



# *Washington Update*

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**October 22, 2010**

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**1. FEMA Deputy Administrator and DHS Assistant Secretary Address NASEMSO Annual Meeting**

The Federal Emergency Management Agency (FEMA) Deputy Administrator Rich Serino and the Department of Homeland Security (DHS) Assistant Secretary for Health Affairs and Chief Medical Officer Dr. Alexander Garza each addressed the 2010 Annual Meeting of the National Association of State EMS Officials (NASEMSO) recently in Norfolk, VA. Deputy Administrator Serino spoke about the importance of public preparedness, planning for the entire community, and working together as a team to respond to and recover from emergencies. Assistant Secretary Garza discussed how the Office of Health Affairs interfaces with EMS officials as part of their efforts to protect the American people from threat of terrorism and disasters. NASEMSO sincerely appreciates the efforts and participation of these individuals with our annual meeting. [Read the FEMA Press release...](#)

**2. NASEMSO Elects New Officers at 2010 Annual Meeting**

The National Association of State EMS Officials is pleased to announce the election of new officers:

- **President**-- D. Randy Kuykenall (CO)
- **President Elect**-- Jim DeTienne (MT)
- **Secretary**-- Robin Shively (MI)
- **Treasurer**-- Paul Patrick (UT)

In related action, the following Regional Representatives were elected:

- **East** – Joe Schmider (PA)
- **South Central** – Dennis Blair (AL)
- **North Central** – Kirk Schmitt (IA)
- **West** – Terry Mullins (AZ)

New Council Chairs include:

- **Data**— Stephanie Daugherty (FL)
- **Education and Professional Standards**— Marilyn Bourn (CO)
- **Medical Directors**— Carol Cunningham, MD (OH)
- **Pediatric Emergency Care**— Katrina Altenhofen (IA)
- **Trauma Managers**— Tim Held (MN)

Steve Blessing (DE) will continue to serve as NASEMSO’s Immediate Past President.

**3. NASEMSO Adopts Resolutions Related to Trauma, EMS Reimbursement, and Education Agenda**

At its Annual Meeting in Norfolk, NASEMSO adopted landmark resolutions supporting implementation of the EMS Education Agenda for the Future: A Systems Approach (*Education Agenda*.) Results from the 2009-2010 NASEMSO Annual Education Agenda Statewide Implementation Surveys were used to estimate a timeframe when the majority of states projected readiness for implementation of the scope of practice levels described as part of the *Education Agenda*. The resolutions also acknowledge the roles of the Committee on Accreditation of Educational

Programs for the EMS Professions (CoAEMSP) in National EMS Program Accreditation and the National Registry of EMTs (NREMT) in National EMS Certification. Another resolution addresses affiliated health care facilities seeking trauma center designation in a state trauma system and the need to achieve verification of trauma capabilities on its own merit. The Association also calls upon the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) to convene an ad hoc committee recommended in the Institute of Medicine report *“Emergency Medical Services at the Crossroad”* to evaluate the reimbursement of EMS and make recommendations regarding inclusion of readiness cost and permitting payment without transport. The resolutions can be found on the NASEMSO web site at [www.nasemso.org](http://www.nasemso.org).

**4. NASEMSO Supports S.3756: Public Safety Spectrum and Wireless Innovation Act of 2010**

Ten national EMS organization, including NASEMSO, recently sent a letter to Senator John D. Rockefeller, Chairman, Committee on Commerce, Science and Transportation, U.S. Senate, in support of his work in the area of public safety communications. The group strongly endorses S.3756: Public Safety Spectrum and Wireless Innovation Act of 2010, stating: "The universal availability of secure, reliable, priority access and public safety grade broadband communications is critical to the advancement of emergency medical care for patients in the United States. View the letter at [www.nasemso.org](http://www.nasemso.org).

**5. EMS Insider Discounted for NASEMSO Members**

If you’re involved in EMS management, you have a responsibility to reduce liability exposure and manage risk. You can’t do that in an information vacuum. You need reliable and frequently updated guidance, the kind you get each month from EMS Insider. The EMS Insider is a fundamental resource for EMS management professionals, with inside information to improve your bottom line and protect you from liability. It pays for itself by bringing you money-saving and revenue-generating ideas. Every issue contains articles to help you:

- Maximize your revenue and limit liability exposure
- Avoid lawsuits and costly fines for regulatory non-compliance
- Understand how to respond to the changing health-care environment
- Find grant and funding sources
- Stay informed about the latest EMS research

Getting a single tip or insight can save a fortune; being uninformed or ill-informed can cost one. If the EMS Insider only cuts your cost exposure, that’s a big return on investment! Click [here](#) to view a sample issue and then subscribe today for only \$99. That’s a savings of 55%! Your paid subscription to EMS Insider includes access to the online archives containing issues from the past 16 years ... a wealth of information at your fingertips. Offer valid for new U.S. customers only. Please contact Jenna Engelstein at [J.Engelstein@Elsevier.com](mailto:J.Engelstein@Elsevier.com) with any questions.

**6. HHS Announces \$42.5M for Public Health Improvement Programs through the Affordable Care Act**

U.S. Department of Health and Human Services Secretary Kathleen Sebelius recently announced that the Centers for Disease Control and Prevention (CDC) has awarded funding for 94 projects totaling \$42.5 million to state, tribal, local and territorial health departments to improve their ability to provide public health services. This funding, made possible through the new Prevention and Public Health Fund created by the Affordable Care Act, will be distributed through cooperative agreements to 49 states, eight federally recognized tribes, Washington, D.C., nine large local health departments, five territories, and three Affiliated Pacific Island jurisdictions to maximize public health efforts. More information, including state by state listings, is available [here](#).

**7. CDC Provides Update on Public Health Preparedness by States**

A new report by the Centers of Disease Control and Prevention (CDC) highlights progress in preparedness and presents data on a broad range of preparedness and response activities occurring at state and local levels across the nation. The report features national data and individual fact sheets for the 50 states and four directly funded localities (Chicago, the District of Columbia, Los Angeles County and New York City) supported by CDC’s Public Health Emergency Preparedness (PHEP) Cooperative Agreement. An overview of the preparedness activities and challenges in the U.S. territories, commonwealths, and freely associated states funded by PHEP are also included. Fact sheet data expand and update those presented in CDC’s first state preparedness report (2008), and cover activities conducted in 2008 and 2009. The report also highlights state and local preparedness and response

activities occurring during the 2009 H1N1 influenza pandemic. Download *Public Health Preparedness: Strengthening the Nation's Emergency Response State by State* [here](#).

### 8. News Locator Service Now Available from NACCHO

The National Association of County and City Health Officials (NACCHO) announces "Local Health Departments in the News", a first-ever, ongoing, publicly-available collection of news stories about public health issues facing communities across the nation. News clips are searchable by state or in the following subject areas: budget cuts, County Health Rankings, H1N1, good news and more. As the media continues to cover the hard choices made by local health departments and community partners in these lean budget times, now there's an opportunity for you to follow the stories at: <http://www.naccho.org/newsmap>.

### 9. FAA Publishes Proposed Rulemaking for Medical Helicopters

The U.S. Department of Transportation's Federal Aviation Administration (FAA) has proposed broad new rules for helicopter operators, including air ambulances, which, if finalized, would require stricter flight rules and procedures, improved communications and training, and additional on-board safety equipment. The proposed rules would require air ambulance operators to:

- Equip with Helicopter Terrain Awareness and Warning Systems (HTAWS).
- The proposal seeks comments on requirements for light-weight aircraft recording systems (LARS).
- Conduct operations under Part 135, including flight crew time limitation and rest requirements, when medical personnel are on board.
- Establish operations control centers if they are certificate holders with 10 or more helicopter air ambulances.
- Institute pre-flight risk-analysis programs.
- Conduct safety briefings for medical personnel.
- Amend their operational requirements to include Visual Flight Rules (VFR) weather minimums, Instrument Flight Rules (IFR) operations at airports/heliports without weather reporting, procedures for VFR approaches, and VFR flight planning.
- Ensure their pilots in command hold an instrument rating.
- Under the proposal, all commercial helicopter operators would be required to:
- Revise IFR alternate airport weather minimums.
- Demonstrate competency in recovery from inadvertent instrument meteorological conditions.
- Equip their helicopters with radio altimeters.
- Change the definition of "extended over-water operation" and require additional equipment for these operations.

The proposed rules would also require all Part 135 aircraft, i.e. helicopter and fixed wing on-demand operators, to:

- Prepare a load manifest.
- Transmit a copy of load manifest documentation to their base of operations, in lieu of preparing a duplicate copy.
- Specify requirements for retaining a copy of the load manifest in the event that the documentation is destroyed in an aircraft accident.

In addition, the proposal would require Part 91 general aviation helicopter operators to revise the VFR weather minimums.

The Notice for Proposed Rule Making (NPRM) was published in the Federal Register on October 12th and the 90-day public comment period closes on Jan. 10, 2011. The NPRM follows recommendations issued by the National Transportation Board (NTSB) after its three-day hearing last year. [For more information...](#)

### 10. New GAO Report Reflects Status of Air Medical Industry

Changes in the air ambulance industry's size and structure have led to differences of opinion about the implications for air ambulance use, safety, and services. Some industry stakeholders believe that greater state regulation would be good for consumers. While states can regulate the medical aspects of air ambulances, the

Airline Deregulation Act (ADA) preempts states from economic regulation—i.e., regulating rates, routes, and services—of air ambulances. Other stakeholders view the industry changes as having been beneficial to consumers and see no need for a regulatory change. Asked to review the U.S. air ambulance industry, GAO examined (1) changes in the industry in the last decade and the implications of these changes on the availability of air ambulances and patient services and (2) the relationship between federal and state oversight and regulation of the industry. GAO analyzed available data about the industry; synthesized empirically based literature on the industry; visited four air ambulance providers with differing views on the industry changes; and interviewed federal and industry officials. Read “*Air Ambulance: Effects of Industry Changes on Services Are Unclear*”, GAO-10-907, September 30 at <http://www.gao.gov/products/GAO-10-907> or [Highlights](#).

**11. HSIN Provides Opportunities for State Officials to Exchange Information**

The Homeland Security Information Network (HSIN) is a national secure and trusted web-based portal for information sharing and collaboration between federal, state, local, tribal, territorial, private sector, and international partners engaged in the homeland security mission. HSIN is made up of a growing network of communities, called Communities of Interest (COI). COIs are organized by state organizations, federal organizations, or mission areas such as [emergency management](#), [law enforcement](#), [critical sectors](#), and [intelligence](#). Users can securely share within their communities or reach out to other communities as needed. HSIN provides secure, real-time collaboration tools, including a virtual meeting space, instant messaging and document sharing. HSIN allows partners to work together instantly, regardless of their location, to communicate, collaborate, and coordinate. Membership in HSIN is COI-based. [For more information....](#)

**12. CQ Homeland Security Reports Imminent Changes Possible for HPP**

According to [CQ Homeland Security](#), “Hospital officials and public health experts are expressing concern that the Health and Human Services Department might transfer an important grant program out of the office responsible for pandemic disease and bioterrorism preparation, a move they say could damage the nation’s ability to react to a crisis. According to one advocacy group, the department is considering moving the Hospital Preparedness Program (HPP) from the office of the Assistant Secretary of Preparedness and Response into the Centers for Disease Control and Prevention. In a letter sent earlier this year, American Hospital Association President Rich Umbdenstock urged HHS Secretary Kathleen Sebelius not to make the change. The transfer has been proposed as a potential cost savings, Umbdenstock said. The HPP is tasked with awarding grants to help hospitals build surge capacity and take other steps to be ready for public health emergencies. CDC already runs a similar initiative called the Public Health Emergency Preparedness Program, and Umbdenstock said HHS is looking at whether a reorganization would improve efficiency without harming preparedness.” No further information is available at this time.

**13. GAO Report Addresses Management Coordination Within DHS**

Since 2003, GAO has designated implementing and transforming the Department of Homeland Security (DHS) as high risk because DHS had to transform 22 agencies—several with significant management challenges—into one department, and failure to effectively address its mission and management risks could have serious consequences for national and economic security. This high-risk area includes challenges in management functional areas, including acquisition, information technology, financial, and human capital management; the impact of those challenges on mission implementation; and management integration. GAO has reported that DHS’s transformation is a significant effort that will take years to achieve. This testimony discusses DHS’s progress and actions remaining in (1) implementing its management functions; (2) integrating those functions and strengthening performance measurement; and (3) addressing GAO’s high-risk designation. This testimony is based on GAO’s prior reports on DHS transformation and management issues and updated information on these issues obtained from December 2009 through September 2010. Read “*Department of Homeland Security: Progress Made in Implementation and Transformation of Management Functions, but More Work Remains*” GAO-10-911T, September 30 at <http://www.gao.gov/products/GAO-10-911T> or [Highlights](#).

**14. BARDA Funds Development of Next-Generation Portable Ventilators**

A \$6.7 million contract has been announced by the U.S. Department of Health and Human Services’ Biomedical Advanced Research and Development Authority (BARDA) to help fill the need for domestically manufactured, low-

cost, user-friendly and flexible next-generation ventilators. This contract to Newport Medical Instruments of Costa Mesa, Calif., is for three years. The ventilators are intended to provide respiratory support for large numbers of severely ill patients when mass casualties and shortages of experienced care providers may be expected, such as during a severe influenza pandemic or other public health emergency. The contract supports development of ventilators that utilize advanced technology, are easier for healthcare providers to use without special training, and can be used for a wider patient population. The advanced technology also considers portability and environmental factors, cost, and suitability for stockpiling. [For more information...](#)

**15. Homeland Security and Emergency Management Book Focuses on State and Local Government**

Ernest Abbott and Otto Hetzel have published the second edition of *Homeland Security and Emergency Management: A Legal Guide for State and Local Governments*. The guide provides practical insight and guidance to help state and local governments and their legal counsel protect lives, property, public safety, and the public welfare. [For more information...](#)

**16. EMR-ISAC Offers Access to ESS Services**

The Department of Homeland Security's Emergency Management and Response - Information Sharing and Analysis Center (EMR-ISAC) is offering NAEMSO members a no-cost subscription to receive EMR-ISAC information that has the potential to affect emergency plans and operations. EMR-ISAC provides no-cost information on critical infrastructure protection (CIP), resilience, threats and vulnerabilities to the leaders and operators of the nation's Emergency Services Sector (ESS). It aims to assist EMS and related disciplines in making informed decisions regarding survivability and continuity of operations before, during and after an all-hazards event. Its mission is to collect, analyze and disseminate consequential CIP and resilience information having applicability to ESS organizations. You can sign up for the following information services:

**INFOGRAMS:** Issued weekly, these contain four very short articles about the protection of the critical infrastructures of communities and their emergency responders.

**CIP Bulletins:** Published as needed, these contain timely, consequential homeland security information affecting the CIP of emergency response agencies.

ESS personnel in department or agency leadership positions also can receive the CIP (For Official Use Only) Notices. These documents are archived in a DHS secure portal and can be accessed by those whose identity and position have been appropriately validated. CIP (FOUO) Notices contain emergent, actionable information regarding threats and vulnerabilities to support effective advanced prevention, protection and mitigation activities. If you're interested in receiving a subscription, contact the EMR-ISAC at [emr-isac@dhs.gov](mailto:emr-isac@dhs.gov). View more information on EMR-ISAC [here](#).

**17. New Threat Scenarios Added to Emergency Surge Modeling Tool**

The Hospital Surge Model now allows users to estimate the resources needed to respond to emergencies involving improvised explosive devices, pneumonic plague and foodborne botulism. The Web-based interactive model now includes a total of 13 scenarios on biological incidents and attacks ranging from pandemic influenza to a nuclear explosion. Hospital and emergency planners can use the Hospital Surge Model to develop specific strategies to treat an influx of patients affected by these specific incidents. It will estimate, by day, the severity of injury and the number and flow of casualties needing medical attention for specific scenarios selected by users. The tool is available at <http://hospitalsurgemodel.org/>. The Hospital Surge Model was developed by AHRQ in collaboration with HHS' Office of the Assistant Secretary for Preparedness and Response. More than 60 other AHRQ Emergency Preparedness tools and resources are available at <http://www.ahrq.gov/prep/>.

**18. National Commission on Children and Disasters Delivers 2010 Report to Congress**

The National Commission on Children and Disasters is an independent, bipartisan body established by Congress and the President to identify gaps in the Nation's disaster preparedness, response, and recovery for children and make recommendations to close the gaps. The commission was established under the Kids in Disasters Wellbeing,

Safety, and Health Act of 2007. In its October 2009 Interim Report, the Commission found serious deficiencies in the state of emergency preparedness for children. The 2010 Report to the President and Congress builds on the findings and recommendations in that Report. The Commission examined and assessed the needs of children in relation to the preparation for, response to, and recovery from all hazards, including major disasters and emergencies. The Commission reports findings and recommendations relating to: child physical health, mental health, and trauma; child care in all settings; child welfare; elementary and secondary education; sheltering, temporary housing, and affordable housing; transportation; juvenile justice; evacuation; and relevant activities in emergency management. [For more information...](#)

**19. New Resources Available on Seasonal Influenza (Flu) in the Workplace**

October marks the beginning of the 2010-2011 influenza season. While every flu season is unpredictable, it’s likely that the 2009 H1N1 virus and regular seasonal viruses will cause illness in the U.S. during this year’s flu season. As part of a strategic approach to fighting the flu, the U.S. Centers for Disease Control and Prevention (CDC) recommends that everyone over 6 months of age get a flu vaccine as soon as it becomes available this fall. The 2010-2011 vaccine will protect against three different flu viruses: an H3N2 virus, an influenza B virus and the H1N1 virus that caused so much illness last season. The National Institute for Occupational Safety and Health (NIOSH) works with its CDC colleagues and other partners to conduct research and make recommendations to minimize work-related risks of catching the flu. In the coming weeks, this new NIOSH topic page on influenza will be updated and expanded to include a variety of resources for employers, workers, occupational health professionals, and other partners. Watch for additions soon. This page is intended to:

- Disseminate best practices for employers and workers to reduce risks of flu;
- Highlight areas where further research is needed to address current scientific uncertainties about flu transmission and prevention;
- Provide information about ongoing NIOSH research to fill current knowledge gaps about influenza.

CDC/NIOSH Resources

- [CDC - Seasonal Influenza \(Flu\)](#)
- [NIOSH - Avian Influenza](#)
- [NIOSH - H1N1 Influenza](#)
- [CDC – 2009 H1N1 Flu](#)

**20. Prevention Strategies for Seasonal Influenza in Healthcare Settings Includes EMS**

*New guidance from the Centers for Disease Control and Prevention (CDC) supersedes previous CDC guidance for both seasonal influenza and the *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings* which was written to apply uniquely to the special circumstances of the 2009 H1N1 pandemic as they existed in October 2009. As stated in that document, CDC planned to update the guidance as new information became available. Health Care Personnel refers to all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. For more information, go to <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>*

**21. NIH Study Models H1N1 Flu Spread**

As the United States prepares for the upcoming flu season, a group of researchers supported by the National Institutes of Health continues to model how H1N1 may spread. The work is part of an effort, called the Models of Infectious Disease Agent Study (MIDAS), to develop computational models for conducting virtual experiments of how emerging pathogens could spread with and without interventions. The study involves more than 50 scientists with expertise in epidemiology, infectious diseases, computational biology, statistics, social sciences, physics, computer sciences and informatics. As soon as the first cases of H1N1 infections were reported in April 2009, MIDAS researchers began gathering data on viral spread and affected populations. This information enabled them to model the potential outcomes of different interventions, including vaccination, treatment with antiviral medications and school closures. The work built upon earlier models the MIDAS scientists developed in response to concerns about a different potentially pandemic influenza strain H5N1 or avian flu. [For more information...](#)

**22. IOM Releases Workshop Summary on EUA and Using Postal Workers to Deliver Countermeasures**

During public health emergencies such as terrorist attacks or influenza outbreaks, the public health system’s ability to save lives could depend on dispensing medical countermeasures such as antibiotics, antiviral medications, and vaccines to a large number of people in a short amount of time. For example, if aerosolized anthrax were released over a large, highly-populated area, millions of people could need prophylactic antibiotics within 48 hours to survive. This is only one of many threats, and the United States needs many different medical countermeasures to be prepared for potential chemical, biological, radiological, and nuclear public health threats. However, in an emergency, the best available medical countermeasure may not already be approved by the Food and Drug Administration (FDA), or it may only be approved for other uses. The IOM’s Forum on Medical and Public Health Preparedness for Catastrophic Events held a workshop on November 18, 2009, to discuss current threats, progress made in the public health system regarding the distribution and dispensing of countermeasures, and remaining vulnerabilities. Presentations and discussions focused on two areas in which important advances recently have been made: Emergency Use Authorization (EUA), which permits the FDA Commissioner to authorize the use of unapproved medical products or the unapproved use of approved products during an emergency, and a pilot program of the Postal Model, which uses postal carriers to deliver countermeasures. This document summarizes the workshop. [Download the report...](#)

**23. NTSB Offering Course for Emergency Responders to Transportation Accidents**

The National Transportation Safety Board is offering a three-day course, "Transportation Disaster Response - A Course for Emergency Responders," at the NTSB Training Center in Ashburn, Virginia (near Washington, D.C.) on November 16-18, 2010. This course is designed specifically for local, county, state and federal emergency responders, planners and managers as well as members of organizations and agencies with accident response roles. Topics will include the incident command system, events involving terrorism and/or hazardous materials, interaction with the news media, communicating with the local community and families of the victims, assistance to family members, forensic aspects of recovery and identification, and long-term issues facing the affected community following a major disaster. The complete course description, agenda, and information on the registration process and the cost are available at: [http://www.nts.gov/Academy/CourseInfo/TDA402\\_2010.htm](http://www.nts.gov/Academy/CourseInfo/TDA402_2010.htm).

**24. Distracted Driving Summit Convened in Washington**

U.S. Transportation Secretary Ray LaHood kicked off the recent 2010 national Distracted Driving Summit by announcing new anti-distracted driving regulations for drivers transporting hazardous materials, commercial truck and bus drivers, and rail operators, and by identifying more than 550 U.S. companies – employing 1.5 million people nationwide – that have committed to enacting anti-distracted driving employee policies in the next twelve months. The Department of Transportation also released interim data this morning from its pilot enforcement campaigns in Hartford, Connecticut and Syracuse, New York, showing that its “*Phone in One Hand, Ticket in the Other*” enforcement efforts have already dramatically reduced distracted driving behavior in both cities. In kicking off the 2010 national Distracted Driving Summit, Secretary LaHood announced that he is initiating a new rulemaking to prohibit commercial truck drivers from texting while transporting hazardous materials. In addition, Secretary LaHood announced that two rules proposed at last year’s summit have now become the law of the land. Rules banning commercial bus and truck drivers from texting on the job and restricting train operators from using cell phones and other electronic devices while in the driver’s seat have been posted. To learn more about the U.S. Department of Transportation’s efforts to stop distracted driving, please visit [www.distraction.gov](http://www.distraction.gov).

**25. NIOSH Focuses on Distracted Driving as Occupational Hazard**

Distracted driving is a danger under any circumstances. Drivers are a risk to themselves and others when they take their eyes off the road, their hands off the wheel, or their mind off what they are doing. According to the National Highway Traffic Safety Administration, nearly 5,500 Americans were killed (16 percent of all traffic crash fatalities) and 448,000 were injured in motor vehicle crashes that reportedly involved distracted driving. When someone is behind the wheel while on the job, distracted driving becomes an occupational hazard. Motor vehicle crashes are the leading cause of work-related death. While it is not known with certainty how many of those incidents involve distracted driving, there is no reason to think that the role of distracted driving in fatal work-related crashes is any less than in fatal crashes in the general population. Mobile workers routinely communicate with offices and

dispatchers through cell phone calls and text messaging. The work environment may impose additional risks through in-vehicle telematics: systems that provide information on clients, schedules, and inventory. The desire to increase productivity and efficiency, as well as pressures created by tight schedules and unforeseen delays, can provide incentives for workers to make calls, send text messages, or access in-vehicle information systems while driving. NIOSH resources for reducing risks of distracted driving and other factors associated with work-related motor vehicle injury and death include:

- **“Work-Related Roadway Crashes: Prevention Strategies for Employers”**  
<http://www.cdc.gov/niosh/docs/2004-136/default.html>
- **“Work-related Roadway Crashes: Older Drivers in the Workplace”**  
<http://www.cdc.gov/niosh/docs/2005-159/>
- **NIOSH Topic Page: Motor Vehicle Safety**  
<http://www.cdc.gov/niosh/topics/motorvehicle/>

**26. New Child Traffic Safety Publication Available from NHTSA**

In a report just released by the National Highway Traffic Safety Administration (NHTSA), the agency indicates that in rollover crashes, estimated incidence rate of incapacitating injuries among unrestrained children under 8 years old was almost three times that for restrained children. This analysis indicates that use of child safety seats is effective in reducing the incidence rates of incapacitating injuries for the three age groups and in any crash type. The analysis indicates that children involved in rollover crashes had the highest incidence rates of incapacitating injuries. In rollover crashes, the estimated incidence rate of incapacitating injuries among unrestrained children was almost three times that for restrained children. In near-side impacts, unrestrained children were eight times more likely to sustain incapacitating injuries than children restrained in child safety seats. Download [Children Injured in Motor Vehicle Traffic Crashes \(DOT-HS-811-325\)](#).

**27. NHLBI Launches Body Cooling Treatment Study for Pediatric Cardiac Arrest**

The National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, has launched the first large-scale, multicenter study to investigate the effectiveness of body cooling treatment in infants and children who have had cardiac arrest. The Therapeutic Hypothermia after Pediatric Cardiac Arrest (THAPCA) trials total more than \$21 million over six years. More information, including a list of hospitals currently involved in the clinical trial, is available [here](#).

**28. DOT Announces Lowest Traffic Fatality Rate in Six Decades**

U.S. Transportation Secretary Ray LaHood recently released updated 2009 fatality and injury data showing that highway deaths fell to 33,808 for the year, the lowest number since 1950. The record-breaking decline in traffic fatalities occurred even while estimated vehicle miles traveled in 2009 increased by 0.2 percent over 2008 levels. In addition, 2009 saw the lowest fatality and injury rates ever recorded: 1.13 deaths per 100 million vehicle miles traveled in 2009, compared to 1.26 deaths for 2008. Fatalities declined in all categories of vehicles including motorcycles, which saw fatalities fall by 850 from 2008, breaking an 11-year cycle of annual increases. [For more information...](#)

In related news, the Department of Transportation's Bureau of Transportation Statistics (BTS) recently released a technical report, [Factors Involved in Fatal Vehicle Crashes](#), examining the numerous factors that contribute to the severity of fatal motor vehicle crashes. Analysis of the Fatality Analysis Reporting System (FARS) database shows single-vehicle crash fatalities are the most prevalent. The main factors are: for single-vehicle fatal crashes, whether traffic controls are working, and the first harmful event in a crash (e.g., rollover, traffic barrier, or ditch); for two-vehicle fatal crashes, traffic controls and the characteristics of the roadway (e.g., roadway alignment or surface type); and for multi-vehicle (three or more) crashes, road characteristics, vehicle speed, and road type (e.g., interstate or country road). The report can be found [here](#).

**29. Unpublished Army Research Shows Promise for Diagnosing Mild Head Injury**

According to a report published by ABC News, the Army says it has discovered a blood test that can diagnose mild traumatic brain injury. Lead by Banyan Biomarkers, researchers drew and tested the blood of 34 people taken to

the hospital for head injuries and then diagnosed with mild concussions at a trauma unit. The blood tests showed the presence of certain proteins -- biomarkers -- that do not normally show up in the blood of uninjured people. The theory is that the concussive jolt to the brain unleashes these proteins in the bloodstream. "We have found very unique, specific proteins that are released into the bloodstream when the brain cells are injured," said Army Col. Dallas Hack, M.D., the director of the Combat Casualty Care Research Program at Fort Detrick, Md. "Some of those are actually high enough in concentration, they get across into the bloodstream. ... We have been able to, in a series of patients, identify adequate quantities of two of these [proteins] that we can measure them up," Hack said. [For more information...](#)

### 30. Several TBI Resources Available from AANA

The American Association of Neurological Surgeons (AANS) has dedicated a new section of its website to sports-related head injuries, *which contribute to about 21% of traumatic brain injuries among American children and adolescents*. According to AANS, there were an estimated 446,788 sports-related head injuries treated at U.S. hospital emergency rooms in 2009, representing an increase of about 95,000 from the prior year. The sports that yielded the most head injuries in 2009 were cycling (85,389); football (46,948); baseball and softball (38,394); basketball (34,692); and water sports (28,716). AANS offers specific sports-related head injury information for several sports, including:

- **Boxing:** *Several studies have found that 15-40% of ex-boxers have some symptoms of chronic brain injury. From the 1960s through 2007, 80% of the 421 boxing-related deaths have been attributed to head, brain or neck injuries.*
- **Cheerleading:** *96% of reported concussions and closed-head injuries were preceded by the cheerleader performing a stunt.*
- **Cycling:** *Each year there are more than 500,000 bicycle-related injuries. In 2009, about 85,000 of those were head injuries.*
- **Football:** *The annual incidence of football-related concussion in the United States is estimated at 300,000.*
- **Horseback riding:** *A 2007 study by the Centers for Disease Control and Prevention found that horseback riding resulted in 11.7 percent of all traumatic brain injuries in recreational sports from 2001 to 2005, the highest of any athletic activity.*
- **Snow skiing/ snowboarding:** *Severe head trauma accounts for about 15% of all skiing and snowboarding related injuries but is the most frequent cause of death and severe disability.*
- **Soccer:** *A McGill University study found that more than 60% of college-level soccer players reported symptoms of a concussion during a single season.*

Learn more about sports-related head injuries, including injury prevention tips; comprehensive definitions related to sports-related injuries; and information about rule changes in college football to prevent head and neck injuries [here](#).

### 31. NHTSA Awards EMS Safety Grant to ACEP

Following a competitive award process, the National Highway Traffic Safety Administration's (NHTSA) has entered into a Cooperative Agreement with the American College of Emergency Physicians (ACEP) to develop and promote a National EMS "Culture of Safety" Strategy. The goal of this three-year project is to create an agenda document that identifies both opportunities and challenges in developing and promoting a culture of safety for EMS personnel and the patients they care for every day. More specific information about this project will soon be found at [www.EMS.gov](http://www.EMS.gov). You can also contact Dave Bryson of NHTSA at [dave.bryson@dot.gov](mailto:dave.bryson@dot.gov) or 202-366-4302 or Rick Murray of ACEP at [murray@acep.org](mailto:murray@acep.org) or 800-798-1822 x3260.

### 32. AHRQ Study Recommends Disclosure of Medical Mistakes That Affect Multiple Patients

Health care organizations should disclose medical mistakes that affect multiple patients even if patients were not harmed by the event, according to the Agency for Healthcare Research and Quality (AHRQ)-funded research paper "[The Disclosure Dilemma – Large-Scale Adverse Events](#)," which was published in the September 2 issue of the New England Journal of Medicine. These events include incompletely sterilized surgical equipment, poor laboratory

quality control, and equipment malfunctions and are often identified after care has been provided and can affect thousands of patients.

**33. New CDC Report Analyzes Adult Depression**

A study conducted during 2001–2002 estimated that 6.6% of the U.S. adult population had experienced a major depressive disorder during the preceding 12 months. To estimate the prevalence of current depression (within the preceding 2 weeks), CDC analyzed Behavioral Risk Factor Surveillance System (BRFSS) survey data from 2006 and 2008. This report summarizes the results of that analysis, which found that, among 235,067 adults, 9.0% met the criteria for current depression, including 3.4% who met the criteria for major depression. [For more information...](#)

In related news, the American Psychiatric Association has released revised clinical guidelines for the treatment of adult depression. View “*Practice Guideline for the Treatment of Patients With Major Depressive Disorder Third Edition*” at <http://www.psych.org/guidelines/mdd2010>.

**34. FDA Announces Prefilled Saline Flush Syringes: Recall - Potential Loss of Sterility**

The Food and Drug Administration (FDA) has announced a recall of Excelsior Medical 5 ml Fill in 6 cc Prefilled Saline Flush Syringes. Routine internal testing conducted on this product found that some of these syringes may leak and lose sterility. This recall pertains only to syringes with the following product code numbers: E0100-50, 10056-1000, 10056-240, 14056-240, 910056-1000, and S5. Exposure to syringes with a sterility issue could result in systemic infection, which may lead to serious injury and/or death. Consumers who have 5ml fill in 6 cc saline pre-filled syringes manufactured by Excelsior Medical should immediately discontinue using these syringes and return them to the point of purchase. Read the MedWatch safety alert, including a link to the company press release [here](#).

**35. 72 Days Left to Apply for Time Extension Offered by CoAEMSP to EMS Program Directors**

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. For more information, go to [www.coaemsp.org](http://www.coaemsp.org).

**36. Kavanaugh Changes Positions Within HRSA**

CAPT Daniel Kavanaugh, MSW, LCSW-C, will be leaving his position as Senior Program Manager of the federal Emergency Medical Services for Children (EMSC) Program and taking a new position within the Health Resources and Services Administration (HRSA) as the Branch Chief (Western Region) for the Maternal and Child Health Bureau’s (MCHB) Division of State and Community Health Programs. This change will be effective November 1, 2010. NASEMSO wishes Dan well in his new position!

**37. AHA Announces New CPR & ECC Guidelines**

For more than 40 years, we’ve learned the ABCs of CPR – Airway, Breathing and Compressions. Now, in new *2010 AHA Guidelines for CPR & ECC*, released early this week, AHA recommends C-A-B, Compressions, Airway and Breathing. The new C-A-B sequence allows rescuers to start with the simplest step, chest compressions, and helps to remove barriers to starting CPR immediately. The AHA Guidelines for CPR & ECC continue to emphasize high-quality CPR, focusing on delivering effective chest compressions with minimal interruptions. Many of the changes and recommendations included in the new CPR and ECC guidelines are designed to simplify CPR and increase bystander response, ultimately saving more lives. Some additional key changes include:

- A new recommended compression depth of at least 2 inches
- A new recommended compression rate of at least 100 beats per minute
- The elimination of “look, listen and feel for breathing”

- The continued recommendation that untrained rescuers provide [Hands-Only CPR](#)
- A universal sequence (algorithm) for adult CPR
- New protocols for EMS activation and training
- And much more

Visit [www.Heart.org/CPR](http://www.Heart.org/CPR) to access the full 2010 AHA Guidelines for CPR & ECC in the journal *Circulation*, Guidelines Highlights (summary of changes), news coverage, media materials, charts, graphics and more. AHA Instructors, please make sure you are registered and confirmed with the [AHA Instructor Network](#) in order to access your Official Guidelines Instructor Update – coming late-November.

In related news, the American Red Cross has conducted an initial review of the recent changes to the ECCU 2010 guidelines for CPR and Emergency Cardiovascular Care and has announced it does not plan to make any substantial changes to ARC courses as a result of the new guidelines. The ARC has posted a Press Release-- [Revised American Red Cross Statement on 2010 CPR guidelines](#).

**38. EMS Approved as an Emergency Medicine Subspecialty**

The American Board of Emergency Medicine has approved EMS as a recognized emergency medicine subspecialty. This is an important step recognizing the importance and uniqueness of prehospital care and its management. ABEM has formed an EMS Examination Task Force composed of 12 EMS physicians to develop the EMS subspecialty examination and maintenance of certification program, which may start as early as the fall of 2013. EMS becomes the sixth subspecialty available to ABEM diplomates along with Medical Toxicology, Pediatric Emergency Medicine, Sports Medicine, Undersea and Hyperbaric Medicine, and Hospice and Palliative Medicine. NASEMSO congratulates Dr. Carol Cunningham, Chair of NASEMSO’s Medical Directors Council, on her appointment to the Examination Task Force!

**39. IOM Releases Study on the Future of Nursing**

In 2008, the Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. Through its deliberations, the committee developed four key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

Obtain the (free) report and view the webcast of the release [here](#).

**40. GAO Reports on Business Practices of Group Purchasing Organizations**

Health care providers rely on group purchasing organizations (GPO) to negotiate contracts with vendors of medical products. In 2002, questions were raised about GPOs engaging in potentially anticompetitive business practices such as collecting excessively high contract administrative fees. In 2003, GAO reported that selected GPOs had adopted or revised codes of conduct to respond to the questions about their business practices, but that it was too soon to evaluate the impact of the codes of conduct. According to a new the study by the Government Accounting Office (GAO), GPOs have adopted industrywide codes of conduct to address potential conflicts of interest associated with their vendor-contracting practices and to tackle concerns that some vendors may be locked out of opportunities to supply products and services to healthcare providers. The impact of those codes met with mixed assessments from healthcare providers and vendors. GAO officials found that, for example, a number of GPOs have moved away from sole-source contracting to address concerns about vendor lockout. But the move to multisource contracts has in some cases resulted in higher prices for products. Read ["Group Purchasing Organizations: Services Provided to Customers and Initiatives Regarding Their Business Practices" \(PDF\)](#).

**41. USFA Releases Annual Fire Fighter Fatality Report**

The United States Fire Administration (USFA) recently released the report *Firefighter Fatalities in the United States in 2009*. The report continues a series of annual studies by the USFA of on-duty firefighter fatalities. The USFA is the single public agency source of information for all on-duty firefighter fatalities in the United States each year. Ninety on-duty firefighters from 33 states lost their lives as the result of incidents that occurred in 2009. Pennsylvania experienced the highest number of fatalities (8). In addition to Pennsylvania, only New York (7), North Carolina (6), Louisiana (5), and Texas (5), respectively, had 5 or more firefighter fatalities. This compares favorably to 2008's firefighter losses where 9 states experienced 5 or more on-duty fatalities. The total number of fatalities in 2009 was one of the lowest totals in more than 30 years of record. [For more information...](#)

**42. Data from EMS Deployment Field Experiments Now Available from IAFC**

The International Association of Fire Chiefs announces a new EMS deployment study has been issued by a broad coalition in the scientific, firefighting, EMS and public-safety communities. The study shows that the size and configuration of an EMS first responder crew and an advanced life support (ALS) crew has a substantial effect on a fire department's ability to respond to calls for emergency medical service. The Fire Fighter Safety and Deployment Study's [Report on EMS Field Experiments](#) is the first attempt to investigate the effects of the following on the task completion times for ALS-level incidents:

- Varying crew configurations for first responders
- The apparatus assignment of ALS personnel
- The number of ALS personnel on scene

The increasing number of EMS responses point to the need for scientifically based studies to measure the operational efficiency and effectiveness of fire departments responding to medical calls. The report was funded by the U.S. Department of Homeland Security, Federal Emergency Management Agency's (FEMA) Assistance to Firefighters Grant Program. Additional information on the [Fire Fighter Safety and Deployment Study](#) can be found online.

**43. IOM Releases Workshop Report on Public Health Effectiveness of the FDA 510(k) Clearance Process**

Manufacturers of medical devices must notify the Food and Drug Administration (FDA) 90 days before they intend to market a device, and the FDA uses that window to decide if a device is equivalent to another device already on the market. If it is equivalent, the manufacturer may introduce the device into commercial distribution without a more extensive, time-consuming, and costly review. The goals of this premarket clearance process are to make safe and effective medical devices available to consumers and to promote innovation. However, policymakers and others have raised concerns that this process has permitted devices that have not been adequately tested to reach consumers, putting their health at risk. The IOM is in the process of assessing whether the FDA's clearance process protects patients as well as it can without limiting improvements in medical devices. As part of its information-gathering process, the IOM held the first of two public workshops June 14-15, 2010. Participants offered their perspectives on the clearance process and the challenge of balancing safety and innovation. This document summarizes the workshop. [Download the workshop report...](#)

**44. Expanding Practitioner Scopes of Practice During Public Health Emergencies: Experiences from the 2009 H1N1 Pandemic Vaccination Efforts.**

Brooke Courtney, Ryan Morhard, Nidhi Bouri, Anita Cicero. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*. September 2010, 8(3): 223-231. doi:10.1089/bsp.2010.0036. In a public health emergency involving significant surges in patients and shortages of medical staff, supplies, and space, temporarily expanding scopes of practice of certain healthcare practitioners may help to address heightened population health needs. Scopes of practice, which are defined by state practice acts, set forth the range of services that licensed practitioners are authorized to perform. The U.S. has had limited experience with temporarily expanding scopes of practice during emergencies. However, during the 2009 H1N1 pandemic response, many states took some form of action to expand the practice scopes of certain categories of practitioners in order to authorize them to administer the pandemic vaccine. No standard legal approach for expanding scopes of practice during emergencies exists across states, and scope of practice expansions during routine, nonemergency times have been the subject of professional society debate and legal action. These issues

raise the question of how states could effectively implement expansions for health services beyond administering vaccine and ensure consistency in expansions across states during catastrophic events that require a shift to crisis standards of care. This article provides an overview of scopes of practice, a summary of the range of legal and regulatory approaches used in the U.S. to expand practice scopes for vaccination during the 2009 H1N1 response, and recommendations for future research. Fee required for access at <http://www.liebertonline.com/doi/abs/10.1089/bsp.2010.0036>.

**UPCOMING EVENTS**

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

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

New Jersey METI Games. November 11th - 12<sup>th</sup>, 2010. For more information visit [www.njemsconference.com](http://www.njemsconference.com).

25<sup>th</sup> 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\*\*\***

2010 NOSORH Annual Conference. November 15-17, 2010. Renaissance Hotel in Oklahoma City, Oklahoma. Please visit the [Annual Meeting page](#) on the NOSORH Web site for additional information.

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](http://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>

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