



# Washington Update

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**September 2014**

## *In This Issue...*

### **NASEMSO NEWS**

1. NASEMSO Annual Meeting Plans in Full Swing!
2. BREAKING NEWS!! CSG Passes Resolution in Support of REPLICA!!
3. NASEMSO Issue Brief: The Use of Naloxone in Out-of-Hospital Settings
4. NASEMSO Member and Program Manager Quoted in Recent Article on Rural EMS
5. NASEMSO to Host Webinar on FDA's Medwatch Program
6. NASEMSO Provides Comments on Model Uniform Core Criteria for Mass Casualty Triage
7. NASEMSO Program Manager Explains CFD Simulation Goals in JEMS Article

### **FOR THE STATES**

8. Affect of ACA on Emergency Preparedness Programs Reported by IOM Workshop
9. AHRQ Offers Guide to Reduce Medicaid Hospital Readmissions
10. Two Upcoming Webinars Available from The Network for Public Health Law
11. RWJF Offers Small Grants to Improve Health Care Costs
12. CDC Requests Nominations for Infection Control Advisory Committee
13. NCSL Offers Health Impact Assessment Tool

### **COMMUNICATIONS**

14. FCC Adopts Rules to Promote Widespread Text to 9-1-1 Availability
15. Houston LODD Report Illustrates Need for Communications Reliability

### **DOMESTIC PREPAREDNESS**

16. September is National Preparedness Month
17. NEMA Offers New Primer on History of EMAC
18. CDC Guidance Document on Ebola Virus Posted for EMS
19. 2015 Preparedness Summit Issues Call for Abstracts
20. IOM Reviews Lessons Learned from Fukushima Nuclear Accident
21. FEMA Releases National Preparedness Report
22. Updated TRAIN Catalog Now Available

- 23. ACIP Immunization Recommendations— United States, 2014–15 Influenza Season
- 24. President Revises List of Quarantinable Diseases
- 25. Healthcare Resources for Suspected Cases of Ebola Virus Disease
- 26. NLM Highlights Ebola Resources
- 27. Assessment of Radiological Incidents Response Laws
- 28. FEMA Releases Final Tribal Consultation Policy
- 29. RAND Corporation Offers Online Resiliency Training

**EDUCATION AGENDA**

- 30. NEMSAC Offers Revisions to EMS Education Agenda

**PEDIATRIC EMERGENCY CARE**

- 31. Twitter Chat: Emergency Preparedness for Little Ones
- 32. CE Video Addresses Children Exposed to Trauma and Interventions for Maltreatment
- 33. Annual Disaster Preparedness Resource Available from Save the Children
- 34. Management and Prevention of Pediatric Influenza in Healthcare Settings
- 35. IOM Issues Report to Reduce Bullying
- 36. Front-of-Head Hits Blamed for Nearly Half of Young Football Player Concussions

**RURAL**

- 37. NOSORH Grant Writing Institute Accepting Registrations

**FEDERAL PARTNERS**

- 38. Rescheduling of Hydrocodone Goes Into Effect
- 39. SAMSHA Updates Opioid Prevention Toolkit
- 40. New AHRQ Center Supports Increased Use of Evidence To Improve Care
- 41. Shift Work Article Cites NIOSH Resources
- 42. Public Comment Sought on Draft Document for Workplace Tobacco Policies

**INDUSTRY NEWS**

- 43. NAEMSP Committee Distributes Initial Draft of Prehospital EBG Strategy Project
- 44. Johns Hopkins Pilots Study on EMS Treatment of Substance Abusers
- 45. Joint Commission Alerts Organizations to Tubing Misconnection Risks
- 46. State Supreme Court Rules ED Boarding of Psychiatric Patients Unconstitutional
- 47. Medical Helicopter Crews and Others Concerned About Drones

**INTERESTING READING**

- 48. Experimental Drug Shows Promise in Treating Heart Failure
- 49. Study Shows Increased Benefit of Early Antimicrobial in Peds Sepsis
- 50. FDA Approves New Drug for the Treatment of DVT and PE

**UPCOMING EVENTS**



## September is National Preparedness Month!!

### 1. NASEMSO Annual Meeting Plans in Full Swing!

As the clock ticks down to NASEMSO's Annual Meeting October 6-10 in Cleveland, OH, registration thus far shows a robust turnout for an outstanding agenda of topics across all councils and committees as well as sessions intended to provide members with the most-up-to-date resources! Don't forget to download our [Guidebook](#), which includes meeting agendas, exhibitor info, and much more! Tickets are still available for the evening at the Rock and Roll Hall of Fame (deadline for reservations is October 1), an opportunity you definitely don't want to miss!! Our host hotel is currently sold out for two nights and we are attempting to identify alternate housing for those still needing room reservations. For more information, including proposed revisions to NASEMSO bylaws, be sure to check out our [web site](#). We hope to see you there!

### 2. BREAKING NEWS!! CSG Passes Resolution in Support of REPLICA!!

During its recent annual meeting, the Council of State Governments (CSG) passed a resolution in support of the Recognition of the EMS Personnel Licensure Compact (REPLICA). CSG is the nation's only organization that fosters the exchange of insights and ideas to help state officials shape public policy. Its Governing Board is comprised of the 56 member jurisdictions whose delegates include each state's Governor, state legislative representatives, and each state's highest ranking judicial official. Through the National Center for Interstate Compacts in partnership with NASEMSO, the CSG encourages member jurisdictions to consider the new interstate agreement that would facilitate the movement of EMS agency personnel across state borders. [For more information...](#)

In related news, join NASEMSO Executive Director in Webinar on the EMS Licensure Compact, Set for Sept. 16, 2014. All persons are invited to join NASEMSO Executive Director Dia Gainor as she presents an NASEMSO webinar on "The EMS Licensure Compact for EMS Stakeholders," scheduled for **Sept. 16, 2014, 2:00-3:00 p.m. EDT**. Dia will provide an overview of the objectives, criteria, and plans for implementing this important opportunity.

[Space is limited, so reserve your webinar seat now.](#)

### 3. NASEMSO Issue Brief: The Use of Naloxone in Out-of-Hospital Settings

NASEMSO has released an issue brief on [The Use of Naloxone in Out-of-Hospital Settings](#). This resource is intended as an informational guide on the use of naloxone in out-of-hospital settings and the rationale for including mandatory education and medical oversight for the use of naloxone by non-medical personnel. The National Association of State EMS Officials believes that the increase of substance abuse in the United States is a significant public health and public safety concern that warrants consideration of several related issues.

**4. NASEMSO Member and Program Manager Quoted in Recent Article on Rural EMS**

NASEMSO Member **Jack Fleeharty** and NASEMSO Program Manager **Kevin McGinnis** were quote in a recent article, [EMS Care Depends on Address](#), by Laura Nightingale, Journal Star. The article takes a look at the challenges surrounding ambulance service in rural areas. Congratulations to both for representing EMS well!

**5. NASEMSO to Host Webinar on FDA’s Medwatch Program**

Join Us for MedWatch: The FDA Safety Information and Adverse Event Reporting Program on September 9 NASEMSO Is pleased to offer a new session that will provide an overview about the safety risks associated with various products (i.e. drugs and devices) regulated by the Food and Drug Administration (FDA), including a summary of recent investigations involving powdered caffeine and other substances encountered by EMS personnel. A review of the voluntary reporting process that allows the agency to learn about unexpected safety issues with FDA-monitored devices/drugs will also be presented followed by a question and answer period. The webinar is scheduled 2:00 PM – 3:00 PM EDT. Space is limited. Reserve your Webinar seat now at: <https://www2.gotomeeting.com/register/638502762>

**6. NASEMSO Provides Comments on Model Uniform Core Criteria for Mass Casualty Triage**

NASEMSO recently provided comments to the National Center for Disaster Medicine and Public Health on the [proposed addendum for the Instructional guidelines on the Model Uniform Core Criteria for Mass Casualty Triage \(MUCC\)](#). NASEMSO supports the proposed concept of implementing MUCC to ensure a coordinated approach to triage by EMS and its response partners. For details, [download the letter](#) to National Center for Disaster Medicine and Public Health from NASEMSO President James DeTienne.

**7. NASEMSO Program Manager Explains CFD Simulation Goals in JEMS Article**

While most NASEMSO members know Leslee Stein-Spencer for her role with the Domestic Preparedness Committee, Leslee also serves as the manager of medical administration and regulatory compliance for the Chicago Fire Department (CFD). Along with colleagues Pete Lazzara and Bob Fantus, Leslee helps describe the utility of CFD’s Simulation Training Center, a state-of-the-art facility with multiple environments that enable realistic scenario-based training for emergency responders across Chicago. An overview of the STC is highlighted in this month’s issue of JEMS at <http://www.jems.com/article/training/chicago-fire-department-expands-simulati>.

**8. Affect of ACA on Emergency Preparedness Programs Reported by IOM Workshop**

*The Impacts of the Affordable Care Act on Preparedness Resources and Programs* is the summary of a workshop convened by the Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events in November 2013 to discuss how changes to the health system as a result of the ACA might impact medical and public health preparedness programs across the nation. This report discusses challenges and benefits of the Affordable Care Act to disaster preparedness and response efforts around the country and considers how changes to payment and reimbursement models will present opportunities and challenges to strengthen disaster preparedness and response capacities. [For more information...](#)

**9. AHRQ Offers Guide to Reduce Medicaid Hospital Readmissions**

A guide to help acute care facilities expand their current Medicaid readmission efforts is now available from AHRQ. The new resource, titled *Hospital Guide to Reducing Medicaid Readmissions*, can help acute care facilities accomplish the following:

- Adapt or expand existing Medicaid readmission reduction efforts. It helps identify readmission risks, transitional care needs, and adapt best practices from proven strategies like AHRQ’s Re-Engineered

Discharge, the Institute for Healthcare Improvement's State Action on Avoidable Readmissions, and the Society of Hospital Medicine's Better Outcomes for Older Adults Safe Transitions to serve the transitional care requirements of Medicaid patients.

- Develop your Medicaid reduction strategy using the guide's roadmap featuring 13 customizable online tools. The tools can be downloaded individually [here](#).
- Comply with CMS' Conditions of Participation requirements for a standard, improved, and transitional care for all patients. National, state, and local data show high rates of non-obstetric Medicaid readmissions.
- Develop partnerships across other settings of the healthcare continuum. The tool helps create an inventory of resources and processes to aid building multidisciplinary teams with organizations and facilities offering post-hospital Medicaid transitional services.

The guide is the only federal tool available tailored for the adult Medicaid population. Hospitals at different stages of readmission reduction work can benefit from implementing this guide. [For more information...](#)

#### 10. Two Upcoming Webinars Available from The Network for Public Health Law

[Public Health Emergency Laws: Emergency Use of Property and Supplies](#) - September 18 at 1 p.m. ET

This webinar examines the legal issues health department personnel and their attorneys may face regarding the protection of property and supplies during a public health emergency, including commandeering or closing facilities, limiting price gouging, procuring and reallocating supplies, and authorizing emergency countermeasures. The webinar is co-sponsored by the CDC's Public Health Law Program.

[Crisis Standards of Care: Public Health Ethics in Light of Evolving Mandates](#) - September 26 at 3 p.m. ET

Crisis Standards of Care (CSC) is a systems framework developed by the Institute of Medicine to provide guidance to health officials in public health preparedness and response. This webinar will address issues related to CSC planning and discuss the relationship between ethics and law, including the role of formal emergency declarations, legal requirements related to vulnerable populations, and potential liability for public and private entities for failure to plan. The webinar is co-sponsored by the New York State Bar Association Public Health Committee and the Public Health Association of New York City.

#### 11. RWJF Offers Small Grants to Improve Health Care Costs

The Robert Wood Johnson Foundation (RWJF) has issued a call for proposals for their small grants program. Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

- examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and
- exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Grants will be for projects requiring \$100,000 or less and projected to take up to 12 months or less. Only organizations and government entities are eligible to receive funding under this program. [For more information...](#) The solicitation notice for grants that exceed \$100,000 and are expected to take longer than 12 months is available [here](#).

**12. CDC Requests Nominations for Infection Control Advisory Committee**

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for possible membership on the Healthcare Infection Control Practices Advisory Committee (HICPAC). The Committee provides advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Director, Centers for Disease Control and Prevention (CDC); Deputy Director, Office of Infectious Diseases (OID), CDC; the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), CDC; and the Director, Division of Healthcare Quality Promotion (DHQP), NCEZID, CDC, regarding the practice of infection control and strategies for surveillance, prevention, and control of health care- associated infections, antimicrobial resistance and related events in settings where healthcare is provided, including hospitals, outpatient settings, long-term- care facilities, and home health agencies. The next cycle of selection of candidates will begin in the Winter of 2014, for selection of potential nominees to replace members whose terms will end on June 30, 2015. Selection of members is based on candidates’ qualifications to contribute to the accomplishment of HICPAC’s objectives. [For more information...](#)

**13. NCSL Offers Health Impact Assessment Tool**

The National Conference of State Legislatures released *Health Impact Assessments: An Analysis of State Health Impact Assessment Legislation*, May 2014, a new resource supported by the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. A health impact assessment (HIA) is a tool that policymakers can use to gauge the potential health impacts of a policy or project. HIAs allow state lawmakers to tailor policies in order to avoid or mitigate negative health impacts. HIAs can be used in a wide variety of policy areas, from transportation projects to pollution prevention to new energy facility siting decisions. [For more information...](#)

**14. FCC Adopts Rules to Promote Widespread Text to 9-1-1 Availability**

The Federal Communications Commission recently adopted rules requiring text messaging providers to enable Americans to text 911 in an emergency. Building on commitments made by America’s four largest wireless carriers to support text-to-911 by May 2014, the new rules will ensure that all remaining wireless carriers and certain IP-based text application providers are prepared to support text-to-911 by the end of the year. After that time, if 911 call center requests text-to-911, text messaging providers will have six months to deploy the service in that area. Industry leaders have expressed concern about the action because only about 2 percent of 911 response centers are capable of receiving SMS, so most emergency messages just get sent into the ethernet (though carriers are required to notify such texters that their messages weren’t received). Others have suggested that by codifying the rules, emergency responders may be more inclined to implement the technology. The FCC said that two entire states, Maine and Vermont, are already fully equipped to accept emergency texts, and about 100 total call centers in 16 states have SMS capabilities. [For more information...](#)

**15. Houston LODD Report Illustrates Need for Communications Reliability**

On Friday May 31, 2013, four members of the Houston Fire Department were fatally wounded after responding to a report of a restaurant on fire. In just 15 minutes and 29 seconds from the time of dispatch, a catastrophic roof collapse resulted in the highest one-day total loss of firefighters in the history of the Houston Fire Department (HFD). A new report just released by HFD provides an excellent overview of communications issues (starting on page 95 of the report) that all emergency responders might find valuable. [For more information...](#)

**16. September is National Preparedness Month**

Throughout September, CDC and more than 3000 organizations—national, regional, and local governments, as well as private and public organizations—will support emergency preparedness efforts and encourage Americans

to take action. For Preparedness Month 2014, the Office of Public Health Preparedness and Response plans to focus on vulnerable populations. Each week, the CDC will focus messaging and products on the following unique areas:

- Week 1: Children
- Week 2: Special Medical Needs
- Week 3: Older Adults
- Week 4 Pet Preparedness for Pet Owners
- Final 3 days: Businesses

[For more information...](#)

#### **17. NEMA Offers New Primer on History of EMAC**

The Emergency Management Assistance Compact (EMAC) is a state-led effort that provides a legal mechanism and framework for sharing resources across state lines during a governor-declared disaster. Currently, all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands are members of EMAC. Initiated more than 20 years ago, EMAC has grown in prominence with its proven effectiveness in numerous disasters. Today, EMAC has become a cornerstone for emergency response and recovery efforts in large-scale disasters.

The National Emergency Management Association (NEMA), which administers EMAC, produced this report to preserve knowledge and lessons learned from EMAC's evolution. Specifically, the report's objectives are to:

- Provide a detailed history of EMAC, analyzing changes in policies and operations from its beginnings to the present day; and
- Explore how EMAC has affected mutual aid policies and response and recovery operations.

[Download the report](#)

#### **18. CDC Guidance Document on Ebola Virus Posted for EMS**

The Centers for Disease Control and Prevention (CDC) has posted "*Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States*" [online](#). Coordination among PSAPs, the EMS system, healthcare facilities, and the public health system is important for a coordinated response to Ebola. Each 9-1-1 and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. The guidance provided in this document is based on current knowledge of Ebola. It is intended for 9-1-1 Public Safety Answering Points, EMS and medical first responders including firefighters and law enforcement personnel. The guidance is not intended to set forth mandatory requirements or establish national standards. The guidance provided in this document is based on current knowledge of Ebola. Updates will be posted as needed on the [CDC Ebola webpage](#). The information contained in this document is intended to complement existing guidance for healthcare personnel, [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](#)

In related news, the CDC has released [Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure](#), which may serve to assist public health and EMS coordination of resources.

#### **19. 2015 Preparedness Summit Issues Call for Abstracts**

The Preparedness Summit is the first and longest running national conference on public health preparedness. Since its beginning in 2006, the National Association of County and City Health Officials (NACCHO) has taken a leadership role in convening a wide array of [partners](#) to participate in the Summit; presenting new research findings, sharing tools and resources, and providing a variety of opportunities for attendees to learn how to implement model

practices that enhance the nation’s capabilities to prepare for, respond to, and recover from disasters and other emergencies. Speaker abstracts are being accepted through September 23, 2014 for next year’s Summit being held April 14-17, 2015 in Atlanta, GA. [For more information...](#)

**20. IOM Reviews Lessons Learned from Fukushima Nuclear Accident**

In a new report, *Lessons Learned from the Fukushima Nuclear Accident for Improving Safety and Security of U.S. Nuclear Plants*, the Institute of Medicine (IOM) studies the Fukushima Daiichi accident. This report examines the causes of the crisis, the performance of safety systems at the plant, and the responses of its operators following the earthquake and tsunami. The report then considers the lessons that can be learned and their implications for U.S. safety and storage of spent nuclear fuel and high-level waste, commercial nuclear reactor safety and security regulations, and design improvements. *Lessons Learned* makes recommendations to improve plant systems, resources, and operator training to enable effective ad hoc responses to severe accidents. This report's recommendations to incorporate modern risk concepts into safety regulations and improve the nuclear safety culture will help the industry prepare for events that could challenge the design of plant structures and lead to a loss of critical safety functions. In providing a broad-scope, high-level examination of the accident, *Lessons Learned* is meant to complement earlier evaluations by industry and regulators. This in-depth review will be an essential resource for the nuclear power industry, policy makers, and anyone interested in the state of U.S. preparedness and response in the face of crisis situations. Chapter 6 focuses on the emergency management component of the incident. [For more information...](#)

**21. FEMA Releases National Preparedness Report**

The Federal Emergency Management Agency (FEMA) and its partners has released the 2014 National Preparedness Report. Developed to meet the requirements of Presidential Policy Directive 8/PPD-8, the report provides a status update on the nation's progress toward reaching the national preparedness goal of a secure and resilient nation. The report notes that state and local law enforcement are better trained to address active shooter incidents; states have improved Enhanced 9-1-1 capabilities, though diligence is needed as technology improvements continue; and public health and medical services fared well in trainings and exercises, though fears continue about long-term gains due to budget uncertainties. Areas identified for improvement include cybersecurity, temporary housing, and aging infrastructures. [For more information...](#)

**22. Updated TRAIN Catalog Now Available**

The Annual Catalog of [TRAIN](#) Courses with Public Health Preparedness and Response Core Competencies and/or Public Health Capabilities identifies training available through [TRAIN](#) that has [Public Health Preparedness and Response Core Competencies](#) and/or [Public Health Preparedness \(PHEP\) Capabilities](#) selected. The document was developed by Public Health Foundation in coordination with the Office of Public Health Preparedness and Response at the Centers for Disease Control and Prevention.

**23. ACIP Immunization Recommendations— United States, 2014–15 Influenza Season**

A new report updates the 2013 recommendations by the Advisory Committee on Immunization Practices (ACIP) regarding use of seasonal influenza vaccines. Updated information for the 2014–15 influenza season includes 1) antigenic composition of U.S. seasonal influenza vaccines; 2) vaccine dose considerations for children aged 6 months through 8 years; and 3) a preference for the use, when immediately available, of live attenuated influenza vaccine (LAIV) for healthy children aged 2 through 8 years, to be implemented as feasible for the 2014–15 season but not later than the 2015–16 season. Information regarding issues related to influenza vaccination not addressed in this report is available in the 2013 ACIP seasonal influenza recommendations. For 2014–15, U.S.-licensed

influenza vaccines will contain the same vaccine virus strains as those in the 2013–14 vaccine. Trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/California/7/2009 (H1N1)-like virus, an A/Texas/50/2012 (H3N2)-like virus, and a B/Massachusetts/2/2012-like (Yamagata lineage) virus. Quadrivalent influenza vaccines will contain these antigens, and also a B/Brisbane/60/2008-like (Victoria lineage) virus (9). [For more information...](#)

**24. President Revises List of Quarantinable Diseases**

President Obama has issued an executive order “*Revised List of Quarantinable Communicable Diseases*” that amends executive order 13295, passed by George W. Bush in April 2003, which allows for the, "apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases." The amendment allows for the detention of Americans who display "Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled." Although Ebola was listed on the original executive order signed by Bush, Obama's amendment ensures that Americans who merely show signs of respiratory illness, with the exception of influenza, can be detained by medical authorities. [For more information...](#)

**25. Healthcare Resources for Suspected Cases of Ebola Virus Disease**

The U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR) aim to increase understanding and encourage preparedness of emergency medical services agencies concerning the Ebola Virus Disease (EVD). [Download the HHS document that provides links to resources on this topic.](#)

In related news, the Centers for Disease Control and Prevention (CDC) has posted a case definition for Ebola Virus Disease at <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

**26. NLM Highlights Ebola Resources**

A new web page, [Ebola Outbreak 2014: Information Resources](#), is now available from the U.S. National Library of Medicine (NLM) Disaster Information Management Research Center. The resources on this page may be of value to international and local organizations and individuals providing Ebola outbreak-related services in West Africa, as well as friends and family of people in the affected region. For a description of the Emergency Access Initiative (and other resources from publishers) see [Free Resources from Publishers for Medical Responders](#) on the new Ebola Outbreak page. Additional information is available via [NLM Launches Emergency Access Initiative, Granting Free Access to Books and Journals for Healthcare Professionals Fighting Ebola Outbreak](#).

**27. Assessment of Radiological Incidents Response Laws**

The Centers of Disease Control and Prevention (CDC) Public Health Law Program has published *Public Health Preparedness: Examination of Legal Language Authorizing Responses to Radiological Incidents*, an assessment of state and local laws that authorize restriction of movement and decontamination of people during a radiological event. The assessment is the result of a partnership between the Public Health Law Program, CDC’s National Center Environmental Health, Radiation Studies Branch, and the National Association of County and City Health Officials. [For more information...](#)

**28. FEMA Releases Final Tribal Consultation Policy**

Administrator Craig Fugate announced the FEMA Tribal Consultation Policy beginning the next phase of engagement and collaboration with American Indian and Alaskan Native tribes. FEMA remains committed to enhancing its government-to-government relationship with federally recognized Indian tribes. In the spirit of this commitment, FEMA developed this policy to implement Executive Order 13175, Consultation and Coordination with Indian Tribal Governments. The new policy establishes a process for regular and meaningful consultation and collaboration with tribal officials on FEMA actions that have tribal implications. [For more information...](#)

**29. RAND Corporation Offers Online Resiliency Training**

Thanks to the Trust for America’s Health for the timely reminder: in case you missed it, the RAND Corporation has made available a free online training tool, [Building Resilient Communities](#). "This training is intended for a diverse range of organizations, including businesses; faith-based organizations; hospitals, health clinics, and other health agencies; mental health providers; schools and universities; civic and volunteer groups; first responders; local government agencies; public health departments; and nonprofit agencies. When you complete the training, you will have action plans that will help you build resilience in your organization or across your community, bolstering your capacity to respond to and recover from disaster."

**30. NEMSAC Offers Revisions to EMS Education Agenda**

The National EMS Advisory Council (NEMSAC) recently requested community input to the suggested revisions for the EMS Education Agenda for the Future. [View the draft here](#). A second opportunity for input will take place later this Fall, and the formal recommendation vote will take place at the Dec. 3-4, 2014 NEMSAC meeting.

**31. Twitter Chat: Emergency Preparedness for Little Ones**

Everyone needs an emergency plan. But if you are the parent or caregiver of a little one, then your plan needs a few extra steps. Join the US Department for Health and Human Services for a twitter chat on **September 17 from 1:00-2:00 PM EDT** and learn about ways that you can help keep kids from birth to 5 years old healthy before, during and after an emergency. We plan to discuss a wide range of topics, including:

- ways that parents and caregivers can prepare for the needs of young children before, during and after disaster strikes;
- recognizing the ways that your child’s changing needs impact your family’s preparedness plan
- planning with all of the people who take care of your little one, like daycare providers, babysitters, grandparents and other caregivers;
- recognizing stress and addressing children’s mental health needs;
- considerations for children with special needs; and more.

The chat will be hosted by [@PHEgov](#) and will include experts from the U.S. Department of Health and Human Services. Follow the chat by using **#Prep4Kids** in all of your tweets.

**32. CE Video Addresses Children Exposed to Trauma and Interventions for Maltreatment**

According to a new continuing education video by AHRQ, an urgent need currently exists to augment the evidence base on interventions addressing child maltreatment. Several interventions show promise in improving child well-being and child welfare outcomes, including a home-visiting approach with maltreating parents called SafeCare® and a foster-parent training program called Keeping Foster Parents Trained and Supported (KEEP). However, the video, based on the 2013 comparative effectiveness review “Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment,” explores major research gaps and highlights the need for collaborative

clinical trials supported by a multisite research network. The video is available for continuing education credit from AHRQ. [For more information...](#)

**33. Annual Disaster Preparedness Resource Available from Save the Children**

Save the Children has released its *2014 National Disaster Report Card*. Save the Children is calling on all Americans to sign a pledge to better protect children from disaster. The website above contains helpful infographics, a state-by-state U.S. Preparedness map, a video and disaster preparedness resources for parents. [For more information...](#)

**34. Management and Prevention of Pediatric Influenza in Healthcare Settings**

Influenza is the most common cause of vaccine-preventable morbidity and mortality in children each year. Before flu season arrives, healthcare organizations should consider approaches to optimize influenza prevention and control. Taking action to immunize children and their close contacts, and early and aggressive use of antiviral therapies can lessen the impact of influenza infection. During this COCA webinar, subject matter experts from CDC and the American Academy of Pediatrics will discuss strategies to improve influenza prevention and control in children, and will describe ways to leverage seasonal influenza planning to improve pandemic preparedness. [emergency.cdc.gov/coca/calls/2014/callinfo\\_091814.asp](http://emergency.cdc.gov/coca/calls/2014/callinfo_091814.asp)

Date: Thursday, September 18, 2014

Time: 2:00 - 3:00 pm (Eastern Time)

Dial In Number: 888-831-8976 (U.S. Callers); 212-287-1673 (International Callers)

Passcode: 6649486

Webinar: <https://www.mymeetings.com/nc/join.php?i=PW7554782&p=6649486&t=c>

**35. IOM Issues Report to Reduce Bullying**

On April 9-10, 2014, the Board on Children, Youth, and Families of the Institute of Medicine (IOM) and the National Research Council (NRC) held a 2-day workshop titled "Building Capacity to Reduce Bullying and Its Impact on Youth Across the Lifecourse." The purpose of this workshop was to bring together representatives of key sectors involved in bullying prevention to identify the conceptual models and interventions that have proven effective in decreasing bullying, to examine models that could increase protective factors and mitigate the negative effects of bullying, and to explore the appropriate roles of different groups in preventing bullying. The results of the workshop are now available. [For more information...](#)

In related news, KnowBullying, a new mobile app by the Substance Abuse and Mental Health Services Administration (SAMHSA), encourages dialogue with children and helps you start a conversation. The KnowBullying app is available for Android™ and iPhone®. It is a free resource for mobile devices provided by SAMHSA, in conjunction with the [StopBullying.gov](http://StopBullying.gov) Federal partnership.

**36. Front-of-Head Hits Blamed for Nearly Half of Young Football Player Concussions**

High school football players are more likely to lose consciousness after concussions if they get hit at the top of the head compared to the sides, back or front, according to a new study. The findings, published online Aug. 11 in Pediatrics, support a growing movement for safer tackling. Football players are more likely to get hit at the top of the head if they tackle with their heads down, according to the study. Researchers reviewed more than 2,500 reports of high school football-related concussions in the United States for the school years 2008-09 and 2012-13. All of the concussions resulted from player-to-player collisions -- almost 60 percent during games, the rest at practices. Of the concussions, 45 percent occurred from injuries to the front of the head. Impacts to the side of the head (22 percent), back of the head (6 percent), and top of the head (6 percent) accounted for the rest where a

cause was reported. The researchers found that the location of the impact didn't affect the symptoms or prognosis for the players. Overall, they were likely to suffer headaches (93 percent), dizziness and unsteadiness (76 percent), difficulty concentrating (61 percent), and confusion and disorientation (52 percent). However, athletes hit at the top of the head were more likely to be knocked unconscious (8 percent) compared to those smacked somewhere else on the head (3.5 percent lost consciousness). [For more information...](#)

**37. NOSORH Grant Writing Institute Accepting Registrations**

The NOSORH Grant Writing Institute was developed to meet the unique needs of rural grant writers. Don't miss this opportunity to learn how to write better grant proposals, turn rurality to your advantage, acquire additional writing experience, and more. Participants will benefit from learning a range of approaches to grant writing from an array of rural health partners. This series is perfect for beginners seeking to gain the skills to research and draft winning proposals from various agencies. [For more information...](#)

**38. Rescheduling of Hydrocodone Goes Into Effect**

The Drug Enforcement Agency (DEA) has issued a final rule on hundreds of medicines containing hydrocodone, the highly addictive painkiller that has grown into the most widely prescribed drug in the U.S. The new rules mean that drugs like Vicodin, Lortab and other generic versions will be subject to the same prescribing rules as painkillers like codeine and oxycodone. Patients will be limited to one 90-day supply of medication and will have to see a healthcare professional to get a refill. Additionally, in many states prescribing authority will be limited to physicians, not nurses or physician assistants. The move, announced in a federal posting, comes more than a decade after the Drug Enforcement Administration first recommended reclassifying hydrocodone due to its risks for abuse and addiction. For years, physician groups and the Food and Drug Administration opposed the move, saying it would burden healthcare providers and patients while driving up costs. [For more information...](#)

**39. SAMSHA Updates Opioid Prevention Toolkit**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has revised its Opioid Prevention Toolkit. The toolkit is intended to equip communities and local governments with materials to develop policies and practices to help prevent opioid-related overdoses and deaths. It also addresses issues for first responders, treatment providers, and those recovering from opioid overdose. [For more information...](#)

**40. New AHRQ Center Supports Increased Use of Evidence To Improve Care**

The Agency for Healthcare Research and Quality (AHRQ) has established the new Center for Evidence and Practice Improvement (CEPI) to support one of its recently announced priority areas: improving health care quality by accelerating implementation of findings from patient-centered outcomes research (PCOR). The new Center realigns the functions of two AHRQ Centers— the Center for Outcomes and Evidence and the Center for Primary Care, Prevention, and Clinical Partnerships. The new Center will unify the Agency's efforts and investments to accelerate practice improvement through the increased use of medical evidence and evidence-based information tools. CEPI will solicit input from external partners and work with the U.S. Department of Health and Human Services (HHS) to ensure that evidence is communicated, understood, and used by health care professionals, as well as patients and families, to improve the health care system for everyone. [For more information...](#)



**Got Drugs? - National Prescription Drug Take-Back Day**

**September 27, 2014**  
**10AM to 2PM**

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

[Locate a Collection Site Near You](#)

**41. Shift Work Article Cites NIOSH Resources**

A recent article from *The Huffington Post*, titled “8 Ways Working the Night Shift Hurts Your Health,” cites NIOSH data and resources. The article states that those who work shift work are at a higher risk for a host of health problems that daytime workers may not necessarily face to the same degree. [For more information...](#)

**42. Public Comment Sought on Draft Document for Workplace Tobacco Policies**

NIOSH is seeking public comment on a draft Current Intelligence Bulletin, *Promoting Health and Preventing Disease and Injury through Workplace Tobacco Policies*. The public comment period is closing on September 15. Occupational safety and health practitioners, healthcare professionals, and the general public are encouraged to review the document and provide comments. <https://federalregister.gov/a/2014-19384>.

**43. NAEMSP Committee Distributes Initial Draft of Prehospital EBG Strategy Project**

The steering committee of the NAEMSP Prehospital Evidence-Based Guidelines (EBG) Strategy project is pleased to distribute the initial draft of the [Prehospital EBG Strategy](#). The committee requests comments and suggestions by October 20. This project began in August of 2013 through funding from the National Highway Traffic Safety Administration and the EMS for Children Program at the Health Resources and Services Administration. The project’s goal is to develop a comprehensive and sustainable national strategy to promote the development, implementation and evaluation of prehospital evidence-based guidelines. The steering committee engaged a diverse group of EMS stakeholders representing medical organizations, EMS organizations, research institutions, and Federal partners to obtain input for the strategy. Through an in-person meeting and several conference calls, action items of the strategy were developed focusing on research, education, development, implementation, evaluation and funding of EBGs. An overarching recommendation made with stakeholder input was the creation of a Prehospital Guidelines Consortium that would involve representatives from stakeholder organizations and provide synergism of efforts and coordination of the other action items identified in the strategy.

NAEMSP asks that representatives of stakeholder organizations review this strategy and provide input prior to finalizing the document. Specifically, comments are requested on:

1. Whether you support creation of the Prehospital Guidelines Consortium as detailed.
2. Your organization's role (if identified) as outlined in the individual action items of the Strategy.
3. Additional input on individual action items and methods to promote prehospital EBGs.

Please review the Draft Prehospital EBG Strategy and submit comments to [martingillc2@upmc.edu](mailto:martingillc2@upmc.edu) no later than October 20, 2014.

#### **44. Johns Hopkins Pilots Study on EMS Treatment of Substance Abusers**

Earlier this year, the Baltimore City Fire Department, in conjunction with the Johns Hopkins Bloomberg School of Public Health and the Behavioral Health System Baltimore, launched a pilot study called Ladder (Linkage to Addiction Recovery through Emergency Response) to train BCFD paramedics to better engage with the thousands of people with substance use disorders—many of them homeless or disenfranchised—whom they encounter, and link them to appropriate community resources to aid their path to recovery. The program, set to begin this fall, will involve paramedics from the Johns Hopkins Hospital catchment area and beyond. The cohort will undergo a training session at the Baltimore City Public Safety Training Facility near Pimlico Race Course to complement their existing knowledge of substance abuse issues. Paramedic participants will learn about recovery success stories, evidence to counter the negative perception of substance abuse, principles of addiction science, and how to better communicate and engage with a person caught in the grips of addiction. The program is an academic-interagency collaboration, developed in cooperation with the city's Fire and Health departments, Behavioral Health Services Baltimore, HealthCare Access Maryland, and Johns Hopkins research experts. [For more information...](#)

#### **45. Joint Commission Alerts Organizations to Tubing Misconnection Risks**

The Joint Commission issued a new Sentinel Event Alert today that addresses the risks of accidental medical tubing misconnections that can cause severe patient injury or death. Examples of potentially fatal misconnections include a feeding administration tube mistakenly connected to a tracheostomy tube, or an intravenous tube connected to an epidural site. According to the alert titled "Managing Risk During Transition to New ISO Tubing Connector Standards," the risk for tubing misconnection is high, considering that almost all patients admitted to the hospital are likely to receive an IV. This risk isn't confined to hospitals—it also is seen in other types of health care settings, including long term care and in patients' own homes. Accidental tubing misconnections occur because medical tubes with different functions can easily be connected with luer-style connectors that are used to make leak-free connections between medical tubing. [For more information...](#)

#### **46. State Supreme Court Rules ED Boarding of Psychiatric Patients Unconstitutional**

The Washington State Supreme Court recently ruled that "psychiatric boarding", whereby psychiatric patients are admitted to a hospital, but stay for prolonged periods in an emergency department—sometimes for hours or days, until psychiatric beds are available—violates the state's Involuntary Treatment Act, and is therefore unconstitutional. While the practice may once have been considered inhumane or cruel, it is now illegal. This new ruling stems from a 2013 case involving ten psychiatric patients who were treated in acute care facilities or emergency departments. The facilities, however, were not certified to deliver individualized psychiatric care. As a result of a lawsuit by the ten patients challenging their lack of appropriate care, the judge declared the practice of boarding illegal. [For more information...](#) (Ed. Note: While the ban on ED boarding was scheduled to go into effect on August 27<sup>th</sup>, the Washington Supreme Court on Friday unanimously agreed to give the state more time to find beds in psychiatric hospitals for mentally ill patients who have been involuntarily committed.)

**47. Medical Helicopter Crews and Others Concerned About Drones**

The air medical service community is increasingly expressing concern regarding the use of unmanned aircraft, commonly called drones, over accident scenes. An Ohio man was charged recently after flying his drone to capture video of an accident. Police say the aircraft kept a medical helicopter from landing as quickly as possible. According to the Association of Air Medical Services (AAMS), Federal Aviation Administration (FAA) rules on the usage of drones are not expected until at least 2015, and the FAA predicts there will be roughly 7,500 active Unmanned Aircraft Systems (UAS) in the United States within five years of new regulations being released. At least three drones have flown within or near restricted airspace intended for wildfire fighting aircraft so far this year, the National Interagency Fire Center in Boise recently announced. That's up from one incident last year. Wildfires typically have temporary flight restrictions that extend up and out from the fire so helicopters and retardant aircraft can do drops without worrying about other aircraft. The restrictions include small drones. Those seeking to fly drones near wildfires might be able to do so legally, but they would first need permission from wildfire managers. The center said individuals using drones that interfere with firefighting efforts could face civil penalties and criminal prosecution. The Federal Aviation Administration allows hobbyists to use model aircraft or small drones as long as they keep them away from airports, fly them under 400 feet and keep the aircraft within sight of the remote-controlling operator at all times. (Compiled from multiple sources.)

**48. Experimental Drug Shows Promise in Treating Heart Failure**

LCZ696, an experimental compound that inhibits both angiotensin and neprilysin, "may well represent a new threshold" in treating heart failure, according to an editorialist in the *New England Journal of Medicine*. Neprilysin is an endopeptidase that degrades certain endogenous vasoactive peptides; its inhibition increases levels of these peptides, offsetting the neurohormonal overactivation seen in heart failure. On 30 August 2014, the PARADIGM-HF Investigators and Committees reported that LCZ696 significantly reduced the risks of death and hospitalization for heart failure by about 20%, compared to enalapril, in a Phase III trial. The trial involved 8,442 patients with moderate to severe heart failure and an ejection fraction of 40% or less. The endpoints were rates of death from any cause, death from cardiovascular causes, and hospitalization for heart failure. Over a mean follow-up period of 27 months, the absolute difference between the two drugs was about 3% -- 17% of patients on LCZ696 died of any cause compared to 19.8% on enalapril (hazard ratio 0.80); 12.8% of those on LCZ696 experienced first-time hospitalization for heart failure compared to 15.6% in the enalapril group. The trial was stopped early because of an "overwhelming benefit" with LCZ696. John J.V. McMurray, Milton Packer, Akshay S. Desai, et al. for the PARADIGM-HF Investigators and Committees (August 30, 2014). "[Angiotensin–Neprilysin Inhibition versus Enalapril in Heart Failure](#)". *N Eng J Med* **371**. doi:10.1056/NEJMoa1409077.

**49. Study Shows Increased Benefit of Early Antimicrobial in Peds Sepsis**

Critical care transport teams may find a new article in the journal *Critical Care Medicine* useful as it demonstrates the need for early antimicrobial administration to minimize mortality and organ dysfunction in pediatric sepsis. Weiss SL et al. Delayed Antimicrobial Therapy Increases Mortality and Organ Dysfunction Duration in Pediatric Sepsis. *Crit Care Med* 2014 Aug 21. [View the abstract...](#)

**50. FDA Approves New Drug for the Treatment of DVT and PE**

According to the manufacturers web site, the Food and Drug Administration (FDA) has approved *Eliquis* (apixaban) for the treatment of DVT and PE, and for the reduction in the risk of recurrent DVT and PE following initial therapy. Combined, DVT and PE are known as VTE. The FDA approval of *Eliquis* for the treatment of DVT and PE, and for the

reduction in the risk of recurrent DVT and PE following initial therapy, is based on data from the global AMPLIFY and AMPLIFY-EXT studies. [For more information...](#)



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

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

**UPCOMING EVENTS**

PLEASE NOTE: CALENDAR ITEMS ARE **ALWAYS WELCOME!!!** Send to [robinson@nasemso.org](mailto:robinson@nasemso.org)

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

Pennsylvania 37th Annual Statewide EMS Conference, September 17-19, 2014. Blair County Convention Center, Altoona, PA. [For more information...](#)

35<sup>th</sup> Annual Virginia EMS Symposium, November 5-9, 2014, Norfolk Waterside Marriott, Norfolk, Va. For more information, visit <http://www.vdh.virginia.gov/OEMS/symposium/index.htm>.

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

**NAEMSE Instructor Course Level 1**

September 16-18, 2014                      Reno, NV

**NAEMSE Instructor Course Level 2**

September 16-17, 2014                      Reno, NV

[For more information...](#)

ITS America World Congress. September 7-11, 2014. Detroit Marriott at the Renaissance Center. Detroit, MI. [For more information...](#)

Public Meeting of the National EMS Advisory Council. September 9-10, 2014

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

Air Medical Transport Conference. September 22-24, 2014. Nashville, TN. [For more information...](#)

Hale Borealis Forum: Alaskan Partnerships Securing and Providing Health and Medical Care Before, During and After a Disaster. Hosted by State of Alaska Department of Health and Social Services. September 27-30, 2014 in Anchorage, AK. [For more information...](#)

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

ENA Annual Meeting. October 7-11, 2014. 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...](#)

[IAEM 62nd Annual Conference & EMEX 2014](#). November 14-19, 2014 in San Antonio, Texas.

APHA Annual Meeting. November 15-19, 2014. New Orleans, LA. REGISTRATION IS NOW OPEN! [For more information...](#)

Public Meeting of the National EMS Advisory Council. December 3-4, 2014

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

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