



Washington Update

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NASEMSO Salutes All Veterans!!

1. White House Director of Resiliency Addresses NASEMSO Annual Meeting

White House Director of Resiliency Richard Reed recently addressed NASEMSO members pledging White House support to best align EMS at the Federal level. He also spoke about the recently-released National Preparedness Goal and asked for NASEMSO input to determine how best to create and sustain EMS capabilities. Presidential Policy Directive 8: National Preparedness (PPD-8) describes the Nation's approach to preparing for the threats and hazards that pose the greatest risk to the security of the United States. The first edition of the *National Preparedness Goal* identifies five core capabilities:

- Preventing, avoiding, or stopping a threatened or an actual act of terrorism.
- Protecting our citizens, residents, visitors, and assets against the greatest threats and hazards in a manner that allows our interests, aspirations, and way of life to thrive.
- Mitigating the loss of life and property by lessening the impact of future disasters.
- Responding quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident.
- Recovering through a focus on the timely restoration, strengthening, and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by a catastrophic incident.

The Department of Homeland Security (DHS) advises that the results of these efforts and the specific deliverables called for in PPD-8 will inform current and future budget year planning and decisions. [Download the report...](#)

2. NASEMSO Accepting Calendar Items for 2012

NASEMSO welcomes calendar items for EMS oriented conferences in 2012, particularly state and national venues. Information should include the name of the event, date, location, web site and/or contact person. Please send information to NASEMSO Program Manager [Kathy Robinson](#) and/or Webmaster [Karen Thompson](#).

3. NASEMSO Engages in Coalition Efforts

NASEMSO has joined a coalition of organizations led by the National Association of State Alcohol/Drug Abuse Directors (NASADAD) and Alcohol Drug Abuse Prevention, Treatment and Enforcement (ADAPTE International) to save EUDL (Enforcing Underage Drinking Laws) funding. EUDL provides funds in order to ensure that our nation's youth are protected from the dangers of alcohol abuse and binge drinking. It is funded through a block grant system, providing \$20.8 million to the states in FY 2011, a decrease of 17 percent from FY 2010. (See also CDC's [Vital Signs: Alcohol-Impaired Driving Among Adults --- United States, 2010.](#))

The Joint National EMS Leadership Conference has joined the International Association of Fire Chiefs, and the International Association of Chiefs of Police in responding to the Federal Communications Commission's Further Notice of Proposed Rulemaking examining E911 indoor location accuracy. The organizations support regulation that carriers must provide indoor location information and that there be periodic testing to verify compliance. Related documents can be found on the [NASEMSO web site](#).

4. EMSCAP Evaluates Expense of Prehospital Emergency Care

The EMS Cost Analysis Project (EMSCAP) is a collaboration between the National Association of State EMS Officials (NASEMSO) and E. Brooke Lerner, Graham Nichol, Daniel Spaite, Herbert Garrison, and Ronald Maio. It is a continuation of the Emergency Medical Services Outcomes Project (EMSOP), a recently completed, 5 year National Highway Safety Administration (NHTSA) project (DTNH22-96-H-05245) intended to support and facilitate emergency medical services (EMS) outcomes research and evaluation. The objective of the EMS Cost Analysis Project is to create a comprehensive framework that would allow users to determine the cost of providing pre-hospital emergency care from a societal prospective. The documents have been through the NHTSA clearance process the final version is now posted on the NASEMSO website at <http://www.nasemso.org/Projects/EMSCostAnalysis/>.

5. CDC Awards \$49 Million to Strengthen State and Local Health Departments

HHS Secretary Kathleen Sebelius recently announced \$49 million in grants, partly supported by the Affordable Care Act, to improve the quality of health care and strengthen the public health infrastructure. Awarded to all fifty States, the grants strengthen State, local and territorial health departments' capacity to perform critical epidemiology and laboratory work, detect and prevent healthcare-associated infections and support immunization programs. This is double the spending for the same programs in 2010. The grants will fund key State and local public health programs supported through the Centers for Disease Control and Prevention (CDC). Of the grants awarded, \$35.8 million in Prevention and Public Health Fund dollars and \$3.8 million in additional CDC funding will go to increasing epidemiology, laboratory and health information systems capacity at health departments in all 50 States, two territories and the six largest local jurisdictions (such as the cities of Los Angeles and Philadelphia). A full list of grantees is available [here](#).

In related news, according to the CDC, state and local public health laboratories have improved their ability to identify and report infectious disease and chemical threats, and health departments are making steady progress in readiness planning, such as deploying medicines and other supplies. "*Public Health Preparedness: 2011 State-by-State Update on Laboratory Capabilities and Response Readiness Planning*," is the fourth major preparedness assessment from the CDC and the third to report state-by-state performance. The last report was issued in September 2010. [For more information...](#)

6. HHS Announces \$11.9 Million to Implement Health IT in Rural Areas

Rural health networks across the nation will receive more than \$11.9 million to support their adoption of Health Information Technology (HIT) and certified Electronic Health Records (EHR). The funding announced recently by HHS will also help these rural health networks' participating eligible providers qualify for Medicare and Medicaid EHR incentive payments, administered by the Centers for Medicare & Medicaid Services. Each of 40 grantee organizations will receive about \$300,000 to purchase equipment, install broadband networks and provide training for staff. The pilot program was developed as a result of the President's [Rural Health Initiative](#), which identifies HIT as a priority area, and the Secretary's [Rural HIT Taskforce](#). Funding is distributed through HHS' Health

Resources and Services Administration (HRSA) and comes from existing appropriations and authorization for the Rural Health Care Services Outreach and Rural Health Network Development Program. [For more information...](#)

7. NACCHO Releases 2010 National Profile of Local Health Departments Report

Did you know most local health departments are county-based? Sixty-eight percent of local health departments serve county or combined city-county jurisdictions. Thirty-six percent of local health departments received 25% or more of their total revenue from county sources. NACCHO is pleased to announce the availability of the *2010 National Profile of Local Health Departments* (Profile) report. With a response rate of 82 percent, NACCHO's Profile study provides a comprehensive picture of local health departments in the United States. Topics include local health department finances, workforce, services and activities, emergency preparedness, and other local public health infrastructure and practice. Profile data is useful to practitioners and policymakers at the local, state, and federal level; researchers; the media and the public. The 2010 Profile study was made possible through the support of the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. To view the report or order a printed copy, visit www.naccho.org/2010profile.

8. FCC Announces 5 Step Plan to Deploy NG 9-1-1

The Federal Communications Commission (FCC) recently announced their "5 Step Plan" to deploy Next Generation 9-1-1 initiatives. Working with the public safety community, carriers, manufacturers, and other service providers, the goal is to ensure that effective emergency response is a critical element of the broadband environment.

1. Develop location accuracy mechanisms for NG-911
2. Enable consumers to send text, photos, and videos to PSAPs (NPRM)
3. Facilitate the completion and implementation of NG911 technical standards
4. Develop a NG911 governance framework
5. Develop an NG911 Funding Model

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

9. NEMSIS Research Dataset Now Available

Staff at the NEMSIS Technical Assistance Center (TAC) are pleased to announce the release of the 2010 NEMSIS Public-Release Research Dataset! This dataset includes just under ten million EMS events reported to the NEMSIS TAC by 31 states and territories during the 2010 calendar year. The Dataset may be used for informational and research purposes with approval from The National Highway Traffic Safety Administration. The NEMSIS Public-Release Research Dataset does not contain information that identifies patients, EMS agencies, receiving hospitals, or reporting states. To obtain a DVD containing the 2010 NEMSIS Public-Release Research Dataset, visit the [NEMSIS web site](#) and complete a request form. A Data User's Manual associated with the NEMSIS Public-Release Research Dataset is also available at the same link.

10. Chemical Suicides Focus of Several New Resources

The Firefighters Support Foundation's (FSF) newest training program, *Chemical Suicides*, is now available free by download. This program is available in two formats: a 36 slide PowerPoint program that's dense with information, and a 23-minute video. Firefighters, EMTs, paramedics, and search and rescue personnel can view the video material with the PowerPoint file acting as their hard copy notes, or they can use either resource independently. Trainers can use the material as a turnkey solution; they can distribute the PowerPoint handouts, play the video, and then pause it periodically for discussion. [For more information...](#)

A useful website for chemical suicide response, recommendations and prehospital planning is also provided by the [HazMat Fusion Center](#). This project is a collaborative effort of the U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administration and the International Association of Fire Chiefs.

The Centers for Disease Control and Prevention (CDC) has released "[Chemical Suicides in Automobiles - Six States, 2006-2010](#)" which describes epidemiology, incidents of on-scene/prehospital secondary contamination from off-gassing, and the accessible chemicals combined to release the toxic gases, primarily hydrogen sulfide(H₂S) and hydrogen cyanide (AC). There are vendors that offer specific PAPR cartridges offering degrees of protection from H₂S and AC.

11. FEMA Announces New Applications for Mobile Devices

A new app from the Federal Emergency Management Agency (FEMA) contains preparedness information for different types of disasters, an interactive checklist for emergency kits, a section to plan emergency meeting locations, information on how to stay safe and recover after a disaster, a map with FEMA Disaster Recovery Center locations and the FEMA blog. For more information, go to <http://m.fema.gov> from your mobile device to download.

In related news, a new and separate service from the new app, text message updates will allow cell phone users to receive text message updates from FEMA.

- Text **PREPARE** to **43362** (4FEMA) to sign up to receive monthly disaster safety tips
- Text **SHELTER** + your ZIP code to **43362** (4FEMA) to find the nearest shelter in your area (example: **shelter 12345**)
(For availability of shelters and services, contact your local emergency management agency.)
- Text **DRC** + your ZIP code to **43362** (4FEMA) to find the nearest disaster recovery center in your area (for example, if you lived in Annandale, Virginia with a Zip Code of 22003, you'd text **DRC 22003**).

In addition, FEMA and the FCC have collaborated to create a fact sheet to assist personal communications following a disaster that includes two important sets of tips. The first will help you prepare your home and mobile devices for a disaster. The second may help you communicate more effectively during and immediately after a disaster. This is an excellent resource to assist local planning. Download *Tips for Communicating Before, During & After Disasters* [here](#).

12. NIMS Training Plan Revised

On March 1, 2004, the Department of Homeland Security (DHS) published the first National Incident Management System (NIMS). NIMS provides a consistent template enabling Federal, State, tribal, and local governments, the private sector, and nongovernmental organizations to work together to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents regardless of cause, size, location, or complexity. This consistency provides the foundation for nationwide use of NIMS for all incidents, ranging from daily occurrences to more complex incidents requiring a coordinated, Federal response. In December 2008, after considering input from stakeholders at every level within the Nation's emergency management community and lessons learned during recent incidents, DHS released a revised NIMS document on required training. The revised *NIMS Training Program* supersedes the Five-Year NIMS Training Plan, originally released in February 2008. [For more information...](#)

13. EAS Test Being Evaluated

As part of ongoing efforts to keep the country and communities safe during emergencies, the Federal Emergency Management Agency (FEMA), the Federal Communications Commission (FCC) and the National Oceanic and Atmospheric Administration (NOAA) conducted the first nationwide test of the Emergency Alert System (EAS) on November 9. This nationwide test served the purpose for which it was intended – to identify gaps and generate a comprehensive set of data to help strengthen our ability to communicate during real emergencies. Based on preliminary data, media outlets in large portions of the country successfully received the test message, but it wasn't received by some viewers or listeners. Pursuant to the FCC's rules, all EAS Participants must report back to the FCC on the results of this test, including whether, and from whom, they received the alert message and whether they rebroadcast it. FEMA and the FCC will study these results to determine if there are problems with the system and, if so, how best to remedy them. In the meantime, FEMA is also interested in hearing from any stakeholders who want to share feedback about how the test worked and ways agencies can continue to improve it. Interested persons are encouraged to email ipaws@dhs.gov with any tips, suggestions or input you may have.

14. NIMS Credentialing Guideline Now Available

The *NIMS Guideline for the Credentialing of Personnel* (Guideline) is now final and available for use. The Guideline provides guidance on credentialing for Federal, State, Tribal and Local Personnel, as well as for persons affiliated with Critical Infrastructure and Key Resources, voluntary and not-for-profit response organizations. This Guideline was developed with the participation of stakeholders from key sectors of our society, and builds on the doctrine established in NIMS Guide 0002 NATIONAL CREDENTIALING DEFINITION AND CRITERIA dated March 27, 2007. The Guideline addresses the full range of responders who may be called upon and need to establish their legitimacy through proof of Identity, Qualification/Affiliation and Authorization to deploy. The Guideline and the NIMS Guide 0002 can be found at the NIMS Resource Center at the following URLs:

- The Guideline - <http://www.fema.gov/emergency/nims/ResourceMngmnt.shtm#item3>
- The NIMS Guide 0002 - http://www.fema.gov/pdf/emergency/nims/ng_0002.pdf

For more information on NIMS visit: www.fema.gov/emergency/nims. All questions can be directed to the NIC via e-mail: FEMA-NIMS@dhs.gov or via telephone: 202.646.3850.

15. CDC Outlines PPHR National Strategy

Led by Dr. Ali S. Khan, Assistant Surgeon General and the Office of Public Health Preparedness and Response, preparedness leaders internal and external to CDC have collaboratively developed *The National Strategic Plan for Public Health Preparedness and Response*. The plan is a guide for CDC, the entire public health system, and its stakeholders to secure the health of the nation and attain the plan's collective 2020 vision of "people's health protected – public health secured". [For more information...](#)

16. National Disaster Response Framework Available from FEMA

The Federal Emergency Management Agency (FEMA) recently released the *National Disaster Response Framework* (NDRF.) The NDRF provides guidance that enables effective recovery support to disaster-impacted States, Tribes and local jurisdictions. It provides a flexible structure that enables disaster recovery managers to operate in a unified and collaborative manner and focuses on how best to restore, redevelop and revitalize the health, social, economic, natural and environmental fabric of the community and build a more resilient Nation. Fundamentally, it aligns with the National Response Framework and is a construct to optimally engage existing Federal resources and

authorities, and to incorporate the full capabilities of all sectors in support of community recovery. The NDRF captures resources, capabilities and best practices for recovering from a disaster. [Download the NDRF...](#)

17. New GAO Report Highlights Government Effort to Share Information

A breakdown in information sharing was a major factor contributing to the failure to prevent the September 11, 2001, terrorist attacks. Since then, federal, state, and local governments have taken steps to improve sharing. This statement focuses on government efforts to (1) establish the Information Sharing Environment (ISE), a government-wide approach that facilitates the sharing of terrorism-related information; (2) support fusion centers, where states collaborate with federal agencies to improve sharing; (3) provide other support to state and local agencies to enhance sharing; and (4) strengthen use of the terrorist watchlist. The Government Accounting Office (GAO) recently reported their findings to the Senate Committee on Homeland Security and Governmental Affairs, which is now available in a new report *“Progress Made and Challenges Remaining in Sharing Terrorism-Related Information.”* View [GAO-12-144T](#).

18. CDC Provides Ryan White Notification Protocols for ERE’s

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. 111-87) addresses notification procedures for medical facilities and state public health officers and their designated officers regarding exposure of emergency response employees (EREs) to potentially life-threatening infectious diseases. SEC. 2695A REQUIRES a medical facility to notify the designated officer of the ERE’s who transported the patient with an airborne infectious disease “as soon as is practicable, but not later than 48 hours after the determination is made.” The Centers for Disease Control and Prevention (CDC) has issued [a final notice](#) of potentially life-threatening infectious diseases, including emerging infectious diseases, to which EREs may be exposed in responding to emergencies (including a specification of those infectious diseases that are routinely transmitted through airborne or aerosolized means); guidelines describing circumstances in which employees may be exposed to these diseases; and guidelines describing the manner in which medical facilities should make determinations about exposures which will become effective on December 2, 2011. The law also permits the Designated Officer to follow-up with medical facilities when an ERE is concerned about a potential exposure and requires the medical facility to provide written notification about the exposure. The updated list of potentially life-threatening infectious diseases which emergency response employees occupationally may be exposed include all that were in an earlier list under the 1990 Ryan White Act: Diphtheria, Hepatitis B, HIV including AIDS, Tuberculosis, Viral hemorrhagic fevers, Meningococcal disease, Plague, pneumonic, and Rabies. New additions include: Anthrax, cutaneous, Novel influenza A and other influenza strains with pandemic severity index greater than or equal to 3, Hepatitis C, Measles, Mumps, Pertussis, Rubella, Severe acute respiratory syndrome (SARS-CoV), Smallpox, Vaccinia, Varicella disease, and Select agents. See also <http://www.cdc.gov/niosh/topics/ryanwhite/> for more information regarding Notification Procedures.

19. TRB to Host Emergency Medical Services Systems, Safety Strategies and Solutions Summit

The National Academies Transportation Research Board (TRB) is sponsoring the Emergency Medical Services (EMS) Systems, Safety Strategies, and Solutions Summit on February 29, 2012, in Washington, D.C. This will be a one-day workshop reviewing the state of the art in transportation safety in EMS operations. Ongoing research and research needs statements in this area will be reviewed and discussed. This summit is not designed to address issues such as patient care. Contact Rick Pain at RPain@nas.edu for details.

20. CDC Reminds Health Care Workers to be Vaccinated Against Influenza

Everyone 6 months and older should get a flu vaccine each year. This recommendation has been in place since February 24, 2010 when [CDC’s Advisory Committee on Immunization Practices \(ACIP\)](#) voted for “universal” flu

vaccination in the U.S. to expand protection against the flu to more people. While everyone should get a flu vaccine each flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. The viruses in this season's vaccine are the same viruses that were selected for the 2010-2011 influenza vaccine for the United States. While specific data on the duration of immunity from the 2010-2011 influenza vaccine is not available, CDC experts believe that immunity from vaccination (or infection) last season will have decreased by now in most people. It is not possible to say whether this reduced immunity would still be sufficient to prevent infection in 2011-2012 and therefore **it is recommended that everyone 6 months of age and older get vaccinated this season, regardless of whether they were vaccinated last season.**

In related news, links to final CDC vaccination recommendations (published in MMWR) from Advisory Committee on Immunization Practices (ACIP) is available [here](#).

21. Reducing Noise Hazards for Call and Dispatch Center Operators

NIOSH provides recommendations for prevention to workers at call and dispatch centers who may suffer health risks associated with high noise levels from their headsets, including sudden spikes in noise and stress. (<http://www.cdc.gov/niosh/docs/wp-solutions/2011-210/>)

22. Is YOUR respirator NIOSH-approved?

Buying a respirator can be confusing, especially because some facepieces are marketed and advertised as NIOSH-approved when, for a variety of reasons, they have not actually been certified. NIOSH recently launched a new campaign, Know It's NIOSH, to make it easier to verify NIOSH-certified respirators. Go to <http://knowits.niosh.gov> and it will redirect you to the NIOSH respirator source Web page that enables you to verify whether or not the product you have is, in reality, NIOSH-approved in addition to providing other useful respirator information.

23. NIOSH Provides Several Resources to Support a Healthy Workforce

The protection, preservation, and improvement of the health and well-being of all people who work are goals shared by workers, their families, and employers. Today, more than ever, there is increasing evidence that the work environment and the overall health, safety and well-being of the workers within it are strongly connected. Diminished health and injury, whether caused by work or resulting from non-work activities, reduces quality of life, opportunity, and income for workers and those dependent upon them. Conversely, workplaces with low risk of injury and enhanced opportunities for the total health of workers can lead to a vibrant, engaged and highly performing workforce. The National Institute for Occupational Safety and Health (NIOSH) believes that the safest and healthiest worker only evolves in an atmosphere where management is fully engaged in the wellbeing of its staff, where the environment is hazard-free and supportive, and where workplace policies and interventions encourage healthier choices--simply put, where the total health of the worker, in the broadest possible sense, is optimized. Total Worker Health™ is a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being. [For more information...](#)

24. Field EMS Bill Introduced in Congress Calls for Lead Federal Agency for EMS

The bipartisan Field EMS Quality, Innovation and Cost-Effectiveness Improvements Act of 2011 (H.R.3144.IH) has been introduced in Congress by Reps. Tim Walz (MN) and Sue Myrick (NC). The bill specifically outlines that EMS should fall under HHS with a director appointed by the Secretary; establishes a grant program; calls for enhanced research initiatives; and says national guidelines should be established for physicians who direct or oversee prehospital providers. [View the Bill...](#)

25. HHS to Host EMS Stakeholders Meeting

The Emergency Care Coordination Center and the Division of Health Systems and Health Care Policy, at the Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services (HHS) is planning to host an EMS Stakeholder meeting. During the meeting, HHS hopes to explore how the Department of Health and Human Services can best support local emergency medical services and its role in the Emergency Care Enterprise. The meeting will be held on November 14th, 2011. NASEMSO President Randy Kuykendall and Executive Director Dia Gainor will represent the Association at the forum.

26. NG9-1-1 “What’s Next?” Forum Report Now Available

The Transportation Safety Advancement Group (TSAG), a multidisciplinary forum promoting technology for public safety and providing guidance to the U.S. Department of Transportation Intelligent Transportation Systems Joint Program Office, recently announced the release of the *NG9-1-1 What’s Next Forum Report*, a series of white papers created by stakeholders in four emergency response disciplines—law enforcement, fire-rescue, emergency medical services and transportation—addressing the future of the Next Generation 9-1-1 system. The NG9-1-1 What’s Next project begins the discussion about how NG9-1-1 can help emergency response groups achieve their mission and addresses the cultural, organizational and operational environments in which the new system will be implemented. To download and read the report, visit www.tsag-its.org.

27. New GAO Report Highlights State Highway Funding

Federal funding for highways is provided to the states mostly through a series of grant programs known as the Federal-Aid Highway Program, administered by the Department of Transportation’s (DOT) Federal Highway Administration (FHWA). In 2005, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) authorized \$197.5 billion for the Federal-Aid Highway Program for fiscal years 2005 through 2009. GAO was asked to examine for the SAFETEA-LU period (1) how contributions to the Highway Trust Fund compared with the funding states received, (2) what provisions were used to address rate-of-return issues across states, and (3) what additional factors affect the relationship between contributions to the Highway Trust Fund and the funding states receive. Read [Highway Trust Fund: All States Received More Funding Than They Contributed in Highway Taxes from 2005 to 2009](#).

28. Participants Sought for NIH Study on Prehospital EMS Care

Oregon Health & Science University (OHSU), in partnership with the National Association of EMS Physicians (NAEMSP), the National Association of State EMS Officials (NASEMSO), the EMSC National Resource Center, EMS Medical Directors Consortium (Eagles), and the American Academy of Pediatrics (AAP) Subcommittee on EMS, is beginning an NIH-funded research study of the safety and quality of pre-hospital EMS care for children. We are looking for expert opinions from:

- EMTs
- Physicians
- Medical Directors
- Program Managers & Directors

By participating in this study, you will help identify key issues involved in such care and your input may lead to changes in national guidelines and standards of care in children’s EMS. Your experience in EMS gives you unique expertise and perspective on this issue, and we hope you will consider participating. To participate in this study, please email us: STORC@ohsu.edu.

29. NIH Releases Clinician's Guide for Screening Underage Drinkers

Based on just two questions from a newly released guide, health care professionals could spot children and teenagers at risk for alcohol-related problems. *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*, is now available from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health. Developed in collaboration with the American Academy of Pediatrics, clinical researchers, and health practitioners, the guide introduces a two-question screening tool and an innovative youth alcohol risk estimator to help clinicians overcome time constraints and other common barriers to youth alcohol screening. In addition to the new two-question screen, the guide presents the first youth alcohol risk estimator chart, which combines information about a patient's age and drinking frequency to give a clinician a broad indication of the patient's chances for having alcohol-related problems. Coupled with what a clinician already knows about a patient, the risk estimator can help determine the depth and content of the clinician's response. The guide outlines different levels of intervention, with tips for topics to cover. It also presents an overview of brief motivational interviewing, an interactive, youth-friendly intervention that is considered to have the best potential effectiveness for the adolescent population. *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*, and its accompanying pocket-sized version, can be downloaded or ordered from the NIAAA website at www.niaaa.nih.gov. It can also be ordered from NIAAA by calling 301-443-3860.

30. NEISS-AIP Analysis Highlights Nonfatal Traumatic Brain Injuries

Traumatic brain injuries (TBIs) from participation in sports and recreation activities have received increased public awareness, with many states and the federal government considering or implementing laws directing the response to suspected brain injury. Whereas public health programs promote the many benefits of sports and recreation activities, those benefits are tempered by the risk for injury. During 2001--2005, an estimated 207,830 emergency department (ED) visits for concussions and other TBIs related to sports and recreation activities were reported annually, with 65% of TBIs occurring among children aged 5--18 years. The Centers for Disease Control and Prevention (CDC) recently published an analysis of the National Electronic Injury Surveillance System--All Injury Program (NEISS-AIP) for the period 2001--2009. This report summarizes the results of that analysis, which indicated that an estimated 173,285 persons aged ≤19 years were treated in EDs annually for nonfatal TBIs related to sports and recreation activities. Read [Nonfatal Traumatic Brain Injuries Related to Sports and Recreation Activities Among Persons Aged ≤19 Years --- United States, 2001—2009](#).

31. ECCC Names New Director

Graydon "Gregg" Lord, MS, NREMT-P, has been named to the position of Director, Emergency Care Coordination Center within the Division of Mass Care, OPEO at the US Department of Health and Human Services. Gregg most recently served as a Senior Research Scientist at the Homeland Security Policy Institute of The George Washington University where he oversaw projects on emergency preparedness, response, and recovery. Concurrent to his GW position Gregg served as President George W. Bush's appointee to the National Commission on Children and Disasters which completed its work in April of 2011. His career in emergency medicine, public safety, and emergency management has encompassed varying roles in rural and urban jurisdictions. He became a paramedic in the early 1980s, subsequently achieving promotion to EMS Operations Chief of the second largest EMS system in New England at Worcester Emergency Medical Services from which he retired in 2001. During his tenure in Worcester he was an active member of NDMS-DMAT MA-2. Gregg lectures frequently both domestically and internationally on emergency medical operations, leadership, and preparedness policy. Prior to his role at George Washington University, Gregg served as Division Chief of Emergency Medical Services for Cherokee County Fire Department in Cherokee County, GA. Congratulations, Gregg!

32. HHS Announces Text4Health Task Force Recommendations and Global Partnership

The U.S. Department of Health and Human Services (HHS) has announced new recommendations to support health text messaging and mobile health (mHealth) programs. The department has been actively exploring means to capitalize on the rapid proliferation of mobile phone technology and platforms, such as text messaging, to develop programs and/or partnerships with the overall aim of improving public health outcomes. The potential to provide citizens with an expansive level of access to health resources can help HHS achieve its goal of a healthier nation and help individuals and families get critical information that can improve and safe lives. A range of mobile applications available through HHS-affiliated agencies are listed [here](#).

33. NTSB to Hold Forum on Public Aircraft Operations

The National Transportation Safety Board will hold a two-day forum on safety issues related to the oversight of public aircraft operations on November 30 and December 1, 2011, in Washington, D.C. The event, entitled "Public Aircraft Oversight Forum: Ensuring Safety for Critical Missions," will be chaired by NTSB Chairman Deborah A.P. Hersman and all five Board members will participate. Public aircraft are operated by a federal, state, or local government for the purpose of fulfilling governmental functions such as national defense, intelligence missions, firefighting, search and rescue, law enforcement, aeronautical research, or biological or resource management. Government organizations conducting public aircraft operations supervise their own flight and maintenance operations without oversight from the Federal Aviation Administration (FAA). The forum will be held in the NTSB Board Room and Conference Center, located at 429 L'Enfant Plaza, S.W., Washington, D.C. The public can view the forum in person or by webcast at www.nts.gov.

34. FDA Seeks Comment on Drug and Medical Product Shortages

The Food and Drug Administration (FDA) is opening a comment period for the notice of public workshop published in the Federal Register of July 28, 2011 (76 FR 45268). In that notice, FDA announced a public workshop regarding the approach of the Center for Drug Evaluation and Research to addressing drug shortages. FDA is opening a comment period in light of public interest in this topic and in order to gain additional insight about the causes and impact of drug shortages, and possible strategies for preventing or mitigating drug shortages. The FDA is also announcing the availability of a medical product shortage report entitled "A Review of FDA's Approach to Medical Product Shortages." The Agency is making the report available by placing it in the docket opened for a previous public workshop on drug shortages. The report discusses the Agency's approach to product shortages, particularly those products regulated by the FDA Center for Drug Evaluation and Research (CDER). FDA requests comments, until December 23, 2011, on the report and its recommendations, including whether there are additional suggestions for recommendations and how the FDA should prioritize work on these recommendations. **Docket ID:** FDA-2011-N-0690.

35. FIT Reports Results of Wind Effects on Emergency Vehicles

The Florida Institute of Technology (FIT) report, *Wind Effects on Emergency Vehicles*, presents the results of a study to define the wind speed limits and conditions beyond which fire and rescue vehicles should not be operated during a hurricane. For that purpose, reduced scale models of a typical fire truck, ambulance, and sports utility vehicle (SUV) were tested in a wind tunnel. For the fire truck the wind tunnel tests are compared with full-scale measurements on a real truck and to computer simulations using the Fluent software. The report presents and compares the results of the different tests: experimental, field, and numerical. The resulting wind pressure distributions on the vehicles are used to obtain drag, lift, and side forces, in addition to overturning, yawing, and pitching moments. Based on the results of the tests and the analyses, safe wind speeds are found for the operation of these fire and rescue vehicles. [For more information...](#)

36. AMA Advocacy Paper on Emergency Medical Professionals

The American Medical Association (AMA) recently circulated an advocacy paper titled “*State legislative survey: Emergency Medical Professionals*” to provide medical societies an overview of issues that may arise during state legislative sessions. Although the document appears to be available on the AMA’s web site “members only” section, several EMS web sites have acquired and posted the document (which also appears to be copyrighted) and its availability announced via various EMS list serves. Several NASEMSO members polled have identified that their state EMS offices were not contacted in the collection of this data and that the document contains some discrepancies with state policy and/or regulations. NASEMSO appreciates all efforts to support the EMS professions but encourages users of the “EMT 50 state survey” to verify information with state EMS officials prior to using it to educate legislators.

37. New IOM Report Urges Increased Oversight of Health Information Technology

To protect Americans from potential medical errors associated with the use of information technology in patient care, a new [report](#) by the Institute of Medicine, *Health IT and Patient Safety: Building Safer Systems for Better Care*, calls for greater oversight by the public and private sectors. The report examines a broad range of health information technologies, including electronic health records, secure patient portals, and health information exchanges, but not software for medical devices. [For more information...](#)

38. Circuit Judge Rules in Favor of Health Care Reform Law

The U.S. Circuit Court of Appeals for the District of Columbia has ruled that the Accountable Care Act is constitutional. Three federal appellate courts — in Washington, D.C., in Richmond, Va., and in Cincinnati — have rejected substantive challenges to the health-care law. The split opinion marks the second time this year that a federal appellate court controlled by Republican appointees has backed the law and its insurance mandate. Only the Atlanta-based 11th Circuit backed such a challenge, brought by 26 Republican governors and attorneys general. Many experts speculate that the debate will end up in the U.S. Supreme Court.

39. New IOM Report Evaluates Questions About Vaccine Safety

The *Adverse Effects of Vaccines: Evidence and Causality* reviews the epidemiological, clinical, and biological evidence regarding adverse health effects associated with specific vaccines covered by the Vaccine Injury Compensation Program including varicella zoster vaccine, influenza vaccines, hepatitis B vaccine, and the human papillomavirus vaccine, among others. For each possible adverse event, the report reviews prior studies, summarizes their findings, and evaluates the epidemiological evidence. It finds that while no vaccine is 100% safe, very few adverse events are shown to be caused by vaccines. In addition, the evidence shows that vaccines do not cause several conditions of recent concern. For example, the MMR vaccine is not associated with autism or childhood diabetes. The DTaP vaccine is also not associated with diabetes and the influenza vaccine given as a shot does not exacerbate asthma. The Adverse Effects of Vaccines will be of special interest to the National Vaccine Program Office, the Centers for Disease Control and Prevention, vaccine safety researchers and manufacturers, parents, caregivers, and health professionals in the private and public sectors. *Read Adverse Effects of Vaccines: Evidence and Causality* on line for free at http://www.nap.edu/catalog.php?record_id=13164#description.

40. Brain Attack Coalition Identifies New Guidelines for Primary Stroke Centers

Each year in the United States, approximately 795 000 people will have a new or recurrent stroke. It is the fourth leading cause of death in the United States and a major cause of adult disability. Since the initial publication of the Primary Stroke Center (PSC) recommendations in 2000, there have been substantive modifications and changes in

how patients with stroke are diagnosed and treated. These relate to the efficacy and importance of stroke teams, Stroke Units, the use of intravenous tissue plasminogen activator (tPA), and imaging advances, among others. The Brain Attack Coalition (of which NASEMSO is a member) has recently released the following materials:

- [Press Release: Updated Recommendations for Primary Stroke Centers](#)
- [Fact Sheet: Summarized Recommendations for Primary Stroke Centers](#)
- [“Revised and Updated Recommendations for the Establishment of Primary Stroke Centers” *Stroke*, September 2011](#)

41. EMS Community Encouraged to Support CO Education

Carbon monoxide (CO) is an odorless, colorless gas that kills without warning. It claims the lives of hundreds of people every year and makes thousands more ill. Many household items including gas- and oil-burning furnaces, portable generators, and charcoal grills produce this poison gas. The Centers for Disease Control and Prevention’s National Public Health Information Coalition has released a Carbon Monoxide Poisoning Prevention Toolkit that contains bill inserts, campaign flyers, graphics, and PSA’s alerting the public to this dangerous home hazard.

[Download the toolkit...](#)

42. From the AMA: New Medical Students Working as EMTs

Hofstra North Shore-LIJ School of Medicine in Hempstead, N.Y., is incorporating emergency medical technician training into the medical school curriculum, with medical students working in ambulances during their first two years, according to a report in [Time Healthland](#). Hofstra's inaugural class of 40 students will be part of the emergency team and receive hands-on experience, rather than passively shadowing physicians. This unconventional approach seeks to train students in teamwork, people skills, and quick thinking in emergencies—traits difficult to teach in a classroom setting. AMA [policy](#) supports teamwork in health care and interdisciplinary education and practice: "In spite of the high degree of specialization in health care, faculty of programs of education for the health professions must prepare students to provide integrated patient care; programs of education should promote an interdisciplinary experience for their students."



UPCOMING EVENTS

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

32nd Annual Virginia EMS Symposium. November 9-13, 2011. Norfolk Waterside Marriott, Norfolk, VA. [For more information...](#)

Texas EMS Conference. November 20-23, 2011. Austin Convention Center, Austin, Texas. www.texasemsconference.com.

*New Jersey Statewide Conference on EMS. November 1 -4 2012 Sheraton, Atlantic City, NJ. For more information, please visit www.NJEMSConference.com

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

EMEX 2011. November 12-17, 2011. Rio All-Suites Hotel, Las Vegas, NV. International Association of Emergency Managers. [For more information...](#)

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

*NAEMSP Annual Meeting. January 12-14, 2012. JW Starr Pass Resort, Tucson, AZ. [For more information...](#)

*AAEM 18th Annual Scientific Assembly. February 8-10, 2012 Hotel del Coronado. San Diego, California. [For more information...](#)

* Emergency Nurses Association Leadership Conference. February 22-26, 2012. New Orleans Convention Center. New Orleans, LA. [For more information...](#)

*EMS Today. JEMS Conference and Exposition. February 28-March 3, 2012. Baltimore Convention Center, Baltimore MD. [For more information...](#)

*Emergency Medical Services Systems, Safety Strategies and Solutions Summit. February 29, 2012, Institute of Medicine's Keck Center, Washington, D.C.

* Fire Rescue Med. May 5-8, 2012. The Orleans, Las Vegas, NV. [For more information...](#)

*NASEMSO Mid-Year Meeting. May 6-8, 2012, Bethesda, MD. [For more information...](#)

*EMSC Grantee Meeting. May 8-11, 2012, at the Hyatt Regency Bethesda in Bethesda, MD. [For more information...](#)

*ACEP's Leadership & Advocacy Conference. May 20-23, 2012 Omni Shoreham - Washington, DC. [For more information...](#)

*Pinnacle 2012. July 16-20, 2012. Cheyenne Mountain Hotel, Colorado Springs, CO. [For more information...](#)

*NAEMSE Annual Symposium and Trade Show. August 6-11, 2012. Coronado Springs Resort, Orlando, FL. [For more information...](#)

* ENA Annual Meeting. September 11-15, 2012. San Diego Convention Center, San Diego, CA. [For more information...](#)

*Emergency Cardiovascular Care Update. September 11-15, 2012. Rosen Shingle Creek, Orlando, FL. [For more information...](#)

*NASEMSO Annual Meeting. September 24-28, 2012, The Grove Hotel, Boise, ID. [For more information...](#)

*ACEP Scientific Assembly. October 8-11, 2012. Denver, CO. [For more information...](#)

*Air Medical Transport Conference. October 22-24, 2012. Seattle, WA. [For more information...](#)

*EMSWorld Expo. October 29-November 2, 2012. New Orleans, LA. [For more information...](#)

*1st Annual World Trauma Symposium. November 1, 2012. New Orleans, LA. [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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