



Washington Update

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STATEWIDE EMS CONFERENCES

National Conferences and Special Meetings

1. Presidential Policy Advisor to Address 2011 NASEMSO Annual Meeting

The NASEMSO Annual Meeting is turning out to be one of those “don’t miss” annual events. Richard Reed, Special Assistant to President Obama on Resilience and National Security issues will provide the closing address for the Annual Membership Meeting being held October 2-7, 2011 in Madison, WI. Other topics include ambulance safety standards, EMS health and fitness, DHS Blue Campaign, the perennial favorite—Dr. Bass’ EMS Hot Topics-- and more! A revised agenda and hotel information has been posted on the NASEMSO web site and more details will be added as soon as they become available. Sponsors and vendors can contact NASEMSO Program Manager, [Kathy Robinson](#) with related questions. [For more information...](#)

2. Prominent NIOSH Researcher to Outline Ambulance Safety Standards at 2011 NASEMSO Annual Meeting

James Green, a leading researcher for the National Institute for Occupational Health and Safety (NIOSH) will address NASEMSO attendees in a session titled “*Accelerating Ambulance Safety Standards Development Through Industry and Government Collaboration*” at the 2011 Annual Meeting in Madison, WI. Transportation incidents are the leading cause of work-related deaths in the United States; between 2003 and 2009, an average of almost 1,300 U.S. workers died from roadway crashes each year. The risk is even greater for emergency medical services (EMS) personnel. In 2002 field investigators estimated that the fatality rate for EMS workers was more than 2 times the national average for all workers. As part of the National Occupational Research Agenda (NORA), researchers at the National Institute for Occupational Safety and Health (NIOSH) set out to reduce ambulance crash-related injuries and deaths among EMS workers. Research addressed the layout and structural integrity of ambulance compartments, design of hardware, and occupant restraints. NIOSH research revealed a number of important factors involved in ambulance worker injuries and deaths. For example, field investigators observed that EMS workers often ride on the squad bench without wearing a restraint. This allows them to lean forward, stand up, or change positions as needed to reach the patient or equipment, but places them at higher risk of striking bulkheads, cabinets, shelves, or other occupants during a crash. NIOSH crash tests also revealed the possibility of head injury if a worker’s head strikes the cabinets immediately above or behind them, and noted that vehicle

structural failures can be a contributing factor in adverse outcomes of EMS crashes. For more information on attending the NASEMSO Annual Meeting, including the current program, meeting registration form and complete event details, go to <http://www.nasemso.org/Meetings/Annual/>. Don't forget to reserve your hotel room at the Hilton Madison (WI) Monona Terrace by September 1. [For more information on the NIOSH research...](#)

This is a reminder that NASEMSO has a small travel fund available to help state EMS officials who cannot otherwise be present. The application is due by August 19 and is available [here](#). Return it to Sharon Kelly please, info@nasemso.org or fax 703-241-5603. The NASEMSO Finance Committee will evaluate the applications and make notifications in time for you to make travel plans.

3. NASEMSO Congratulates Dr. Carol Cunningham on NPLI Achievement

NASEMSO Medical Director Council Chair Carol Cunningham, MD, FACEP, FAAEM, recently completed the Harvard Kennedy School's National Preparedness Leadership Initiative (NPLI). As the State Medical Director for the Ohio Department of Public Safety, Division of Emergency Medical Services, Dr. Cunningham was one of 50 government leaders with homeland security responsibility selected to complete the national leadership program. The NPLI, a joint program of the Harvard School of Public Health and Kennedy School of Government, began with one week on the Cambridge campus followed by a five-month period during which leadership projects were completed. Dr. Cunningham was the lead writer and presenter of her group project at the concluding seminar at Harvard University. Way to go, Sister Carol!

4. NASEMSO Supports Funding for US Poison Control Centers

NASEMSO has signed onto a letter with the American Academy of Pediatrics and 21 other stakeholder organizations to the leaders of the U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education and the U.S. House Appropriations Subcommittee on Labor, Health and Human Services, and Education. The letter supports funding for U.S. poison control centers. As organizations committed to the health and well-being of our nation's children and families, the signers encouraged restoration of funding for the network of highly effective, cost-efficient poison control centers to \$29.3 million in the FY 2012 Labor-HHS-Education Appropriations legislation. Since initially authorized by Congress in 2000, federal funding for poison control centers has received significant bipartisan support. In FY 2010, Congress allocated \$29.3 million in funding to supplement local and state support for the 57 poison control centers that serve our nation every day. Unfortunately, Congress reduced funding for poison control centers almost 25 percent in FY 2011 to \$22 million. It is necessary for Congress to restore poison control center funding and reject the fiscally unwise and illogical cuts to this very successful national public health program. All advocacy letters supported by NASEMSO are posted on the Association's web site at www.nasemso.org.

5. EMSCAP Focuses on EMS Cost Evaluation

The EMS Cost Analysis Project (EMSCAP) is a collaborative effort between the National Association of State EMS Officials (NASEMSO), E. Brooke Lerner, Graham Nichol, Daniel Spaitte, Herbert Garrison, and Ronald Maio. It is a continuation of the Emergency Medical Services Outcomes Project (EMSOP), a recently completed, 5 year National Highway Safety Administration (NHTSA) project intended to support and facilitate emergency medical services (EMS) outcomes research and evaluation. The objective of the EMS Cost Analysis Project is to create a comprehensive framework that would allow users to determine the cost of providing pre-hospital emergency care from a societal perspective. The workbook was pilot-tested in Oshkosh, Wisconsin; Richmond, Virginia; and Livingston County, New York and is now available for download at <http://nasemso.org/Projects/EMSCostAnalysis/>.

6. NASEMSO Joins National Preparedness Month Coalition

National Preparedness Month (NPM) is an annual campaign to encourage Americans to take steps to prepare for emergencies in their homes, schools, organizations, businesses, and communities. NPM is lead by the Federal Emergency Management Agency (FEMA) and is sponsored by the Ready Campaign in partnership with the Citizen Corps. Every September, NPM works with Coalition Members to increase emergency preparedness awareness and activities across the nation. This September marks the eighth annual NPM. This year’s campaign will focus on remembering disasters from our past, whether it be the tenth anniversary of the September 11th attacks or the disasters in Alabama and Missouri earlier this year, and asking our communities to work together to make our country more resilient. We are encouraging everyone to join the preparedness team and truly help ensure that you and your family, neighbors, work, and community are *Ready*. NPM Coalition Membership is open to all public and private sector organizations. You can register to become a NPM Coalition Member by visiting Ready.gov and clicking on the NPM banner:



The eighth annual NPM will kickoff this September, using the slogan: "A Time to Remember. A Time to Prepare." The campaign seeks to transform awareness into action by encouraging all Americans to take the necessary steps to ensure that their homes, workplaces and communities are prepared for disasters and emergencies of all kinds.

7. IOM Suggests Decades-Old Health Laws Need To Be Revised

Because strong evidence indicates that policies beyond the health sector have substantial effects on people’s health, all levels of U.S. government should adopt a structured approach to considering the health effects of any major legislation or regulation, says a new report by the IOM. The report indicates that many public health statutes defining the roles and authorities of government health agencies have not been updated in decades and lack specific power to address current needs. Public health laws need to provide health agencies the authority to address concerns such as obesity and other chronic diseases, injuries, substance abuse, immunization registries, and surveillance systems that could help detect bioterrorist attacks or disease outbreaks. In addition, federal and state policymakers should review and revise public health laws so that they adequately address current health challenges. The IOM finds that public health law, much of which was enacted in different eras when communicable diseases were the primary population health threats, warrant systematic review and revision. In addition, the IOM urges government agencies to familiarize themselves with the public health and policy interventions at their disposal that can influence behavior and more importantly change conditions—social, economic, and environmental—to improve health. Lastly, the IOM encourages government and private sector stakeholders to consider health in a wide range of policies and to evaluate the health effects and costs of major legislation. *For the Public’s Health: Revitalizing Law and Policy to Meet New Challenges* is now available [here](#).

8. New Senate Bill Addresses Air Ambulance Accreditation

Senate Bill 1407 (S 1407), introduced by Senators Snowe and Cantwell, would establish an accreditation process for air ambulances as a requirement for Medicare reimbursement. The bill is the result of efforts by the Association of Critical Care Transport (ACCT). NASEMSO is a non-voting member of their board.

If passed, the bill would

- Establish a Medicare accreditation process for air ambulances that recognizes varying levels of accreditation and establishing a quality, capability and patient safety floor to protect all Medicare patients;

- Structure a revised Medicare air ambulance fee schedule which will better reflect cost differences for providing services at higher levels of accreditation, promote high quality care, and preserve and enhance timely access to air ambulance services, particularly in rural areas;
- Promote appropriate utilization and transport of air ambulance services of Medicare and Medicaid beneficiaries; and
- Require a study of the issues and challenges in ground critical care transport including potential barriers to effective use of ground critical care transport when medically appropriate.

Please note the clarification on page 18 that this bill is not intended to preempt state licensing authority or standards setting. For questions or more information, please contact NASEMSO Program Advisor [Kevin McGinnis](#) or the Air Medical Committee Chair, Dr. Robert Bass.

9. S. 911 Companion Bill Introduced in the House of Representatives

Congressmen John Dingell (MI) and Gene Green (TX) have introduced H.R. 2482 the *Public Safety Spectrum and Wireless Innovation Act* as companion legislation to Senate Bill S.911. Dingell and Green’s companion bill contained many key legislative principles, and top public safety priorities, including: Allocating the entire 10 MHz D Block within the 700 band to public safety and allow it to be combined with 10 MHz already allocated to public safety for broadband; and Reauthorizing the Federal Communications Commission to conduct spectrum auctions in the future to boost the economy and raise revenue to pay down the debt and fund other programs; and Authorizing voluntary incentive auctions to generate tens of billions in new revenue of up \$10 billion for debt reduction and \$11 billion to help fund the nationwide interoperable public safety broadband network. Like S.911, this legislation meets a still outstanding recommendation of the bipartisan 9/11 Commission. This bill is being supported by the Public Safety Alliance (PSA) and its member organizations, including NASEMSO, and does largely mirror S. 911 although it does have some differences.

In related news, National Public Radio (NPR) recently highlighted the D Block discussion. [Read the story and listen to the broadcast...](#)

10. FCC Strengthens Enhanced 911 Location Accuracy Requirements

The Federal Communications Commission (FCC) has taken action to enhance the public’s ability to contact emergency services during times of crisis and to enable public safety personnel to obtain more accurate information regarding the location of the caller. Specifically, the Commission strengthened the Enhanced 911 (E911) location accuracy rules for wireless carriers and sought comment on improving both 911 availability and E911 location determination for Voice over Internet Protocol (VoIP) services. The Commission announced that after the conclusion of the eight-year implementation period in early 2019, it will sunset the existing network-based rule and require all wireless carriers to meet the more stringent location accuracy standards in the handset-based rule. The Commission will set a specific sunset date for the network-based standard at a later date, after further notice and comment. The Commission also required new wireless network carriers to meet the handset-based accuracy standard going forward and that all wireless carriers to test their E911 location accuracy results periodically and to share the results with PSAPs, state 911 offices, and the Commission, subject to confidentiality safeguards. [For more information...](#)

11. NEMSIS: Save the Date for Software Developer’s Meeting

The NEMSIS TAC is organizing a Software Developer's Meeting to be held in Salt Lake City on September 21st and 22nd. The purpose of this meeting will be to familiarize attendees with the new NEMSIS V3 products, answer questions regarding implementation and to discuss general ideas regarding integration of national and local EMS

data reporting. The NEMSIS TAC is currently confirming a great venue for this meeting! More details will follow!

12. DHS Provides Progress Report on Implementation of 9/11 Commission Recommendations

The United States has made significant progress in securing the nation from terrorism since the September 11, 2001 attacks. Following 9/11, the federal government moved quickly to develop a security framework to protect our country from large-scale attacks directed from abroad, while enhancing federal, state, and local capabilities to prepare for, respond to, and recover from threats and disasters at home. A key element of this framework included the creation of the Department of Homeland Security (DHS) in March, 2003, bringing together 22 separate agencies and offices into a single, Cabinet-level department. Many of the features of this new, more robust enterprise align with – and respond to – recommendations contained in the 9/11 Commission Report, released in July 2004 to assess the circumstances surrounding 9/11 and to identify ways to guard against future terrorist attacks. In recognition of the 9/11 Commission Report and the tenth anniversary of 9/11, a new report describes how DHS has addressed specific 9/11 Commission recommendations over the past ten years. Read highlights including the DHS progress report: Implementing 9/11 Commission Recommendations [here](#).

13. EMI Course Highlights Utilization of EMAC

The Emergency Management Institute in Emmitsburg, MD will offer *E431 Understanding the Emergency Management Assistance Compact (EMAC)* in October 2011 and again in April 2012. This course enables emergency management personnel and response and recovery personnel from all political jurisdictions including EMS to more effectively understand, activate, implement, and utilize the EMAC system. Emergency management personnel and response and recovery personnel who can be legally deployed through the EMAC system, persons officially responsible for requesting and providing EMAC assistance, and those individuals desiring a more comprehensive working knowledge of the EMAC system should consider this course. [For more information...](#)

14. HHS Toolkit of Public Health Emergency Text Messages Now Available

A new toolkit of prepared cell phone text messages advising people how to protect their health after a disaster is available now through the U.S. Department of Health and Human Services. These messages support state and local emergency managers in disaster response and are available online at <http://emergency.cdc.gov/disasters/psa>. Messages are limited to 115 characters or fewer including spaces. Emergency responders can use the messages as they are or tailor the messages based on specific local needs. The toolkit currently features text messages relevant to hurricanes, floods and earthquakes. Local and state agencies register their interest in using the toolkit by providing contact information to HHS, so they can receive alerts and updates as the content expands to include health tips for additional types of disasters. More than 400 agencies have registered so far. Agencies register by email: publichealthemergency@hhs.gov.

15. GAO Issues Letter Report on CBRN Interagency Collaboration

The anthrax attacks of 2001 and more recent national reports have raised concerns that the United States is vulnerable to attacks with chemical, biological, radiological, and nuclear (CBRN) agents. Because of the potential consequences of such attacks, members of Congress have expressed the need for the Departments of Homeland Security (DHS) and Health and Human Services (HHS) to coordinate in assessing risks posed by CBRN agents. GAO was asked to examine how DHS and HHS coordinate on the development of CBRN risk assessments and the extent to which they have institutionalized such efforts. GAO examined relevant laws, presidential directives, collaboration best practices, and internal control standards; analyzed DHS and HHS CBRN risk assessments; and interviewed DHS and HHS officials. *National Preparedness: DHS and HHS Can Further Strengthen Coordination for*

Chemical, Biological, Radiological, and Nuclear Risk Assessments, GAO-11-606, is [now available](#) or to view [highlights](#).

16. CDC Identifies Deadly Fungal Infections Following Joplin Tornado

Several people who were injured when a tornado devastated Joplin, Mo. have become sickened by an uncommon, deadly fungal infection and at least five have died. Thirteen tornado victims have fallen ill from the mysterious infection, and each had multiple injuries and secondary wound infections. The fungus that caused the infection, mucormycosis, is most commonly found in soil and wood, according to the Centers for Disease Control and Prevention (CDC), which is studying samples from the Joplin patients. Cutaneous mucormycosis has been reported after previous natural disasters; however, this is the first known cluster occurring after a tornado. None of the infections were found in persons cleaning up debris. Health-care providers should consider environmental fungi as potential causes of necrotizing soft-tissue infections in patients injured during tornados and initiate early treatment for suspected infections. [For more information...](#)

17. White House Announces National Strategy for Counterterrorism

The *National Strategy for Counterterrorism*, recently posted on the White House web site, articulates our government’s approach to countering terrorism and identifies the range of tools critical to this Strategy’s success. The Strategy builds on groundwork laid by previous strategies and many aspects of the United States Government’s enduring approach to countering terrorism. At the same time, it outlines an approach that is more focused and specific than were previous strategies. The National Strategy, available at http://www.whitehouse.gov/sites/default/files/counterterrorism_strategy.pdf, formalizes the approach that President Obama and his Administration have been pursuing and adapting for the past two and half years to prevent terrorist attacks and to deliver devastating blows against al-Qa’ida, including the successful mission to kill Usama bin Laden.

18. Bipartisan House Bill Aims at Bioterrorism and Support for First Responders

Rep. Bill Pascrell, Jr. (NJ) and Rep. Peter T. King (NY), Chairman of the House Committee on Homeland Security (CHS), introduced legislation that will begin implementing the recommendations of the Weapons of Mass Destruction Commission. “*The Weapons of Mass Destruction Prevention and Preparedness Act of 2011*” (H.R. 2356) would improve U.S. efforts to prevent, protect, respond, and recover from a weapon of mass destruction (WMD) attack in the United States. The legislation addresses the nation’s readiness for a biological weapons attack by calling for the appointment of a special assistant to the President for biodefense to coordinate federal biodefense policy, the development of a national biodefense plan and a coordinated budget that assess capability gaps and spending inefficiencies, a national biosurveillance strategy, provisions for first responders including voluntary vaccinations and response guidance for chemical, biological, radiological, and nuclear incidents, and authorization of the Securing the Cities program to allow for interdiction of a radiological device in high-risk cities. [For more information...](#)

19. New NIH Web Site Provides Information on Chemical Emergencies

The National Institutes of Health (NIH) has announced a new resource and web site on responding to chemical emergencies. The web site, Chemical Hazards Emergency Medical Management (CHEMM), will enable first responders, first receivers, other healthcare providers, and planners to plan for, respond to, recover from, and mitigate the effects of mass-casualty incidents involving chemicals. It will also provide a comprehensive, user-friendly, web-based resource that is also downloadable in advance, so that it would be available during an event if the internet is not accessible. CHEMM was produced by the U.S. Department of Health and Human Services, Office

of the Assistant Secretary for Preparedness and Response, Office of Planning and Emergency Operations, in cooperation with the National Library of Medicine, Division of Specialized Information Services, and many medical, emergency response, toxicology, and other types of experts. [For more information...](#)

20. FEMA Continuity of Operations Webinar Series Available

The Federal Emergency Management Agency (FEMA) National Continuity Programs Directorate provides free monthly webinars featuring continuity of operations topics. The webinars are specifically designed for those who plan, train, and manage continuity of operations programs. Each webinar will accommodate the first 500 visitors that enter the website at the time of the webinar. In addition to airing live, each webinar will be recorded and viewable after it completes at your convenience. Click [here](#) to review archived webinars or to monitor upcoming webinars, go to. Upcoming webinars that may be of interest to state EMS officials:

- National Preparedness Month – Practitioner’s Program Testimonial – September 7, 2011
- Mission Essential Functions at State Level – October 5, 2011
- Compare/Contrast of Federal and State Continuity Planning – November 2, 2011

21. DHS Communities of Practice Network Connects Homeland Security Disciplines

The First Responder Communities of Practice is a professional networking, collaboration and communication platform created by the Department of Homeland Security Science & Technology Directorate to support improved collaboration and information sharing amongst the nation's First Responders and other Federal, State, Tribal, Territorial, and local governments supporting homeland security efforts. This vetted community of members focuses on emergency preparedness, response, recovery and other homeland security issues. The Emergency Medical Services (EMS) Community provides a platform for those in the EMS field to find and share EMS-related information, resources, best practices, lessons learned, and policies. Focus areas include rural and urban EMS issues and EMS advocacy. [For more information...](#)

22. CDC Public Health Emergency Response Guide Version 2.0 Now Available

State, local, and tribal health departments play an extremely important role in all-hazards emergency preparedness and response. Public health professionals within these departments should have immediate access to guidance and information that will assist them in rapidly establishing priorities and undertaking necessary actions during the response to an emergency or disaster. The National Center for Environmental Health (NCEH), Division of Emergency and Environmental Health Services (EEHS) has developed an all-hazards public health emergency response guide to address this need. The *Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors* is an all-hazards reference tool for health professionals who are responsible for initiating the public health response during the first 24 hours (i.e., the acute phase) of an emergency or disaster. The Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors – Version 2.0 is now available on the Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response [Web site](#). Updates included in this version of the guide primarily reflect changes in national level plans, programs, guidance, incident management systems, and terminology since its original release in November 2004.

23. FDA Develops Tools for Food-Emergency Readiness

The U.S. Food and Drug Administration and federal partners has released the Food Related Emergency Exercise Boxed (FREE-B) set, a Web-based collection of scenarios that will help government regulators, public health organizations and the food industry test their readiness for food-related emergencies, such as a human health emergency caused by an unintentional contamination of produce with E. coli O157:H7. FREE-B is a compilation of five scenarios designed to help test and develop food emergency response plans, protocols and procedures. It will

help food and agriculture stakeholders and emergency preparedness planners collaborate better with each other, neighboring jurisdictions, the food industry and federal agencies during food emergencies. FREE-B takes a “whole-community” approach to preparedness. The term “whole-community” refers to the need for cross-discipline preparedness training for large-scale incidents through regular exercise and training, evaluation and plan revision. For more information: [FREE-B](#) and [Food Defense and Emergency Response](#).

24. HHS Renews EUA Declaration for Doxycycline Hyclate

On September 23, 2008, former Secretary of Homeland Security, Michael Chertoff, determined that there is a significant potential for a domestic emergency, involving a heightened risk of attack with a specified biological, chemical, radiological, or nuclear agent or agents—in this case, Bacillus anthracis. Although there is no current domestic emergency involving anthrax, no current heightened risk of an anthrax attack, and no credible information indicating an imminent threat of an attack involving Bacillus anthracis, HHS Secretary Kathleen Sebelius subsequently renewed the Emergency Use Authorization (EUA) for all oral formulations of doxycycline, updating similar declarations made in 2009 and 2010. The referenced HHS declaration is effective as of July 20, 2011. [For more information...](#)

25. Webinar to Address Cultural & Linguistic Needs of Individuals with Limited English in Disaster Preparedness

The challenges of meeting the health care needs of individuals with Limited English Proficiency (LEP) are often magnified during disaster response. This session will provide background and recommendations how emergency responders should address the cultural and linguistic needs of individuals with LEP, highlight best practices and strategies for successfully reaching LEP growing populations in a major disaster, and discuss national, state, and local advocacy efforts related to emergency preparedness and the response planning process for meeting the needs of their LEP patients and communities following natural and man-made disasters. Join the Society for Public Health Education (SOPHE) and the Centers for Disease Control and Prevention (CDC) on August 9th, 2011 2:00 PM (EST) for a special webinar addressing the challenges of meeting the healthcare needs of individuals with Limited English Proficiency (LEP). This webinar will highlight strategies for successfully reaching LEP populations in a disaster. Register for this free webinar today! [For more information...](#)

26. CoAEMSP Announces Revision to Policy Manual

A new policy on Personnel Changes in "Key Personnel" (i.e., Program Director and Medical Director) has been incorporated into the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) [Policies & Procedures Manual](#), which is available on the website. It is Policy XII and defines such things as vacancies, absences, and replacements (temporary, acting) as well as timetables for reporting changes to CoAEMSP. The policies are effective as of July 11, 2011.

27. NAEMSE Offers Implementing National EMS Education Standards Workshop for Educators

The National Association of EMS Educators (NAEMSE) workshop for the Implementation of the National EMS Education Standards is designed to provide a framework upon which EMS Educators will build curricula and assessment based on the National EMS Education Standards. The transition to standards based education is a process that begins with a clear understanding of what education standards are and how to develop benchmarks upon which curricula is designed and competency assessment measures are performed. The workshop is designed to examine the standards themselves for clarity and understanding. Interactive sessions will review ways to develop curriculum, classroom activities and lessons that address the content of the standards in ways that enhance student learning. Lastly, the workshop will address the manner in which student learning is assessed and measured from an outcome-based approach. This is essential for the accurate measurement of student proficiency

according to the standards; and will present strategies through which an instructor will maintain accountability for student learning, and a system for continuous quality improvement. For any questions, please contact NAEMSE, 250 Mt. Lebanon Blvd., Suite 209, Pittsburgh, PA 15234. E-mail: naemse@naemse.org. If your state is interested in hosting this workshop - please download [LOCATION REQUEST FORM](#). The session will also be held as a full day workshop in conjunction with the 2011 NAEMSE Annual Meeting.

28. How Can The STOP STICKS Campaign Help You?

The National Institute for Occupational Safety and Health (NIOSH)-developed STOP STICKS campaign focuses on raising awareness that, in turn, prepares and motivates healthcare workers to make the changes needed to reduce sharps injuries. The Campaign goal is to raise awareness about the risk of exposure to bloodborne pathogens such as HIV, hepatitis B, and hepatitis C from needlesticks and other sharps-related injuries in the workplace. While the campaign materials were developed mainly for operating room and emergency department audiences, the target audience includes clinical and nonclinical healthcare workers and healthcare administrators in hospitals, doctor’s offices, nursing homes, and home healthcare agencies. [For more information...](#)

29. Labor-HHS-Education Bill Postponed Until After August Recess

According to the Trust for America’s Health (TFAH), “There’s a lot of analysis already in the public domain on the impact of the budget deal. For an independent assessment, here’s the Congressional Budget Office (CBO) analysis: <http://www.cbo.gov/ftpdocs/123xx/doc12357/BudgetControlActAug1.pdf>. Also, in case you hadn’t seen it yet, a debt ceiling flow chart is circulating that was produced by the Senate GOP – <http://healthyamericans.org/assets/files/Debt%20Ceiling%20Agreement%20Flow%20Chart.pdf>. The current thinking is that the non-security discretionary caps would result in smaller cuts than anticipated for FY 2012, with allocations far closer to FY 2011 levels than to the previous House-approved budget levels. However, still not clear what a Labor, Health and Human Services, Education and Related Agencies (Labor/HHS) appropriations product will look like.” TFAH’s Deputy Director, Rich Hamburg, recently provided a budget update presentation via webinar to the Society for Public Health Education (SOPHE). The recorded webinar and presentation slides for “ESEA Reauthorization: Where Do We Go From Here?” is [now available](#).

30. AASHTO Provides Informative Safety Video on Transportation as a Public Health Issue

The American Association of State Highway and Transportation Officials (AASHTO) provides a range of thought-provoking videos on a dedicated web site at www.TransportationTV.org. In a [recent segment](#) of Viewpoint, CDC Director Dr. Thomas R. Frieden outlines why transportation is a major health issue and what each of us can do to become part of the solution. Additional links accessed via the “State to State” tab, features video presentation from state departments of transportation from across the country highlighting news, features, and interviews from the state's perspective.

31. CDC Web Site Features Distracted Driving in the United States and Europe

In 2009, more than 5,400 people were killed and an additional 448,000 were injured in crashes that were reported to involve driving while distracted. Among those killed or injured in these crashes, nearly 1,000 deaths and 24,000 injuries included cell phone use as the major distraction. A recent CDC analysis examined the frequency of cell phone use and texting while driving in the United States and several countries within Europe. [For more information...](#)

32. FDA Approves Tamper Resistant Oxycodone

The U.S. Food and Drug Administration (FDA) has approved a new formulation of the controlled-release drug OxyContin. This new formulation is designed to decrease the likelihood that this medication will be misused or abused, and result in overdose. The new formulation adds in new tamper-resistant features aimed at preserving the controlled release of the active ingredient, oxycodone. The reformulated version of OxyContin is intended to prevent immediate access to the full dose of oxycodone via cutting, chewing, or breaking the tablet. Attempts to dissolve the tablets in liquid result in a gummy substance that cannot be drawn up into a syringe or injected. The new formulation of OxyContin reduces the likelihood that this drug will be misused and abused, although it cannot completely eliminate this possibility. The brand name of this new formulation is Oxecta™ (Oxycodone HCL, USP) CII.

33. FDA CDER to Address Drug Shortages in Public Workshop

The Food and Drug Administration (FDA) is announcing a public workshop regarding the approach of the Center for Drug Evaluation and Research (CDER) to addressing drug shortages. This public workshop is intended to provide information for, and to gain additional insight from, professional societies, patient advocates, industry, consumer groups, health care professionals, researchers, and other interested persons about the causes and impact of drug shortages, and possible strategies for preventing or mitigating drug shortages. The input from this public workshop will help in developing topics for further discussion with industry and professional societies, and other stakeholders and may help the Agency to better address drug shortage issues.

Date: September 26, 2011

Time: 8:30 a.m. to 4:30 p.m.

Location: 10903 New Hampshire Avenue
 Bldg. 31, Room 1503 B and C (Great Room)
 Silver Spring, MD 20993

Read the [Federal Register Notice](#).

34. GAO Report Highlights Role of Data in Preventing Child Fatalities

Children's deaths from maltreatment are especially distressing because they involve a failure on the part of adults who were responsible for protecting them. Questions have been raised as to whether the federal National Child Abuse and Neglect Data System (NCANDS), which is based on voluntary state reports to the Department of Health and Human Services (HHS), fully captures the number or circumstances of child fatalities from maltreatment. GAO was asked to examine (1) the extent to which HHS collects and reports comprehensive information on child fatalities from maltreatment, (2) the challenges states face in collecting and reporting this information to HHS, and (3) the assistance HHS provides to states in collecting and reporting data on child maltreatment fatalities. GAO analyzed 2009 NCANDS data--the latest data available--conducted a nationwide Web-based survey of state child welfare administrators, visited three states, interviewed HHS and other officials, and reviewed research and relevant federal laws and regulations. For more information, including recommendations and the report, *Child Maltreatment: Strengthening National Data on Child Fatalities Could Aid Prevention*, go to [GAO-11-599](#).

35. NHTSA Efforts Culminate in Release of EMS Workforce Agenda

The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS) has released the EMS Workforce Agenda for the Future (EMS Workforce Agenda). The EMS Workforce Agenda was

prepared by the University of California San Francisco with funding from NHTSA and the Emergency Medical Services for Children program at the Health Resources and Services Administration. [Download the EMS Workforce Agenda here](#) or online at www.ems.gov under the workforce tab.

36. HHS and IOM Address Open Data Solutions

The U.S. Department of Health and Human Services (HHS) and the Institute of Medicine (IOM) recently co-hosted their second annual event focusing on innovative applications and services that harness the power of open data from HHS and other sources to help improve health and health care. The Health Data Initiative Forum featured more than 45 new or updated solutions that harness the power of HHS and other federal data to help serve the needs of consumers, health care providers, employers, public health leaders, and policy makers. For the past 18 months, HHS has engaged in a major effort to both make its vast array of data resources ever more accessible to the public and also actively promote the development of applications and services utilizing HHS data by innovators across the country. Earlier in the year, HHS announced the launch of two major new data resources for the innovator community: the Health Indicators Warehouse (healthindicators.gov), providing detailed data on over 1100 indicators of community health and health care performance, and HealthData.gov, a “one-stop” resource containing a comprehensive inventory of available health-related data sets from HHS and other agencies along with other useful tools for data innovators.

In related news, in Executive Order 13563, President Obama has directed each executive agency to establish a plan for ongoing retrospective review of existing significant regulations to identify those rules that can be eliminated as obsolete, unnecessary, burdensome, or counterproductive or that can be modified to be more effective, efficient, flexible, and streamlined. To accomplish this, HHS has posted its *Revised Plan for Retrospective Review of Existing Rules*. To the extent that such program areas as telemedicine, the CHIP program, drug safety, regulation of medical devices, HIPPA, and the Medicare program impact EMS, these reviews could become of interest to our readers. [For more information...](#)

37. HHS Office of Women’s Health Focuses on Women and Heart Attacks

The ***Make the Call. Don't Miss a Beat.*** campaign is a national public education campaign that aims to educate, engage, and empower women and their families to learn the seven most common symptoms of a heart attack and encourage them to call 9-1-1 as soon as those symptoms arise. A woman suffers a heart attack every 90 seconds in the United States. Yet according to a 2009 American Heart Association survey only half of women indicated they would call 9-1-1 if they thought they were having a heart attack and few were aware of the most common heart attack symptoms. The campaign, developed by the U.S. Department of Health and Human Services' Office on Women's Health, encourages woman to make the call to 9-1-1 immediately if they experience one or more of the heart attack symptoms. For more information <http://www.womenshealth.gov/heartattack/>

38. Public Comment Now Open – NQF - Regionalized Emergency Medical Care Services

The commenting period for the [Regionalized Emergency Medical Care Services](#) framework is now open. This draft report assesses the current state of measure development, and sets a path for future measurement of emergency care. All member comments must be submitted by Tuesday, August 23, at 6:00 pm ET. The public commenting closes on Tuesday, August 16, at 6:00 pm ET. [Submit your comments now.](#)

39. Obama Administration Releases National Prevention Strategy

Members of the National Prevention, Health Promotion, and Public Health Council, including Department of Health and Human Services (HHS) Secretary Kathleen Sebelius, Surgeon General Regina Benjamin (Chair), as well as Senator Tom Harkin and Domestic Policy Council (DPC) Director Melody Barnes, have announced the release of the

National Prevention and Health Promotion Strategy, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods. The National Prevention Strategy provides an unprecedented opportunity to shift the nation from a focus on sickness and disease to one based on wellness and prevention. It will present a vision, goals, recommendations and action items that public, private, nonprofit organizations and individuals can take to reduce preventable death, disease and disability in the United States. [For more information...](#)

40. CMS Seeks Comment on Ambulance Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) recently posted proposed revisions to the Ambulance Fee Schedule via the [Federal Register](#). This proposed rule would revise the ambulance fee schedule regulations to conform with statutory changes, specifically extending the payment add-ons (implemented in 2008) for another year. In addition, air ambulance areas that were designated as rural on December 31, 2006, and were subsequently re-designated as urban, CMS proposes re-establishing the "rural" indicator on the ZIP Code file for air ambulance services through December 31, 2011. Finally, the proposal addresses the extension of the "rural bonus" payment. For further information regarding the extension of these payment add-ons, extension of the MIPPA provision, and extension of the rural bonus, please see Transmittal 706 (Change Request 6972) dated May 21, 2010 and the CMS Website, http://www.cms.gov/AmbulanceFeeSchedule/02_afspuf.asp. Comments must be received at one of the addresses in the notice, no later than 5 p.m. on August 30, 2011.

41. Geographic Databases for 2011 Released

The U.S. Department of Transportation's Bureau of Transportation Statistics (BTS), a part of the Research and Innovative Technology Administration, has released the 2011 edition of the National Transportation Atlas Databases (NTAD). The 2011 edition features updated datasets from last year's NTAD and premieres the Customs and Border Protection's Border Crossing Database with data spatially enhanced by BTS. Also, substantial revisions were made to national parks, waterways, railways and the Federal Highway Administration's National Bridge Inventory. This year's NTAD consists of 32 datasets, 11 of which were updated for this 2011 release. The NTAD also includes: intermodal terminals, national railway crossings, non-attainment areas and transit rail lines and stations, among other data layers. [NTAD 2011](#) is provided in shapefile format, which is compatible with most Geographical Information Systems (GIS) software. Contacts: Press: Dave Smallen: (202) 366-5568. For technical information and copies: Mark Bradford: (202) 366-6810.

42. CDC Reports the Incidence of Unintentional Non-Fire CO Exposures in the United States

To describe more completely the national burden of CO exposure and risk factors associated with vulnerable populations, the Centers for Disease Control and Prevention (CDC) used data from the National Poison Data System (NPDS) to characterize reported unintentional, non-fire-related CO exposures, including those that were managed at the site of exposure and were not treated at a health-care facility. Among 68,316 CO exposures reported to poison centers during 2000--2009, a total of 30,798 (45.1%) were managed at the site of exposure with instructions from the poison center by telephone, 36,691 (53.7%) were treated at a health-care facility, and the management site for the remainder was unknown. Although symptoms varied slightly between persons managed on-site and those treated at a health-care facility, most CO exposures occurred at home and most often involved females, children aged ≤17 years, and adults aged 18--44 years. Surveillance and analysis of data from NPDS and secondary sources might provide a more comprehensive description of the burden of CO exposure in the United States and assist in the development of interventions better targeted to high-risk populations. [For more information...](#)

43. IOM Recommends Revised Regulatory Framework for Approval of Medical Devices

Medical devices play a critical role in the health care of Americans. They can range from simple tools, such as tongue depressors and bandages, to complex or life-saving equipment, such as pacemakers, magnetic resonance imaging machines, and heart-lung machines. The Federal Food, Drug, and Cosmetic Act (FFDCA) requires a "reasonable assurance of safety and effectiveness" before a device can be marketed, and the U.S. Food and Drug Administration (FDA) is responsible for enforcing this requirement. Devices that are deemed to have a moderate risk to patients generally cannot go on the market until they are cleared through the 510(k) process, named for [Section 510\(k\)](#) of the FFDCA. In a just-released consensus report, the Institute of Medicine (IOM) finds that the current 510(k) process is flawed based on its legislative foundation. Rather than continuing to modify the 35-year-old 510(k) process, the IOM concludes that the FDA's finite resources would be better invested in developing an integrated premarket and postmarket regulatory framework that provides a reasonable assurance of safety and effectiveness throughout the device life cycle. The IOM outlines its criteria for this framework in the report. *Medical Devices and the Public's Health: The FDA 510(k) Clearance Process at 35 Years* is [now available](#) on the IOM web site.

44. New EMS Research Course at the National Fire Academy

The United States Fire Administration (USFA), Department of Homeland Security, is conducting a pilot course at the National Emergency Training Center (NETC) in Emmitsburg, Maryland for the newly developed 6-day course *Hot Topics Research for Emergency Medical Services (P-139)*. The National Fire Academy (NFA) will be delivering two pilot offerings. The first will be October 30 – November 4, 2011, with students to arrive Saturday October 29 and depart Saturday November 5. The second pilot offering will be January 29 – February 3, 2012 with students to arrive Saturday January 28 and depart Saturday February 4. This 6-day course provides the knowledge and skills to identify and research hot topics in Emergency Medical Services to ultimately identify, promote and embrace system or service improvements. [For more information...](#)

In related news, the NFA is seeking Subject Matter Experts for National Fire Academy Course Developments. The USFA's National Fire Academy wishes to increase its pool of subject matter experts for potential course developments. Subject matter experts are compensated for their work. NFA is seeking experts in the following areas: Arson, Fire and Explosion Investigation; Fire Prevention: Public Education; Fire Prevention Technology and Codes; Fire Prevention: Management; Hazardous Materials; Training and Education Program Management; Planning and Information Management; Emergency Medical Services; First Responders Health, Wellness and Safety; Incident Command and Control; and Management Science. If you are interested, please submit your resume and areas of interest to Deputy Superintendent Robert A. Neale at robert.neale@dhs.gov. This notice does not constitute an offer of employment or guarantee of further consideration.

45. National Academies Offer Free PDF Downloads

Effective June 2, all PDF versions of books published by the National Academies Press (NAP) will be downloadable free of charge to anyone. <http://www.nap.edu/>

46. Mission: Lifeline Gains Momentum in STEMI Care

Every year, almost 250,000 people experience [ST-Elevation Myocardial Infarction \(STEMI\)](#) - the deadliest type of heart attack. Unfortunately, a significant number don't receive prompt [reperfusion therapy](#), which is critical in restoring blood flow. Worse yet, 30 percent of STEMI victims don't receive reperfusion treatment at all. Mission: Lifeline® seeks to save lives by closing the gaps that separate STEMI patients from timely access to appropriate

treatments. Although Mission: Lifeline is focusing on improving the system of care for the nearly 250,000 patients who suffer from a STEMI each year, improving that system will ultimately improve care for all heart attack patients. The [Mission: Lifeline Summary Table](#) provides an easy reference tool that helps disseminate each STEMI system component. The table identifies each component definition, ideal strategy, resources, metrics and preliminary criteria. Learn more about the vital role of EMS in Mission: Lifeline.

- [The Ideal EMS](#)
- [Strategies](#)
- [Barriers & Solutions](#)
- [Get Involved](#)
- [FAQ](#)
- [Resources](#)

A consortium of the American Heart Association's Mission Lifeline program, the Helmsley Charitable Trust, the state of North Dakota, the Dakota Medical Foundation, and the Otto Bremer Foundation recently provided 12 lead electrocardiographs for each of the roughly 1000 ambulances that serve North Dakota.

47. NFPA Highlights Electric Vehicle Safety Training

The National Fire Protection Association's (NFPA) Electric Vehicle Safety Training project is a nationwide program to help first responders prepare for the growing number of electric vehicles on the road. In a new series of free training videos, NFPA, Chevrolet, and OnStar have launched [Electric Vehicle Safety Training for the 2011 Chevrolet Volt](#), an extended-range electric vehicle. The training features an inside look at the vehicle's technology and safety systems. Additional downloadable materials from Chevrolet include

- [Chevrolet Volt Emergency Response Guide](#) (PDF, 2.4 MB)
- [Chevrolet Volt Emergency Responder Quick Reference Page Training Class Reference](#) (PDF, 7.7 MB)
- [Chevrolet Volt Emergency Responder Quick Reference Guide](#) (PDF, 601 KB)
- [General Motors High Strength Steel Reference Guide](#) (PDF, 674 KB)

48. Maximum Daily Dose of Tylenol Lowered by Manufacturer

Johnson & Johnson is reducing the maximum daily dose of Extra-Strength Tylenol from 4000 mg to 3000 mg (eight to six pills) to help lower the risk for overdose. The change will appear on the drug's label beginning in the fall. The manufacturer says that it will also lower the maximum daily dose for regular-strength Tylenol and other drugs containing acetaminophen in 2012. The change is in line with the advice of an FDA working group that in 2009 recommended limiting the maximum adult daily dose to about 3000 mg in an attempt to decrease liver damage from the drug. [For more information...](#)

49. FDA Approves First Treatment Specifically for Scorpion Stings

The FDA has approved Anascorp to treat stings from Centruroides scorpions in children and adults. (In the U.S., venomous scorpions are found primarily in Arizona.) Untreated stings can cause primarily neurological complications, such as blurred vision, slurred speech, trouble swallowing, and abnormal eye movements. Untreated cases can be fatal. The effectiveness of Anascorp, which is derived from horse plasma, was based on a randomized trial of 15 children with neurological signs consistent with scorpion stings. In children receiving Anascorp, these signs resolved within 4 hours. [For more information...](#)

50. Mass Casualty Triage: An Evaluation of the Data and Development of a Proposed National Guideline. Lerner

et al. Disaster Med Public Health Preparedness. 2008;2(Suppl 1):S25-S34). Abstract: Mass casualty triage is a critical skill. Although many systems exist to guide providers in making triage decisions, there is little scientific

evidence available to demonstrate that any of the available systems have been validated. Furthermore, in the United States there is little consistency from one jurisdiction to the next in the application of mass casualty triage methodology. There are no nationally agreed upon categories or color designations. This review reports on a consensus committee process used to evaluate and compare commonly used triage systems, and to develop a proposed national mass casualty triage guideline. The proposed guideline, entitled SALT (sort, assess, life-saving interventions, treatment and/or transport) triage, was developed based on the best available science and consensus opinion. It incorporates aspects from all of the existing triage systems to create a single overarching guide for unifying the mass casualty triage process across the United States. [For more information...](#)

51. Model Uniform Core Criteria for Mass Casualty Triage. Disaster Med Public Health Preparedness. 2011;5:125-128. Abstract: There is a need for model uniform core criteria for mass casualty triage because disasters frequently cross jurisdictional lines and involve responders from multiple agencies who may be using different triage tools. These criteria (Tables 1-4) reflect the available science, but it is acknowledged that there are significant research gaps. When no science was available, decisions were formed by expert consensus derived from the available triage systems. The intent is to ensure that providers at a mass-casualty incident use triage methodologies that incorporate these core principles in an effort to promote interoperability and standardization. At a minimum, each triage system must incorporate the criteria that are listed below. Mass casualty triage systems in use can be modified using these criteria to ensure interoperability. The criteria include general considerations, global sorting, lifesaving interventions, and assignment of triage categories. The criteria apply only to providers who are organizing multiple victims in a discrete geographic location or locations, regardless of the size of the incident. They are classified by whether they were derived through available direct scientific evidence, indirect scientific evidence, expert consensus, and/or are used in multiple existing triage systems. These criteria address only primary triage and do not consider secondary triage. For the purposes of this document the term triage refers to mass-casualty triage and provider refers to any person who assigns primary triage categories to victims of a mass-casualty incident. [For more information...](#)

52. Association Between Ambulance Diversion And Survival Among Patients with Acute Myocardial Infarction. Shen YC and Hsia RY. JAMA. Published Online June 2011. For a patient suffering from an acute myocardial infarction (AMI), the best choice for care is the nearest hospital emergency department (ED). That care, however, is not available when ambulances are diverted from an ED—either because of shortages of staff or inpatient beds, or major equipment failures. Patients then have to travel further to an ED and possibly wait longer for care. To find the effect of ambulance diversion on patient outcomes, researchers looked at Medicare data for four California counties that account for 63 percent of the state’s population. They obtained daily diversion logs from local agencies and excluded diversions that would not affect the admission of AMI patients. Conclusion: Among Medicare patients with AMI in 4 populous California counties, exposure to at least 12 hours of diversion by the nearest ED was associated with increased 30-day, 90-day, 9-month, and 1-year mortality. [Free abstract...](#)

53. Out-of-Hospital Cardiac Arrest Surveillance — Cardiac Arrest Registry to Enhance Survival (CARES), United States, October 1, 2005–December 31, 2010. Centers for Disease Control and Prevention. 2011.

This report provides surveillance data on out-of-hospital cardiac arrest events that occurred in the United States during October 1, 2005–December 31, 2010. This is the first report to provide summary data from an OHCA surveillance registry in the United States. Each year, approximately 300,000 persons in the United States experience an OHCA; approximately 92% of persons who experience an OHCA event die. The majority of persons who experience an OHCA event do not receive bystander-assisted cardiopulmonary resuscitation or other timely interventions that improve the likelihood of survival to hospital discharge (e.g., defibrillation). Efforts to increase

survival rates should focus on timely and effective delivery of interventions by bystanders and emergency medical services (EMS) personnel. [For more information...](#)

54. Perishock Pause: An Independent Predictor of Survival From Out-of-Hospital Shockable Cardiac Arrest.

Cheskes et al in *Circulation*. Conclusion: In patients with cardiac arrest presenting in a shockable rhythm, longer perishock and preshock pauses were independently associated with a decrease in survival to hospital discharge. The impact of preshock pause on survival suggests that refinement of automatic defibrillator software and paramedic education to minimize preshock pause delays may have a significant impact on survival. [Free abstract...](#)

55. Prehospital Notification by Emergency Medical Services Reduces Delays in Stroke Evaluation.

Patel MD et al. Prehospital notification by emergency medical services reduces delays in stroke evaluation: Findings from the North Carolina Stroke Care Collaborative. *Stroke* 2011 Jun 9. Individuals with stroke-like symptoms are recommended to receive rapid diagnostic evaluation. Emergency medical services (EMS) transport, compared with private modes, and hospital notification before arrival may reduce delays in evaluation. This study estimated associations between hospital arrival modes (EMS or private and with or without EMS prenotification) and times for completion and interpretation of initial brain imaging in patients with presumed stroke. Conclusion: Patients with presumed stroke arriving to the hospital by EMS were more likely to receive brain imaging and have it interpreted by a physician in a timely manner than those arriving by private transport. Moreover, EMS arrivals with hospital prenotification experienced the most rapid evaluation. [Free abstract...](#)

56. Validation of the Simplified Motor Score in the Out-of-Hospital Setting for the Prediction of Outcomes After Traumatic Brain Injury.

Thompson et al in *Annals of Emergency Medicine* August 2011. The Glasgow Coma Scale (GCS) score is widely used to assess patients with head injury but has been criticized for its complexity and poor interrater reliability. A 3-point Simplified Motor Score (SMS) (defined as obeys commands=2, localizes pain=1, and withdraws to pain or worse=0) was created to address these limitations. Our goal is to validate the SMS in the out-of-hospital setting, with the hypothesis that it is equivalent to the GCS score for discriminating brain injury outcomes. Conclusion: In this external validation, SMS was similar to the GCS score for predicting outcomes in traumatic brain injury in the out-of-hospital setting. [Free abstract...](#)

UPCOMING EVENTS

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

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*****

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...](#)

* Implementation of the National EMS Education Standards Workshop. September 14, 2011 Peppermill Resort, Reno NV. Click [here](#) to register...

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...](#)

*CoAEMSP Accreditation Workshop. November 14-15, 2011. Omni Hotel at CNN Center, Atlanta, GA. [For more information...](#)

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

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