



# Washington Update

National Association of State EMS Officials - 201 Park Washington Court - Falls Church, VA 22046-4527  
Ph: 703-538-1799 - Fx: 703-241-5603 - Email: [info@nasemsso.org](mailto:info@nasemsso.org) - [www.nasemsso.org](http://www.nasemsso.org)

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**October 2014**

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**UPCOMING EVENTS**

**1. THE COUNTDOWN: T- Minus 4 Days to Cleveland and Counting!!**

The boxes are packed, last minute notices being sent, and a few downtown rooms are still available for a week of jam-packed schedules, innovative exhibits, and professional exchanges that contribute to NASEMSO’s status as the leading EMS organization in the country! The 2014 NASEMSO Annual Meeting is gearing up to be one of the best events EVER. “Sister Carol” and the entire Ohio EMS contingent have pulled out all the stops to make your trip memorable. A special city guide with essential local travel, transit, dining, and entertainment options are available only to NASEMSO members [here](#). Want to know about the new EMS licensure compact? We got it. Want to know about the proposed EMS specialty certification strategy? We got it. Want to know about ambulance vehicle standards? We got that too!! Special opportunities you won’t want to miss include the exhibit hall, poster sessions, and a tour of the Cleveland Clinic’s Mobile Stroke Unit (available for touring one day only, no RSVP or

appointments necessary!) You're sure to enjoy a ROCKIN' good time at our annual social outing. Outstanding speakers and topics are too numerous to count ALL WEEK, so you will want to be sure to receive the most up-to-date information (including last minute room changes) by downloading our Guidebook to your smartphone from the [NASEMSO Annual Meeting web site](#). SEE YOU IN CLEVELAND!!

**2. NASEMSO Migrates to New Member Database**

NASEMSO has migrated to a new integrated web-based database that will provide members with new features as well as enhance member communication. Individual logins will be required to access the "members only" web site, as the previous universal login has been deactivated and will no longer work. The new database provides each state director the ability to make appropriate changes to their staff contacts directly. The database also features the ability to send emails directly to council or committee members through the member database as opposed to using an independent listserv. A new "[how to](#)" guide has been added to the NASEMSO web site to facilitate the transition. If you are currently on a Council list serve and did not recently (last week) receive your personal login or notification for being added, please check your "junk or spam" folder for a message from our administrator. Any questions about the database or individual access can be directed to [info@nasemso.org](mailto:info@nasemso.org).

**3. NASEMSO Board Approves EMS Domestic Preparedness Improvement Strategy**

The NASEMSO Board of Directors recently approved a final draft of an "EMS Domestic Preparedness Strategy." The document describes processes and stakeholder responsibilities necessary to successfully solve the most significant and persistent gaps in EMS preparedness. For each of the ten identified goals, the approach emphasizes a team of EMS subject matter experts and EMS organizational representatives to lead the planning. This strategic approach to EMS domestic preparedness also considers the ability of private and public sector EMS provider organizations and governments to implement and sustain their preparedness efforts. Rather than listing goals in order of priority, this strategy orders goals by four interdependent categories:(1) Development and Promulgation of EMS Strategy; (2) Creation of EMS Preparedness and Response Guidelines; (3) EMS Preparedness and Response Data, Assessments and Analysis; and, (4) EMS Preparedness Organizational Relationships, Responsibilities, and Structures. The draft is currently under review by the Department of Homeland Security and will be fully disseminated in the near future.

**4. Summary of Changes Document Provides Crosswalk to Ambulance Equipment Standards**

A newer resource has been developed to explain changes made in the recently published ground ambulance equipment list subsequent to when the list was last published in 2009. The Equipment for Ground Ambulances Joint Policy Statement was published in Prehospital Emergency Care 18(1):92-97, 2014. States that use the ambulance equipment list "as is" to assist the ambulance licensure process are encouraged to review the Summary of Changes document to identify some variances from the National EMS Scope of Practice Model and equipment requirements for ground ambulances listed as optional. Both the equipment guidelines and changes are available [here](#).

**5. EMS Ebola Resource Section Added to NASEMSO Web Site**

Every day the NASEMSO national office receives volumes of information related to news, facts, the care of patients, and best strategies for the protection of health workers exposed to the Ebola virus. While we have been trying to circulate them to the state directors, we have learned that you are also receiving many of the same messages from your own sources including state health departments and the Health Alert Network. Going forward, we will circulate urgent news as needed, otherwise we will continue to add resources to the [NASEMSO web site](#) and announce their availability in upcoming issues of Washington Update. As we were going to print, the

first US case of a patient diagnosed with the Ebola virus has been reported in Texas. There is no need for panic, but there is a need for proper planning and education to minimize the effect and spread of this deadly virus in the US. The CDC media release and detailed explanation of the first confirmed case is available [here](#). Other useful resources include:

- [Detailed EMS Checklist for Ebola Preparedness](#)
- [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](#)
- [Case Definition for Ebola Virus Disease \(EVD\)](#)
- [Signs and symptoms of EVD](#)
- [Protecting healthcare personnel](#)
- [Sequence for putting on and taking off PPE](#)
- [EVD screening criteria for hospitals](#)
- [Guidance on Air Medical Transport for Patients with Ebola Virus Disease](#) (please note: the guidance was initially prepared with long-distance medical transport in mind, additional guidance specific to EMS-oriented air medical transport such as between medical facilities may be provided to supplement this guidance in the future.)
- [Communications during a crisis](#)

#### 6. Ebola Readiness Self-Assessment for State and Local Public Health Officials

The Centers for Disease Control and Prevention (CDC) has posted the “Top 10 Ebola Response Planning Tips for State and Local Public Health Officials.” This document identifies rapidly emerging CDC guidelines for Ebola applicable to the public health preparedness national standards for state and local planning. It will:

- guide planning and readiness for Ebola response at the state and local levels
- assist state and local public health officials in assessing their jurisdictions’ level of readiness for a potential Ebola response (including individual patients and persons under investigation);
- allow state and local public health systems to identify preparedness and operational gaps relative to Ebola
- identify resources that will assist state and local jurisdictions in closing self-identified gaps

Health officials are encouraged to review online resources frequently as information may change over time. See CDC’s [2014 Ebola Outbreak in West Africa](#) web page for more information about the outbreak, including current case counts and transmission of Ebola. To access the planning tips, click [here](#).

In related news, new figures released by the CDC indicate that there could be as many as 550,000 to 1.4 million Ebola infections in Sierra Leone and Liberia by January, according to a [recent MMWR article](#). Officials caution that this model was based on 3-week-old data, and it does not take into account the increase in international relief efforts of recent weeks.

#### 7. NASADAD Issues Policy Statement on Preventing Fatal Opioid Overdoses

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) has released a policy statement on responses to opioid overdose. The statement describes NASADAD's support for increasing access to naloxone and Good Samaritan laws as part of a comprehensive response to opioid misuse that includes the full continuum of substance use disorder prevention, treatment, and recovery services. [For more information...](#)

**8. PHF Offers New Performance Improvement Toolkit**

Performance management is a systematic process that helps an organization achieve its mission and strategic goals. PHF produces and provides resources and tools, including case stories, white papers, and customized technical assistance, that can help individuals and organizations move from learning to application. The purpose of a new toolkit from the Public Health Foundation (PHF) is to help people understand performance management and how to develop successful performance management systems. [For more information...](#)

**9. OIG Finds Hospital Preparedness Lacking During Superstorm Sandy**

The HHS Office of the Inspector General (OIG) released a report "Hospital Emergency Preparedness and Response During Superstorm Sandy." OIG found that 89% of hospitals in impacted areas reported experiencing substantial challenges in responding to the storm. Challenges included electrical and communication failures and community collaboration issues over resources, such as fuel, transportation, hospital beds, and public shelters. Hospitals reported that prior emergency planning was valuable during the storm and that they subsequently revised their plans as a result of lessons learned. Prior to the storm, most hospitals received emergency-related deficiency citations from hospital surveyors, some of which related to the challenges reported by hospitals during Superstorm Sandy. The OIG recommends that the Assistant Secretary for Preparedness and Response (ASPR) continue to promote Federal, State, and community collaboration in major disasters. The OIG also recommends that the Centers for Medicare and Medicaid Studies (CMS) examine existing policies and provide guidance regarding flexibility for reimbursement under disaster conditions. ASPR and CMS concurred with the recommendations. [For more information...](#)

**10. FAA Publishes Clarification on IFR Transition Regulations for Air Ambulances**

The Federal Aviation Administration (FAA) just published a final rule intended to provide clarification on the intent of Approach/Departure IFR Transitions regulation contained in the of Helicopter Air Ambulance, Commercial Helicopter, and Part 91 Helicopter Operations final rule, published on February 22, 2014 regarding the use of published instrument approaches and departures and the visibility limitations and differences between the terms "proceed visually" and "proceed VFR". The FAA is clarifying the terms and intent of this regulation in order to increase situational awareness and enhance Helicopter Air Ambulance safety. The publication does not address rule implementation deadlines addressed by the Joint National EMS Leadership Forum in its recent letter to the FAA Administrator. [For more information...](#)

**11. NG9-1-1 Program Office Announces Profile Database Is Now Open for 2013 Data**

The National 9-1-1 Program has announced the National 9-1-1 Profile Database is open and accepting 9-1-1 system data for 2013. In cooperation with the National Association of State 9-1-1 Administrators (NASNA), the Program encourages states to voluntarily share information about a number of data points, including the number of 9-1-1 calls received, 9-1-1 fees and progress toward implementing NG911. The data collection process is underway and a data analysis report will be available by the end of the calendar year. These statistics about 9-1-1 systems can also be used to help 9-1-1 administrators answer questions about how one state compares with others and to demonstrate the value of their state's program. Access to both the individual state and national aggregate data may provide information that can be utilized to generate more support for 911 services from state and local leadership. Data from the National 9-1-1 Profile Database will also be combined with the National Emergency Number Association's (NENA) state data on Enhanced 9-1-1 deployment and NG911 planning and transition. This effort will bring together two of the most accurate 9-1-1 system data sources to help provide the most current view of 9-1-1 services nationwide. The combination report is expected to be available in early 2015. More information on the National 9-1-1 Profile Database can be found [here](#).

**12. California Becomes First State to Complete NEMSIS Version 3 Transmission**

The NEMSIS TAC is excited to announce that the California is the first State to successfully transmit NEMSIS Version 3 EMS data to the National repository using field and state-level software certified compliant to the NEMSIS V3 standard! This is an incredible accomplishment for California Emergency Medical Services Authority (EMSA) and speaks to the unflinching commitment of the state and software developers to the NEMSIS vision! Thank you to all those who kept stepping forward in the process of migration to NEMSIS Version 3!

**13. Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness Now Available**

The U.S. Department of Health and Human Services (DHHS) Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to other federal, state, and local partners, aim to increase understanding of Ebola and encourage U.S.-based EMS agencies and systems to prepare for managing patients with Ebola and other infectious diseases. Every EMS agency and system, including those that provide non-emergency and/or inter-facility transport, should ensure that their personnel can detect a person under investigation (PUI) for Ebola, protect themselves so they can safely care for the patient, and respond in a coordinated fashion. Using appropriate infection control measures can prevent transmission of Ebola. A new CDC checklist is intended to enhance collective preparedness and response by highlighting key areas for EMS personnel to review in preparation for encountering and providing medical care to a person with Ebola by providing practical and specific suggestions to ensure the agency is able to help its personnel detect possible Ebola cases, protect those personnel, and respond appropriately. [For more information...](#)

**14. State Mitigation Plan Review Guide: Highlights of Key Concepts**

The Federal Emergency Management Agency (FEMA) has issued “State Mitigation Plan Review Guide – Highlights of Key Concepts” for public review. The document provides information on the key concepts that FEMA is considering as it updates the Multi-Hazard Mitigation Planning Guidance under the Disaster Mitigation Act of 2000, last issued in January 2008. FEMA has begun the process of updating the *State Multi-Hazard Mitigation Planning Guidance*. The [State Mitigation Plan Review Guide – Highlights of Key Concepts](#) is available in the FEMA Library. Written comments may be submitted electronically to FEMA by sending an e-mail to [FEMA-Mitigation-Planning@fema.dhs.gov](mailto:FEMA-Mitigation-Planning@fema.dhs.gov) no later than 5:00 pm Eastern Time on October 17, 2014. FEMA intends to consider comments that are received by the deadline, as appropriate, and post the final approved policy to the [FEMA Library](#), when available.

**15. CDC Confirms Enterovirus-D68 Infection in 30 States**

The Centers for Disease Control and Prevention (CDC) has confirmed enterovirus-D68 infection in 30 states — up from 22 reported less than a week ago. Overall, there have been 213 confirmed cases since mid-August. All but one have been among children. The virus can cause severe respiratory illness, particularly in children with asthma. For a description of EV-D68, click [here](#). To see if your state is affected, click [here](#). A CDC infographic on preventing the spread of the illness is available [here](#). In related news, the CDC is investigating whether cases of acute neurologic illness in children are tied to the outbreak of enterovirus D68. So far, no deaths have been reported.

**16. DIMRC, EMSC, ASPR Announce New Online Guide for Children in Disasters and Emergencies**

Developed by the National Library of Medicine's Disaster Information Management Research Center (DIMRC), in collaboration with the Emergency Medical Services for Children (EMSC) Program and the Office of the Assistant Secretary for Preparedness and Response (ASPR), the [Health Resources on Children in Disasters and Emergencies](#) is a compendium of online resources related to medical and public health issues on this topic. Links are provided to both journal articles and to other documents and materials that may be useful in preparedness, mitigation,

response, and recovery activities. Its intent is to consolidate the multitude of resources available across a variety of organizations, websites, databases, and training sites, making the search for relevant materials simpler and more direct.

**17. FBI Provides Study on Active Shooter Incidents**

The Federal Bureau of Investigation (FBI) has just released “A Study of Active Shooter Incidents in the United States Between 2000 and 2013.” The agreed-upon definition of an active shooter by U.S. government agencies—including the White House, U.S. Department of Justice/FBI, U.S. Department of Education, and U.S. Department of Homeland Security/Federal Emergency Management Agency—is “an individual actively engaged in killing or attempting to kill people in a confined and populated area.” According to the study:

- An average of 11.4 incidents occurred annually.
- An average of 6.4 incidents occurred in the first 7 yrs studied, and an average of 16.4 occurred in the last 7 yrs.
- 70.0% of the incidents occurred in either a commerce/business or educational environment
- Shootings occurred in 40 of 50 states and the District of Columbia.
- 60.0% of the incidents ended before police arrived.

[For more information...](#)

**18. AAR From CAPSTONE 2014 Exercise Now Available**

CAPSTONE 14 was a three-year effort that culminated in a major multi-state earthquake exercise held in June 2014 in the area surrounding the New Madrid Seismic Zone in the most vulnerable states of Alabama, Arkansas, Illinois, Indiana, Kentucky, Mississippi, Missouri, and Tennessee. The Central United States Earthquake Consortium (CUSEC) After Action Report (AAR) from the exercise is now available. [For more information...](#)

**19. FAA Administrator Calls for Full Review of Contingency Plans and Security Protocols**

FAA Administrator Michael P. Huerta has announced the agency is conducting a 30-day review of contingency plans and security protocols for its major facilities, after a criminal action by a contractor last week knocked out communications equipment at an FAA high-altitude air traffic facility in Aurora, IL. Huerta made the announcement in a speech at an Air Traffic Control Association conference in Maryland. The full text of the speech can be found [here](#).

**20. FEMA Unveils National Strategy to Strengthen Youth Preparedness**

The Federal Emergency Management Agency (FEMA) announced a new strategy to educate young people about disaster prevention, protection, mitigation, response and recovery. The [National Strategy for Youth Preparedness Education: Empowering, Educating and Building Resilience](#) (National Strategy) couples attention on emergency and disaster preparedness with community action that focuses specifically on youth readiness for disasters and related events. The National Strategy was developed in partnership with the American Red Cross and the U.S. Department of Education, and more than 25 organizations have affirmed their support. The National Strategy presents nine priority steps to further youth preparedness education including: building partnerships to enhance, increase and implement youth preparedness learning programs; connecting young people with their families, communities, first responders and other youth; and increasing school preparedness. More information about these steps--as well as the national organizations that have affirmed their support--is available under the National Strategy tab in the FEMA Youth Technical Assistance Center at [www.ready.gov/youth-preparedness](http://www.ready.gov/youth-preparedness).

**21. NEMA Produces Primer on the 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, has produced a new 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.

The document is now available at [www.emacweb.org](http://www.emacweb.org).

**22. FEMA Awards \$11 Million to Increase Preparedness Through the Continuing Training Grants Program**

The Department of Homeland Security’s Federal Emergency Management Agency (FEMA) recently awarded six training grants for the Fiscal Year (FY) 2014 Continuing Training Grant (CTG) program totaling \$11 million. These awards will result in trained and certified members of the whole community to include first responders, emergency managers, technical specialists, community leaders, and tribal and local governments, and it will help prepare them for all types of disasters. The period of performance for the FY 2014 CTG program is 36 months. The FY 2014 CTG program focuses on the following six areas: Hazardous Materials (HazMat)/Weapons of Mass Destruction; Cybersecurity; Countering Violent Extremism; Maturing Public-Private Partnerships; Medical Readiness/Immediate Victim Care at Mass Casualty Events; and Rural Training. Rural Training includes the following topics: HazMat; Mass Fatality Planning and Response; Crisis Management for School Based Incidents; Development of Emergency Operations Plans (EOP); Bioterrorism Awareness; and Media Engagement Strategies for First Responders. Grants were awarded to the following organizations:

- International Association of Fire Fighters: \$2,170,106
- Norwich University Applied Research Institutes: \$2,379,124
- University of Maryland Study of Terrorism and Responses to Terrorism Consortium: \$799,966
- Frederick Community College: \$1,172,276
- George Washington University: \$1,308,422
- Center for Rural Development: \$3,170,106

Information on the FY 2014 CTG program can be found on [www.grants.gov](http://www.grants.gov) by searching under Homeland Security Grants, CFDA #97.005.

**23. EMI Offers VTTX Public-Health Focused Pandemic Scenario**

In collaboration with the Centers for Disease Control and Prevention (CDC), this exercise is one of five specially designed Virtual Table-Top Exercises, which will specifically focus on the impacts of a novel influenza virus on the public health community. The VTTX involves key personnel discussing simulated scenarios in an informal setting, and can be used to assess plans, policies, training, and procedures. This VTTX differs from other Tabletop exercises in that they will be conducted using Video-Teleconference (VTC) technology (not web-based), and are intended to provide an opportunity for responders across the Nation to simultaneously participate in a hazard-specific facilitated discussion. EMI and CDC will co-lead them, with local facilitation provided by the participating agency. This format will allow the common delivery of exercise materials, scenarios, modules, and discussion questions among those participating in the exercise. New to the VTTX program is the addition of an After-Action Report/Improvement Plan (AAR/IP) template for completion by the participating organization. This opportunity is

available October 28, 29, and 30 2014 (same scenario/3 offerings/different locations each date). [For more information...](#)

**24. CDC Provides Updated Preparedness and Response Framework for Influenza Pandemics**

The complexities of planning for and responding to the emergence of novel influenza viruses emphasize the need for systematic frameworks to describe the progression of the event; weigh the risk of emergence and potential public health impact; evaluate transmissibility, antiviral resistance, and severity; and make decisions about interventions. On the basis of experience from recent influenza responses, CDC has updated its framework to describe influenza pandemic progression using six intervals (two prepandemic and four pandemic intervals) and eight domains. This updated framework can be used for influenza pandemic planning and serves as recommendations for risk assessment, decision-making, and action in the United States. The updated framework replaces the U.S. federal government stages from the 2006 implementation plan for the National Strategy for Pandemic Influenza (US Homeland Security Council. National strategy for pandemic influenza: implementation plan. Washington, DC: US Homeland Security Council; 2006. The six intervals of the updated framework are as follows: 1) investigation of cases of novel influenza, 2) recognition of increased potential for ongoing transmission, 3) initiation of a pandemic wave, 4) acceleration of a pandemic wave, 5) deceleration of a pandemic wave, and 6) preparation for future pandemic waves. The following eight domains are used to organize response efforts within each interval: incident management, surveillance and epidemiology, laboratory, community mitigation, medical care and countermeasures, vaccine, risk communications, and state/local coordination. [For more information...](#)

**25. NHTSA Invites V2V Rulemaking Comments**

The National Highway Traffic Safety Administration (NHTSA) has initiated rulemaking that would propose to create a new Federal Motor Vehicle Safety Standard (FMVSS) to require vehicle-to-vehicle (V2V) communication capability for light vehicles (passenger cars and light trucks) and to create minimum performance requirements for V2V devices and messages. NHTSA believes requiring V2V communication capability in new light vehicles would facilitate the development and introduction of a number of advanced vehicle safety applications. The deadline for comment is October 20, 2014. [For more information...](#)

**26. FMCSA Provides Guidance on Hearing Standards for Drivers of Commercial Vehicles**

The Federal Motor Carrier Safety Administration (FMCSA) provides regulatory guidance concerning the applicability of the driver qualification requirement that interstate drivers must be able to read and speak the English language sufficiently to converse with the general public and respond to official inquiries to drivers who do not meet the Agency's hearing standard. The guidance explains that the English-language rule should not be construed to prohibit operation of a commercial motor vehicle (CMV) by hearing impaired drivers who can read and write in the English language but do not speak, for whatever reason. While the Federal Motor Carrier Safety Regulations (FMCSRs) prohibit individuals who do not meet the hearing standard from operating CMVs in interstate commerce, FMCSA has granted exemptions to a number of hearing-impaired individuals. Some hearing impaired drivers have advised the National Association of the Deaf that they have been told by State licensing agency officials that they do not meet the English language requirement essentially because they do not speak. This guidance is intended to address the perceived conflict between the exemptions and the manner in which FMCSA regulations are being applied to hearing impaired drivers. [For more information...](#)

**27. New Guideline Available for Non-ST-Elevation Acute Coronary Syndromes**

A new guideline released by the American College of Cardiology and the American Heart Association reflects important changes in the last 7 years in the understanding of what is now known as non-ST-elevation acute

coronary syndromes (NSTEMI-ACS). The 2007 guideline used different terminology and referred to the same patient population as "unstable angina and non-ST-elevation myocardial infarction (NSTEMI)." The new terminology "emphasizes the pathophysiologic continuum of unstable angina and NSTEMI and their frequently indistinguishable clinical presentations," according to a news release from the ACC and AHA. Although NSTEMI-ACS patients with significant coronary disease are generally eligible for an early invasive strategy, some low-risk patients may be eligible for medical therapy. "Advances in noninvasive testing have the potential to identify patients with NSTEMI-ACS at low-intermediate risk to distinguish candidates for invasive versus medical therapy," says the writing committee chair. The new guideline also drops the term "initial conservative management" in favor of "ischemia-guided strategy." [For more information...](#)

**28. IOM Workshop Summary on Capacity to Reduce Bullying Now Available**

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

**29. IOM Report Summarizes Revisions to National Children's Study Design**

The National Children's Study (NCS) was authorized by the Children's Health Act of 2000 and is being implemented by a dedicated Program Office in the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). The NCS is planned to be a longitudinal observational birth cohort study to evaluate the effects of chronic and intermittent exposures on child health and development in the US. The NCS would be the first study to collect a broad range of environmental exposure measures for a national probability sample of about 100,000 children, followed from birth or before birth to age 21. Detailed plans for the NCS were developed by 2007 and reviewed by a National Research Council / Institute of Medicine panel. At that time, sample recruitment for the NCS Main Study was scheduled to begin in 2009 and to be completed within about 5 years. However, results from the initial seven pilot locations, which recruited sample cases in 2009-2010, indicated that the proposed household-based recruitment approach would be more costly and time consuming than planned. In response, the Program Office implemented a number of pilot tests in 2011 to evaluate alternative recruitment methods and pilot testing continues to date. At the request of Congress, the National Children's Study 2014 reviews the revised study design and proposed methodologies for the NCS Main Study. This report assesses the study's plan to determine whether it is likely to produce scientifically sound results that are generalizable to the United States population and appropriate subpopulations. The report makes recommendations about the overall study framework, sample design, timing, content and need for scientific expertise and oversight. [For more information...](#)

**30. Notice of Request for Applications for Appointment to the National EMS Advisory Council**

The National Highway Traffic Safety Administration (NHTSA) and its partners at the Departments of Health & Human Services (HHS) and Homeland Security (DHS) are soliciting applications for appointment or reappointment to the Department of Transportation's (DOT) National Emergency Medical Services Advisory Council (NEMSAC). The purpose of NEMSAC, a nationally recognized council of emergency medical services representatives and consumers, is to advise and consult with DOT and the Federal Interagency Committee on EMS (FICEMS) on matters relating to emergency medical services. More information on NEMSAC, including its previous recommendations,

charter, and current membership, is available [here](#). Download notice of request for applications [here](#). Application packages must be received by NHTSA on or before **Dec. 1, 2014**. Please direct questions to [NEMSAC@DOT.gov](mailto:NEMSAC@DOT.gov).

**31. Emergency Care Coordination Center Launches Newly Designed Website**

The Emergency Care Coordination Center (ECCC), Division of Health System Policy, Department of Health & Human Services, has announced the launching of its newly designed website at [www.phe.gov/eccc](http://www.phe.gov/eccc). The ECCC aims to lead the U.S. government's efforts to create an emergency care system that is patient- and community-centered; integrated into the broader healthcare system; high quality; and prepared to respond in times of public health emergencies. Visit the site to learn more about the ECCC's mission and current areas of focus.

**32. OSHA Tightens Rules on Reporting Workplace Deaths and Injuries**

The federal government on Thursday moved to tighten its rules on the reporting of workplace deaths and severe injuries, declaring that employers beginning Jan. 1 must report any fatalities within eight hours of the accident or incident. Work-related hospitalizations, amputations or losses of an eye will now have to be reported within 24 hours, under the final rule announced by the Labor Department's Occupational Safety and Health Administration. Previously, OSHA's regulations required such reports to be filed only if three or more workers were killed or hospitalized while on the job. OSHA said no company will be exempt, no matter how small. The new rule followed the release of the annual report by the Bureau of Labor Statistics on fatal occupational injuries. It reported that 4,405 workers were killed on the job in the United States in 2013. Reporting single hospitalizations, amputations or loss of an eye was not required under the previous rule.

**33. IOM Workshop Summary Now Available on Total Worker Health**

In May 2014, with support from The National Institute for Occupational Safety and Health (NIOSH), the Institute of Medicine (IOM) organized a 1-day workshop on Total Worker Health. Rather than a review of published literature, this workshop sought input from a wide variety of on-the-ground stakeholders regarding their experiences with integrating occupational safety and health protection with health promotion in the workplace. The proceedings have been summarized and are now available [here](#).

**34. EMSWorld Expo Now Accepting 2015 Course Proposals**

EMS World is now accepting abstracts for consideration for the 2015 EMS World Expo, scheduled for September 14-18, 2015, in Las Vegas, NV. Conference planners are looking for timely, thought-provoking and educationally sound topics that are relevant to EMTs, paramedics, critical care providers, emergency nurses, EMS medical directors, EMS educators, administrators and managers. The following educational tracks are offered at EMS World Expo: BLS, ALS, Critical Care, Educator, Operations, Admin/Manager, and General. The deadline for proposals is December 1, 2014. [For more information...](#)

**35. ASTHO Publishes Legal Analysis of EMS Expanded Roles**

The Association of State and Territorial Health Officials (ASTHO), with funding from the Assistant Secretary for Preparedness and Response (ASPR), recently released the report, "Expanding the Roles of Emergency Medical Services Providers: A Legal Analysis." The report is a comprehensive assessment of various facets of community paramedicine as part of a larger examination of plausible approaches to increasing day-to-day EMS services in communities without changing scope of professional practice parameters in the United States. [For more information...](#)

**36. MONOC Invites Use of Safety PSA for Emergency Responders**

In November 2008, a new federal regulation went into effect mandating that anyone working on a federal-aid highway must be wearing high visibility clothing that meets the requirements of the American National Standards Institute (ANSI) and International Safety Equipment Association standard. This requirement applies to all emergency responders, whether paid or volunteer, day and night. MONOC Mobile Health Services is proud to announce the completion of its second free public service announcement (PSA) video for emergency responders. This video explains the importance of wearing high visibility safety vests whenever working on roadways, and how it can save lives. Similar to the Siren Safety PSA released in 2013, this PSA is being provided free of charge to all EMS agencies to bring to the forefront the need to wear high visibility safety vests. Wearing a safety vest has been proven to dramatically increase the likelihood of being seen by drivers. This video strongly urges EMS providers to wear their safety vests as part of their daily routine. For a free copy of this PSA and a list of references please visit [www.monoc.org](http://www.monoc.org).

**37. FARE Convenes Anaphylaxis Summit in Chicago**

Earlier this month, Food Allergy Research and Education (FARE) convened representatives from two dozen leading organizations, institutions and medical facilities for the Emergency Management of Anaphylaxis Summit in Chicago. Attendees included food allergy experts, emergency physicians, paramedics and EMTs, emergency medicine educators, policymakers and advocates. The results of the summit include recommendations that address understanding of anaphylaxis among those at risk and the general public, as well as recognition and treatment of anaphylaxis by pre-hospital and emergency department personnel. Improving emergency department protocols, expanding knowledge of anaphylaxis and biphasic reactions, and enhancing training for emergency medical technicians (EMTs) to enable them to administer epinephrine are among the primary recommendations. [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\*\*\***

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**

October 22-24, 2014	Rochester, NY
October 31- November 2, 2014	Elmhurst, IL
November 5-7, 2014	Norfolk, VA
November 21-23, 2014	Fort Worth, TX

**NAEMSE Instructor Course Level 2**

October 17-18, 2014	West Chester, PA
November 14-15, 2014	Brooklyn, NY

[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>

**NASEMSO Staff Contacts**

Elizabeth Armstrong, CAE, MAM / Executive VP  
(703) 538-1799 ext. 8 - [armstrong@nasemso.org](mailto:armstrong@nasemso.org)

Dia Gainor/Executive Director

(703) 538-1799 ext. 7  
Email: [Dia@nasemsso.org](mailto:Dia@nasemsso.org)

Leslee Stein-Spencer/Program Manager  
Email: [Stein-Spencer@nasemsso.org](mailto:Stein-Spencer@nasemsso.org)

Sharon Kelly / Executive Assistant  
(703) 538-1799 ext. 2 - [kelly@nasemsso.org](mailto:kelly@nasemsso.org)

Mary Hedges/Program Manager  
Email: [Hedges@nasemsso.org](mailto:Hedges@nasemsso.org)

Kathy Robinson / Program Manager  
(703) 538-1799 ext. 1894 – [robinson@nasemsso.org](mailto:robinson@nasemsso.org)

Rachael Alter/Program Manager  
Email: [Alter@nasemsso.org](mailto:Alter@nasemsso.org)

Kevin McGinnis/Program Manager  
(571) 749-7217 – Email: [mcginnis@nasemsso.org](mailto:mcginnis@nasemsso.org)

Karen Thompson / Web Site Content Manager  
(828) 693-5045 – Email: [thompson@nasemsso.org](mailto:thompson@nasemsso.org)

National Association of State EMS Officials  
201 Park Washington Court  
Falls Church VA 22046  
Phone: (703) 538-1799  
Fax: (703) 241-5603  
Website: [www.nasemsso.org](http://www.nasemsso.org)

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