were California (\$4.16 billion), Texas (\$3.50 billion), Florida (\$3.16 billion), Georgia (\$1.55 billion), Pennsylvania (\$1.52 billion), North Carolina (\$1.50 billion), New York (\$1.33 billion), Illinois (\$1.32 billion), Ohio (\$1.23 billion), and Tennessee (\$1.15 billion). The United Nations General Assembly has proclaimed 2011 to 2020 the Decade of Action for Road Safety, a period of enhanced focus on protecting people on the world’s roads. [For more information...](#)

38. ITS Focus in Proposed Legislation

HR 995, a bipartisan bill designed to accelerate the deployment of intelligent transportation systems (ITS), was recently introduced in Congress by Mike Rogers (MI) and Russ Carnahan (MO). The SMART Technologies for Communities Act would create a pilot program in up to six communities across the country to serve as large-scale model deployment sites for ITS technology to improve safety, mobility and the environment. In addition to receiving NASEMSO support for its potential to reduce crash-related injuries and fatalities, the bill has been endorsed by a broad range of auto, transit, high-tech, business, and environmental leaders. For more information or to sign up for regular Government Affairs Updates from the Intelligent Transportation Society of America, contact Paul Feenstra at pfeenstra@itsa.org.

39. FMCSA Strike Force Inspections Remove 289 Unsafe Passenger Buses and Drivers

U.S. Transportation Secretary Ray LaHood recently announced that the Federal Motor Carrier Safety Administration (FMCSA) and its state and local law enforcement partners across the nation recently conducted 2,782 surprise passenger carrier safety inspections over a nine-day period that resulted in 289 unsafe buses or drivers being removed from our roadways. The unannounced inspections took place from March 28 through April 6, 2011, as part of FMCSA's ongoing efforts to strengthen passenger carrier safety nationwide. The coordinated enforcement strike force issued out-of-service violation citations to 156 drivers and 262 vehicles. FMCSA encourages travelers considering passenger bus transportation to visit the agency's website and review the company's safety records at <http://www.ai.fmcsa.dot.gov/Passenger/home.asp>.

40. FDA Warns of Methemoglobinemia Risk Due to Sprays and Gels Containing Benzocaine

The Food and Drug Administration (FDA) has notified healthcare professionals and patients that FDA continues to receive reports of methemoglobinemia, a serious and potentially fatal adverse effect, associated with benzocaine products both as a spray, used during medical procedures to numb the mucous membranes of the mouth and throat, and benzocaine gels and liquids sold over-the-counter and used to relieve pain from a variety of conditions, such as teething, canker sores, and irritation of the mouth and gums. FDA is continuing to evaluate the safety of benzocaine products and the Agency will update the public when it has additional information. FDA will take appropriate regulatory actions as warranted. [For more information...](#)

41. Increasing Drug Shortages Concern Entire Healthcare Community

The American Society of Health-System Pharmacists (ASHP) recognized and documented the emerging problem of drug shortages at their annual meeting in a breakfast session, [Understanding and Managing Drug Product Shortages](#), in 2002. The occurrence of national drug shortages has grown exponentially from 5 shortages a year when data collection began in 1996 to a record number of 211 in 2010. Experts explain that there are many reasons contributing to the problem from availability of raw and bulk materials to unexpected increases in demand to pure economics (fewer manufacturers produce older, cheaper generic drugs, especially the harder-to-make injectable ones.) There are two excellent online resources that EMS medical directors can use to monitor drug shortages:

- Food and Drug Administration (FDA) page on [Current Drug Shortages](#)
- [ASHP Drug Shortages Resource Center](#)

ASHP also has several excellent resources for review:

- [Sample Drug Shortages Policy](#) by University Healthcare Hospitals and Clinics
- [ASHP Guidelines on Managing Drug Product Shortages](#)

In related news, drug shortages have caught the attention of federal lawmakers, in February 2011 Senator Amy Klobuchar (MN) introduced S. 296 "Preserving Access to Life-Saving Medications Act". Under the bill, drug makers would have to immediately notify the FDA when a shortage of raw materials or other problem would likely cause a medication shortage. The FDA would then be allowed to work with other domestic and international manufacturers to maintain an uninterrupted supply. As an FYI, the Journal of Emergency Medical Services (JEMS) recently ran an interesting and recent article on Oklahoma City's effort to evaluate and conserve resources in light of various drug shortages. [Read the article...](#)

42. New Partnership to Promote Fire Safety Awareness for Families

The Federal Emergency Management Agency (FEMA) and the National Commission on Children and Disasters have announced a new public awareness campaign to help keep children and families safer from the threat of home

fires. In a new report, FEMA's U.S. Fire Administration highlights the risks fires pose to children. The report, which is based on the latest available data released by the National Center for Health Statistics, found that young children face the greatest - and a growing - risk of death or serious injury in home fires, with 52 percent of all child fire deaths in 2007 involving children under the age of four, a slight increase from the most recent study previously conducted in 2004. [Click here](#) for a copy of the report. To provide families with important tips about fire safety and lists of additional resources, FEMA is launching online and social media tools, including:

- An updated web page dedicated to children's fire safety, including tips on how to prevent the two leading causes of fire during the winter months: cooking and heating;
- A widget that will link to this website and resources;
- A Facebook tab; and
- A dedicated Twitter hashtag to engage the public in a dialogue about how to protect kids from fires.

Among other things, these updated tools will offer tips for how to prevent the two leading causes of fires during the winter months: heating and cooking. To view the updated web page and the widget, [click here](#).

43. Federal Partners Seek to Bolster Child Care Disaster and Emergency Planning

State, tribal and territorial grantees across the country are receiving help from HHS to develop comprehensive emergency preparedness and response plans specific for child care. The guidance recently issued was prepared by HHS' Administration for Children and Families, in partnership with the National Commission on Children and Disasters and the Federal Emergency Management Agency. The Office of Child Care's guidance provides a framework that outlines five key areas that states should consider when developing and updating plans:

1. Planning for Continuation of Services to CCDF families
2. Coordinating with Emergency Management Agencies and Key Partners
3. Regulatory Requirements and Technical Assistance for Child Care Providers
4. Provision of Temporary Child Care Services after Disaster
5. Rebuilding Child Care after a Disaster

OCC Information Memorandum Emergency Preparedness Guidance:

http://www.acf.hhs.gov/programs/occ/initiatives/emergency/ccdf_resources.htm .

For more information on the National Commission on Children and Disasters visit

<http://www.childrenanddisasters.acf.hhs.gov/> .

44. CDC Webcast Highlights Pediatric Emergency Preparedness

Children are extremely vulnerable during disaster situations. States play a critical role in the recovery of pediatric health following a disaster, and should have appropriate "All- Hazards" emergency preparedness plans that address the unique needs of pediatrics. The Centers for Disease Control and Prevention (CDC) recently hosted a COCA conference call to highlight gaps in pediatric preparedness and national recommendations aimed to improve pediatric emergency preparedness at the state level. The webinar is now available for viewing or can be downloaded as a podcast. Slides and a transcript are also available. [For more information...](#)

45. AAP Recommends Children Sit in Rear-Facing Car Seats Until Age 2

Toddlers should continue riding in rear-facing child safety seats until they are 2 years old, according to new recommendations from the American Academy of Pediatrics (AAP) published in *Pediatrics*. This represents a change from past convention, in which children were allowed to ride forward-facing when they reached 1 year of age. Among the other evidence-based recommendations:

- Children younger than 2 years who surpass the weight and height restrictions for rear-facing seats may switch to forward-facing seats.

- Children older than age 2 should use a forward-facing seat with a harness for as long as possible.
- Children who have outgrown their safety seat may transition into a belt-positioning booster seat.
- Children between 8 and 12 years who are at least 4 feet 9 inches tall may use the vehicle seat belt alone without the booster seat.

The document also includes an algorithm to help practitioners find the best seat configuration based on the child's age, weight, and height.

- [AAP policy statement in Pediatrics](#)
- [AAP technical report in Pediatrics](#)

46. New Children and Disasters Resource Webpage Launched

The National Commission on Children and Disasters has partnered with National Conference of State Legislatures (NCSL) to launch a Children and Disasters resource webpage. The page is a compilation of resources on the NCSL website useful for State Legislatures in preparing their State with criteria specific to children and disasters. [For more information...](#)

47. Partnering with Patients and Families in the Medical Home

The American Academy of Pediatrics (AAP) will be hosting a FREE four part CME series in 2011 to provide child health professionals with practical strategies for implementing medical home in practice. These webinars will be led by recognized experts with the goal of educating participants about the value of the family-centered primary care medical home for all children and youth, especially in the daily delivery of preventive, acute, and chronic care. Faculty will point participants to practical tools and resources, and will provide strategies for improving quality of care and increasing patient/family partnership and satisfaction. A single webinar remains in the series but all are archived and available for viewing. [For more information...](#)

48. Rural Emergency Medical Services: The '4th E' Strategies for Safety

A webinar sponsored by the Center for Excellence in Rural Safety in cooperation with the Federal Highway Administration is archived and now available for viewing. Professionals in the emergency medical services (EMS) industry throughout the country have a unique perspective on safety. The extremes of rural scenarios create special challenges, yet EMS personnel can make significant contributions to reducing death and disability following motor vehicle crashes. This webinar focused on some of the behavioral interventions the EMS community is introducing and provided insights about opportunities for rural EMS systems. NASEMSO President Randy Kuykendall outlined specific initiatives aimed at improving the safety of EMS personnel and system performance, such as Colorado's experience in developing a culture of safety through a statewide advisory council and the now-annual Colorado EMS safety conference. Dia Gainor, then EMS Bureau Chief in Idaho, discussed the EMS Incident Response and Readiness Assessment tool developed as part of a recent rural highway mass casualty project in Idaho. [Watch the webinar.](#) [Download presentation slides.](#)

49. Webinars, Toolkit Provide Tips on Incorporating EMS Projects into Flex Proposals

The Joint Committee on Rural Emergency Care – a partnership between NOSORH and the National Association of State EMS Officials – recently offered two Webinars focused on helping state Flex coordinators work with state EMS Offices to build trauma, stroke and cardiac “systems of care” and incorporate EMS projects into their Flex grant proposals. Viewable recordings and additional materials for both Enhancing EMS in Your State Webinars (presented February 22 and March 16) are available for viewing/downloading in the [Past Webinar Materials](#) section of the NOSORH website. A toolkit for including three specific EMS items in each state’s 2011-2012 Flex grant application is also available in the Member Resources/ Toolkits section of the NOSORH website.

50. HRSA Launches Emergency Medical Services Website

Just in time for EMS Week, HHS\Health Resources and Services Administration recently unveiled a new EMS website this week. The site lists HRSA EMS resources, initiatives, publications and programs. Visit the site at www.hrsa.gov/ems

51. National EMS Culture of Safety Conference Announced

The National EMS "Culture of Safety" strategy is currently under development by the American College of Emergency Physicians through a cooperative agreement with the National Highway Traffic Safety Administration with support from HRSA EMSC. A national conference will be held June 27-28, 2011 at the Crowne Plaza Hotel in Arlington, Virginia. The conference is open to the public, but pre-registration is required.

Visit www.EMSCultureofSafety.org for information and registration. Information is also posted at www.ems.gov and www.hrsa.gov/ems.

52. NIOSH Expresses Appreciation to IOM for Electronic Records Study

The National Institute for Occupational Safety and Health (NIOSH) recently expressed appreciation to the Institute of Medicine (IOM) for agreeing to conduct a study requested by NIOSH to examine the rationale and feasibility of incorporating work history information into patient electronic health records. NIOSH supports the plan announced by IOM and looks forward to providing input and information as appropriate. The IOM has posted a description of the study [here](#). An ad hoc committee will plan and hold data-gathering meetings, including a public workshop; conduct analysis; hold deliberations; and prepare a letter report with findings and recommendations.

53. HHS Announces Proposed Changes to HIPAA Privacy Rule

A Notice of Proposed Rulemaking concerning the accounting of disclosures requirement under the Health Insurance Portability and Accountability (HIPAA) Act Privacy Rule, is available for public comment. The proposed rule would give people the right to get a report on who has electronically accessed their protected health information. The U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) is proposing changes to Privacy Rule, pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act. The proposal would give patients the right to 2 types of information:

- an "access report," which would tell them who has accessed their protected health information "for purposes of treatment, payment and health care operations" in general, but would not divulge the specific purposes for each person's access; and
- an "accounting of disclosures" that would provide more detailed information about disclosures "most likely to impact the individual," such as disclosures to law enforcement or legal authorities, as well as the purposes of such disclosures.

The proposed changes to the accounting requirements provide information of value to individuals while placing a reasonable burden on covered entities and business associates. People may now read the proposed rule at: <http://www.federalregister.gov/> and submit comments to <http://www.regulations.gov/> (search for Proposed Rule) through August 1, 2011.

54. CDC Reports Unhealthy Sleep Behaviors

In a recent issue of Morbidity and Mortality Weekly Report (MMWR), the Centers for Disease Control and Prevention (CDC) notes that an estimated 50--70 million adults in the United States have chronic sleep and wakefulness disorders. Sleep difficulties, some of which are preventable, are associated with chronic diseases, mental disorders, health-risk behaviors, limitations of daily functioning, injury, and mortality. The National Sleep Foundation suggests that most adults need 7--9 hours of sleep per night, although individual variations exist. To

assess the prevalence and distribution of selected sleep difficulties and behaviors, CDC analyzed data from a new sleep module added to the Behavioral Risk Factor Surveillance System (BRFSS) in 2009. This report summarizes the results of that analysis, which determined that, among 74,571 adult respondents in 12 states, 35.3% reported having <7 hours of sleep on average during a 24-hour period, 48.0% reported snoring, 37.9% reported unintentionally falling asleep during the day at least 1 day in the preceding 30 days, and 4.7% reported nodding off or falling asleep while driving in the preceding 30 days. Continued public health surveillance of sleep quality, duration, behaviors, and disorders is needed to understand and address sleep difficulties and their impact on health. As a first step, a multifaceted approach that includes increased public awareness and education and training in sleep medicine for appropriate health-care professionals is needed; however, broad societal factors, including technology use and work policies, also must be considered. [For more information...](#)

In related news, MMWR also released a report on the Effect of Short Sleep Duration on Daily Activities. Among U.S. adults, 13.5% reported three or more sleep-related difficulties. Overall, the greatest percentage (23.2%) reported difficulty concentrating on things because they were sleepy or tired, followed by difficulty remembering things (18.2%) and difficulty working on hobbies (13.3%). Difficulty driving or taking public transportation, taking care of financial affairs, or performing employed or volunteer work because of sleepiness or tiredness was reported by 11.3%, 10.5%, and 8.6% of respondents, respectively. Adults aged ≥60 years were less likely than younger adults to report having each of the six sleep-related difficulties, and women were more likely than men to report four of the six sleep-related difficulties. Women were more likely to report most sleep-related difficulties than men, regardless of sleep duration, but both men and women reported greater difficulties if they slept <7 hours compared with 7--9 hours. [For more information...](#)

55. CDC Provides New Guidelines to Prevent IV Catheter Infection

The Centers for Disease Control and Prevention (CDC) announces “*Guidelines for the Prevention of Intravascular Catheter-Related Infections*” are now available. These guidelines have been developed for healthcare personnel who insert intravascular catheters and for persons responsible for surveillance and control of infections in hospital, outpatient, and home healthcare settings. These guidelines are intended to provide evidence-based recommendations for preventing intravascular catheter-related infections. Major areas of emphasis include 1) educating and training healthcare personnel who insert and maintain catheters; 2) using maximal sterile barrier precautions during central venous catheter insertion; 3) using a > 0.5% chlorhexidine skin preparation with alcohol for antisepsis; 4) avoiding routine replacement of central venous catheters as a strategy to prevent infection; and 5) using antiseptic/antibiotic impregnated short-term central venous catheters and chlorhexidine impregnated sponge dressings if the rate of infection is not decreasing despite adherence to other strategies (i.e., education and training, maximal sterile barrier precautions, and >0.5% chlorhexidine preparations with alcohol for skin antisepsis). These guidelines also emphasize performance improvement by implementing bundled strategies, and documenting and reporting rates of compliance with all components of the bundle as benchmarks for quality assurance and performance improvement. [For more information...](#)

In related information, the transition of healthcare delivery from acute care hospitals to outpatient (ambulatory care) settings, along with ongoing outbreaks and patient notification events, have demonstrated the need for greater understanding and implementation of basic infection prevention guidance. “[Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care](#)” distills existing infection prevention guidance from the Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

56. GAO Report Highlights Medicare/Medicaid Fraud, Waste and Abuse

GAO has designated Medicare and Medicaid as high-risk programs because they are particularly vulnerable to fraud, waste, abuse, and improper payments (payments that should not have been made or were made in an incorrect amount). Medicare is considered high-risk in part because of its complexity and susceptibility to improper payments, and Medicaid because of concerns about the adequacy of its fiscal oversight to prevent inappropriate spending. In fiscal year 2010, the Centers for Medicare & Medicaid Services (CMS)—the agency that administers Medicare and Medicaid—estimated that these programs made a total of over \$70 billion in improper payments. This statement focuses on how implementing prior GAO recommendations and recent laws, as well as other agency actions, could help CMS carry out five key strategies GAO identified in previous reports to help reduce fraud, waste, and abuse and improper payments in Medicare and Medicaid. Download *Medicare and Medicaid Fraud, Waste, and Abuse: Effective Implementation of Recent Laws and Agency Actions Could Help Reduce Improper Payments*, GAO-11-409T, at <http://www.gao.gov/products/GAO-11-409T> or Highlights - <http://www.gao.gov/highlights/d11409thigh.pdf>.

57. NIH Report Could Lead to Improved Strategies for Pain Management

Researchers from the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health, published results of a recent analysis of national prescribing patterns in the Journal of the American Medical Association (JAMA). The report suggested potential opportunities for intervention aimed at reducing abuse of prescription opioids. Records show that approximately 56 percent of painkiller prescriptions were given to patients who had filled another prescription for pain from the same or different providers within the past month. In addition, nearly 12 percent of opioids prescribed were to young people aged 10-29. Most of these were hydrocodone- and oxycodone-containing products, like Vicodin and Oxycontin. Dentists were the main prescribers for youth aged 10-19 years old. Nearly 46 percent of opioid prescriptions were given to patients between ages 40 and 59, and most of those were from primary care providers. The research letter and commentary can be found online beginning April 6 at <http://jama.ama-assn.org/>. For the NIDAMED website, "Resources for Medical and Health Professionals," go to <http://www.drugabuse.gov/nidamed/>.

58. NQF Steering Committee to Examine Regionalized Quality Measures

The National Quality Forum (NQF) has established a new Steering Committee to examine Regionalized Emergency Medical Care Services. The Steering Committee will provide guidance on the NQF project that seeks to identify approaches for systematically regionalizing emergency care services at the national, state, and regional levels. The framework report will assess current regionalized emergency medical care services' measures and guide future measure development while identifying measure gaps. The Steering Committee held its first meeting on May 23-24, 2011. The Committee is Co-Chaired by Dr. Arthur Kellerman and Mr. Andrew Roszak. [For more information...](#)

59. USFA Releases Firefighter Injury Report

The Federal Emergency Management Agency's (FEMA) U.S. Fire Administration (USFA) recently issued a special report today examining the details of firefighter injuries sustained on the fireground or while responding to or returning from a fire incident. The report, [Fire-Related Firefighter Injuries Reported to NFIRS](#), was developed by USFA's National Fire Data Center and is further evidence of FEMA's effort to reduce the number of firefighter injuries through an increased awareness and understanding of their causes and how they might be prevented. The report is part of the Topical Fire Report Series and is based on 2006 to 2008 data from the National Fire Incident Reporting System (NFIRS). According to the report:

- An estimated 81,070 firefighter injuries occur annually in the United States.
- 49 percent of firefighter injuries occur on the fireground and 6 percent occur while responding to or returning from a fire incident.

- Overexertion/strain is the leading cause of fire-related firefighter injuries at 25 percent.
- 38 percent of all fire-related firefighter injuries result in lost work time.
- The majority of fire-related firefighter injuries (87 percent) occur in structure fires.
- On average, structure fires have more injuries per fire than nonstructure fires.
- Firefighter injury fires are more prevalent in July (10 percent) and peak between the hours of 2 and 5 p.m.

Topical reports are designed to explore facets of the U.S. fire problem as depicted through data collected in NFIRS.

60. IOM Publishes Reports on Health Care Standards and Clinical Guidelines

Clinical practice guidelines and systematic reviews of the evidence base for health care services are supposed to offer health care providers, patients, and organizations authoritative guidance on the comparable pros and cons of various care options, but too often they are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews and clinical practice guidelines, leading to variability in the handling of conflicts of interest, appraisals of evidence, and the rigor of the evaluations. Two new reports from the IOM recommend standards to enhance the quality and reliability of these important tools for informing health care decisions:

- [Clinical Practice Guidelines We Can Trust](#) recommends eight standards to ensure the objective, transparent development of trustworthy guidelines. Several problems hinder providers' and others' ability to determine which among thousands of sometimes competing guidelines offer reliable clinical recommendations.
- [Finding What Works in Health Care: Standards for Systematic Reviews](#) recommends 21 standards to ensure objective, transparent, and scientifically valid reviews. Poor quality reviews can lead clinicians to the wrong conclusions and ultimately to inappropriate treatment decisions.

61. IAEMSC Announces Open Enrollment in EMS Surveillance System

The International Association of EMS Chiefs (IAEMSC) is pleased to announce it is accepting enrollment in the National EMS Health and Safety Surveillance System. The project was jointly developed by the IAEMSC and Intermedix and provides a secure web based portal for registered EMS organizations to enter and analyze data regarding occupational illness, injuries and fatalities. The online, secure database provides easy reporting of incident, personnel and event data regarding a potential occupational illness, injury or death. An incident level printed report may be generated to fulfill agency reporting requirements. Periodic reports of agency data, with quarterly aggregate reports of all system data will be available for participating agencies. Annual, system-wide data reports and ad-hoc special requests will also be available for participating agencies. EMS systems and/or agencies should contact Geoffrey Miller, Project Coordinator and IAEMSC Director Emeritus at Geoffrey.Miller@iaemsc.org for additional information and to become an authorized user of the National EMS Health and Safety Surveillance System.

62. New BLS for Healthcare Providers Classroom Course Materials Now Available

The American Heart Association's essential basic life support course for all healthcare providers, including hospital and EMS personnel and allied health workers, has arrived! BLS for Healthcare Providers has been updated to reflect the 2010 AHA Guidelines for CPR & ECC, and to reinforce critical concepts of high-quality CPR and team resuscitation. Visit www.heart.org/BLSHCP. New materials include:

- Student manual, now includes a new pocket reference card
- Course and renewal course DVD
- Instructor manual, including Lesson Maps and an Instructor CD
- Instructor package, which conveniently includes all materials above and a stop watch for testing

In related news, the American Heart Association's BLS for Healthcare Providers Online Part 1 Course, now available through Distributors and OnlineAHA.org, provides a flexible alternative to classroom training. Through case-based scenarios, interactive activities and videos, this course teaches the concepts of both single-rescuer and team basic life support. Students have access to all information for two years following activation of their course key. This content includes access to the BLS for Healthcare Providers Student Manual, downloadable algorithms, summary of steps, the BLS pocket reference card and more.

63. NAEMT's EMS Safety Course Wins National Award

NAEMT's new EMS Safety course has won the 2011 Nicholas Rosecrans Award for Excellence in Injury Prevention. The award was presented to EMS Safety Program chair Glenn Luedtke, who accepted it on behalf of NAEMT and the committee. The award is named after Nicholas Rosecrans, a boy who died in a drowning incident and inspired the prevention program. [View the Course Information.](#)

64. Volunteer Fire Council Publishes Grant Writing Guide

The National Volunteer Fire Council has published the [Fire and Emergency Services Grant Writing Guide](#) to assist fire and EMS divisions in grant writing. The guide offers several quick tips on funding opportunities, how to write a successful narrative, how to demonstrate a need, and how to contact a potential funder.

65. Urgent Matters Final Report and Toolkit Shares Results, Success and Lessons Learned

America's hospital emergency departments (EDs) provide a critical primary and emergency care safety net for every community. Yet over the last decade, studies deem the country's EDs to be at a breaking point, weighed down by crowding as patient volume steadily increases and capacity decreases. The successes and challenges of Urgent Matters LN II have been captured in two valuable resources recently released: a final report and an updated Urgent Matters toolkit of intervention strategies, or promising practices. The new promising practices include:

- Dedicating Staff and Resources to Improve Fast Track Operations
- Implementing a Five-Level Emergency Severity Index (ESI) Triage
- Integrated ED Registration and Triage to Improve Door to Bed Times
- "MidTrack" Process to Improve Left Without Being Seen Rates
- Patient Hand-offs and Patient Flow With the ED/Inpatient Communications Tool
- Standardizing and Improving the ED Consult Process

These products demonstrate that hospitals in every community can dramatically measure and improve patient flow in their EDs without investing significant financial resources. [Visit the Urgent Matters toolkit.](#) [Read the Urgent Matters Learning Network II final report.](#)

66. Schumer Introduces Ambulance Reimbursement Bill in Senate

Senator Charles Schumer (NY) has introduced S. 424 – Medicare Ambulance Access Preservation Act of 2011. S. 424 Amends title XVIII (Medicare) of the Social Security Act to increase to 6% the rate of increase in the fee schedule for ground ambulance services furnished between January 1, 2012, and January 1, 2018, in rural and urban areas. Extends to January 1, 2018, the increase in the base rate of the fee schedule the Secretary of Health and Human Services is required to make for a trip in the case of ground ambulance services furnished on or after July 1, 2004, for which the transportation originates in a qualified low population density rural area.

67. Ambulance Fee Schedule Fact Sheet Revised

The revised Ambulance Fee Schedule fact sheet is now available in downloadable format from the Medicare Learning Network®. This fact sheet is designed to provide education about the Ambulance Fee Schedule including background, ambulance providers and suppliers, ambulance services payments, and how payment rates are set. [For more information...](#)

68. NREMT Announces Integration of 2010 AHA Guidelines

The National Registry of Emergency Medical Technicians (NREMT) is launching exams that incorporate the 2010 International Consensus Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC) according to the following schedule:

- EMT-Paramedic/Paramedic, November 1, 2011
- First Responder/Emergency Medical Responder, January 1, 2012
- EMT-Basic/EMT, January 1, 2012
- EMT-Intermediate (1999)/AEMT, January 1, 2012
- EMT-Intermediate (1985), March 1, 2012

More information is available at the [Registry’s web site](#) and the [Emergency Care & Safety Institute](#).

69. LODD Handbook Published

The American Ambulance Association, American Medical Response and the National EMS Memorial Service today announced the publication of the “Line of Duty Death Handbook.” AAA, AMR and NEMSMS recognized, through their experiences with line of duty deaths, that many agencies have no policies or guidelines in place to deal with the worst should a LODD strike. The Duty Death Handbook has been created as a public service to the EMS community in the hopes it will assist in preplanning for such an event and/or aid such agencies at a time on loss. The handbook is offered as a guide only and is meant to be adopted into an agencies current policies & procedures and incorporate its other traditions. This on-line publication is available to the EMS community by the editors free of charge; however they suggest a donation be made to the National EMS Memorial Service. The Handbook may be downloaded from the American Ambulance Association or the National EMS Memorial Service websites:

- <http://www.the-aaa.org/publications/publications.html>
- <http://nemsms.org/handbook.htm>

70. Passive Safety Device Features 10 Times More Effective in Preventing Needlesticks*

Passive safety engineered devices (SEDs) that automatically or semi-automatically activate the safety feature were found to be 10 times more effective in preventing needlestick injuries (NSI), compared to fully manual devices requiring active engagement of the safety feature, according to a [recent study](#) conducted in 61 French hospitals. This is one of the largest multi-center studies comparing one sharps safety device to another. Knowledge of the most effective designs is important, both to guide the choice for users among available devices and to guide manufacturers in developing new safety technology. More than one-fourth of all the NSIs in this study were from non-activation or incomplete activation and could have been avoided. A study conducted by the [Premier Safety Institute®](#) confirms the authors' suggestion that user preference varies and might influence device activation. In the Premier study, 875 clinicians in 30 hospitals assessed the performance considerations of 10 different types of syringe and phlebotomy (34,075) devices. The top 10 performance considerations identified by study participants follow. It was noted that for syringes, the ability of the device to deliver an accurate dose was identified as more important than the safety feature.

Top 10 performance considerations of phlebotomy devices

- | | |
|--|---|
| 1. Reliable safety feature | 6. Satisfactory for standard procedures |
| 2. Ease of use | 7. One-handed |
| 3. Easily disposed in sharps container | 8. Permits procedure visualization |
| 4. Does not interfere with blood draw | 9. Range of sizes available |
| 5. No risk of spray or drip | 10. Use on heavy, thin, fragile veins |

Top 10 performance considerations of syringes

- | | |
|------------------------------------|---|
| 1. Accuracy of dose | 6. One-handed |
| 2. Reliable safety feature | 7. Does not interfere with procedure |
| 3. Hands remain behind needle | 8. Simple and self-evident |
| 4. Visibility of medicine | 9. Range of syringe and gauge size |
| 5. Exposed sharp covered after use | 10. Does not take more time to activate |

*Special thanks to the "SafetyShare newsletter, Premier healthcare alliance" for this information!

71. Advanced Life Support Outside Of Hospital May Not Benefit Injured Patients. [Reuters](#) (Marcus) reports that, according to a study published in the journal Resuscitation suggests that while advanced life support efforts may not increase injured patients' chances of survival. Investigators found that the technique may be beneficial outside of a hospital when a patient's heart is not beating, but for patients who are sustained injuries, advanced life support may not be beneficial, and may in fact slightly reduce the odds of survival.

UPCOMING EVENTS

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

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

Pennsylvania's 1st Annual Pediatric Emergency Care Symposia. June 17, 2011. Genetti Hotel, Williamsport, PA. Three different offerings. [For more information...](#)

Pennsylvania's 1st Annual Pediatric Emergency Care Symposia –August 18, 2011. Lancaster Marriott, Lancaster, PA. Three different offerings. [For more information...](#)

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

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

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

New Jersey Statewide Conference on EMS. November 2 - 5, 2011 Sheraton, Atlantic City, NJ. For more information, please visit www.NJEMSConference.com

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

Texas EMS Conference. November 20-23, 2011. Austin Convention Center, Austin, Texas. www.texasemsconference.com.

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

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

1st INTERNATIONAL NAEMSE Mini Symposium June 11-12, 2011 – Toronto, Canada. [For more information...](#)

*NEDARC Workshop: Introduction to NEMSIS: Access and Analyze National EMS Pediatric Reports June 21-23, 2011. Omni William Penn Hotel, Pittsburgh, PA. [For more information...](#)

*EMS Culture of Safety Conference. June 27-28, 2011. Crowne Plaza Hotel in Arlington, VA. The conference is open to the public, but pre-registration is required. Visit www.EMSCultureofSafety.org for information and registration.

EMSC State Partnership Town Hall Conference Call. July 25, 2011 at 2:00 pm EDT. To participate in the conference call, dial the HRSA conference line at 866-823-9065 and enter meeting code: 1346468.

Pinnacle 2011. July 25-29, 2011. Loews Miami Beach Hotel, Miami Beach, FL. [For more information...](#)

EMS World Expo. Aug 29-Sept 2, 2011. Las Vegas Convention Center, Las Vegas, NV [For more information...](#)

*2011 NOSORH Annual Meeting. September 7-8, 2011. Post conference EMS Learning Session September 8-9, 2011 Grand Hyatt, Denver, CO. [For more information...](#)

National Association of EMS Educators (NAEMSE) September 13-18, 2011. Peppermill Resort, Reno NV. [For more information...](#)

Emergency Nurses Association (ENA) Annual Meeting. September 20-24, 2011. Tampa Convention Center, Tampa, FL. [For more information...](#)

National Association of State EMS Officials (NASEMSO) Annual Meeting. October 2-7, 2011. Hilton Monona Terrace, Madison, WI. [For more information...](#)

*Council of Ambulance Authorities 9th Rural and Remote Symposium & 7th International Roundtable of Community Paramedicine. Sydney, New South Wales, Australia. Abstracts on volunteers, rural workforce, and inter-professional healthcare programs now being accepted. [For more information...](#)

EMSC State Partnership Town Hall Conference Call. October 12, 2011 at 2:00 pm EDT. To participate in the conference call, dial the HRSA conference line at 866-823-9065 and enter meeting code: 1346468.

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

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

Air Medical Transport Conference. October 17-19, 2011. St. Louis, MO. [For more information...](#)

EMEX 2011. November 12-17, 2011. Rio All-Suites Hotel, Las Vegas, NV. International Association of Emergency Managers. [For more information...](#)

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

NASEMSO Staff Contacts

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

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

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

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

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

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

Kathy Robinson / Program Manager
(703) 538-1799 ext. 4 – robinson@nasemso.org

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

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