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**July 15, 2014**

*In This Issue...*

**NASEMSO NEWS**

1. NASEMSO Annual Meeting Update
2. MARK YOUR CALENDARS NOW! NASEMSO Announces Meeting Dates for 2015

**DOMESTIC PREPAREDNESS**

3. CDC Launches Blast Injury Mobile App
4. FCC Issues Proposed Rules for Emergency Alert System
5. Hospital Incident Command System (HICS) 2014 Guidebook Now Available
6. HHS Grants Bolster Health Care and Public Health Disaster Preparedness
7. Failures in Federal Security Processes Detailed in Navy Yard Shooting Reports
8. CDC Director Releases After-Action Report on Recent Anthrax Incident
9. House Committee Passes DHS Funding Bill
10. SAMHSA Journal Profiles Children, Older Adults and Special Populations Affected by Disaster
11. NARR to Host Webinar on Use of Medical Countermeasures and Population Management
12. Report to President on Improving Chemical Safety and Security Now Available
13. State Mitigation Planning Guidance Update Information Bulletin Published
14. SAMHSA Disaster App Gives Responders Ready Access to Critical Resources
15. FEMA Releases Mass Care Resource Typing Definitions
16. IOM Issues Report on ACA and Preparedness
17. NEMA Issues Reports on States' Abilities to Deploy Private Sector and Volunteer Resources through EMAC

**EMS EDUCATION**

18. Proposed Annotated CAAHEP Standards for EMSP Now Available

**GOVERNMENT AFFAIRS**

19. New HHS Secretary Confirmed by Senate
20. Trauma Bills Introduced in Congress

**HIGHWAY SAFETY**

- 21. ATSIP Seeks Presentations for Annual Meeting

**MOBILE INTEGRATED HEALTH/CP**

- 22. USPSTF Publishes Pocket Guide to Preventive Care

**PEDIATRIC EMERGENCY CARE**

- 23. Report Shows Combining Drug Use with Underage Drinking Raises Health Risks
- 24. First Comprehensive Pediatric Concussion Guidelines Released
- 25. FDA Issues Boxed Warning on Lidocaine Viscous Use in Children

**TRAUMA**

- 26. CDC Task Force Posts Evidence on Universal Motorcycle Helmet Laws
- 27. Kelly Report Provides Legislative and Policy Recommendations to Stop Gun Violence

**FEDERAL PARTNERS**

- 28. REGISTER NOW: Tourniquets and Hemostatic Dressings: The New Evidence-based Guideline
- 29. CDC Issues *Vital Signs* on Opioid Painkiller Prescribing
- 30. National Drug Control Strategy Encourages Naloxone; Prevention and Treatment of Addiction
- 31. SAMHSA Offers Online Course for Managing Anger
- 32. IHI Announces Free Prehospital Seminar

**INDUSTRY NEWS**

- 33. NFPA Announces Next Meeting to Review 1917 Standard

**UPCOMING EVENTS**

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

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

**NASEMSO NEWS**

**1. NASEMSO Annual Meeting Update**

Dr. Brendan Carr, Director of the Emergency Care Coordination Center (ECCC) at the US Department of Health and Human Services, has been confirmed as the luncheon speaker on Thursday, October 9. Dr. Carr will present his vision for the ECCC and the role of EMS in the broader health care system. This is one presentation you won't want to miss!! The preliminary program is now posted; committee and council agendas are being posted as they become available. There is still time to enter the inaugural **NASEMSO Poster Competition**. [For more information...](#)

**2. MARK YOUR CALENDARS NOW! NASEMSO Announces Meeting Dates for 2015**

NASEMSO has finalized space contracts for the Mid- and Annual Meetings in 2015. The Mid-Year Meeting will be held in San Antonio, TX April 20-22, 2015 and the Annual Meeting will be held October 12-16, 2015 in Louisville, KY. Details will be announced at [www.nasemso.org](http://www.nasemso.org) as they become available.

**3. CDC Launches Blast Injury Mobile App**

The Centers for Disease Control and Prevention (CDC) is pleased to announce the release of a new CDC Blast Injury mobile application to assist in the response and clinical management of injuries resulting from terrorist bombings and other mass casualty explosive events. The application provides clear, concise, up-to-date medical and healthcare systems information to assist healthcare providers and public health professionals in the preparation, response, and management of injuries resulting from terrorist bombing events. [Download the mobile application...](#)

**4. FCC Issues Proposed Rules for Emergency Alert System**

The Federal Communications Commission is making several recommendations that it says will help improve the nation's public warning system, including a requirement to ensure that people with disabilities get emergency alerts. In a [notice of proposed rulemaking](#), the agency said it also wants to establish a national location code for Emergency Alert System alerts issued by the president and require cable operators and broadcasters to file test data electronically, among other recommendations. The FCC said these proposed steps will address problems identified by the 2011 nationwide EAS test. There will be a 30-day period to comment on the proposed rules once the notice is published in the Federal Register.

**5. Hospital Incident Command System (HICS) 2014 Guidebook Now Available**

The California Emergency Medical Services Authority (EMSA) is pleased to release the Hospital Incident Command System (HICS) 2014 Guidebook. This Fifth Edition has been expanded to meet the needs of all hospitals, regardless of their size, location or patient care capabilities. Lessons learned from real-world emergencies have been incorporated into this version of HICS from the 2009–10 National HICS Survey, the 2011 HICS National Stakeholders’ Summit, and from examples provided by the HICS Secondary Review Group members who once again evaluated the draft materials and provided their comments and suggestions to all proposed changes. [For more information...](#)

**6. HHS Grants Bolster Health Care and Public Health Disaster Preparedness**

The U.S. Department of Health and Human Services has awarded more than \$840 million to continue improving emergency preparedness of state and local public health and health care systems. These systems are vital to protecting health and saving lives during a disaster. The grant funds are distributed through two federal preparedness programs – the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) programs. These programs represent critical sources of funding and support for the nation’s health care and public health systems. The programs provide resources needed to ensure that local communities can respond effectively to infectious disease outbreaks, natural disasters, or chemical, biological, or radiological nuclear events. The fiscal year 2014 funding awards include a total of \$228.5 million for HPP and \$611.75 million for PHEP. [For more information...](#)

**7. Failures in Federal Security Processes Detailed in Navy Yard Shooting Reports**

The “House Committee on Oversight and Government Reform hearing: DC Navy Yard Shooting: Fixing the Security Clearance Process”, is [now available on FDsys](#). The document is a compilation of various testimonies and multiple reports provided to Congress following the horrific events of September 16, 2013. Throughout the report, witnesses make consistent recommendations about the federal security process including the use of consistent standards for investigators, the use of technology to conduct investigations, the criteria utilized for “Secret” security clearances, access to state and local law enforcement records and databases, and the revision of national policy to require reinvestigation more often than once every ten years (as is the current policy.)

**8. CDC Director Releases After-Action Report on Recent Anthrax Incident**

The Centers for Disease Control and Prevention (CDC) has released a [report](#) that reviews the early June incident that involved the unintentional exposure of personnel to potentially viable anthrax at the CDC’s Roybal Campus. The report identifies factors found to have contributed to the incident; and highlights actions taken by the agency to address these factors and prevent future incidents. Based on a review of all aspects of the June incident, CDC concluded that while it is not impossible that staff members were exposed to viable *B. anthracis*, it is extremely unlikely that this occurred. None of the staff that was potentially exposed has become ill with anthrax. While finalizing this report, CDC leadership was made aware that earlier this year a culture of non-pathogenic avian influenza was unintentionally cross-contaminated at the CDC influenza laboratory with the highly pathogenic H5N1 strain of influenza and shipped to a BSL-3 select-agent laboratory operated by the United States Department of Agriculture (USDA). There were no exposures as a result of that incident. The CDC influenza laboratory is now closed and will not reopen until adequate procedures are put in place. Further investigation, review, and action is underway.

**9. House Committee Passes DHS Funding Bill**

The House Appropriation Committee has passed the FY2015 Homeland Security funding bill. The bill fully funds FEMA’s stated requirement for disaster relief at \$7 billion. The bill provides a total of \$2.5 billion for first responder grants, same as FY2014, which includes: \$1.5 billion for State and Local grants. The bill provides \$39.2 billion in discretionary funding for DHS. This is a decrease of \$50 million below the fiscal year 2014 enacted level, but an increase of \$887.8 million above the President’s request for these programs. The bill provides \$125 million for the Office of Health Affairs, \$2 million below FY2014. Included in the total is \$84.6 million for the BioWatch program, as well as funding for biosurveillance pilots and chemical defense guidelines to promote early warning and situational awareness of high-risk incidents. [For more information...](#)

**10. SAMHSA Journal Profiles Children, Older Adults and Special Populations Affected by Disaster**

The Substance Abuse and Mental Health Services Administration (SAMHSA) features three article in their quarterly newsletter (The Dialogue) that describes the vulnerability of children before, during and after Hurricane Katrina, mental health needs of older adults, and persons with HIV and AIDS following Hurricane Sandy. Authors identify three distinct post-disaster patterns among the children studied over time that affected kids ability to cope, how older Americans can be an asset to disaster planning and response, and how a community-based organization continued to operate during Hurricane Sandy. The agency also lists a full range of webinars and podcasts related to behavioral response during disasters. [For more information...](#)

**11. NARR to Host Webinar on Use of Medical Countermeasures and Population Management**

The National Alliance for Radiation Readiness (NARR) will provide an overview of the New York State Clinical Data Management System (CDMS). This electronic documentation system enables point-of-service documentation of recipient demographics, medical screening and medical countermeasure interventions at point of dispensing (POD) locations. The Pre-Reg functionality within the application allows individuals to complete demographic and screening information at home, or wherever there is internet connectivity. Even though CDMS has been primarily used to track antibiotic dispensing and vaccine administration, enhancements are on track to provide more all-hazards response capabilities, such as a radiation release event, and situational report functions. The webinar is slated for September 18, 2014 at 2:00 PM EDT. [For more information...](#)

**12. Report to President on Improving Chemical Safety and Security Now Available**

Recent catastrophic chemical facility incidents in the United States prompted President Obama to issue Executive Order (EO) 13650 - *Improving Chemical Facility Safety and Security* on August 1, 2013, to enhance the safety and security of chemical facilities and reduce risks associated with hazardous chemicals to owners and operators, workers, and communities. A new report available from the President’s task force focuses on actions to date, findings and lessons learned, challenges, and priority next steps. To read the Working Group’s report to the President go to [Actions to Improve Chemical Facility Safety and Security – A Shared Commitment](#).

**13. State Mitigation Planning Guidance Update Information Bulletin Published**

FEMA’s Federal Insurance and Mitigation Administration (FIMA) published an Information Bulletin announcing that the process of updating the State Multi-Hazard Mitigation Planning Guidance has begun. This document is the official guidance to help federal officials ensure State Mitigation Plans meet the planning requirements in Title 44 Code of Federal Regulations (CFR) Part 201. The guidance document, which was last updated in January 2008, helps FEMA staff assess State Mitigation Plans in a fair and consistent manner and helps state officials understand how federal officials interpret the regulations. For more information, visit the FEMA Mitigation Planning website at: [www.fema.gov/multi-hazard-mitigation-planning](http://www.fema.gov/multi-hazard-mitigation-planning).

**14. SAMHSA Disaster App Gives Responders Ready Access to Critical Resources**

A free smartphone application created by the Substance Abuse and Mental Health Services Administration (SAMHSA) makes it easier for behavioral health responders to focus on disaster survivors by providing them quick access to resources for getting help. The SAMHSA Disaster App was designed to meet the needs of disaster responders. It was developed with input from experts from across the U.S. Department of Health and Human Services, the Federal Emergency Management Agency (FEMA), the American Red Cross, and state health departments. The app is available for iPhone, Android, and BlackBerry users. From pre-deployment resources to on-the-ground assistance and post-deployment support, the Disaster App’s content offers users the ability to:

- Search for and map nearby mental health and substance use treatment facilities.
- Review training materials on a variety of topics from disaster counseling basics to stress prevention.
- Share content with survivors directly from the app via email or text message, without revealing personal contact information.
- Access pre-downloaded publications and stored treatment facility locations, in the event of limited cellular or Wi-Fi connectivity.

For more information about the SAMHSA Disaster App, visit: <http://store.samhsa.gov/apps/disaster>.

**15. FEMA Releases Mass Care Resource Typing Definitions**

The Federal Emergency Management Agency (FEMA) recently released five Mass Care resource typing definitions. The guidance contained in these definitions provides a standardized set of minimum criteria for use by the whole community when building, sustaining and inventorying resources; and when planning to deliver or delivering core capabilities through a national mutual aid network to achieve the National Preparedness Goal of a secure and resilient nation. The Mass Care resource typing definitions are:

- State Mass Care Coordinator
- Shelter Management Team
- Shelter Manager
- Field Kitchen Unit
- Field Kitchen Manager

FEMA developed these resource-typing definitions in collaboration with emergency management and public safety practitioners. These stakeholders suggested guidance for specific overall functions, components, capabilities, and ordering specifications for these resources. Resource typing definitions and job title/position qualifications can be accessed using the Resource Typing Library Tool (RTLTL). The RTLTL is an online catalogue of NIMS resource typing definitions and job titles/position qualifications. The RTLTL is publically accessible [here](#).

**16. IOM Issues Report on ACA and Preparedness**

The Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events has issued a Workshop summary on [The Impacts of the Affordable Care Act on Preparedness Resources and Programs](#). The workshop, held November 18-19, 2013, focused on how changes to the health system as a result of the ACA might impact medical and public health preparedness programs across the nation. [For more information...](#)

**17. NEMA Issues Reports on States' Abilities to Deploy Private Sector and Volunteer Resources through EMAC**

As states consider ways to increase their disaster response/recovery resource inventories, NEMA is releasing a new report on innovations and best practices in deploying private sector and volunteer resources through the Emergency Management Assistance Compact (EMAC). In partnership with the Stephenson Disaster Management Institute (SDMI), NEMA conducted a survey on these issues and received responses from 43 states and the U.S. Virgin Islands. Detailed follow-up interviews were conducted with 16 states. The report focuses on gaining insight into the experiences of states that have used the EMAC process to deploy private sector and volunteer resources to states with specific needs requested through EMAC. These states provided a wealth of information regarding their experiences, capabilities and concerns in deploying private sector and volunteer resources. This report provides specific examples of solutions that can be replicated in other states interested in building these capabilities. [For more information...](#)

**18. Proposed Annotated CAAHEP Standards for EMSP Now Available**

The Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), invites its communities of interest to comment on the "Proposed Annotated CAAHEP Standards for EMSP". VIEW the ["Proposed Annotated CAAHEP Standards for EMSP"](#) document. SUBMIT COMMENTS: all comments must be received through the [online survey](#). Comments sent by U.S. Mail, email, and faxes are NOT accepted. Public comments intended for consideration by the CoAEMSP must be received no later than December 31, 2014.

**19. New HHS Secretary Confirmed by Senate**

Last month, the Senate approved Sylvia Burwell Mathews as the new Secretary of Health and Human Services (HHS). More than 20 Republicans joined Democrats in approving Burwell's nomination to replace Kathleen Sebelius as the second Cabinet official to oversee the Affordable Care Act (ACA). Ms. Burwell Mathews served as the White House's budget director for the past year.

**20. Trauma Bills Introduced in Congress**

The ["Improving Trauma Care Act"](#) (H.R. 3548), introduced by Representative Bill Johnson (R-OH), amends the Public Health Service Act to improve the definition of trauma by including injuries caused by thermal, electrical, chemical, or radioactive force, commonly treated by burn centers. On May 22, Senator Jack Reed (D-RI) introduced the Senate companion (S. 2406). The ["Trauma Systems and Regionalization of Emergency Care Reauthorization Act"](#) (H.R. 4080), introduced by Representatives Michael C. Burgess (R-TX) and Gene Greene (D-TX), reauthorizes Trauma Care Systems Planning Grants, which support state and rural development of trauma systems. The bill also

reauthorizes pilot projects to implement and assess regionalized emergency care models. Those grants and other federally supported activities relating to trauma would be authorized at the current level of \$24 million annually for four years, through fiscal 2019. On May 22, Senators Jack Reed (D-RI), Susan Collins (R-ME), Johnny Isakson (R-GA), Mark Kirk (R-IL) and Patty Murray (D-WA) introduced the Senate companion (S. 2405).

**21. ATSIP Seeks Presentations for Annual Meeting**

The Association of Transportation Safety Information Professionals (ATSIP) Program Committee invites presentations for the 40<sup>th</sup> Annual Traffic Records Forum. It will be held at the St. Louis Hilton at the Ballpark in St. Louis, Missouri from October 26 through October 29, 2014. Presentations focusing on advances in areas of planning, operation, traffic crash, roadway, emergency medical systems, GIS, traffic enforcement, citation/adjudication, driver license, vehicle registration, Traffic Records Coordinating Committees, Strategic Highway Safety Plans, workforce development, training, data visualization, and policy development are welcome. Details for submitting abstracts can be found on at [www.trafficrecordsforum.org](http://www.trafficrecordsforum.org). All submissions are due by July 19, 2014.

**22. USPSTF Publishes Pocket Guide to Preventive Care**

The U.S. Preventive Services Task Force has published "The Guide to Clinical Preventive Services," a pocket guide with abridged versions of the group's recommendations on screening, counseling, and preventive medicine. The guide covers dozens of topics for children and adults, from abdominal aortic aneurysm screening to vitamin supplements for primary disease prevention. [For more information...](#)

**23. Report Shows Combining Drug Use with Underage Drinking Raises Health Risks**

Underage drinkers (ages 12 to 20) who were treated in hospital emergency departments were more than twice as likely to wind up with a serious health outcome if they also used drugs at the same time, according to a new study by the Substance Abuse and Mental Health Services Administration (SAMHSA). These serious outcomes included hospitalization, transfer to another health care facility following their emergency department visit, or death. According to the study recently released by SAMHSA, 20 percent of all hospital emergency department visits involving underage drinkers resulted in the patients having serious health outcomes. However, while 12 percent of these visits involving underage drinking alone resulted in these serious outcomes, the rate rose to 33 percent among those visits involving both underage drinking and concurrent drug use. The report, "Alcohol and Drug Combinations Are More Likely to Have a Serious Outcome than Alcohol Alone in Emergency Department Visits Involving Underage Drinking," is available at: <http://www.samhsa.gov/data/spotlight/spot143-underage-drinking-2014.pdf>. It is based on data from SAMHSA's 2011 Drug Abuse Warning Network (DAWN) – a public health surveillance system that monitors drug-related emergency department visits in the United States.

In related news, SAMHSA's underage drinking prevention campaign, "[Talk. They Hear You.](#)," helps parents and caregivers connect with their child on the risks of underage drinking. PSAs and online interactive tools, as part of the campaign, provide parents and caregivers modeling opportunities for initiating the conversation about alcohol.

**24. First Comprehensive Pediatric Concussion Guidelines Released**

The Children's Hospital of Eastern Ontario and the Ontario Neurotrauma Foundation recently launched the first comprehensive pediatric concussion guidelines. A panel of more than 30 experts from Canada and the U.S., including family practitioners, emergency medicine clinicians, and neurologists, developed the guidelines. The guidelines offer recommendations according to a concussion "timeline": preparticipation screening, management of acute symptoms, discharge, interim assessment, and re-assessment after 1 month. A useful step-by-step approach is offered for each phase of management." These guidelines are exceedingly clear and comprehensive,"

said a Boston pediatrician who served as an external reviewer of the guidelines. "I think this will be an indispensable resource for caregivers in a wide range of care settings, and also be accessible for the general public." View [Guidelines for Diagnosing and Managing Pediatric Concussion](#) from the Ontario Neurotrauma Foundation and a specific guideline for Healthcare Professionals [here](#).

**25. FDA Issues Boxed Warning on Lidocaine Viscous Use in Children**

According to the Food and Drug Administration (FDA), in 2014 it has reviewed 22 case reports of serious adverse reactions, including deaths, in infants and young children 5 months to 3.5 years of age who were given oral viscous lidocaine 2 percent solution for the treatment of mouth pain, including teething and stomatitis, or who had accidental ingestions. Topical pain relievers and medications that are rubbed on the gums are not necessary or even useful because they wash out of the baby's mouth within minutes. When too much viscous lidocaine is given to infants and young children or they accidentally swallow too much, it can result in seizures, severe brain injury, and problems with the heart. Cases of overdose due to wrong dosing or accidental ingestion have resulted in infants and children being hospitalized or dying. FDA is requiring a Boxed Warning to be added to the prescribing information (label) to highlight this information. [For more information...](#)

**26. CDC Task Force Posts Evidence on Universal Motorcycle Helmet Laws**

The Community Preventive Services Task Force recently posted new information on its website: "Use of Motorcycle Helmets: Universal Helmet Laws." The task force recommends universal motorcycle helmet laws (laws that apply to all motorcycle operators and passengers) based on strong evidence of effectiveness. Evidence indicates that universal helmet laws increase helmet use, decrease motorcycle-related fatal and nonfatal injuries, and are substantially more effective than no law or only partial motorcycle helmet laws. Established in 1996 by the U.S. Department of Health and Human Services, the task force is an independent, nonfederal, uncompensated panel of public health and prevention experts whose members are appointed by the Director of CDC. The community guide information is available [here](#).

**27. Kelly Report Provides Legislative and Policy Recommendations to Stop Gun Violence**

Congresswoman Robin Kelly wrote The 2014 Kelly Report on Gun Violence in America, the first-ever Congressional analysis of the nation's gun violence epidemic that offers a blueprint for ending the crisis. The Kelly Report brings together members of Congress, academics and gun reform advocates to examine the root causes and impact of gun violence in America and provide a comprehensive set of legislative and policy recommendations to stop it. The contributors to the report include Rep. Mike Thompson (D-CA), chair of the House Gun Violence Prevention Task Force, Rep. Marcia Fudge (D-OH), chair of the Congressional Black Caucus, Chicago Mayor Rahm Emanuel and Baltimore Mayor Stephanie Rawlings-Blake. [For more information...](#)

**28. REGISTER NOW: Tourniquets and Hemostatic Dressings: The New Evidence-based Guideline**

*Tourniquets and Hemostatic Dressings: The New Evidence-based Guideline*, the next webinar in EMS FOCUS: A Collaborative Federal Webinar Series, will take place on **Tuesday, August 5, at 2 p.m. Eastern**. This free webinar will provide a unique opportunity for you to learn about the new evidence-based guidelines for prehospital hemorrhage and to see how the guideline has been implemented in a local EMS system. National experts in emergency medicine and trauma care will join the Office of EMS to discuss the lessons learned from Iraq and Afghanistan and how prehospital tourniquet application is saving lives of our warfighters overseas. The panel will address the guideline development process using external hemorrhage control as a model and will discuss suggestions for guideline implementation. Download the tourniquet and hemostatic dressing guideline [here](#) to learn more about the guideline and to prepare your questions for the webinar panel. Attendees will be

encouraged to participate in an open question-and-answer session, with the webinar and Q&A lasting approximately one hour. Every other month, the EMS FOCUS webinar series will provide a venue to discuss critical initiatives, issues, and challenges for EMS stakeholders nationwide. [Register here.](#)

In related news, the first webinar in the new series EMS FOCUS: A Collaborative Federal Webinar Series, featuring Office of EMS Director Drew Dawson and Federal Interagency Committee on EMS (FICEMS) Chair Kathryn Brinsfield, MD, addressing *Federal Involvement in EMS—The Four Priorities* is now available to view or share with colleagues. [For more information...](#)

**29. CDC Issues *Vital Signs* on Opioid Painkiller Prescribing**

On July 1, CDC issued a [Vital Signs](#) report showing health care providers wrote 259 million prescriptions for opioid painkillers in 2012 that were distributed unevenly throughout the U.S. Southern states, especially Alabama, Tennessee, and West Virginia, had the most painkiller prescriptions per person. The report includes steps that states can take to address the overprescribing of painkillers:

- Considering ways to increase use of [prescription drug monitoring programs](#) (PDMP), state-run systems that track all prescriptions for painkillers to help find problems in overprescribing.
- Considering policy options (including laws and regulation) relating to pain clinics to reduce prescribing practices that are risky to patients.
- Evaluating their own data and programs and considering ways to assess Medicaid, workers' compensation programs, and state-run health plans to detect and address inappropriate prescribing of painkillers.
- Identifying opportunities to increase access to substance abuse treatment and first responder access to naloxone, a drug used when someone has overdosed.

In related news, the CDC provides a decline on drug overdose deaths after state policy changes in Florida. [Read the report...](#)

Finally, a new report from the CDC highlights an increase in fentanyl-related overdose deaths in Rhode Island. Preliminary analyses show that fentanyl-related overdose deaths accounted for 52 (31.5%) of the 165 unintentional overdose deaths reported during November 2013–March 2014. Most decedents did not have active fentanyl prescriptions; the fentanyl appeared to originate from illicit sources and was not acetyl fentanyl-related. [For more information...](#)

**30. National Drug Control Strategy Encourages Naloxone; Prevention and Treatment of Addiction**

The Obama Administration has released its [2014 National Drug Control Strategy](#). According to the Office of National Drug Control Policy, "In response to {the} opioid epidemic, this Strategy updates the President's 2011 Prescription Drug Abuse Prevention Plan by calling for increased access to naloxone, a lifesaving overdose-reversal medication. The widespread use of naloxone in the hands of law enforcement, firefighters and emergency medical personnel will save lives. It can also serve as a critical intervention point to get people into treatment and on the path to recovery." Also, importantly, "It calls on law enforcement, courts, and doctors to collaborate with each other to treat addiction as a public health issue, not a crime."

**Want to see how your state compares to the nation in drug-poisoning death rates? Click [here...](#)**

**31. SAMHSA Offers Online Course for Managing Anger**

Working with patients or coworkers who have difficulty managing anger can be a challenge. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a new online course, with continuing education credit, to learn effective approaches for managing anger. [For more information...](#)

**32. IHI Announces Free Prehospital Seminar**

When it comes to reliability, it's hard to beat the track record of paramedics and EMTs. Whether it's speed, knowing just what to do in the event of an accident, serious injury, gun violence, heart attack (add your item HERE), or the amazingly calm and reassuring way emergency responders go about their work, there are plenty of reasons to heap praise on this group of individuals. This also includes how patients are cared for during that ambulance ride to the hospital emergency department. Could our opinion of EMTs get even higher? Maybe so, now that emergency medical services (EMS) are becoming part of fully integrated health care systems and paramedics are being trained and equipped to initiate even more life-saving and beneficial treatments in the field. This is the evolution the Institute for Healthcare Improvement (IHI) is going to look into on the **July 24 WIHI: From Prehospital to In-Hospital — The Continuum of Time-Sensitive Care, 2:00 PM to 3:00 PM EDT**. [For more information...](#)

**33. NFPA Announces Next Meeting to Review 1917 Standard**

The National Fire Protection Association (NFPA) has announced its next meeting to discuss NFPA 1917: Standard for Automotive Ambulances. The meeting will be held August 26-27, 2014 at the San Diego Marriott La Jolla. A limited number of rooms have been reserved at a rate of \$139/night. To RSVP, go to [www.nfpa.org/1917next](http://www.nfpa.org/1917next) and click on the RSVP button located next to this meeting under the First/Second Draft Meeting Notice heading.

**UPCOMING EVENTS**

PLEASE NOTE: CALENDAR ITEMS ARE **ALWAYS WELCOME!!!** Send to [robinson@nasemso.org](mailto:robinson@nasemso.org)

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

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...](#)

35<sup>th</sup> 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**

- \*July 25-27, 2014 Brooklyn, NY
- \*August 8-10, 2014 Houston TX
- \*August 24-24, 2014 Manheim, PA
- \*September 16-18, 2014 Reno, NV

**NAEMSE Instructor Course Level 2**

- \*August 15-16, 2014 Greenville, SC
- \*September 16-17, 2014 Reno, NV

[For more information...](#)

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

\*[2014 EMSC Program Meeting. July 29-August 1, 2014](#) in Arlington, VA. Registration ends June 30, 2014.

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. [For more information...](#)

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...](#)

[IAEM 62nd Annual Conference & EMEX 2014. November 14-19, 2014](#) in San Antonio, Texas.

\*APHA Annual Meeting. November 15-19, 2014. New Orleans, LA. REGISTRATION IS NOW OPEN! [For more information...](#)

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

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

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