



Washington Update

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1. NASEMSO Congratulates Manz on NAEMT Lifetime Achievement Award

Dan Manz, long time NASEMSO member and former state EMS director for Vermont, received the 2013 Rocco V. Morando Lifetime Achievement Award at the recent NAEMT General Membership meeting in Las Vegas, NV. Manz currently serves as the Executive Director at Essex Rescue in Essex Junction, VT. In providing this award, the National Association of EMTs recognizes Dan’s 40-year commitment to EMS and continuous involvement in the provision of direct patient care. He was a principal investigator in the National EMS Scope of Practice Model Project and has served on the national boards of NASEMSO and the National Registry of EMTs. He is considered a leading expert in the areas of EMS education, scope of practice, credentialing, and licensure and currently serves as the chairman of NASEMSO Education Agenda Implementation Team. The Rocco Morando Lifetime Achievement Award is NAEMT’s most prestigious award. Way to go, Dan!!

2. NASEMSO Medical Directors Council to Meet in January

The NASEMSO Medical Directors Council will meet in Tucson, AZ on January 15, 2014, in conjunction with the NAEMSP Annual Meeting, January 16-19. The Medical Directors Council is one of five NASEMSO councils and is comprised of the state-designated physician or physicians from the state and territorial EMS offices. More information about the NASEMSO Medical Directors Council can be found [here](#).

3. NASEMSO Announces Call for Poster Presentations

NASEMSO cordially invites individuals to participate in its inaugural poster competition for the 2014 NASEMSO Annual Meeting in Cleveland, OH. Staff members of a State office or foundation of EMS and trauma systems (must be a primary or contributing author) are eligible to participate. EMSC staff members not employed within the state office are also eligible, as are contracted state medical directors. For more information, look for the announcement at <http://www.nasemso.org/Meetings/Annual/AnnualMeeting2014.asp>.

4. Calling All NASEMSO Authors!! SHARE Your Success!!!

NASEMSO members are accomplished professionals. Many frequently participate in system development activities, demonstration projects, clinical research, and more that are published in health, medical, and industry journals. NASEMSO and *Washington Update* would like to highlight these activities and accomplishments. Please send information related to published articles to NASEMSO Program Manager [Kathy Robinson](#). Notice of state and/or national awards are also welcome!!

5. NASEMSO Endorses Hartford Consensus II Document

The National Association of State EMS Officials (NASEMSO) Board of Directors has formally endorsed, with comments, the Hartford Consensus II document that was developed to enhance survival from active shooters and intentional mass casualty events. The document encourages medical training for external hemorrhage control by law enforcement officers and includes an acronym to describe the needed response to active shooter and intentional mass-casualty events. The acronym is THREAT:

* Threat suppression

- * Hemorrhage control
- * Rapid Extrication to safety
- * Assessment by medical providers
- * Transport to definitive care

The Hartford Consensus II document also promotes greater integration of EMS, fire, rescue, and law enforcement resources to optimize patient care. [Background here.](#) NASEMSO letter and comments are available [here](#).

6. WANTED: 2014 NASEMSO Calendar Items

It's that time of year again—refreshing the NASEMSO and WU calendar of events! While items are accepted any time during the year, if you know of upcoming dates and locations of state and national meetings that we should include, please feel free to email NASEMSO Program Manager [Kathy Robinson](#) and our webmaster [Karen Thompson](#).

7. Comments Accepted on HHS Guidance on Temporary Assignment of Personnel During PHE

The Department of Health and Human Services (HHS) is accepting comments on proposed “Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency.” Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113–5, amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of HHS with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared Federal public health emergency upon request by a state or tribal organization or their designee. This proposed guidance addresses that Provision. View the Federal Register Notice [here](#). The guidance is available online at www.phe.gov/section201. The deadline for comments is December 17, 2013.

8. New State-by-State Report Examines Growing Concern Over Prescription Drug Abuse

Overdose deaths related to prescription drugs now outnumber those from heroin and cocaine combined, signaling a rapid rise in prescription drug abuse since 1999. A new report by Trust for America’s Health, supported by the Robert Wood Johnson Foundation, highlights and scores states on 10 strategies states can use to address this epidemic. Twenty-eight states and Washington, D.C., scored six or less out of the 10 strategies. Two states, New Mexico and Vermont, are implementing all 10. South Dakota is using just two, the fewest of any state. The report calls for urgent action and provides recommendations for full-scale response to end this growing health threat. [Use the interactive app to see how your state scored and view trends over time.](#)

9. New CHIPRA Evaluation Highlight Focuses on Elevating Children on State Policy Agendas

AHRQ has released its 4th Evaluation Highlight from the national evaluation of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Grant Program. The latest highlight, “How the CHIPRA Quality Demonstration Elevated Children on State Health Policy,” gives concrete examples of activities in five states – Maine, Maryland, Massachusetts, Vermont, and Oregon – and explains how these states used their CHIPRA quality demonstration grants to advance children’s health care on their states’ health policy agendas. This highlight also describes how states have aligned their efforts with and used their CHIPRA quality demonstration project experiences to directly inform broader federal and state health reform initiatives. Select to access the [Evaluation Highlight](#).

10. Health in All Policies: A Guide for State and Local Governments

Health in All Policies: A Guide for State and Local Governments was created by the Public Health Institute, the California Department of Public Health, and the American Public Health Association in response to growing interest

in using collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors. The Guide draws heavily on the experiences of the California Health in All Policies Task Force and incorporates information from the published and gray literature and interviews with people across the country. The guide was developed through funding from the American Public Health Association and The California Endowment. [For more information...](#)

11. ASTHO Releases 2013 State Legislative Summary

On October 10, the Association of State and Territorial Health Officials issued a report summarizing some of the key public health issues addressed this year in state legislatures. Public health accreditation, shared services, regulating compounding pharmacies, prescription drug abuse, food safety, health equity, and newborn screening are among the topics highlighted in the report. The report also includes maps on select topics to provide a snapshot of the activity across the states. [For more information...](#)

12. U.S. Preventive Services Task Force Opportunities for Public Comment

In an effort to make the U.S. Preventive Services Task Force (USPSTF) recommendations clearer and its processes more transparent, the Task Force started posting draft Recommendation Statements online for public comment in 2010. To further enhance its work, the Task Force began inviting public comment on all its draft Research Plans in December 2011 and its draft Evidence Reports in March 2013. A draft recommendation regarding cognitive impairment (dementia) screening in older adults is now available for comment. [For more information...](#)

13. CDC Invites Applications for National Leadership Academy

The Centers for Disease Control and Prevention's Office for State, Tribal, Local and Territorial Support (OSTLTS), in partnership with the Office for Public Health Preparedness (OPHPR) and the Office of Noncommunicable Diseases, Injury and Environmental Health (ONDIEH), have announced a 2014 Call for Applications for the *National Leadership Academy for the Public's Health (NLAPH)*. "NLAPH is an applied leadership training program that enables multi-sector jurisdictional teams address public health problems within their communities through team-identified health improvement projects. [For details, key dates and application.](#) The application deadline is November 26th.

14. State Patient Confidentiality Laws Map Now Available

The Public Health Management Corporation recently released the Public Health Departments and State Patient Confidentiality Laws Map containing state laws and regulations on the use, release, and reporting of personal health information for HIV/AIDS, hepatitis B and C, syphilis, gonorrhea, chlamydia, and tuberculosis. The portal is designed to help health departments effectively use existing laws protecting patient confidentiality to foster collaboration and integration among and within health departments in their efforts to increase positive health outcomes and prevent disease transmission. [For more information...](#)

15. New Study Finds Public Health Does Not "Lose Out When Merged With Medicaid Programs"

State public health departments do not necessarily lose funding when merged with larger Medicaid programs, according to a just released study. The findings from this first-of-a-kind research should help allay concerns that when such mergers occur they automatically lead to cutbacks in public health, says lead author Paula Lantz, PhD, who is chair of the Department of Health Policy at the George Washington University School of Public Health and Health Services (SPHHS). The study, "[State Government Organization of Health Services, 1990-2009: Correlates and Consequences,](#)" appears online in the *Journal of Public Health Management Practice*.

16. NQF Seeks Nominations for Behavioral Health Panel to Focus on Performance Measures

Under contract with the Department of Health and Human Services, the National Quality Forum (NQF) will review new and existing performance measures that focus on behavioral health, addressing conditions such as depression, bipolar disorder, and attention deficit hyperactivity disorder (ADHD), as well as adolescent screening for behavioral health disorders. NQF can catalyze improvement by endorsing performance measures that address these behavioral health conditions. NQF encourages members to submit nominations for this project’s Steering Committee. Please visit the [NQF nominations page](#) to learn about our process or [submit a nomination](#). There are several additional opportunities for members to get involved in this work, including:

- Submitting a measure or measure concept;
- Attending Committee in-person and web meetings;
- Commenting on draft recommendations detailed in each project’s technical report; and
- Voting on measures recommended by the committee.

17. New HHS Approved Guidance: Considerations for Anthrax Vaccine Adsorbed Post-Exposure Prioritization

On behalf of the federal government, the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention recently released the guidance document “Considerations for Anthrax Vaccine Adsorbed Post-Exposure Prioritization”. The guidance provides a risk-based approach to governors, mayors, homeland security advisors, public health officers, emergency managers, and other public officials for providing anthrax vaccine as post-exposure prophylaxis for the entirety of an effected community in the event of an anthrax attack. The Department of Homeland Security (DHS) participated in the development of this guidance, and incorporated feedback from the state, local, tribal and territorial (SLTT) Government Coordinating Council. As a DHS stakeholder, this guidance is being provided for your information. For additional information or questions, contact the DHS Office of Health Affairs at healthaffairs@hq.dhs.gov. The document has been posted at NASEMSO’s [DP Resource](#) page.

18. USFA Posts Guidance on Active Shooter and Mass Casualty Incidents

The U.S. Fire Administration (USFA) recently posted a fire and emergency medical services (EMS) resource that can be used to support planning and preparation for active shooter and mass casualty incidents. These complex and demanding incidents may be well beyond the traditional training and experience of the majority of firefighters and emergency medical technicians. USFA offers this guide as one source of many available for the public safety community, but it takes into consideration the diverse local service levels available across America. In developing the guide, USFA consulted with individuals and groups engaged in fire and pre-hospital emergency medical services, law enforcement, and hospital medical and trauma care. We also consulted with public safety organizations and numerous federal agencies. *Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents* September 2013. [For more information...](#)

19. FSF Provides Free Video Training on Active Shooter Response

The Firefighters Support Foundation (FSF) has released its newest free video program, *Active Shooter Response: The Rapid Treatment Model*. This 30-minute video program and accompanying 29-slide PowerPoint presentation compose an introduction to the third generation of active shooter response. Unlike previous approaches, the Rapid Treatment Model specifically integrates fire/EMS with the law enforcement response, and the focus is on getting aid to the wounded within the golden hour, even while law enforcement is still clearing the structure. It allows EMS personnel to work in a safe, secured zone simultaneously with law enforcement clearing, and it does not demand complicated cross-training between the agencies. Unlike the now standard model of response teams followed by *rescue teams*, or high-training approaches like TEMS or TCCC, the Rapid Response Model allows EMS and police agencies to focus on what they already do best, and not try to make, for example, firefighters or

paramedics into tactical personnel nor police officers into medical treatment experts. The conceptual foundation for the Rapid Response Model is that the shooter is usually dead or kills himself when law enforcement arrives on-scene. The main problem at most of these rapid mass murder scenes is getting aid to the wounded as fast as possible, without waiting for the "all clear," while keeping EMS personnel safe. The Rapid Treatment Model borrows two easily implemented concepts from the military--the Forward Operating Base and the Casualty Collection Point- to accomplish this goal. Download the PPT [HERE](#) and video [HERE](#).

In related news, the Advanced Law Enforcement Rapid Response Training (ALERTT) Center at Texas State University - San Marcos was created in 2002 as a partnership between the University, the San Marcos Police Department and the Hays County Sheriff's Office to address the need for active shooter response training for law enforcement first responders. In the last ten years, the ALERTT Center has trained more than 50,000 police officers nationwide in dynamic, force-on-force scenario-based training, with more than \$27 million in state and federal grant funding. Level II Training focuses on the immediate, life-saving medical aid which police officers can provide before EMS arrives and/or when EMS systems are overwhelmed. [For more information on ALERTT...](#) EMS agencies and local law enforcement partners are strongly encouraged to coordinate active shooter training scenarios to support a more effective response. Additional information is available in an ALERTT white paper, [United States Active Shooter Events from 2000 to 2010: Training and Equipment Implications](#).

20. PTSD Treatment for Flight 93 Responders

In September, Laurie Breyer of NIOSH and manager of communications & outreach for the World Trade Center Health Program gave an interview with a Pittsburgh NPR affiliate on coverage offered by the program. She explains in the interview that responders can receive coverage for PTSD, anxiety, depression, and substance abuse. Coverage even extends to airway diseases, digestive disorders, and more than 50 forms of cancer. Hear the full interview at <http://wesa.fm/post/ptsd-treatment-flight-93-responders>.

21. FEMA Announces New NDRF Course

The Federal Emergency Management Agency (FEMA) announces Course IS-2900 National Disaster Recovery Framework (NDRF) Overview. This course is an introduction to NDRF, the new national framework for efficient and timely disaster recovery operations. It describes the NDRF, gives examples of its use in recent disasters, explains the roles various stakeholders from the whole community have in recovery following a disaster, and outlines the assistance available to local communities and their partners. The course is available online and uses videos and examples to show how recovery operates within the NDRF. [For more information...](#)

In related news, FEMA has also announced the 2014 course schedule for K0146 – Homeland Security Exercise Evaluation Program (HSEEP): Basic Course. Courses are conducted online in eight, two hour blocks, (16 total hours), four days a week, for two consecutive weeks. They will be conducted from 1:00-3:00 p.m. EST. [For more information...](#)

22. NIOSH Revises IDLH Methodology

Since the establishment of the original Immediately Dangerous to Life or Health (IDLH) values in 1974, the National Institute for Occupational Safety and Health (NIOSH) has continued to review available scientific data to improve the methodology used to derive acute exposure guidelines, in addition to the chemical-specific IDLH values. The OSHA regulation (1910.134(b)) defines the term as "an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere." (Examples include smoke or other poisonous gases at sufficiently high concentrations.) NIOSH has just released Current Intelligence Bulletin (CIB) 66, "Derivation of Immediately Dangerous to Life or Health (IDLH)

Values.” The primary objective of this CIB is to present a methodology, based on the modern principles of risk assessment and toxicology, for the derivation of IDLH values, which characterize the health risks of occupational exposures to high concentrations of airborne contaminants. The intent of this document is not only to update the IDLH methodology used by NIOSH to develop IDLH values based on contemporary risk assessment practices, but also to increase the transparency behind their derivation. The increased transparency will provide occupational health professionals, risk managers, and emergency response personnel additional information that can be applied to improve characterization of the hazards of high concentrations of airborne contaminants. [For more information...](#)

23. EMSC Grantee releases Pediatric Disaster Triage Online Lesson

Connecticut EMS for Children Targeted Issue Grantee Dr. Mark Cicero released Pediatric Disaster Triage: Doing the Most Good for the Most Patients in the Least Time This resource comes as a result of the Health Resources and Services Administration’s (HRSA) federal EMSC Program which funds EMSC Targeted Issue (TI) grants to states and accredited schools of medicine "to identify new approaches in the provision of the best possible emergency care for children throughout the nation." In addition, this project typically provides a valuable service to the entire nation. Dr. Cicero’s resource targets prehospital providers with a course containing five narrated modules which discuss the following:

- * Recognizing a Disaster
- * Disaster Triage Rationale
- * Pediatric Triage Considerations
- * Triage Methodologies (JumpSTART, SMART, SALT, & Clinical Decision Making)
- * Special Triage Decisions

[For more information...](#)

24. CDC Outlines Threats Caused by Antibiotic Resistance

The growing threat of antibiotic resistance is well known to US clinicians, but until now, the true scope of the problem has been unclear. A new report by the Centers for Disease Control and Prevention (CDC) provides some clarity, noting that every year, more than 2 million people in the United States become infected with organisms that are resistant to antibiotics, leading to considerable disability, death, and economic cost. *Antibiotic Resistance Threats in the United States, 2013*, presents the first snapshot of dangers posed by antibiotic-resistant organisms in the United States, categorizing these hazards as urgent, serious, or concerning. [For more information...](#)

25. Medical Preparedness the Focus of State Homeland Security Grants

HR1791 was passed by the House Committee on Homeland Security on Oct 29, 2013. This bill does not authorize new funding but rather clarifies that grant funds under the State Homeland Security Grants program and Urban Area Security Initiative Program can be used to enhance medical preparedness and purchase of medical countermeasures. This bill would enhance medical preparedness, medical surge capacity and mass prophylaxis capabilities including medical kits and diagnostics sufficient to protect first responders, their families and immediate victims from a chemical or biological event. [For more information...](#)

26. IOM Workshop to Focus on the Impact of the ACA on US Preparedness

With many elements of the Affordable Care Act (ACA) going into effect in 2014, and the establishment of many new rules and regulations, there have been and will continue to be significant changes to the U.S. health system. However, it is not clear what impact these changes will have on medical and public health preparedness programs around the country. As funding for these programs continues to decline, leveraging changes in health care delivery

and structure to enhance and increase individual and community preparedness becomes even more important. An upcoming workshop sponsored by the Institute of Medicine (IOM) will examine how the changes to the health system as a result of the ACA may impact the medical and public health preparedness programs across the nation, and how the ACA provisions may be leveraged to strengthen the resilience of the medical and public health preparedness systems. Beginning with discussions on changing financing and delivery, and moving to more detailed conversations on roles and potential within threat identification and information technology infrastructure, participants will examine current and future opportunities for protecting the nation's health in disasters through new relationships and more integrated care. The session will be held November 18-19 in Washington DC. [For more information...](#)

27. CoAEMSP Webinar Now Available: Airway Competency

On September 11 the CoAEMSP hosted the most popular webinar to date - the CoAEMSP's recommendation for airway competency. Dr. Murray Kalish and Mr. Gordy Kokx shared with everyone the WHY behind CoAEMSP developing the recommendation for airway management, the HOW it arrived at its recommendation, and the WHAT of the recommendation for airway competency. In case you missed it, you can [access the webinar here](#). Answers to the questions asked during the webinar *Recommendation on Airway Management Competency* have been compiled in this new [FAQs PDF document](#).

Find answers to questions concerning:

- The Recommendation
- Team Approach to Airway Competency
- Documentation
- ASA Resolution
- Encounter Combinations
- Best Practices
- Research
- and more

Additional Airway Management resources are also available on our [website](#):

- Airway Management Recommendation
- Definition of Airway Competency
- Airway Management Bibliography
- Webinar: Recommendation on Airway Competency
- Slides: Recommendation on Airway Competency

28. Helmet Technology Emerging as Greater Safety Consideration in EMS

EMS is a dangerous job and ambulances are involved in over 10,000 accidents annually with a fatality being reported every few weeks. Head injuries can occur inside the ambulance due to the unrestrained paramedic hitting their head on hard surfaces inside the ambulance during traffic accidents. B2 Helmets is pleased to announce the introduction of the EMT1, a helmet designed to protect paramedic professionals who need head protection inside and outside of the ambulance. The EMT1 is designed to help protect paramedics in this dangerous environment and is the only helmet built to a motor-vehicle safety standard – DOT FMVSS 218. The helmet is lightweight (1.5 pounds) and compact (1.5 inches thick) yet offers advanced energy management protection. The EMT1's Carbon/Kevlar shell and advanced F1 liner system provide outstanding protection against impacts and shell penetration. The helmet's compact design enables the helmet to be used outside the ambulance even in tight and confined spaces without interfering with performance. The helmet's chinstrap system features a padded, quick

release buckle and allows complete access to the ears for stethoscope and communications. The 3MM double curved polycarbonate visor protects the eye area, allows for eyeglasses and includes a nose cutout that can accommodate respirators. In addition, there is an available mounting kit that allows an LED Fox Fury TX-1 light to be attached to the helmet for night use. Additional information is available at www.headprotech.com.

29. EMS Response Times Increased Following Ambulance Crashes in Tulsa

According to the [NBC Affiliate](#) in Tulsa, OK, Tulsa city councilors recently decided to lengthen ambulance response times by two minutes rather than see a doubling monthly municipal rate for emergency services. The vote pushes ambulances' emergency response time from 8 minutes 59 seconds to 10 minutes and 59 seconds. Cutting down on the number of ambulance accidents is one reason why the Emergency Medical Services Authority (EMSA) says it needs to extend how long it takes an ambulance to get to an emergency. EMSA ambulances have been involved in 38 crashes with other vehicles since January. There are 45 ambulances in the EMSA fleet. The entire fleet averages 750,000 miles per year. On average an ambulance is in an accident with another car every 15,000 miles. Of those accidents, 70% of the time the ambulance wasn't running lights and sirens. EMSA says its numbers are higher because they believe they are busier. [Read the full story...](#)

30. GAO Report Highlights V2V Technology

As the National Highway Traffic Safety Administration (NHTSA) prepares to make a highly-anticipated decision by the end of this year on whether to require automakers to install vehicle-to-vehicle (V2V) crash avoidance technologies in new cars, the Government Accountability Office (GAO) released a report on Friday examining the potential benefits and challenges associated with V2V implementation. Several challenges were identified by GAO and are being addressed by U.S. DOT in collaboration with the automotive and ITS industries, including:

- finalizing the technical framework and management framework of a V2V communication security system;
- ensuring that the possible sharing with other wireless users of the 5.9 GHz radio-frequency spectrum used by V2V communications will not adversely affect V2V technology's performance;
- ensuring that drivers respond appropriately to warnings of potential collisions;
- addressing the uncertainty related to potential liability issues posed by V2V technologies; and
- addressing any concerns the public may have, including those related to privacy.

GAO also noted that U.S. DOT and the automobile industry are analyzing the total costs associated with V2V technologies, including the costs of both in-vehicle components and a V2V communication security system. The full report is online [here](#).

31. NTSB Finds Lack of Advanced Planning a Factor in Fatal Parade Float Accident

A fatal accident in which a freight train struck a parade float in Texas last November was caused by the failure of both the city and the parade organizer to address the risks associated with routing a parade through an active grade crossing, the National Transportation Safety Board said today. Four veterans were killed in the tragedy. The NTSB concluded that the noise generated by the parade, combined with the float driver's expectation of safety, likely reduced his ability to hear or properly interpret the grade crossing system warning bells and lights, as well as the train horn. A synopsis of the NTSB report, including the probable cause, findings, and a complete list of the safety recommendations, is available at <http://go.usa.gov/WBTR>. The full report will be available on the website in several weeks.

32. NIH and CDC Launch Registry for Sudden Death in Younger Populations

A registry of deaths in young people from conditions such as heart disease and epilepsy is being created to help researchers define the scope of the problem and set future research priorities. The National Institutes of Health

and the Centers for Disease Control and Prevention are collaborating to create the Sudden Death in the Young Registry. The registry will estimate the incidence of sudden death in infants, children, and young adults by collecting comprehensive data on each recorded case. The registry is an expansion of the CDC's Sudden Unexpected Infant Death Case Registry, which currently tracks sudden unexpected deaths in children up to age 1 in nine states. State public health agencies will be able to apply to the CDC to participate in the registry in 2014. The registry will track all sudden unexpected deaths in youths up to age 24 in as many as 15 states or major metropolitan areas. Child death review teams from each state will examine findings from death scene investigations and will review and compile information from medical records, autopsy reports, and other pertinent data sources for each case. A panel of medical experts, medical examiners, and forensic pathologists will help to develop and guide the implementation of standardized autopsy protocols and case definitions. [For more information...](#)

33. Final Rule Authorizes New Safety Standards for Bassinets and Cradles

The Danny Keysar Child Product Safety Notification Act, Section 104 of the Consumer Product Safety Improvement Act of 2008 (CPSIA), requires the United States Consumer Product Safety Commission (Commission or CPSC) to promulgate consumer product safety standards for durable infant or toddler products. These standards are to be “substantially the same as” applicable voluntary standards or more stringent than the voluntary standard if the Commission concludes that more stringent requirements would further reduce the risk of injury associated with the product. The Commission is issuing a safety standard for bassinets and cradles in response to the direction under Section 104(b) of the CPSIA. [For more information...](#)

34. Acetaminophen Recall- Potential Defect with Co-packaged Oral Syringe

The Perrigo Company announced that it has initiated a voluntary, nationwide product recall to the retail level of 18 batches of its acetaminophen infant suspension liquid, 160 mg/5 mL, sold in 2 oz. and 4 oz. bottles with syringes in a box under store brand products including Babies R Us, Care One and more (refer to the [Firm Press Release](#) for full list of affected brand names and products). The recall is being initiated because of the remote potential that a small number of packages might contain an oral dosing syringe without dose markings. Using an oral syringe without dose markings can result in inaccurate dosing, especially in infants who could mistakenly get too high a dose. If the oral dosing device contained in the package has dose markings (for 1.25 mL, 2.5 mL, 3.75 mL, and 5 mL), no action is required, and the consumer can continue to use the product consistent with the label instructions. If the package contains an oral dosing device that does not have dose markings, the consumer should not use the product and should call Perrigo’s Consumer Affairs Department, toll free, 1-800-719-9260. [For more information...](#)

35. Cardiac Arrests in Schools: Assessing Use of AEDs on School Campuses

According to the American Red Cross and American Heart Association, sudden cardiac arrest is one of the leading causes of death in the U.S. It can happen to anyone, anytime, anywhere and at any age. The news has brought this point home many times, with stories of young athletes who have collapsed on the playing field. An AED is the only effective treatment for restoring a regular heart rhythm during sudden cardiac arrest and is easy to operate for someone with no medical background. Researchers in Michigan conducted a study about sudden cardiac arrest in schools, using data compiled over six years. They found out of 47 individuals in these schools who did experience cardiac arrest, only 15 survived. However, survival rates were three times greater when an AED was used. Most of the affected individuals were over 19 years old, and one-third of the events happened outside of normal school hours. Many states "urge" or "encourage" placement but do not mandate AEDs. So far, only two states address AEDs specifically in a school or school-related environment. Maryland now requires every high school and school-sponsored athletic event have an AED available, and Arkansas secured funds for a medical emergency response

plan in schools to assure AEDs are placed appropriately and staff and students are trained properly. [For more information...](#)

36. IOM Releases New Report on Sports Related Concussions in Youth

Despite growing awareness of sports-related concussions and campaigns to educate athletes, coaches, physicians, and parents of young athletes about concussion recognition and management, confusion and controversy persist in many areas. The Institute of Medicine (IOM) and the National Research Council formed an expert committee to review the science of sports-related concussions in youth from elementary school through young adulthood, as well as in military personnel and their dependents. The committee’s report recommends actions that can be taken by a range of audiences – including research funding agencies, legislatures, state and school superintendents and athletic directors, military organizations, and equipment manufacturers, as well as youth who participate in sports and their parents – to improve what is known about concussions and to reduce their occurrence. The report finds that while some existing studies provide useful information, much remains unknown about the extent of concussions in youth; how to diagnose, manage, and prevent concussions; and the short- and long-term consequences of concussions as well as repetitive head impacts that do not result in concussion symptoms. [For more information...](#)

37. CDC Offers Guidelines on Managing Food Allergies in Schools, Early Child Care

Clinicians with young food-allergic patients may want to have a look at a free publication from the CDC, "Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs." The 100-page document emphasizes partnerships among parents, school authorities, and clinicians as a way to prevent emergencies. It also offers actions that, for example, school nurses and doctors can take to help manage the problem. [For more information...](#)

38. NOSORH Prepares to Celebrate National Rural Health Day

The National Organization of State Offices of Rural Health (NOSORH) is busy putting the final touches on plans to “Celebrate the Power of Rural” as *National Rural Health Day* (November 21, 2013) quickly approaches. And just as it has in years past, those plans include offering a series of free webinars featuring representatives from various State Offices of Rural Health and several *National Rural Health Day* partners highlighting the good work being done across the nation to address rural health concerns. A complete list of our [2013 National Rural Health Day Webinars](#), including times, featured speakers and registration information, is now available in the [Resources](#) section of the [National Rural Health Day website](#).

39. Skully Demonstrates GPS, Rear-view Camera in Motorcycle Helmets

Helmets are taking the next great leap forward and have begun to merge technology with safety. Heads Up Displays are under development on helmets in the U.K. (Bike-Hud) and Russia (Live-Map AR Moto) but Skully will soon be beta-testing a DOT/ECE compliant helmet for the U.S. market. It certainly won’t be long before ITS technology becomes part of the technology suite. According to Skully’s press materials, the display is not in the rider’s primary field of vision, and appears as if it were floating 6 meters ahead. The helmet runs a modified version of the Android operating system, which comes loaded with navigation and Bluetooth connectivity. With the helmet paired to a smartphone through Bluetooth, the rider can use voice command to make phone calls and start music playback. The heads-up display can also show the image from an integrated rear-view camera. Skully notes that this camera has a 180-degree field of vision, so the rider can also see when it is safe to change lanes. [For more information...](#)

In related news, ICEdot has introduced a bicycle helmet sensor that notifies contacts after a crash. This is its first foray into crash detection and auto-notification. The sensor used comes from SenseTech, and is full of accelerometers that detect motion, changes in forces and impacts. In other words, it can tell if a rider begins to fall, and if that fall ends with a head impact. Such an event sets off the sequence that ends in a text to the rider's emergency contacts. It works in conjunction with an app on a Bluetooth-enabled phone and ICEdot's online database to inform emergency contacts in the event of a crash, sending a text message with the rider's last known GPS coordinates and information about the severity of the crash itself. [For more information...](#)

40. NIH Funded Study Shows Promise in Treating Alcohol Dependence

The generic anticonvulsant medication gabapentin shows promise as an effective treatment for alcohol dependence, based on the results of a 150-patient clinical trial of the medication. Conducted by scientists supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health, the study found that alcohol dependent patients using gabapentin were more likely to stop drinking or refrain from heavy drinking than those taking placebo. Gabapentin is already widely prescribed to treat pain conditions and epilepsy. A report of the study, led by Barbara J. Mason, Ph.D., of The Scripps Research Institute (TSRI) in La Jolla, Calif., appears in the Nov. 4, 2013 edition of JAMA Internal Medicine.

41. NEMSAC and FICEMS to Meet in December

The National EMS Advisory Council ([NEMSAC](#)) and Federal Interagency Committee on EMS ([FICEMS](#)) are meeting consecutively on December 5th and 6th in Washington, DC. The NEMSAC will be meeting all day on the 5th and the morning of the 6th and FICEMS will meet on the afternoon of the 6th. Both meetings will be held at the same location in downtown Washington. You can register for either or both meetings by [CLICKING HERE](#). Beginning earlier this year, NEMSAC gained the formal responsibility of advising FICEMS on matters relating to emergency medical services. As often as feasible, we try to schedule public meetings of the federal and non-federal groups consecutively so each may attend the other's meeting and members of the public can more easily attend both. Meeting agendas and materials will soon be available at www.EMS.gov. For now, please share the [registration link](#) with others and save the date!

42. FDA Releases Strategic Plan for Preventing Drug Shortages

The Food and Drug Administration (FDA) recently released a strategic plan for preventing drug shortages and also proposed a rule to require drug and biotechnology companies to promptly notify the agency of potential disruptions to the supply of medically important drugs. The strategic plan describes actions the FDA will undertake to improve its current efforts to respond to early notifications of a potential shortage, including:

- Improving the FDA's communications about shortages, such as launching a new mobile app, so that individuals can instantaneously access drug shortage information via their smart phones;
- Clarifying manufacturers' roles and responsibilities by encouraging them to engage in certain practices that will reduce the likelihood of a shortage; and
- Updating the FDA's internal procedures for responding to early notifications of potential shortages

The strategic plan also describes efforts the FDA is considering to address the manufacturing and quality issues that are most often the root cause of drug shortages. You can find a copy of the plan [here](#). According to the FDA's announcement, the proposed rule would require all manufacturers of certain medically important prescription drugs to notify the FDA of a permanent discontinuance or a temporary interruption of manufacturing likely to disrupt their supply. The rule also extends this requirement to manufacturers of medically important biologic products. The proposed rule implements the expanded early notification requirements included in the Food and Drug Administration Safety and Innovation Act (FDASIA) of 2012. You can find a copy of the proposed rule, which

was recently published in the Federal Register [here](#). The plan and proposal come in response to a 2011 order from President Obama to solve the problem of drug shortages. A comment period on the proposed rule is currently open and expires 1/3/14.

43. FDA Provides CE to Improve Greater Awareness in Drug Advertising

The U.S. Food and Drug Administration (FDA) has launched a Continuing Education (CE/CME) e-learning course designed to increase awareness among practicing health care professionals about misleading drug advertising and promotion while providing continuing educational credit. The Bad Ad Program is an FDA-sponsored educational outreach effort administered by the agency’s Office of Prescription Drug Promotion (OPDP), in the FDA’s Center for Drug Evaluation and Research. Additional information on the Bad Ad Program is available on FDA’s website at <http://www.fda.gov/badad>.

44. Register Now: November 13 Webinar on TeamSTEPPS® in Critical Care Transitions

AHRQ will host a 1-hour Web conference on November 13 from 1:00 to 2:00 p.m. ET on the use of the Agency’s teamwork training program, TeamSTEPPS®, and how to incorporate the tools and resources in transitions of critical care patients within and across facilities. Kenneth M. Miller, C.C.R.N., Assistant Unit Director for the Critical Care Transport Team at Ronald Reagan UCLA Medical Center, will discuss the following:

- Rationale for implementing the Situation – Background Assessment- Recommendation (SBAR) tool within Critical Care Transport
- Planning and implementation process of the project
- Preliminary outcomes and evaluation
- Take-home points and challenges

Select to [register](#).

45. AHRQ-Funded Study Looks at Benefits of Universal Glove and Gown Use in ICUs

AHRQ has funded one of the first cluster-randomized trials to assess the potential benefits of universal glove and gown use in preventing the transmission of antibiotic-resistant bacteria. The trial was conducted in medical and surgical intensive care units (ICUs) in 20 hospitals across the country, and results were published in the *Journal of the American Medical Association (JAMA)*. Researchers found that universal glove and gown use, when compared with usual care, did not result in a significant reduction in the primary outcome of combined methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus* (VRE) acquisition. For secondary outcomes, there was a statistically significant reduction in the acquisition of MRSA and no reduction in VRE acquisition. The authors indicate the need for more research before definitive conclusions are reached. Other findings include no significant increase in adverse events and increased handwashing by caregivers in the intervention group. Full study results can be found in “Universal Glove and Gown Use and Acquisition of Antibiotic-Resistant Bacteria in the ICU: A Randomized Trial,” published in the October 4 online issue of *JAMA*. Select to access the [abstract](#) on PubMed®.

46. HRSA Action Needed to Publish Timely National Supply and Demand Projections

For over a decade, government, academic, and health professional organizations have projected national shortages of health care professionals, which could adversely affect patients’ access to care. However, there is little consensus about the nature and extent of future shortages, partly because of the complexity of creating projections and uncertainty about future health care system changes. Up-to-date workforce estimates are essential given the significant federal investment in health care training programs. Within HHS, HRSA is responsible for monitoring health care workforce adequacy; to do this, HRSA conducts and contracts for workforce studies.

The Government Accountability Office (GAO) was asked to provide information about health care workforce projections. This report examines the actions HRSA has taken to project the future supply of and demand for physicians, physician assistants, and advanced practice registered nurses since publishing its 2008 report. GAO reviewed HRSA’s contract documentation, select delivered products, and timeline goals for publication. GAO also interviewed HRSA officials, workforce researchers, and provider organizations. [For more information...](#)

47. AFG Program Application Period Now Open

REMINDER: THE FY 2013 ASSISTANCE TO FIREFIGHTERS GRANTS (AFG) APPLICATION PERIOD OPENED MONDAY, NOVEMBER 4, 2013 AT 8:00 A.M. EST AND CLOSES ON FRIDAY, DECEMBER 6, 2013 AT 5:00 P.M. EST. The primary goal of the Assistance to Firefighters Grant (AFG) is to meet the firefighting and emergency response needs of fire departments and nonaffiliated emergency medical service organizations. Since 2001, AFG has helped firefighters and other first responders to obtain critically needed equipment, protective gear, emergency vehicles, training and other resources needed to protect the public and emergency personnel from fire and related hazards. [For more information...](#)

48. NIH Scientists Develop Candidate Vaccine Against RSV

An experimental vaccine to protect against respiratory syncytial virus (RSV), a leading cause of illness and hospitalization among very young children, elicited high levels of RSV-specific antibodies when tested in animals, according to a report in the journal Science. In the United States, RSV infection is the most common cause of bronchiolitis (inflammation of small airways in the lungs) and pneumonia in children less than one year old and the most common cause for hospitalization in children under five. Worldwide, it is estimated that RSV is responsible for nearly 7 percent of deaths in babies aged 1 month to 1 year; only malaria kills more children in this age group. Others at risk for severe disease following RSV infection include adults over age 65 and those with compromised immune systems. [For more information...](#)

49. Hospira Brand Lidocaine and Marcaine: Recall - Presence Of Particulate

Hospira, Inc. announced it has initiated a voluntary nationwide recall of one lot of 1% Lidocaine HCl Injection, USP, 10 mg/mL, 20 mL Multiple-dose Fliptop Vial, NDC 0409-4276-01 Lot 25-090-DK (the lot number may be followed by 01 or 02). This action is due to one confirmed customer report of visible particulate, identified in the primary container, in the form of dark red/black particles. The particulate was identified as oxidized stainless steel. Depending on the particle size, if undetected, it could block administration of the drug to the patient, causing a delay in therapy. Impact to the patient would depend on the time it would take to obtain a new vial, the condition being treated and the patient’s status. The recall is being conducted as a precautionary measure. The root cause has not been determined and is under investigation. Hospira informed customers of the issue in a letter dated Sept. 16, 2013. This lot was distributed March 2013 through June 2013. [For more information...](#)

50. Fraudulent Online CPR Training Targets Health Professionals and Others

A recent warning issued by the Health & Safety Institute (HSI) is worth repeating: “They’re everywhere on the Internet: seemingly legitimate organizations offering ‘instant’ CPR or first aid certification for busy people who are required to hold current certification. And it often says right on those websites that online-only CPR or first aid certification is ‘nationally accepted’. It is not. No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills.” A quick online search by NASEMSO staff reveals several such courses charging registration fees of \$40 or more per individual and offering a card that is accessible from one’s own printer with no requirement for a hands-on evaluation. Several also purport to comply with OSHA requirements for occupational training, however, official clarification sought by HSI on whether OSHA

considers online-only training acceptable for meeting the intent of the basic first aid and CPR requirements of OSHA standards at 29 CFR 1910.151, 1910.146, 1910.266, 1910.269, 1910.410, and 1926.950, the government agency's response was that "online training alone would not meet the requirements of these training standards." We encourage states, EMS agencies, and practitioners to be aware of fraudulent CPR programs. [For more information...](#)

51. Elder Abuse and Its Prevention – IOM Workshop Summary Now Available

Data suggests that one in 10 older adults in the United States experience physical, psychological, and sexual abuse, neglect, or financial exploitation. Elder abuse violates older adults' fundamental rights to be safe and free from violence. In low- and middle-income countries, where the burden of violence is the greatest, the prevalence of elder abuse is likely higher. With the global population of adults older than 60 expected to double to 1.2 billion by 2025, the number of older adults will exceed the number of children for the first time in history. Despite the growing magnitude of elder abuse, it has been an underappreciated public health problem. On April 17-18, 2013, the IOM Forum on Global Violence Prevention held a workshop on elder abuse and its prevention to shed light on this underappreciated and often overlooked form of violence. Participants in the workshop discussed the prevalence and characteristics of elder abuse around the world, risk factors for abuse and potential adverse health outcomes, and contextually specific factors, such as culture and the role of the community. Presentations also included intervention models and opportunities for prevention across sectors and settings. This [document](#) summarizes the workshop.

52. Making Sense of the ACA--An EMS Introduction to Accountable Care Organizations

EMSWorld has published an interview with Matt Zavadsky, director of public affairs for Fort Worth's Mobile Healthcare about his organization's experience and ACO's in general that WU readers might find useful. "ACOs all look and act a little different. There are ACOs composed of payers and hospitals, hospitals and outpatient providers, and physicians and payers. They also operate under different structures within CMS. Some are shared-savings models, some have capitated rates for defined populations." The online article can be found [here](#).

53. NAEMT Announces Results of Community Paramedicine Survey

Last summer, the EMS community participated in a survey about community paramedicine (CP) and mobile integrated healthcare (MIHC). The survey was conducted by the National Association of EMTs (NAEMT) to help EMS better understand trends, and to develop strategies and policies to support these concepts. NAEMT is pleased to provide the [Community Paramedicine/Mobile Integrated Healthcare Survey Summary](#). As an additional resource, an interactive map has been created of all community paramedicine and mobile integrated healthcare programs reported through the survey. Click to view [CP/MIHC online interactive map](#).

54. Ford Recalls 3,000 Ambulances for Engine Stopping

According to the Associated Press, Ford is recalling about 3,100 F-Series ambulances because the engines can stop unexpectedly. The F-350, F-450 and F-550 "Super Duty" ambulances have 6.7-Liter diesel engines. They're from the 2011 and 2012 model years. Ford says a faulty exhaust gas temperature sensor can cause the engines to stop and not be restarted for at least an hour. The company says it has no reports of the problem affecting patient care. Most of the ambulances were sold in the U.S., with some in Canada and other countries. Dealers will replace the sensor.

55. ACEP and Urgent Matters Publish ED Discharge Toolkit for Patients with Atrial Fibrillation

Over 2 million Americans currently suffer from atrial fibrillation; this number is expected to rise to over 12 million by 2050. The main goals for managing atrial fibrillation are to reduce symptoms and lower the risk of ischemic stroke. Atrial fibrillation is an independent risk factor for stroke, carrying a risk of approximately five-fold compared to patients without atrial fibrillation. The pro-thrombotic effect of atrial fibrillation comes from several mechanisms; specifically, cardiac flow abnormalities that result in stasis in the left atrium, and changes in both the vessel walls and blood constituents. The Toolkit comes in two versions: one geared towards providers and one for patients. The provider version discusses the importance of assessing stroke risk and walks users through the CHADS2 stratification formula. The patient version explains the risks associated with atrial fibrillation, provides information about treatment, and suggests prevention and management strategies. [For more information...](#)

UPCOMING EVENTS

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

Colorado State EMS Conference November 7-10, 2013 Keystone, CO [For more information...](#)

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

***NAEMSE Instructor Course Level 1**

November 8-10, 2013	Chula Vista, CA
November 15-17, 2013	Columbus, OH
December 6-8, 2013	Jamestown, NC

***NAEMSE Instructor Course Level 2**

November 23-24, 2013	Texas EMS Conference
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***Revising the Standard Occupational Classification, Tuesday, November 12, 2 to 3 pm ET** Phone 800-857-1222 | Passcode 7298874

Celebrate National Rural Health Day. November 21, 2013.

2014

*NAEMSP Annual Meeting. January 16-18, 2014. JW Marriott Starr Pass Resort. Tucson, AZ. [For more information...](#)

*EMS Today. February 5-8, 2014. Washington Convention Center, Washington, DC. [For more information...](#)

*AAEM Scientific Assembly. February 11-15, 2014. New York Hilton. New York, NY. [For more information...](#)

*ENA Leadership Conference. March 5-9, 2014. Phoenix, AZ. [For more information...](#)

*MARK YOUR CALENDAR!! EMS on the Hill Day, March 26, 2014, Washington, DC. Registration and information is now available at www.naemt.org.

*Fire-Rescue Med. April 29-May 3, 2014. Arlington, VA. [For more information...](#)

*ACEP Leadership and Advocacy Conference. May 18-21, 2014. Washington, DC. [For more information...](#)

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

*NAEMSE Symposium. September 16-21, 2014. Peppermill Resort Hotel. Reno, NV. [For more information...](#)

*Air Medical Transport Conference. September 22-24, 2014. Nashville, TN.

*NASEMSO Annual Meeting. October 6-10, 2014. Westin Cleveland and Cleveland Public Auditorium, Cleveland, OH. [For more information...](#)

*ENA Annual Meeting. Indiana Convention Center. Indianapolis, IN. [For more information...](#)

*ACEP Annual Meeting. October 27-October 30, 2014. Chicago, IL. [For more information...](#)

*EMS Expo. November 9-13, 2014. Nashville, TN. [For more information...](#)

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

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