NASEMSO

Washington Update

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

To subscribe to receive the *Washington Update* bi-weekly by e-mail, please click here.

August 15, 2010

In This Issue…

HEALTH AND SAFETY

HIGHWAY SAFETY

PEDIATRIC EMERGENCY CARE

TRAUMA

FEDERAL PARTNERS

INDUSTRY NEWS

INTERESTING ABSTRACTS OR WEBCASTS

47. Mobile Messaging as Surveillance Tool during Pandemic (H1N1) 2009, Mexico
48. Prehospital Ultrasound by Paramedics: Results of Field Trial
49. Hazardous Use of Car Seats Outside the Car in the United States, 2003–2007

UPCOMING EVENTS

Statewide EMS Conferences

National Conferences and Special Meetings

1. NASEMSO Members Appointed to National EMS Advisory Council

U. S. Transportation Secretary Ray LaHood has announced the appointment of 23 leaders in the EMS field to serve on the National Emergency Medical Services Advisory Council. The council, first chartered by the U.S. Dept. of Transportation in 2007, provides expert EMS advice to the department and its federal partners. It makes recommendations on key issues in the EMS field, including recruitment and retention of EMS personnel, quality assurance, federal grants for emergency services, and preparation for multi-casualty incidents. The appointments included three NASEMSO members: (press release)

- Dia Gainor, Idaho State EMS Director, Past President of NASEMSO, and Chair of NASEMSO's Highway Incident & Transportation Systems (HITS) Committee.
- Ritu Sahni, M.D., Oregon State EMS Medical Director, and faculty of Oregon Health & Science University.
- Gary L. Wingrove, Government Relations & Strategic Affairs, Mayo Medical Transportation, past EMS Director for State of Minnesota, and Affiliate Member of NASEMSO.

NASEMSO congratulates all appointees!!

2. NASEMSO Joins EMS Associations in Support of Allocation of 700MHzD to Public Safety

NASEMSO has joined several national EMS organizations in supporting allocate the 700 MHz D block to public safety for use in conjunction with the 700 MHz broadband spectrum licensed to the national public safety broadband license holder and to coordinate both sets of spectrum through that license holder and its public safety representative board. The coalition opposes the FCC's announced plans to hold a commercial auction. For more information read the letters to Congress:

- Letter to U.S. Senate Committee on Commerce, Science & Technology and Subcommittee on Communications & Technology
- Letter to U.S. House Committee on Energy & Commerce and Subcommittee on Communications, Technology & the Internet

In related news, NASEMSO strongly commends Senator Jay Rockefeller, IV, Chairman of the Senate Commerce, Science and Transportation Committee, for announcing his intention to introduce legislation in the coming days, which directs the FCC to allocate the 700 MHz D block to public safety with funding to build out a nationwide interoperable public safety broadband network and praised Senators Joe Lieberman (I – Conn.) and John McCain (R – Ariz.) for their introduction of legislation to reallocate the 700 MHz D Block to public safety and to fund build-out and maintenance of an interoperable nationwide public safety broadband network. Their bill would join H.R. 5081 as companion legislation directing the Federal Communications Commission (FCC) to add the D Block to 700 MHz bandwidth already licensed to public safety to create a core nationwide data communications network. For more information, contact NASEMSO Program Advisor Kevin McGinnis.

3. NASEMSO Provides Comments on Draft Recommendations for Transporting Children in Ambulances

NASEMSO members provided comments to the U.S. Department of Transportation on its *Draft Recommendations for Safely Transporting Children in Specific Situations in Emergency Ground Ambulances.* In his letter to NHTSA, NASEMSO President Steve Blessing echoed several member comments, "Overall, the document represents available science and best practice recommendations from an interdisciplinary team of experienced professionals. NASEMSO deeply appreciates the tremendous effort by NHTSA's working group and believe the recommendations will move the industry towards greater scientific testing and the development of additional devices that will be cost-effective and safe for those who are faced with transporting children in ambulances." Download NASEMSO comments here.

4. NASEMSO Partners with CLIR on Voluntary Reporting System for EMS

The Center for Leadership, Innovation and Research in EMS (CLIR), along with its sponsoring organizations – the EMS Chiefs of Canada, the National EMS Management Association and the North Central EMS Institute – announces a new patient safety initiative. The EMS Voluntary Event Notification Tool (EVENT) provides an anonymous tool for EMS providers and others to report adverse events that occur in the EMS setting. CLIR is a non-regulatory, not-for-profit group that is promoting and advancing the practice and profession of EMS internationally. NASEMSO is a partner organization for EVENT and CLIR has begun seeking additional partner organizations. The EVENT system can be used to anonymously report any patient-safety related issue such as:

- "Sentinel Events" where unexpected or unintended occurrences result in serious physical injury, psychological trauma or death
- Unexpected or unintended occurrences that result in any physical injury or psychological injury of a patient, including adverse drug reactions
- "Near Misses" which are close calls that could have resulted in accident, injury or illness but did not either by chance or through timely intervention
- Equipment or device failures, malfunctions or provider errors of omission (not using when called for) or misuse (using it in the incorrect way); that cause or could cause harm to a patient.
- Lessons learned, safety ideas and/or concerns or any topic that has been vetted through local authority either without resolution or the reporting person feels that it cannot be brought up with local authority without the risk of repercussion

The EVENT system is only applicable to patient safety events that are related to care given by components of the pre-hospital or out-of-hospital EMS system including but not limited to: ambulance attendants, first responders, all levels of EMTs and paramedics, Critical Care Transport service personnel, quick response services, ambulance services, air ambulance services, dispatch centers and medical command facilities. EMS agencies that operate their own internal event reporting system are encouraged to also report their events anonymously through EVENT. For more information…

5. Senate Committee on Appropriations Passes FY2011 HHS Bill

Last week the Senate Committee on Appropriations passed the fiscal year 2011 Departments of Labor, Health and Human Services, and Education appropriations bill. Emergency Medical Care Highlights:

- Medical Home Demonstration.—The Committee included $40,000,000 for two new authorizations that support the creation of patient-centered medical homes. Research indicates that medical homes result in improved quality, reduced errors, fewer emergency visits, and fewer hospitalizations, which all result in savings to the healthcare system.
- The Committee provided $9,939,000 for the traumatic brain injury program, the same as the budget request for fiscal year 2011. The fiscal year 2010 comparable level was $9,918,000. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries as well as protection and advocacy. Such services can include: pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support.
- The Committee provided $22,500,000 for emergency medical services for children [EMSC]. The fiscal year 2010 comparable level was $21,454,000 and the budget request for fiscal year 2011 was $21,500,000.
- The Committee provided $29,314,000 for Poison Control Center activities, the same as the budget request for fiscal year 2011. The fiscal year 2010 comparable level was $29,250,000. (HRSA estimates that $7 is saved in medical spending for every dollar spent on Poison Control Centers because treatment guidance for the majority of poison exposures (over 70 percent) can be provided over the phone, thereby reducing emergency department visits, ambulance use, and hospital admissions. For that reason, the Committee stated that it is strongly supportive of ensuring that all citizens have access to poison control hotlines.)
- The Committee provided $41,200,000 for rural hospital flexibility grants, the same as the budget request for fiscal year 2011. The fiscal year 2010 comparable level was $40,915,000. Under this program, HRSA works with the States to provide support and technical assistance to Critical Access Hospitals to focus on quality and performance improvement and to integrate emergency medical services.
- The Committee provided $2,526,000 for rural and community access to emergency devices. This is the same amount as the budget request for fiscal year 2011. The fiscal year 2010 comparable level was $2,521,000.
- The Committee recommended $147,729,000 for injury prevention and control activities at the CDC. The comparable fiscal year 2010 funding level was $148,593,000. The budget request for 2011 was $147,570,000. (The Committee recognized the most likely cause of injuries in a man-made disaster will be related to explosives, and yet our emergency medical system is unprepared for bomb blast injuries, especially in a mass casualty situation. The Committee encouraged the CDC to continue its ongoing work in preparing cities and hospital systems to respond to such events, with a special emphasis on assessing the bomb blast response capacity of high-risk cities and communities.)
- The Committee recommendation included $364,254,000 for the National Library of Medicine [NLM]. The budget request for fiscal year 2011 is $364,802,000, and the comparable level for fiscal year 2010 is $350,557,000. An additional $8,200,000 is made available from program evaluation funds. Of the funds provided, $4,000,000 is for improvement of information systems, to remain available until expended. (Disaster Information Management.—The Committee encouraged NLM's continued efforts to identify and implement best practices for providing information during disasters, develop innovative products and services to serve emergency responders and preparedness activities, and conduct research to support disaster health information management and recovery efforts. The Committee also encouraged the NLM to make accessible the broad range of literature on disaster health, including an information portal for traumatic brain injury and post traumatic stress disorders.)

- The Committee has provided $159,362,000 for grants throughout SAMHSA that fund mental health and substance use treatment services targeted to homeless and at-risk families, youth and individuals. This funding includes $15,800,000, as requested by the administration, for a new inter-Departmental Homeless Initiative. (The Committee noted that research shows a wide range of positive benefits from permanent supportive housing programs, such as long-term housing stability and lower criminal justice costs, as well reductions in emergency room use, hospitalizations and other high-cost health services.)
- Emergency Care—The Committee recognized the significant findings of the 2006 Institute of Medicine Report, titled ''Hospital-Based Emergency Care: At the Breaking Point,'' which identified critical gaps in emergency medicine research. The Committee urged the Secretary to submit a report on the funding information for the past 3 years with respect to emergency medicine research, including the specific HHS agencies involved.
- The Committee recommendation included $1,045,806,000 for activities administered by ASPR. The administration requested $1,053,734,000 and the comparable funding level for fiscal year 2010 is $891,037,000
- The Committee recommendation included the following amounts for the following activities within the Office of the Assistant Secretary for Preparedness and Response:
    - Operations—$12,847,000;
    - Preparedness and Emergency Operations—$38,059,000;
    - National Disaster Medical System—$56,540,000;
    - Medical Countermeasures Dispensing—$10,000,000;
    - Global Medicine, Science, and Public Health—$10,000,000; and
    - Policy, Strategic Planning and Communications—$6,166,000.
- HPP - The Committee's recommendation includes $426,000,000, the same as the budget request, for hospital preparedness activities. The comparable funding level for fiscal year 2010 is $425,928,000.

To view the complete committee report visit http://bit.ly/beTnUD

6. HRSA Reports HIPDB/NPDB Compliance Status of Government Agencies

The Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank NPDB statutes require State licensing authorities to submit, generally within 30 days, adverse licensing and certification actions, as well as negative actions and findings, taken against health care entities, providers, suppliers, and practitioners. These reportable actions or findings include both final actions and those taken as a result of formal proceedings. HRSA developed a list of current State Agencies and Licensing Boards responsible for licensing or certifying health care professionals. In March the listing was compared to data reported to the HIPDB and NPDB to determine if these Government agencies (i.e., State Licensing Boards) had reported any actions to the Data Banks. Through this analysis HRSA determined that certain Government agencies may not have reported any adverse actions on specific professions. The Secretary of HHS is now exercising her legal authority as defined under Section 1128E(b)(6)(B) of the Social Security Act to publish a report listing Government agencies that have *failed* to meet their HIPDB reporting requirements. To view information regarding the process used for compliance efforts to date, click here. NASEMSO has received clarification that agencies that have been consistently in compliance are not listed.

7. HHS Provides $390.5 Million to Improve Hospital Preparedness and Emergency Response

States, territories, and large metropolitan areas will receive grants totaling $390.5 million to help hospitals and other health care organizations strengthen the medical surge capability across the nation. The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response will provide the funds

through the Hospital Preparedness Program. The grants enhance community resilience by increasing the ability of hospitals and healthcare facilities to respond to the public health and medical impacts of any emergency, such as natural disasters, disease outbreaks, or acts of terrorism. All states, territories and the metro areas of New York City, Chicago, Los Angeles County and Washington, D.C., will receive the 2010 Hospital Preparedness grants. The funds will be used by state and local governments to boost the readiness of hospitals and other healthcare facilities in their jurisdictions by finalizing development or improving:

- Interoperable communication systems
- Systems to track available hospital beds
- Advance registration of volunteer health professionals
- Processes for hospital evacuations or sheltering-in-place
- Processes for fatality management
- Strengthening health care partnerships at the community level
- Strengthen hospital participation in statewide and regional exercise programs.

For more information including individual state awards, click here.

8. President Signs Package to Give States $16B in Medicaid Funds

President Obama has signed into law a bill (HR 1586) that includes $16.1 billion in additional federal Medicaid funding for states through June 2011, the *Washington Post* reports. The House earlier convened for an emergency session and passed the Senate-approved aid package by a 247-161 vote. Two Republicans joined all but three Democrats in the vote on the measure. For more information...

9. FCC Program to Expand Investment in Broadband Health Care Technology

The Federal Communications Commission recently introduced a new health care connectivity program that would expand investment in broadband for medically underserved communities across the country. The program would give patients in rural areas access to state-of-the-art diagnostic tools typically available only in the largest and most sophisticated medical centers. The program's investment in broadband connectivity would not only improve medical care, but also help reduce health-care costs. It would spur private investment in networks as well as health-related applications, and would help create jobs that range from building infrastructure to developing and implementing health IT solutions. http://www.fcc.gov/Daily_Releases/Daily_Business/2010/db0715/DOC-299792A1.pdf

10. HHS Announces Final Rules to Support 'Meaningful Use' of Electronic Health Records

U.S. Department of Health and Human Services Secretary Kathleen Sebelius recently announced final rules to help improve Americans' health, increase safety and reduce health care costs through expanded use of electronic health records (EHR). Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives. **One of the two regulations announced defines the "meaningful use" objectives that providers must meet to qualify for the bonus payments, and the other regulation identifies the technical capabilities required for certified EHR technology.** A CMS/ONC fact sheet on the rules is available at http://www.cms.gov/EHRIncentivePrograms/ Technical fact sheets on CMS's final rule are available at http://www.cms.gov/EHRIncentivePrograms/.

11. NEMSIS Version 3 Data Dictionary Now Available

The National EMS Information System Version 3.0 represents a revision from the existing version 2.1.1 released in 2005 as well as the initial movement of this standard into Health Level 7 (HL7). This document represents the final and complete list of EMS data elements for version 3.

- **NEMSIS v3 Data Dictionary**
- **NEMSIS v3 Data Dictionary Overview**
- **NEMSIS v2 to v3 Element Mapping Spreadsheet**
- **NEMSIS v3 to v2 Element Mapping Spreadsheet**

The 1st NEMSIS Version 3 Software Developers Meeting is scheduled August 16 - 17, 2010 in Dallas, Tx. For more information…

12. WHO Declares End to 2009 H1N1 Influenza Pandemic

On August 10, 2010, the World Health Organization (WHO) International Health Regulations (IHR) Emergency Committee and the WHO Director-General, Dr. Margaret Chan, declared an end to the 2009 H1N1 influenza pandemic. This declaration was based on strong indications that influenza, worldwide, is transitioning toward seasonal patterns of transmission. In the majority of countries, out-of-season 2009 H1N1 outbreaks are no longer being observed, and the intensity of 2009 H1N1 influenza virus transmission is lower than that reported during 2009 and early 2010. Members of the Emergency Committee further noted that the 2009 H1N1 viruses will likely continue to circulate for some years to come, taking on the behavior of a seasonal influenza virus. This does not mean that the H1N1 virus has disappeared. Rather, it means current influenza outbreaks including those primarily caused by the 2009 H1N1 virus show an intensity similar to that seen during seasonal epidemics. Pandemics, like the viruses that cause them, are unpredictable. WHO noted that continued vigilance is extremely important, and it is likely that the virus will continue to cause serious disease in younger age groups and pregnant women, at least in the immediate post-pandemic period. For more information…

In related news, WHO is today issuing guidance on recommended activities during the post-pandemic period, including advice on epidemiological and virological monitoring, vaccination, and the clinical management of cases.

13. DHS Hosts National Dialogue on Preparedness

The Department of Homeland Security (DHS) Office of Intergovernmental Affairs and Federal Emergency Management Agency (FEMA) Protection and National Preparedness are hosting a National Dialogue on Preparedness to supplement the mission and recommendations of the Local, State, Tribal, and Federal Preparedness Task Force. At the direction of Congress, the Task Force—comprised of 35 local, state, and tribal members and 24 Federal *ex officio* members with diverse expertise in homeland security and emergency management—was formed in April to assess the state of disaster preparedness and make recommendations for improvement throughout the nation. The Task Force has been working on this mission since April, through face-to-face meetings, teleconferences, and web-based collaboration. In order to supplement and build upon the discussions of the Task Force membership, DHS is opening a dialogue to a broader range of stakeholders—to include individuals from the private sector, non-governmental and volunteer organizations, additional governmental partners across all levels, and the general public. The Department's broad stakeholder community is encouraged to join the National Dialogue, by submitting feedback and ideas at: http://preparedness.ideascale.com. The National Dialogue on Preparedness Website will be open through August 31, and will allow individuals to propose ideas, vote on popular recommendations, and tag discussion topics. More information on the Task Force is available at: http://www.fema.gov/preparednesstaskforce.

14. FEMA Seeking Comments on Proposed Stafford Revisions

The Federal Emergency Management Agency (FEMA) is accepting comments on RP9525.4, Emergency Medical Care and Medical Evacuations. This is an existing policy that is scheduled for review to ensure that the Recovery Directorate policies are consistent with current laws and regulations. This policy identifies the extraordinary emergency medical care and medical evacuation expenses that are eligible for reimbursement under the Category B, Emergency Protective Measures provision of the Public Assistance Program following an emergency or major disaster declaration. The proposed policy is available in docket ID FEMA-2010-0049. For access to the docket to read background documents or comments received, go to the Federal eRulemaking Portal at http://www.regulations.gov and search for the docket ID.

In related news, FEMA is accepting comments on RP9525.7, Labor Costs--Emergency Work. This is an existing policy that is scheduled for review to ensure that Recovery Directorate policies are up to date, incorporate lessons learned and are consistent with current laws and regulations. The purpose of this policy is to provide guidance on eligible labor costs for an applicant's permanent, temporary, and contract employees who perform emergency work Categories A and B). The proposed policy is available in docket ID FEMA-2010-0050. For access to the docket to read background documents or comments received, go to the Federal eRulemaking Portal at http://www.regulations.gov and search for the docket ID. Or download the Federal Register Notice for both the combined posting. Comments must be received by **September 13, 2010**.

15. H1N1 Policy Barriers Reported by ASTHO and NACCHO

The Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officers (NACCHO), funded by CDC's Office of Public Health Preparedness and Response (OPHPR), have completed assessments of the policy barriers, both legal and non-legal, encountered by state and local public health officials responding to pandemic influenza A (H1N1). The ASTHO report is available at http://www.astho.org/Programs/Infectious-Disease/H1N1/ and the NACCHO report is available at http://www.naccho.org/topics/H1N1/index.cfm.

16. DHS Launches "Blue Campaign" to Prevent Human Trafficking

The Department of Homeland Security has launched the Blue Campaign, a unified effort to combat human trafficking. According to the State Department's 2010 Trafficking in Persons Report, more than 12 million adults and children are subject to forced labor, bonded labor, and forced prostitution around the world. And the United States is not immune to this global problem. The elements of the Blue Campaign are organized around the "3 Ps" of the Trafficking Victims Protection Act (TVPA) of 2000: protecting victims of human trafficking through rescue, referral, and immigration relief; preventing human trafficking through targeted public outreach and education; and contributing to human trafficking prosecutions through law enforcement investigations. The Blue Campaign also emphasizes a fourth P: partnering creatively to aggressively fight trafficking in persons. It has been suggested that EMS could be helpful in identifying victims of human exploitation. To learn more about the Blue Campaign and about what you can do in your community, visit the new Blue Campaign website: www.dhs.gov/humantrafficking. You can also email the DHS Human Trafficking Initiative Steering Committee at BlueCampaign@dhs.gov.

17. ACIP Updates Recommendations on Anthrax Vaccine in Response to Terrorism

New recommendations from the Advisory Committee on Immunization Practices (ACIP) update the previous recommendations for anthrax vaccine adsorbed (AVA) previously provided in *Use of anthrax vaccine in the United States: Recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 2000;49:1--20; CDC* and *Use of anthrax vaccine in response to terrorism: supplemental recommendations of the Advisory*

Committee on Immunization Practices [ACIP]. MMWR 2002;51:1024--6) and reflect the status of anthrax vaccine supplies in the United States. This statement 1) provides updated information on anthrax epidemiology; 2) summarizes the evidence regarding the effectiveness and efficacy, immunogenicity, and safety of AVA; 3) provides recommendations for pre-event and preexposure use of AVA; and 4) provides recommendations for postexposure use of AVA. In certain instances, recommendations that did not change were clarified. No new licensed anthrax vaccines are presented. Substantial changes to these recommendations include the following: 1) reducing the number of doses required to complete the pre-event and preexposure primary series from 6 doses to 5 doses, 2) recommending intramuscular rather than subcutaneous AVA administration for preexposure use, 3) recommending AVA as a component of postexposure prophylaxis in pregnant women exposed to aerosolized Bacillus anthracis spores, 4) providing guidance regarding preexposure vaccination of emergency and other responder organizations under the direction of an occupational health program, and 5) recommending 60 days of antimicrobial prophylaxis in conjunction with 3 doses of AVA for optimal protection of previously unvaccinated persons after exposure to aerosolized B. anthracis spores. Get the revised recommendations...

18. ACEP and Legacy Interactive® to Develop Web Based Emergency Preparedness Game

The American College of Emergency Physicians (ACEP) has teamed with Legacy Interactive to develop a web based game designed to teach children and their families how to prepare for all types of hazards or emergencies. Funded by a grant from the Department of Homeland Security/FEMA, the web-based game will target multiple audiences, including children, early teens, parents, caregivers and teachers, and will focus on what to do before, during and after a disaster. The game and associated website will emphasize getting an emergency kit, having an emergency plan and being informed. For more information, go to www.disasterhero.com.

19. NIOSH Issues Report on 3M Model 8000 Respirator

In a May 2010 report, NIOSH issued findings and recommendations from an evaluation of the 3M Model 8000 respirator. The evaluation was requested by the state of California in January after a large healthcare organization reported that it was unable to successfully fit test their healthcare workers with units of the Model 8000. The organization had received these respirators from the California pandemic preparedness stockpile of FFRs, which included approximately 32 million 3M Model 8000 N95. The NIOSH evaluation found no evidence of a defect in the device. More information about this NIOSH investigation can be obtained at http://www.cdc.gov/niosh/topics/h1n1flu/N9investigation1-19-10.html. For direct access to this report go to: http://www2a.cdc.gov/hhe/select.asp?PjtName=47903&bFlag=3

20. ASPR Seeks Comments on NHSS Implementation Guide

To help the Nation achieve national health security and to implement the first quadrennial *National Health Security Strategy(NHSS) of the United States of America* (2009) and build upon the *NHSS Interim Implementation Guide for the National Health Security Strategy of the United States of America* (2009) the U.S. Government has drafted a NHSS Biennial Implementation Plan (BIP). This document is intended to describe the priority activities to occur during fiscal years 2011 and 2012 of implementation so that all sectors and segments of the Nation are working collectively and leveraging resources to achieve the same outcomes. The activities include responsible entities, timelines and measures. The target audience for the BIP is the Nation (individuals, families, communities including all sectors and governments, states and the Federal Government). It also outlines a framework for evaluation of impact of the NHSS. This document is submitted for public consideration and comment for a period of 30 calendar days at *www.phe.gov/preparedness/planning/authority/nhss/comments/*.

21. WISER for Blackberry Now Available

WISER (Wireless Information System for Emergency Responders) is a system designed to assist First Responders in hazardous material incidents. Developed by the National Library of Medicine, WISER provides a wide range of information on hazardous substances, including substance identification support, physical characteristics, human health information, and containment and suppression guidance. WISER is now available for Blackberrys at http://wiser.nlm.nih.gov/downloads_blackberry.html?email.

22. NIH Scientists Advance Universal Flu Vaccine

A universal influenza vaccine — so-called because it could potentially provide protection from all flu strains for decades — may become a reality because of research led by scientists from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. In experiments with mice, ferrets and monkeys, the investigators used a two-step immunization approach to elicit infection-fighting antibodies that attacked a diverse array of influenza virus strains. Current flu vaccines do not generate such broadly neutralizing antibodies, so they must be re-formulated annually to match the predominant virus strains circulating each year. For more information…

23. Prevention and Control of Influenza with Vaccines Updated by CDC

A new report updates the 2009 recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of influenza vaccine for the prevention and control of influenza (*CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 2009;58[No. RR-8]* and *CDC. Use of influenza A (H1N1) 2009 monovalent vaccine---recommendations of the Advisory Committee on Immunization Practices [ACIP], 2009. MMWR 2009;58:[No. RR-10])*. The 2010 influenza recommendations include new and updated information. Highlights of the 2010 recommendations include 1) a recommendation that annual vaccination be administered to all persons aged ≥6 months for the 2010--11 influenza season; 2) a recommendation that children aged 6 months--8 years whose vaccination status is unknown or who have never received seasonal influenza vaccine before (or who received seasonal vaccine for the first time in 2009--10 but received only 1 dose in their first year of vaccination) as well as children who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine regardless of previous influenza vaccine history should receive 2 doses of a 2010--11 seasonal influenza vaccine (minimum interval: 4 weeks) during the 2010--11 season; 3) a recommendation that vaccines containing the 2010--11 trivalent vaccine virus strains A/California/7/2009 (H1N1)-like (the same strain as was used for 2009 H1N1 monovalent vaccines), A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens be used; 4) information about Fluzone High-Dose, a newly approved vaccine for persons aged ≥65 years; and 5) information about other standard-dose newly approved influenza vaccines and previously approved vaccines with expanded age indications. Vaccination efforts should begin as soon as the 2010--11 seasonal influenza vaccine is available and continue through the influenza season. The recommendations also include a summary of safety data for U.S.-licensed influenza vaccines. These recommendations and other information are available at CDC's influenza website (http://www.cdc.gov/flu); any updates or supplements that might be required during the 2010--11 influenza season also will be available at this website. Recommendations for influenza diagnosis and antiviral use will be published before the start of the 2010--11 influenza seasons. Vaccination and health-care providers should be alert to announcements of recommendation updates and should check the CDC influenza website periodically for additional information.

24. Staying Safe in Extreme Heat Conditions…NIOSH Resources Provide Help

NIOSH wants to help you stay safe while working in extreme heat conditions-preventing, recognizing, and responding promptly to warning signs (http://www.cdc.gov/niosh/topics/heatstress or

http://www.bt.cdc.gov/disasters/extremeheat). Also, NIOSH's Fast Facts on the topic are available for download at http://www.cdc.gov/niosh/docs/2010-114/pdfs/2010-114.pdf.

25. DSWW Provides Opportunity to Encourage Safe EMS Operations

Drive Safely Work Week (DSWW) is the Network of Employers for Traffic Safety's (NETS) annual workplace safety campaign, providing a turnkey way to remind employees about safe driving practices.

The 2010 campaign materials focus on the dangers of distracted driving, particularly as related to the use of cell phones and texting while driving.

The program provides meaningful activities to:

- Help prepare an organization for the launch of a new cell phone policy;
- Reinforce an existing policy; or
- Build awareness of the issues related to distracted driving and help develop strategies to minimize distractions.

The DSWW tool kit has everything needed to launch a successful campaign:

- Activities for each day, including interactive, electronic-based tools
- Daily communications messages
- Downloadable graphics

The DSWW campaign has been sponsored by the Network of Employers for Traffic Safety (NETS) since 1996. Although the national observance of the campaign takes place each year during the first week of October, the materials are not dated and can be used throughout the year for continued promotion of safe driving practices. For more information…

26. Transportation Secretary Announces Second National Distracted Driving Summit

U.S. Transportation Secretary Ray LaHood recently announced that the second National Distracted Driving Summit will be held on September 21, 2010, in Washington, DC. To build on the growing momentum sparked by the first summit last fall, Secretary LaHood will convene leading transportation officials, safety advocates, law enforcement, industry representatives, researchers, and victims affected by distraction-related crashes to address challenges and identify opportunities for national anti-distracted driving efforts. In the year since Secretary LaHood convened the first Distracted Driving Summit, efforts to curb distracted driving have grown exponentially. Dozens of state and local governments have enacted anti-distracted driving legislation and the federal government has established texting bans for commercial truck and bus drivers. The Department of Transportation helped victims establish a national non-profit advocacy organization called FocusDriven and launched pilot law enforcement campaigns in Hartford, CT and Syracuse, NY. To learn more and get involved in the DOT's efforts to stop distracted driving, please visit www.distraction.gov. Additional details will be released as they become available at www.distraction.gov/2010summit.

27. CDC Publishes Data on Children's Health

America's Children In Brief: Key National Indicators of Well-Being, 2010 was compiled by the Federal Interagency Forum on Child and Family Statistics, a working group of 22 federal agencies that collect, analyze, and report data on issues related to children and families. The report groups the most recently available major federal statistics on children and youth under several domains: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. The purpose of the report is to provide statistical information on children and families in a nontechnical, easy-to-use format in order to stimulate discussion among data providers, policymakers, and members of the public. Go to **America's Children: Data on Child Well-Being, 2010**.

28. EMSC and NRC Transition State Partnership Technical Assistance Responsibilities

In light of recent staff additions at Health Resources and Services Administration (HRSA), the EMSC Program has begun transitioning most of the State Partnership Technical Assistance work, originally housed at the National Resource Center (NRC), to HRSA. Beginning July 28, states should begin contacting their HRSA Technical Assistance Representative for questions or technical assistance related to the State Partnership Grant Program and performance measures. The transition process will continue through the end of August. The NRC will begin work on new projects that the EMSC Program is prioritizing in lieu of the state partnership work. For more information and to find out who your HRSA representative will be, please contact either Ian Weston at iweston@cnmc.org, Jocelyn Hulbert at jhulbert@hrsa.gov, or Theresa Morison-Quinata at tmorrison-quinata@hrsa.gov.

29. CDC Seeks Opinions on National Trauma Triage Protocol

The Centers for Disease Control and Prevention (CDC) extends an invitation to participate in a survey with EMS professionals to better understand the impact and implementation of the Field Triage Decision Scheme: The National Trauma Triage Protocol. Responses to this survey will help guide future updates to the Field Triage Decision Scheme and related educational programs over the next few years. As a thank you, participants will have the opportunity to order free copies of the field triage materials and orange or green field triage bracelets once the survey is completed. If the survey cannot be accessed using the link above, visit www.CDCSurvey.com and enter the survey ID: 8qocpys6.

30. NTSB Releases 2009 Annual Report to Congress

The National Transportation Safety Board (NTSB) recently delivered its 2009 Annual Report to Congress, which provides a comprehensive accounting of ongoing and completed investigations, as well as other agency activities. The report also highlights successes for the Most Wanted List of Transportation Safety Improvements. New to the 2009 report are enhanced features that illustrate the scope and complexity of the NTSB's work. Among these features are: maps of regional office locations in addition to investigation launch-site maps; additional information describing how non-investigative units support the NTSB mission; key industry facts showing the impact and breadth of completed agency work; and updated "At A Glance" boxes calling out the status of recommendations, investigation and report production statistics, and staff demographics. Among the highlights from the year's activity described in the report are that the NTSB issued 240 new safety recommendations across all transportation modes. Closed recommendations encompass 42 aviation, 10 highway, 14 marine, 6 railroad, and 2 pipeline safety improvements. During 2009, the NTSB also initiated 13 major accident launches and released 19 major investigative reports. A copy of the 2009 Annual Report to Congress may be found here.

31. NHTSA Calls for Comments on Rear Seat Belt Mandate

A petition for rulemaking filed by Public Citizen and Advocates for Highway and Auto Safety would require automobile manufacturers to install seat belt reminder systems (SBRS) for rear designated seating positions in light passenger vehicles. The National Highway Traffic Safety Administration is asking for comments by Aug. 30 about the costs, technology, consumer acceptance, and effectiveness of the proposed change; commenters should use www.regulations.gov and Docket No. NHTSA-2010-0061. SBRS information is available to consumers at www.safercar.gov. Currently, 479 of 493 vehicle models have an SRBS that exceeds the relevant safety standard, FMVSS No. 208, which sets a minimum audible and visual signal duration, but almost all of the systems available are for front seats only.

32. HHS Panel Grapples with Patient Consent

According to a recent article in Government Health IT, an HHS advisory committee has approved several models for strengthening the privacy and security of health information exchange that will allow patients to either opt-in or opt-out of taking part in the exchange of the data. A privacy and security 'tiger team' developed a list of factors that will activate the need to obtain patient consent, including when the individual's health information is no longer under control of the patient or the patient's provider and when a third party retains the patient's information for future use, said Paul Egerman, software entrepreneur and co-chair of the tiger team. The tiger team's mission is to come up with solutions to thorny privacy and security challenges in health information exchange in programs funded by the Office of the National Coordinator for Health IT. For more information…

33. Several Federal Agencies Engaged in Battling Prescription Drug Abuse

Several new federal reports reveal the magnitude of substance abuse occurring from prescription medications. Michele M. Leonhart, Acting Administrator of the Drug Enforcement Administration (DEA), Gil Kerlikowske, Director of National Drug Control Policy (ONDCP), and Thomas McLellan, Deputy Director of ONDCP, joined Peter Delany, Director of Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Applied Studies to release a new study showing a 400 percent increase in substance abuse treatment admissions for prescription pain relievers. The study, Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers 1998-2008, conducted by the SAMHSA, and based on the agency's Treatment Episode Data Set (TEDS) reveals a 400 percent increase between 1998 and 2008 of substance abuse treatment admissions for those aged 12 and over reporting abuse of prescription pain relievers. The increase in the percentage of admissions abusing pain relievers spans every age, gender, race, ethnicity, education, employment level, and region. The study also shows a more than tripling of pain reliever abuse among patients who needed treatment for opioid dependence. Recent SAMHSA data also reveals that during 2008, an estimated 263,871 drug-related ED visits were made by adolescents. Nearly one tenth of these (8.8 percent, or 23,124 visits) involved a suicide attempt. Many of the ED visits involved multiple drugs, with an overall average of 1.8 drugs (including alcohol) per ED visit (2.0 for males; 1.7 for females). Females accounted for nearly three fourths (72.3 percent) of the ED visits for drug-related suicide attempts among adolescents. Pharmaceuticals were involved in 95.4 percent of ED visits for drug-related suicide attempts among adolescents. Several related sources point to the abundance of unused medications in home medicine cabinets creating easy access. For more information, see…

- MMWR: Emergency Department Visits Involving Nonmedical Use of Selected Prescription Drugs --- United States, 2004--2008 Weekly June 18, 2010 / 59(23);705-709
- SAMHSA: The DAWN Report Emergency Department Visits for Drug-related Suicide Attempts by Adolescents: 2008
- DEA: The TEDS Report Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers: 1998 and 2008

Upcoming COCA Call: Opioid Analgesics: The Epidemiology of Misuse and Advice on Prescribing
Date: Tuesday, August 17, 2010
Time: 1:00 PM – 2:00 PM (Eastern Time)
Call Number: 888-790-6180
Passcode: 8107342

In related news, the US Food and Drug Administration (FDA) has unveiled a new plan designed to curb the curbing recreational use of opioid analgesics. The long-awaited and controversial Risk Evaluation and Mitigation Strategy

(REMS) for long-acting and extended-release opioids includes mandatory prescriber and patient education. Physicians and advocates for pain patients hailed the FDA's proposal for addressing the growing opioid abuse problem while not impeding legitimate access to pain treatment. However, an FDA panel recently voted overwhelmingly against the controversial REMS. The 25 to 10 vote against the proposal sends a strong message to regulators that new recommendations will require more teeth. Most committee members said safety measures for opioids are urgently needed, but voiced concern that the current approach does not go far enough to protect the public. The proposal is available on the FDA's Web site.

34. FDA Updates Information on Drug Shortages

The Food and Drug Administration (FDA) has recently updated availability information related to the following medications:

- Drug Shortages: Current Drug Shortages: Calcium Chloride Injection (updated)
- Drug Shortages: Current Drug Shortages: Dextrose 50% injection (updated)
- Drug Shortages: Current Drug Shortages: Epinephrine 0.1 mg/mL Emergency Syringes 10 mL LifeShield Abboject syringe with 1.5 inch, 21-gauge needle (NDC 00409-4921-34) (updated)
- Drug Shortages: Current Drug Shortages: Furosemide Injection 10mg/ml (updated)
- Drug Shortages: Current Drug Shortages: Haloperidol Decanoate Injection (updated)
- Drug Shortages: Current Drug Shortages: Naloxone Injection (updated)
- Drug Shortages: Current Drug Shortages: Pancuronium Injection (updated)
- Drug Shortages: Current Drug Shortages: Propofol Injection 10mg/ml, 20ml 25s, 50ml 20s, 100ml 10s
- Drug Shortages: Current Drug Shortages: Vecuronium Injection (updated)

35. Gulf Oil Spill Clinical Guidance Now Available

CDC has new Gulf Oil Spill resources available for healthcare providers treating response workers and coastal residents. The clinical guidance and related talking points listed below provide information about potential health hazards, patient care considerations, health effects surveillance data, behavioral health risks and additional resources.

- NEW: Condensed Human Health Interim Clinical Guidance with Mental Health Guidance
- Key Points - Deepwater Horizon Oil Spill and Human Health Interim Clinical Guidance
- Deep Water Horizon Oil Spill Human Health Interim Clinical Guidance

For more information and additional Healthcare Professionals resources visit:
http://emergency.cdc.gov/gulfoilspill2010/health_professionals.asp

36. CMS Invites Comments on Ambulance Reimbursement Rates

The Centers for Medicare and Medicaid Services (CMS) has issued proposed rules that would have a substantial effect on air and ground ambulance providers participating in the Medicare and Medicaid programs. The proposed rulemaking calls for some changes in ambulance reimbursement rates, including:

- Reporting mileage to the nearest one-tenth of a mile beginning on January 1, 2001. Currently, mileage is rounded up to the nearest whole dollar. Trips over 100 loaded miles would continue to be rounded up the nearest whole dollar.

- Decreasing the annual ambulance reimbursement updates by the "Multi-Factor Productivity" (MFP) adjustment. CMS is mandated to implement this adjustment by the recently enacted healthcare reform law. The MFP adjustment could, and most likely would, result in a lower reimbursement from the previous year.
- Requiring air medical providers to present certifications indicating they meet the FAA aviation requirements under Part 135 and the medical requirements outlined by the relevant state authority.
- Implementing the Medicare ambulance add-on payment extensions and air ambulance zip code hold harmless as outlined in the healthcare reform legislation. These extension are retroactive to January 1, 2010 and will expire on December 31, 2010.

Several national EMS organizations have submitted comments to CMS. Read AAA's Fractional Mileage Comment Letter . To view the Proposed Rule visit http://edocket.access.gpo.gov/2010/pdf/2010-15900.pdf
The public comment period on this rule will run through August 24th.

37. CMS to Host Educational Call on Medicare Fee-For-Service (FFS) Implementation

The Centers for Medicare & Medicaid Services (CMS) will host its ninth national education call regarding Medicare FFS's implementation of HIPAA Version 5010 and D.0 transaction standards on August 25, 2010, 2:00pm To 3:30pm ET. This session will focus on the 835 Electronic Remittance Advice transaction. Subject matter experts will review Medicare FFS specific changes as well as general information to help the audience prepare for the transition; the presentation will be followed by a Q&A session. The presentation will be available on the CMS website by clicking on the following link: http://www.cms.gov/Versions5010andD0/V50/list.asp Registration will close at 2:00 p.m. EST on August 24, 2010, or when available space has been filled. Target Audience: Vendors, clearinghouses, and providers who will need to make Medicare FFS specific changes in compliance with HIPAA version 5010 requirements. In order to receive the call-in information, you must register for the call. For more information…

38. CoAEMSP Offers Time Extension to Program Directors Needing Degree for Accreditation

One of the requirements for accreditation of Paramedic educational programs is that the program director must possess a Bachelors degree. Because some programs may find it difficult to meet this requirement by the 2013 date, the CoAEMSP Board of Directors has approved a Bachelors Degree Plan for Program Directors. This plan provides an extended period of time for the program director of a program seeking Initial Accreditation to obtain his/her Bachelors degree. **To be eligible for this plan, the program must submit its Initial Accreditation Self Study Report (ISSR) and fees to the CoAEMSP for evaluation prior to January 1, 2011.** Doing so will allow the program director to demonstrate that qualification by current enrollment and continual satisfactory academic progress (defined as a minimum of 15 semester hours per year) toward a Bachelors degree until successfully completed. Submission of a completed ISSR by January 1, 2011, will make the program director eligible for the extended period of time to complete a Bachelors degree. More information is available here. For additional information or assistance, contact Bill Goding at bill@coaemsp.org or 817.330.0080, x113.

39. "Vince and Larry" Become Permanent Additions to Smithsonian

The U.S. Department of Transportation is donating a number of "Vince and Larry" crash-test dummy costumes and related auto safety items to the Smithsonian Institution. These objects now become part of the permanent collection of the Smithsonian's National Museum of American History in Washington, DC. Beginning in 1985, the National Highway Traffic Safety Administration promoted highway safety through a series of public service television spots starring actors dressed up as talking crash test dummies Vince and Larry. The spots aired on television and radio and also ran in magazines. The campaign, conducted through 1998, used slapstick humor and

comical antics to remind people of the importance of wearing a seat belt. At a recent ceremony, NHTSA Administrator David Strickland formally transferred the "Vince and Larry" objects to the Smithsonian. "The Vince and Larry ads, along with our high-visibility enforcement campaign Click It or Ticket, have proved tremendously helpful in building public awareness of seat belt use," said Administrator Strickland. "As a result, today, a record high of 84 percent of Americans buckle up."

40. Grant from Duke Endowment Provides Critical Ambulance Cardiac Resuscitation Equipment

North Carolina patients with a life threatening illness or injury will have a better chance of survival through a $2.15-million grant recently awarded by The Duke Endowment to the N.C. Department of Health and Human Services. This grant will provide medical devices to EMS agencies and assist EMS professionals in rapidly identifying patients who are experiencing a life threatening event as well as provide vital information guiding the correct treatment. These devices also can assist EMS in identifying which patients require hospitals specializing in heart, stroke, trauma, or intensive care. Currently one-third of North Carolina's 1,000 on-duty EMS ambulances and response vehicles do not have capnography equipment and one-fourth do not have 12-lead electrocardiogram (ECG) devices which monitor the heart. This grant will close that gap by providing funding to enable local EMS agencies to purchase the needed devices. The end result will be improved response, care and outcomes for patients experiencing life threatening illness, injury, or cardiac arrest. Funding will focus on in-service units that need the equipment. For more information…

41. Input on Design of New National Memorial Sought

The National EMS Memorial Service is accepting ideas and suggestions for incorporation into the design of the new National Memorial honoring fallen Emergency Medical Service providers. This call for ideas and suggestions is NOT a call for complete design concepts but rather a call for ideas as to what elements should be included in the final design. Our hope is to provide the EMS community with as much input to the process as possible. The deadline is September 15, 2010. For more information…

42. Trends and Characteristics of US Emergency Department Visits, 1997-2007. *JAMA.* 2010;304(6):664-670. From 1997 to 2007, the rates of visits to emergency departments in the U.S. increased significantly, particularly among adults with Medicaid, according to a study in the August 11 issue of *JAMA*. Emergency departments (EDs) are unique providers for health care in the United States because services are provided to all persons regardless of insurance or ability to pay. "As such, the Institute of Medicine has labeled EDs as 'the Safety Net of the Safety Net . . . the provider of last resort for millions of patients who are uninsured or lack adequate access to care from community providers.' Among all EDs, the Centers for Disease Control and Prevention further identified a subset as safety-net EDs because these EDs provide a disproportionate share of services to Medicaid and uninsured persons," the authors write. Recent studies have suggested an increasing number of uninsured and underinsured persons using emergency departments, with the potential effects of this a concern for the health care safety net, according to background information in the article. View the complete abstract…

43. Just one drop: the significance of a single hypotensive blood pressure reading during trauma resuscitations. J Trauma. 2010 Jun;68(6):1289-94; discussion 1294-1295. Single, isolated hypotensive blood pressure (BP) measurements frequently are ignored or considered "erroneous." Although their clinical significance remains unknown, (authors) hypothesized that single, isolated hypotensive BP readings during trauma resuscitations signify the presence of severe injuries that often warrant immediate intervention. METHODS: A prospective observational study was performed on all trauma patients admitted from June 2008 to January 2009. Patients with a single systolic blood pressure (SBP) reading <110 mm Hg during their trauma resuscitation were evaluated, and

demographics, hemodynamics, resuscitation (fluids, blood products, and duration), injuries, and operative or endovascular management were analyzed. Single and multiple variable logistic regression analyses were performed. Cutpoint analysis of the entire range of lowest single SBP measurements determined which SBP value best predicted the need for immediate therapeutic intervention. RESULTS: Patients (n = 145) were predominantly male (77.2%) but age (mean, 35.1 +/- 15.3 years) and injury mechanisms varied (penetrating, 46.2%; blunt, 53.8%). Cutpoint analysis determined that a single SBP reading <105 mm Hg best predicted the need for immediate therapeutic intervention. Although 38.1% patients with isolated SBP <105 mm Hg measurements underwent immediate therapeutic operative or endovascular procedures, only 10.4% ($p < 0.001$) with isolated SBP >or=105 mm Hg required these procedures. Patients were 12.4 times (confidence interval: 2.6-59.2; $p = 0.002$) more likely to undergo immediate therapeutic intervention than those with a single SBP >or=105 mm Hg. CONCLUSIONS: Single, isolated hypotensive BP measurements during trauma resuscitations should not be ignored or dismissed. Instead, our results suggest that a single SBP reading <105 mm Hg is associated with severe injuries that often require immediate operative or endovascular treatment and surgical intensive care unit admission.

44. Tracheal intubation in daylight and in the dark: a randomised comparison of the Airway Scope®, Airtraq®, and Macintosh laryngoscope in a manikin. Published in *Anaesthesia* Volume 65, Issue 7, pages 684–687, July 2010. Fifteen anaesthetists attempted to intubate the trachea of a manikin lying supine on the ground using the Airway Scope®, Airtraq® or Macintosh laryngoscope in three simulated conditions: (1) in room light; (2) in the dark and (3) in daylight. The main outcome measure was the time to ventilate the lungs after successful intubation; the secondary outcome was the success rate of ventilation within 30 s. In room light and in the dark, ventilation after successful tracheal intubation could always be achieved within 30 s for all three devices. There were no clinically meaningful differences in time to ventilate between the three devices. In daylight, time to ventilate the lungs for the Airway Scope was significantly longer than for the Macintosh blade ($p < 0.0001$; 95% CI for difference 27.5–65.0 s) and for the Airtraq ($p < 0.0001$; 95% CI for difference 29.2–67.6 s). Ventilation was always successful for the Macintosh and Airtraq laryngoscopes, but for the Airway Scope, only one of 15 participants could successfully ventilate the lungs ($p < 0.0001$). Therefore, the Airway Scope may have a role for tracheal intubation under room light or in darkness, but may not be so useful in daylight. In contrast, the Airtraq may have a role in both darkness and daylight. Subscription required for article.

45. Comparison of Flexiblade™ and Macintosh laryngoscopes: cervical extension angles during orotracheal intubation. Published in *Anaesthesia* Volume 65, Issue 7, pages 692–696, July 2010. The Flexiblade™ is a new laryngoscope with a flexible blade, a handle and a lever, allowing gradual flexion over the distal half of the blade. In this study, we aimed to compare cervical vertebral movements during tracheal intubation with the Flexiblade and Macintosh laryngoscope in 32 patients undergoing elective surgery requiring general anaesthesia ($n = 16$ per group). Fluoroscopic images of cervical movement were captured before, during and after intubation and evaluated by a radiologist. C1–C2 cervical vertebral movement was significantly reduced during the intubation in the Flexiblade group ($p < 0.0001$). C2–C3 cervical movement was similar in both groups ($p = 0.81$). No significant differences were noted in success rates for intubation, oxygen saturation levels, haemodynamic variables or intubation-related injury. The decreased extension angle between C1–C2 during Flexiblade laryngoscopy compared with Macintosh laryngoscopy may be an advantage where neurological damage with cervical movement is a concern. Subscription required for article.

46. Comparison of two instructional modalities for nursing student CPR skill acquisition. Resuscitation Volume 81, Issue 8, August 2010, Pages 1019-1024 . The purpose of the study was to compare performance based measures of CPR skills (compressions, ventilations with bag-valve-mask (BVM), and single

rescuer CPR) from two types of CPR courses: a computer-based course (HeartCode™ BLS) with voice advisory manikin (VAM) feedback and instructor-led (IL) training with traditional manikins. 604 nursing students from 10 schools of nursing throughout the United States were randomized by school to course type. After successful course completion, students performed 3 min each of compressions; ventilations with BVM; and single rescuer CPR on a Laerdal Resusci Anne® SkillReporter™ manikin. The primary outcome measures were: (1) compression rate, (2) percentage of compressions performed with adequate depth, (3) percentage of compressions performed with correct hand placement, (4) number of ventilations/min, and (5) percentage of ventilations with adequate volume. **Results:** There were no differences in compression rates between the two courses. However, students with HeartCode BLS with VAM training performed more compressions with adequate depth and correct hand placement and had more ventilations with adequate volume than students who had IL courses particularly when learning on hard molded manikins. During single rescuer CPR, students who had HeartCode BLS with VAM training had more compressions with adequate depth and ventilations with adequate volume than students with IL training. **Conclusion: Students who trained using HeartCode BLS and practiced with VAMs performed more compressions with adequate depth and ventilations with adequate volume than students who had IL courses.** Results of this study provide evidence to support use of HeartCode BLS with VAM for training nursing students in CPR. For more information… Subscription required for article.

47. Mobile Messaging as Surveillance Tool during Pandemic (H1N1) 2009, Mexico

Lajous M, Danon L, López-Ridaura R, Astley CM, Miller JC, Dowell SF, et al. Mobile messaging as surveillance tool during pandemic (H1N1) 2009, Mexico [letter]. Emerg Infect Dis. 2010 Sep; [Epub ahead of print] Pandemic (H1N1) 2009 highlighted challenges faced by disease surveillance systems. New approaches to complement traditional surveillance are needed, and new technologies provide new opportunities. Authors evaluated cell phone technology for surveillance of influenza outbreaks during the outbreak of pandemic (H1N1) 2009 in Mexico. For more information…

48. Prehospital Ultrasound by Paramedics: Results of Field Trial. Published in *Academic Emergency Medicine* Volume 17, Issue 6, pages 624–630, June 2010. **Objectives:** The objective was to determine if 9-1-1 paramedics trained in ultrasound (US) could adequately perform and interpret the Focused Assessment Sonography in Trauma (FAST) and the abdominal aortic (AA) exams in the prehospital care environment. **Methods:** Paramedics at two emergency medical services (EMS) agencies received a 6-hour training program in US with ongoing refresher education. Paramedics collected US in the field using a prospective convenience methodology. All US were performed in the ambulance without scene delay. US exams were reviewed in a blinded fashion by an emergency sonographer physician overreader (PO). **Results:** A total of 104 patients had an US performed between January 1, 2008, and January 1, 2009. Twenty AA exams were performed and all were interpreted as negative by the paramedics and the PO. Paramedics were unable to obtain adequate images in 7.7% (8/104) of the patients. Eighty-four patients had the FAST exam performed. Six exams (6/84, 7.1%) were read as positive for free intraperitoneal/pericardial fluid by both the paramedics and the PO. FAST and AA US exam interpretation by the paramedics had a 100% proportion of agreement with the PO. **Conclusions:** This pilot study shows that with close supervision, paramedics can adequately obtain and interpret prehospital FAST and AA US images under protocol. These results support a growing body of literature that indicates US may be feasible and useful in the prehospital setting.

49. Hazardous Use of Car Seats Outside the Car in the United States, 2003–2007. Published in *PEDIATRICS* Vol. 126 No. 2 August 2010, pp. 352-357. An estimated 43 562 car seat–related injuries were treated in emergency departments from 2003 to 2007. This national estimate was based on a weighted sample of 1898 infants. The

average age of these infants was 4.07 ± 2.73 months, 62.4% of the injuries occurred in infants younger than 4 months, and 54.4% occurred in boys. Of these injuries, 49.1% occurred at home, 8.4% of the infants had to be hospitalized, and 84.3% of the infants suffered a head injury. The most common mechanisms of injury were infants falling from car seats, car seats falling from elevated surfaces, and car seats overturning on soft surfaces. For more information…

UPCOMING EVENTS

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

Pennsylvania State EMS Conference. September 17-18 (with preconference sessions on September 15-16), 2010 at the Lancaster County Convention Center in Lancaster, PA. More information can be found at www.pehsc.org.

TN 9th Annual Update in Acute & Emergency Care Pediatrics Conference. October 1-2, 2010. Wilderness At the Smokies Resort, Sevierville, Tennessee For more info go to: www.tnemsc.org

PULSE CHECK 2010, the 55th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association, will be held Thursday evening September 30, 2010 to Sunday morning October 3, 2010 at the Holiday Inn Albany on Wolf Road. Information is posted on the Association's web site at www.nysvara.org.

New Jersey Statewide Conference on EMS, Atlantic City November 11th - 13th 2010. For more information visit: www.njemsconference.com

New Jersey METI Games. November 11th - 12th, 2010. For more information visit www.njemsconference.com.

*25th Annual Texas EMS Conference, November 21-24. Austin Convention Center, Austin, TX. For more information visit http://www.dshs.state.tx.us/emstraumasystems/10conference.shtm.

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

* 1st NEMSIS Version 3 Software Developers Meeting. Monday, August 16 - Tuesday, August 17, 2010. Grand Hyatt DFW, inside the DFW Airport, Texas in the North America Room.

"Accreditation is not a Four Letter Word." EMS Program Accreditation Workshops presented by NAEMSE/CoAEMSP. August 20-21, 2010 in San Antonio, TX. For more information, go to http://www.naemse.org/accreditation/.

EMS Education Implementation Webinar. August 25, 2010 @ 3 pm. "**Identifying Methods to Measure Cognitive, Psychomotor, and Affective Competency**" More info including registration link at www.nasemso.org as speakers and topics are confirmed.

15th Annual NAEMSE Symposium. September 7-12, 2010. Renaissance Hotel & Convention Center in Schaumburg, IL. For more information, go to http://www.naemse.org/symposium.

EMS Education Implementation Webinar. September 15, 2010 @ 3 pm. "**Progression/Regression Strategies: Models of Success.**" More info including registration link at www.nasemso.org as speakers and topics are confirmed.

***2010 Distracted Driving Summit** September 21, 2010 Renaissance Hotel 999 Ninth Street, NW Washington, D.C. 20001

ENA Annual Meeting. San Antonio Convention Center, San Antonio, TX. General Assembly September 22-34, Scientfic Assembly September 23-25, 2010. Go to www.ena.org for more information.

NAEMT Annual Meeting at EMS EXPO 2010 - Sept. 27 – Oct. 1, 2010. Dallas Convention Center, Dallas, TX. For more information, go to http://www.firehouseevents.com/.

ACEP Scientific Assembly 2010. September 28 - October 1, 2010. Mandalay Bay, Las Vegas, NV. For more information, go to www.acep.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. October 6-7, 2010. Washington, DC. See http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx for more information.

NASEMSO Annual Meeting. October 10-15, 2010, Norfolk Marriott Waterside/Waterside Convention Center Norfolk, Virginia. More info available at www.nasemso.org. Sponsorship and exhibitor information now available.

2010 Air Medical Transport Conference October 11-13, 2010. Ft. Lauderdale, FL. For more information, go to www.aams.org.

EMS Education Implementation Webinar. October 20, 2010 @ 3 pm. "**System Update: 2010 NASEMSO Survey Results.**" More info including registration link at www.nasemso.org as speakers and topics are confirmed.

EMS Education Implementation Webinar. November 22, 2010 @ 3 pm. "**The Role of National Certification in Implementing the EMS Education Agenda.**" More info including registration link at www.nasemso.org as speakers and topics are confirmed.

ECCU 2010. Emergency Cardiac Care Update, December 8-11, 2010. San Diego, CA. Sponsored by the Citizen CPR Foundation. For more information, go to http://eccu2010.com/.

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

NASEMSO Staff Contacts

Elizabeth B. Armstrong, CAE, MAM / Executive Director
(703) 538-1799 ext. 7 - armstrong@nasemso.org

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

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

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

Mary Hedges/Program Manager
Hedges@nasemso.org

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

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

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

The Washington Update is supported by a cooperative agreement between NASEMSO and NHTSA OEMS, with funds also provided by HRSA/EMSC. Feel free to share this publication with your colleagues. To subscribe to receive the *Washington Update* bi-weekly by e-mail, please click here.