



Washington Update

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December 20, 2011

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- ***STATEWIDE EMS CONFERENCES***
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1. NASEMSO Congratulates Texas EMS Director on NREMT Appointment

The National Association of State EMS Officials (NASEMSO) congratulates Maxie Bishop, Texas State EMS Director, on his appointment to the Board of the National Registry of EMTs (NREMT). Bishop was nominated for the position by NASEMSO to replace former state EMS director Dan Manz.

2. NASEMSO Congratulates Dr. Cunningham on Prestigious AAEM Award

The National Association of State EMS Officials congratulates Dr. Carol Cunningham, Chairman of the organization’s Medical Directors Council on being selected the 2012 recipient of the American Academy of Emergency Medicine’s James Keane Award. Named after the founder of AAEM, this award recognizes an individual who has made an outstanding contribution to AAEM. Nominees for this award must have 10 or more years’ experience in emergency medicine clinical practice and must be an AAEM member.

3. NASEMSO Releases New Resource on National EMS Program Accreditation

NASEMSO’s Education Agenda Implementation Team is frequently asked about the organization’s support for national EMS program accreditation as described by the *EMS Education Agenda for the Future: A Systems Approach*. The I-Team has worked diligently to explain the process in a brand new reference: *Defining National EMS Program Accreditation*. The document is divided into the following sections: Background, Defining National Accreditation, The Relationship of National Accreditation to State Government, Rationale for EMS Community Support of the CoAEMSP, and Summary of National EMS Program Accreditation. The document also includes a chart that outlines compliance indicators with the *Education Agenda*. [Download the reference...](#)

4. FEMA Adds Whole of Community Document to Online Library

The Federal Emergency Management Agency (FEMA) announces “*A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*” --a foundation for increasing individual preparedness and engaging with members of the community as collaborative resources to enhance the resiliency and security of

our Nation through a Whole Community approach. The document is intended to promote greater understanding of the approach and to provide a strategic framework to guide all members of the emergency management community as they determine how to integrate Whole Community into their daily practices. [For more information...](#)

In related news, as 2011 – one of the most active years for disasters in recent history – comes to a close and Americans get ready to ring in a new year, FEMA is encouraging all Americans to Resolve to be Ready in the new year by making a resolution to be prepared for emergencies. As a recent report by the National Climatic Data Center highlights, 2011 has seen more billion-dollar natural disasters than any year on record. This year alone, the U.S. experienced its first hurricane landfall since 2008, the most deadly series of tornadoes since the 1950s, significant earthquakes and severe flooding – hazards that impacted every region of the country. All of these events have served as important reminders that disasters can strike anytime, anywhere, and being prepared is one of the most effective things we can do to protect our homes, businesses and loved ones. FEMA has kicked off its annual campaign, *Resolve to be Ready in 2012*, which urges Americans to make preparedness a priority during the holiday season by making a new year’s resolution to be ready for disasters or by thinking about preparedness tools for last minute gift ideas. [For more information...](#)

5. IOM Reports on Effectiveness of Biosurveillance Strategy

After the September 11, 2001, terrorist attacks and subsequent anthrax mailings, the U.S. government prioritized a biosurveillance strategy aimed at detecting, monitoring, and characterizing national security health threats in human and animal populations, food, water, agriculture, and the environment. A variety of agencies share biosurveillance responsibilities, and efforts have been made to improve national biosurveillance through data exchanges and collaboration. However, gaps and challenges in biosurveillance efforts and integration of biosurveillance activities remain. September 8-9, 2011, the IOM held a workshop to explore the information-sharing and collaboration processes needed for the nation’s integrated biosurveillance strategy. Presenters at the workshop examined the strengths and limitations of different models of information analysis, control, and distribution; considered examples and lessons learned from other similar information sharing collaborations; explored approaches to developing an effective and sustainable concept of operations that includes joint rules, procedures, and performance measures; and illustrated the value added in collaboration through scenarios and real-life examples. [For more information...](#)

6. Registration is Now Open for Personal Protective Technology March Meeting

Registration is now open for the 2012 NIOSH Personal Protective Technology Stakeholder Meeting, Hyatt Regency Pittsburgh International Airport, March 20, 2012. The focus of the meeting is personal protective equipment (PPE) selection, use, and expectations and will emphasize PPE in healthcare, mining, pesticide handling, and public safety, as well as a number of PPE-based topics that are mutually relevant across all of these sectors. To register, or for more information, go to <https://www.team-psa.com/niosh/stakeholders/2012>.

7. Implementation Plan Addresses Community Roles in Preventing Violent Extremism

In August 2011 President Barack Obama signed the National Strategy for Empowering Local Partners to Prevent Violent Extremism in the United States (National Strategy for Empowering Local Partners), which outlines community-based and the Federal Government’s role in empowering local stakeholders to build resilience against violent extremism. The White House has now released a companion document, *Strategic Implementation Plan for Empowering Local Partners to Prevent Violent Extremism in the United States* that provides a blueprint for how it plans to build community resilience against violent extremism. Although the SIP will be applied to prevent all forms

of violent extremism, the document prioritizes preventing violent extremism and terrorism that is inspired by al-Qa'ida and its affiliates and adherents, which the 2010 National Security Strategy, the 2011 National Strategy for Counterterrorism, and the National Strategy for Empowering Local Partners identify as the preeminent security threats to our country. [For more information...](#)

8. FEMA Provides Information for Filing an Appeal Following Earthquake

Some individuals who registered for federal disaster assistance due to the August 23 earthquake and subsequent aftershocks centered in Virginia may have been denied aid. However, an appeals process exists ensuring that those affected by the earthquake will receive all legally eligible benefits. A description of the FEMA appeal process is now available at <http://www.fema.gov/news/newsrelease.fema?id=59938>.

9. Joint Commission Issues SEA on Healthcare Worker Fatigue and Patient Safety

The Joint Commission has issued a Sentinel Event Alert (SEA) on the relationship between healthcare worker fatigue and patient safety. A substantial number of studies indicating that the practice of extended work hours contributes to high levels of worker fatigue and reduced productivity. These studies and others show that fatigue increases the risk of adverse events, compromises patient safety, and increases risk to personal safety and well-being. While it is acknowledged that many factors contribute to fatigue, including but not limited to insufficient staffing and excessive workloads, the purpose of this Sentinel Event Alert is to address the effects and risks of an extended work day and of cumulative days of extended work hours. [For more information...](#)

10. Congress Passes Omnibus Appropriations Bill; Averts Government Shutdown

Congress has passed an "Omnibus" Appropriations bill to complete the Fiscal Year (FY) 2012 Appropriations process. The Omnibus bill is a package of nine remaining appropriations bills funding those federal departments, agencies and programs that were operating under a Continuing Resolution (CR) through December 16, 2011. The final FY 2012 Appropriations bill package includes:

- 1.) A conference report (House Report 112-331) that contains FY 2012 funding for federal agencies under the remaining nine Appropriations bills;
- 2.) A bill (H.R. 3672) that provides funding for disaster aid and recovery assistance;
- 3.) A bill (H. Con. Res. 94) that contains offsets for the disaster funding.

HIGHLIGHTS:

- Homeland Security – The legislation includes a total of \$39.6 billion in regular discretionary funding for the Department of Homeland Security (DHS) – a decrease of \$2 billion below last year’s level and \$4 billion below the President’s request. This funding level will sustain vital security operations, while trimming spending on lower priority programs and providing strong oversight measures. The bill prioritizes funding for frontline security operations, including personnel, intelligence activities, and the acquisition of essential tactical resources. (DHS grant cuts will be major in FY 2012, for FEMA State and Local Programs, \$1.35 billion [\$880 million or 40% reduction from FY 2011].)
- Federal Emergency Management Agency (FEMA) – The bill includes \$4.7 billion in regular, base discretionary funding for FEMA – a decrease of \$2.9 billion from last year’s level. The bill fully funds Emergency Management Performance Grants at \$350 million and provides \$675 million for firefighting grants. The bill provides \$700 million in base funding for the Disaster Relief Fund (DRF). An additional \$6.4 billion in emergency disaster assistance is provided in a separate Appropriations bill in the three-bill package.

- FEMA First Responder Grants – A total of \$2.4 billion is provided for FEMA First Responder Grants, \$1 billion below last year’s level and \$1.5 billion below the President’s request. In addition, the bill requires increased reporting requirements and oversight of existing funds, consolidates disparate programs, and dedicates \$100 million to areas with the greatest risk of terrorist attack.
- Health and Human Services – The Department of Health and Human Services receives a total of \$69.7 billion in the bill, which is nearly \$700 million below the last year’s level and \$3.4 billion below the President’s budget request.
 - Health Resources and Services Administration (HRSA) – The bill funds HRSA at program level of \$6.5 billion, which is \$41 million below last year’s level and \$848 million below the budget request. Within this total, Community Health Centers are funded at \$1.6 billion – the same as last year’s level.
 - Centers for Disease Control and Prevention (CDC) – The legislation includes a program level of \$6.1 billion for the CDC – an increase of \$38 million above last year’s level and \$269 million below the President’s budget request. Within this total, the legislation funds at \$80 million the Preventive Health and Health Services Block Grant – a program proposed for elimination by the President and the Senate that provides funding to states to address critical public health needs.
 - National Institutes of Health (NIH) – The bill provides NIH with \$30.7 billion in funding, which is \$299 million above last year’s level and \$758 million below the President’s request. This bill assumes NIH will support the same number of scientifically meritorious research project grants as last year.

Second Bill Summary (H.R. 3672)

- Disaster Funding – The second bill in the package provides a total of \$8.1 billion disaster aid and recovery assistance for disaster emergencies.
- FEMA Disaster Relief Fund – The bill includes \$6.4 billion for the FEMA Disaster Relief Fund (DRF). This includes funding for fire assistance, emergency declarations, major disasters, surge operations, and disaster readiness support. In addition, these funds will help cover costs from large-scale, previous disasters such as the summer 2011 tornados and Hurricane Irene.

Third Bill Summary (H. Con. Res. 94)

- Disaster Funding Offset – The third bill contains a legislative provision to offset the funding in H.R. 3672. This offset is funded by a 1.83% across-the-board cut to all FY 2012 base discretionary spending, except the Department of Defense, Military Construction, and Veterans Affairs.

According to the Trust for America’s Health (TFAH), here is an update on specific programs that may be of interest in the Omnibus conference agreement for FY2012. Under HHS, the following programs affect pandemic preparedness:

- Overall ASPR funding - \$926.7M, up \$13M from FY11
- BARDA - \$415M, level from FY11 (President had requested \$665M)
- Hospital Preparedness Program - \$375.5M, level with last year
- CDC State & Local Preparedness - \$658.9M, a \$6M cut. Within that line, Public Health Emergency Preparedness grants receive \$643.1M, up \$9M from last year. Other programs, such as the academic research centers, are eliminated.
- Strategic National Stockpile - \$509M, an \$82M cut from FY11 and \$145.5 below President’s request
- CDC Influenza activities (including pandemic) - \$159.7M, level with FY11

Please keep in mind this does not include a .189% across the board cut for HHS discretionary programs. Many of these programs, such as CDC, already sustained historic cuts in FY11, so remaining level or slight increases may appear misleading. The [final FY 2012 omnibus bill language](#) and the [Statement of Managers](#) that accompanies the FY 2012 omnibus bill (all the details) are now available. The Prevention and Public Health Fund dollars are not specified in the bill or the Statement of Managers. Total CDC program level (discretionary, evaluation tap funding, pandemic flu balance and Emergency Employees Occupational Illness Program -mandatory) at: \$6,124,450 million – this is about \$157 million less than FY 2011. Total discretionary is increased by \$18.7 million.

In related news, a DHS “budget in brief” explanation, published prior to the Omnibus legislation, provides an excellent overview of DHS program and is available [here](#).

11. NTSB Votes to Recommend Total Ban on Cell Phone Use While Driving

In describing the sequence of events during a chain reaction collision involving two school buses, a truck tractor with no trailer, and a pickup truck that resulted in highway fatalities, the National Transportation Safety Board (NTSB) has issued the following recommendations: (1) Ban the nonemergency use of portable electronic devices (other than those designed to support the driving task) for all drivers; (2) use the National Highway Traffic Safety Administration model of high visibility enforcement to support these bans; and (3) implement targeted communication campaigns to inform motorists of the new law and enforcement, and to warn them of the dangers associated with the nonemergency use of portable electronic devices while driving. [For more information...](#)

12. FDA Issues Interim Final Rule on Drug Shortages

In response to President Obama’s Executive Order of Oct. 31, 2011, the Obama Administration has issued an interim final rule that will help prevent prescription drug shortages. The rule will require manufacturers that are the only producer of certain critical drugs to report to the Food and Drug Administration all interruptions in manufacturing of products. The rule builds on FDA’s current work to ensure Americans have access to the medicine they need. President Obama’s Executive Order directed the Food and Drug Administration and Department of Justice to take action to help reduce and prevent drug shortages, protect consumers, and prevent stockpiling and exorbitant pricing of drugs in shortage. Early notification of potential drug shortages is an essential tool in helping FDA work with drug manufacturers, hospitals, doctors, and patients to prevent or mitigate a drug shortage before it becomes a crisis. The FDA has issued an [interim final rule](#) that will require manufacturers that are the only producer of certain drug products to report to the FDA all interruptions in manufacturing of products that are life supporting, life sustaining, or intended for use in the prevention of a debilitating disease or condition. This interim final rule is effective January 18, 2012. Interested persons can submit either electronic or written comments on the provisions by February 17, 2012. [For more information...](#)

13. FDA Approves Marketing of Hand-Held Device for Detecting ICH

The U.S. Food and Drug Administration (FDA) has approved marketing of the first hand-held device intended to aid in the detection of life-threatening bleeding in the skull called intracranial hematomas, using near-infrared spectroscopy. The device, called the Infrascanner Model 1000, can help health care providers identify patients with critical head injuries who need an immediate brain imaging study. The Infrascanner, Model 1000, uses a scanner that directs near-infrared light, a wavelength of light that can penetrate tissue and bone, into the skull. Blood from intracranial hematomas absorbs the light differently than other areas of the brain. The scanner detects differences in light absorption (optical density) and transmits the information wirelessly to a display on a hand-held computer. By comparing the optical density from a series of scans of specific areas on both sides of the skull, a trained health care provider can use the information provided by the device, in conjunction with other clinical information, to

determine the likelihood of an intracranial hematoma and the need for further diagnostic procedures, such as a computed tomography (CT) scan. [For more information...](#)

14. US Highway Deaths Lowest Since 1949

U.S. Transportation Secretary Ray LaHood recently announced updated 2010 fatality and injury data showing that highway deaths fell to 32,885 for the year, the lowest level since 1949. The record-breaking decline in traffic fatalities occurred even as American drivers traveled nearly 46 billion more miles during the year, an increase of 1.6 percent over the 2009 level. The updated information released by the Department of Transportation’s National Highway Traffic Safety Administration (NHTSA) indicates 2010 also saw the lowest fatality rate ever recorded, with 1.10 deaths per 100 million vehicle miles traveled in 2010, down from 1.15 deaths per 100 million vehicle miles traveled in 2009. Other key statistics include:

- Fatalities declined in most categories in 2010, including for occupants of passenger cars and light trucks (including SUVs, minivans and pickups).
- Deaths in crashes involving drunk drivers dropped 4.9 percent in 2010, taking 10,228 lives compared to 10,759 in 2009.
- Fatalities rose among pedestrians, motorcycle riders, and large truck occupants.

NHTSA also unveiled a new measure of fatalities related to distracted driving, called “distraction-affected crashes.” Introduced for 2010 as part of a broader effort by the agency to refine its data collection to get better information about the role of distraction in crashes, the new measure is designed to focus more narrowly on crashes in which a driver was most likely to have been distracted. While NHTSA’s Fatality Analysis Reporting System (FARS) previously recorded a broad range of potential distractions, such as careless driving and cell phone present in the vehicle, the new measure focuses on distractions that are most likely to affect crash involvement, such as distraction by dialing a cellular phone or texting and distraction by an outside person/event. New data released by NHTSA using its refined methodology show an estimated 3,092 fatalities in distraction-affected crashes in 2010.

- [Click here to view the latest 2010 FARS data](#)
- [Click here to view the new electronic device survey](#)
- [Click here to view the new telephone distraction survey summary](#)
- [Click here to view the full report](#)

15. NHTSA Issues Statement on Risk of Defect Investigation

This past May, the National Highway Traffic Safety Administration (NHTSA) crashed a Chevy Volt in a New Car Assessment Program (NCAP) test designed to measure the vehicle's ability to protect occupants from injury in a side collision. During that test, the vehicle's battery was damaged and the coolant line was ruptured. When a fire involving the test vehicle occurred more than three weeks after it was crashed, the agency concluded that the damage to the vehicle's lithium-ion battery during the crash test led to the fire. Since that fire incident, NHTSA has taken a number of steps to gather additional information about the potential for fire in electric vehicles involved in a crash, including working with the Department of Energy and the Department of Defense — in close coordination with experts from General Motors — to complete rigorous tests of the Volt's lithium-ion batteries. NHTSA recently issued a statement describing the potential hazard, including recommendations. [For more information...](#)

16. CMS Proposes Regulation on Reporting Payments or Transfers of Value

The Centers for Medicare and Medicaid Services (CMS) today published a proposed rule that would require applicable manufacturers of drugs, devices, biologicals, or medical supplies covered by Medicare, Medicaid or the Children's Health Insurance Program (CHIP) to report annually to the Secretary certain payments or transfers of value provided to physicians or teaching hospitals ("covered recipients") above a \$10 minimum threshold. In addition, applicable manufacturers and applicable group purchasing organizations (GPOs) are required to report annually certain physician ownership or investment interests. The Secretary is required to publish applicable manufacturers' and applicable GPOs' submitted payment and ownership information on a public Web site. To be assured consideration, comments must be received no later than 5 p.m. Eastern Standard Time on **February 17, 2012**. [For more information...](#)

17. EMS Culture of Safety Draft 2 Available for Comment

EMS has been identified as a high-risk industry and safety impacts more than just EMS personnel. Safety in EMS affects our patients, EMS responders, and the public and includes factors such as vehicle operations, medical errors, infectious diseases, scene safety and responder health and fitness, just to name a few. Now, a three-year cooperative agreement between the National Highway Traffic Safety Administration (NHTSA), with support from the Health Resources and Services Administration's (HRSA) EMS for Children (EMSC) Program, and the American College of Emergency Physicians (ACEP) has brought together representatives from national EMS and fire organizations to develop a national EMS "Culture of Safety" Strategy. Draft 2 of the Strategy is now available for comment. [For more information...](#)

18. Community Paramedic Handbook Available from Program Sponsors

The Western Eagle County Health Services District and the North Central EMS Institute are pleased to announce the availability of the Community Paramedic Program Handbook. The handbook is designed to be used by paramedic services or a community as a planning guide to develop a Community Paramedic program. It is a comprehensive resource that includes information on Planning to Plan; Assessing Program Feasibility; Considering State Regulations; Making the Internal Commitment; Securing Key Partner Commitment; Determining how to Provide Medical Direction; Assessing Community Needs; Determining Program Scope; Services to Provide; Developing Personnel; Budgeting; Engaging the Community; Developing Policies and Procedures; Planning and Implementing Training; Developing an Evaluation Plan; Beginning Operations; and, Evaluating the Pilot Phase. If that weren't enough, there are several chapters in the appendix that contain forms and tools that can be used throughout the process and after the beginning of operations. [Click here](#) to go to the webpage to download the manual, or go to www.communityparamedic.org and then click on CP Program Handbook.

19. Joint Commission Posts Field Review Opportunities

There is growing concern related to the overuse of various treatments, procedures, and tests in health care. The Joint Commission defines overuse as the use of a health service in circumstances where the likelihood of benefit is negligible and, therefore, the patient faces only the risk of harm. Seen from this perspective, overuse is a safety and quality problem. Additionally, research has demonstrated that overuse occurs with significant frequency in the United States. To address this serious safety and quality problem, The Joint Commission is proposing a new National Patient Safety Goal (NPSG) on the topic of overuse and is seeking input from the field by January 24, 2012.

- [Proposed NPSG addressing overuse of treatments, procedures, and tests for Critical Access Hospitals](#)
- [Proposed NPSG addressing overuse of treatments, procedures, and tests for Hospitals](#)

In related news, the Joint Commission is revising standards for the Hospital accreditation program that relate to patient flow issues and the safe care of patients awaiting admission or transfer, including patients with psychiatric emergencies. Comments on the Revision are being accepted until January 20, 2012. [For more information on current field reviews...](#)

20. O'Brien DJ, Walsh DW, Terriff CM, Hall AH: *Empiric management of cyanide toxicity associated with smoke inhalation.* Prehosp Disaster Med 2011;26(4):1–9. Enclosed-space smoke inhalation is the fifth most common cause of all unintentional injury deaths in the United States. Increasingly, cyanide has been recognized as a significant toxicant in many cases of smoke inhalation. However, it cannot be emergently verified. Failure to recognize the possibility of cyanide toxicity may result in inadequate treatment. Findings suggestive cyanide toxicity include: (1) a history of an enclosed-space fire scene in which smoke inhalation was likely; (2) the presence of oropharyngeal soot or carbonaceous expectorations; (3) any alteration of the level of consciousness, and particularly, otherwise inexplicable hypotension (systolic blood pressure ≤ 90 mmHg in adults). Prehospital studies have demonstrated the feasibility and safety of empiric treatment with hydroxocobalamin for patients with suspected smoke inhalation cyanide toxicity. Although United States Food and Drug Administration (FDA)-approved since 2006, the lack of efficacy data has stymied the routine use of this potentially lifesaving antidote. Based on a literature review and on-site observation of the Paris Fire Brigade, emergency management protocols to guide empiric and early hydroxocobalamin administration in smoke inhalation victims with high-risk presentations are proposed. [For more information...](#)

21. Stewart, K. E., Cowan, L. D., Thompson, D. M., Sacra, J. C. and Albrecht, R. (2011), *Association of Direct Helicopter Versus Ground Transport and In-hospital Mortality in Trauma Patients: A Propensity Score Analysis.* Academic Emergency Medicine, 18: 1208–1216. **Objectives:** Helicopter emergency medical services (HEMS) transport of trauma patients has been used for decades. Its use, however, is still a subject of debate, including issues such as high costs, increasing numbers of crashes, and conflicting results regarding effectiveness in reducing mortality. The aim of this study was to examine whether mode of transport (HEMS vs. ground EMS) is independently associated with mortality among trauma patients transported directly from the scene of injury to definitive care. **Conclusions:** Helicopter EMS transport was associated with a decreased hazard of mortality among certain patients transported from the scene of injury directly to definitive care. Refinements in scene triage and transport guidelines are needed to more effectively select patients that may benefit from HEMS transport from those unlikely to benefit. [For more information](#) (subscription required for full access)...

22. Mollberg et al. *The Consequences of Noncompliance With Guidelines for Withholding or Terminating Resuscitation in Traumatic Cardiac Arrest Patients.* Journal of Trauma-Injury Infection & Critical Care: October 2011 - Volume 71 - Issue 4 - pp 997-1002. Background: The validity of current guidelines regarding resuscitation of patients in traumatic cardiopulmonary arrest (TCPA) and the ability of emergency medical services (EMS) to appropriately apply them have been called into question. The purpose of this study is to demonstrate the consequences of violating the current published guidelines and whether EMS personnel were able to accurately identify patients in TCPA. Conclusions: Our data support the current guidelines regarding the withholding or termination of resuscitation of patients in prehospital TCPA and represent the largest series to date on this topic. EMS personnel were able to accurately determine traumatic cardiac arrest in the field in this series. Violation of the current guidelines resulted in six patients being resuscitated to a neurologically devastated state. No loss of neurologically intact survivors would have resulted had strict adherence to the guidelines been maintained. [For more information](#) (subscription required for full access)...

23. Niranjan Kissoon MD for the Task Force for Pediatric Emergency Mass Critical Care. *Deliberations and recommendations of the Pediatric Emergency Mass Critical Care Task Force: Executive summary.* Pediatric Critical Care Medicine: November 2011 - Volume 12 - Issue 6 - pp S103-S108. "Despite difficult challenges during responses to the terrorist attacks of September 11, 2001, Hurricane Katrina, and the 2009 Pandemic Influenza A/H1N1 and severe acute respiratory syndrome outbreaks, no North American emergency to date has overwhelmed intensive care unit (ICU) services on a widespread basis since the modern development of the field of critical care. To deal with very large emergencies involving many patients whose survival depends on immediate access to intensive care, an international Task Force for Mass Critical Care proposed recommendations in January 2007 to extend critical care resources for the adult population, referred to as the Emergency Mass Critical Care (EMCC) approach." Outline: Treatment and Triage Recommendations for PEMCC; PEMCC in Pediatric Hospitals; PEMCC in Non-Pediatric Hospitals; Supplies and Equipment for PEMCC; Neonatal and Pediatric Regionalized Systems in PEMCC; States and Regions; Federal; Education in a PEMCC Setting; PEMCC: The Role in Community Preparedness; Legal Considerations; Focus on Family-Centered Care; Family-Centered Care in EMS Care of Children; FCC in Emergency Departments and ICUs in a Mass Event; FCC in Alternative Sites; Ethical Issues in PEMCC; The Reality of PEMCC in Developing Worlds. [For more information...](#)

24. Blanchard, Ian E et al. *Emergency Medical Services Response Time and Mortality in an Urban Setting* Prehospital Emergency Care, Volume 16, Number 1, December 2011 , pp. 142-151(10) **Objective:** To explore whether an 8-minute EMS response time was associated with mortality. **Conclusions:** These results call into question the clinical effectiveness of a dichotomous 8-minute ALS response time on decreasing mortality for the majority of adult patients identified as having a life-threatening event at the time of the 9-1-1 call. However, this study does not suggest that rapid EMS response is undesirable or unimportant for certain patients. This analysis highlights the need for further research on who may benefit from rapid EMS response, whether these individuals can be identified at the time of the 9-1-1 call, and what the optimum response time is. [For more information](#) (subscription required for full access)...

UPCOMING EVENTS

STATEWIDE EMS CONFERENCES

*ITLS Ohio Emergency Care Conference. February 23 - 26, 2012 Crowne Plaza Columbus North Columbus, Ohio. [For more information...](#)

*2012 Arizona Pediatric Symposium. February 27, 2012 Prescott, Arizona. www.azpedsems.com. [For more information...](#)

*42nd Annual Wyoming Trauma Conference. August 16-19, 2012 Little America Hotel and Resort Cheyenne, Wyoming Sponsored by the Wyoming Office of EMS contact Beth Hollingworth at: beth.hollingworth@wyo.gov or 307-777-7955 [For more information...](#)

*Pennsylvania's 35th Annual Statewide EMS Conference and 2nd Annual Pediatric Emergency Care Symposium will be held August 16-17, 2011 at the Lancaster County Convention Center & Marriott in Lancaster, PA. More information, including a call for speakers and exhibitor information, will be posted as it becomes available to www.pehsc.org,

New York State EMS Conference-Vital Signs. October 18-21, 2012 in Syracuse NY. [For more information...](#)

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*****

CoAEMSP Accreditation Workshop: STEPS TO SUCCESS. January 9-10, 2012. Dallas, TX. [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...](#)

2012 National Health Policy Conference. February 13-14, 2012. JW Marriott, Washington, DC. This conference provides clarity on the critical health care issues and priorities for the upcoming year. In its twelfth year, the NHPC continues to deliver a program with insider perspectives from health policy leaders to an audience that includes researchers, policy experts, and advocates. Plenary sessions feature perspective from the current administration, Congress, the states and the business community while breakout sessions delve into the details of specific challenges by convening experts with varied, and sometimes conflicting, views. [Featured topics](#) include state perspectives on ACA implementation, redefining the public health sector, and challenges specific to the military health care system. [Register](#) today to take advantage of networking opportunities, ask direct questions, and find out what's in store for health policy in 2012.

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. As with past TRB EMS Summits, participation will be both onsite and via a virtual live Webinar. [For more information...](#)

12th Annual John M. Templeton, Jr. Pediatric Trauma Symposium. March 2-3, 2012. Union League of Philadelphia. [For more information...](#)

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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