



Washington Update

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November 2014

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UPCOMING EVENTS

STATEWIDE EMS CONFERENCES

National Conferences and Special Meetings

1. 2015 NASEMSO Board of Directors Announced

During its recent Annual Meeting in Cleveland OH, NASEMSO members elected new officers and Board members for 2015.

- President— Paul Patrick (UT)
- President-Elect— Keith Wages (GA)
- Secretary— Kyle Thornton (NM)
- Treasurer—Gary Brown (VA)
- Immediate Past President-- Jim DeTienne (MT)

Council chairs include:

- Education and Professional Standards- Joseph Ferrell (IA)
- Trauma Managers-Sherri Wren (NE)
- Data Managers- Paul Sharpe (VA)
- Medical Directors- Dr. Peter Taillac (UT)
- Pediatric Emergency Care- Katherine Hert (AL)

Regional representatives to the Board of Directors include Chris Bell (East), Alisa Williams (South Central), Joseph House (North Central), and Andy Gienapp (West). Congratulations and best wishes are extended to all!!

2. NASEMSO Releases National Model EMS Clinical Guidelines

Following the conclusion of a two-year project initiated by the National Association of State EMS Officials (NASEMSO) Medical Directors Council, the **National Model EMS Clinical Guidelines** have now been completed and are available to the public. The project was developed for the purpose of helping state EMS systems ensure a more standardized approach to the practice of prehospital patient care and to encompass evidence-based guidelines as they are developed. The guidelines are not intended to be mandatory or to determine local scope of practice. Rather, the goal is to provide a resource to prehospital clinical practice, maximize patient care, safety and outcomes. The prehospital guidelines may be used as presented or adapted for use on a state, regional or local level to enhance patient care and benchmark performance of EMS practice. They are intended to be a core set of guidelines, at least initially, with the goal of adding more guidelines in the future. The project was funded by the National Highway Traffic Safety Administration, Office of EMS and the Health Resources Services Administration, EMS for Children Program. The guidelines may be downloaded at [National Model EMS Clinical Guidelines](#).

3. New Initiative on EMS Performance Measures Announced

NASEMSO announces a cooperative agreement with the National Highway Traffic Safety Administration (NHTSA) to develop a comprehensive set of EMS performance measures. The two-year project, funded by NHTSA, will engage a wide range of EMS stakeholders to develop performance measures that are relevant to EMS agencies, regulators, and patients. The measures will be based on the latest National EMS Information System (NEMSIS) version data and will allow local and state EMS agencies to use their own data meaningfully. The project will facilitate an inclusive and open development process, with participation from dozens of EMS and healthcare experts and organizations and multiple opportunities for input and public comment. NASEMSO will be discussing performance measurement in EMS and this project in greater detail at a National EMS Performance Measurement Stakeholder Summit on December 2 from 1:00-4:00 pm in Washington DC immediately preceding the National EMS Advisory Council meeting. EMS industry representatives and other stakeholders are encouraged to attend. The location will be the American Immigration Lawyers Association Conference and Meeting Center at 1331 G Street NW; the agenda will be announced soon.

4. 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 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.

5. NASEMSO Partners with NOSORH in First Rural EMS Leadership Conference

NOSORH’s JCREC (Joint Committee on Rural Emergency Care) in association with the National Association of State EMS Officials is planning the first ever meeting for rural EMS leaders and advocates. Plan to attend and support EMS leaders in your state to attend the National Rural EMS Leadership Conference on May 5-6 in Cheyenne, Wyoming. Topics include: Rural and Frontier EMS Agenda for the Future, Important Role of EMS with CAH, Community Paramedicine, Ambulance Service Sustainability, Legislative Update and more. Read [more](#).

6. EMS and 9-1-1 PSAP Ebola Guidance Now Available

Several new resources have been added to the growing list of EVD resources on the [NASEMSO web site](#). Readers are encouraged to review: REVISED *Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points for Management of Patients with Known or Suspected Ebola Virus Disease in the US*, which now mirrors updated guidance for hospitals and healthcare workers as well as the Interagency Board’s (IAB) *Recommendations on Selection and Use of Personal Protective Equipment for First Responders against Ebola Exposure Hazards*. Also available: the US Department of Defense offers a Technical Information Paper (TIP 13-031-0914) on *Decontamination of Vehicles & Equipment Used for Transportation of Potential Ebola Virus Disease (EVD) Patients or Related Equipment*. **PLEASE NOTE:** EVD guidance documents are rapidly changing. NASEMSO links directly to the CDC and other source web sites to ensure that readers access the most up-to-date recommendations. We encourage all EMS agencies to refrain from posting “copies” of documents on company web sites to avoid inadvertent access to outdated communications.

In related news, CDC has created interim guidance for monitoring people potentially exposed to Ebola and for evaluating their intended travel, including the application of movement restrictions when indicated. This interim guidance has been updated by establishing a “low (but not zero) risk” category; adding a “no identifiable risk” category; modifying the recommended public health actions in the high, some, and low (but not zero) risk categories; and adding recommendations for specific groups and settings. [For more information...](#)

The following presentations provide templates that EMS agencies and personnel can use as templates to develop Ebola presentations for their staff. The following presentations contain information that has been cleared by ASPR and CDC.

- [Ebola 101 - CDC Slides for U.S. Healthcare Workers](#): This presentation provides an overview of Ebola as a disease, information on the current outbreak.

- **Ebola Overview:** This presentation provides an overview of the Ebola as a disease and the outbreak in West Africa. It also provides information on the goals and challenges of the response, treatment of patients, management of clinical samples, patient monitoring and more.

7. NASEMSO Addresses Senate Committee on Emergency Request for Ebola Funding

Details are out on the Obama Administration's request for emergency funding for the domestic and international Ebola responses. The request includes \$1.83 billion for CDC, including the Strategic National Stockpile, state and local preparedness, Ebola Treatment Centers, and more; \$333 million for PHSSEF, including hospital preparedness and BARDA investment in Ebola vaccines and treatments; \$238 million for NIH for vaccine and treatment trials; \$25 million for FDA for develop and review of new vaccines and treatments; \$2.1 billion for State, including USAID; \$112 million for DARPA research; and a \$1.54 billion contingency fund in case additional resources are needed. The Senate Appropriations Committee plans to hold a hearing on the response on November 12 and NASEMSO is working to submit written witness testimony to support increased funding for EMS. The Senate hearing will be streamed live at 2 p.m. [For more information...](#)

8. HRSA Awards \$51.3 Million to Support Mental Health and Substance Abuse Treatment

Health Resources and Services Administration (HRSA) Administrator Mary K. Wakefield, Ph.D., R.N., has announced \$51.3 million in Affordable Care Act funding to support 210 health centers in 47 states, the District of Columbia, and Puerto Rico to establish or expand behavioral health services for nearly 440,000 people nationwide. Earlier this year, HHS awarded \$54.5 million in Affordable Care Act funding for 223 other health centers to expand behavioral health services. Health centers use these new funds to hire new mental health professionals, add mental health and substance use disorder health services, and employ integrated models of primary care. [For more information...](#)

DON'T FORGET!! Protect Yourself from the Flu

The flu vaccine is your best defense against [seasonal flu](#). Everyone 6 months of age and older should get the [flu vaccine](#). Use the [Flu Vaccine Finder](#) to find a flu vaccine location near you.

9. FCC Publishes Final Rule on 9-1-1 Reliability

The Federal Communications Commission (FCC) has published a final rule requiring 911 service providers to report major disruptions to emergency networks. The phone companies that service emergency networks will be required to report outages to 911 operators within 30 minutes of discovering the problem. In addition, they will also be required to notify 911 operators as well as leave contact information for emergency officials to reach them and follow up with questions. Except in cases where information is shared with the Department of Homeland Security, the reports will be kept confidential. The new rules go into effect immediately. [For more information...](#)

In related news, the FCC will hold a [forum on November 7](#) to promote the latest advances in accessible wireless emergency communications, including text-to-911. The event will engage technology designers, engineers and policy makers to raise awareness of the needs of people with disabilities prior to developing devices and services that can be used in and during emergencies, with the goal of saving more lives and enabling quicker responses to natural and manmade disasters. The event will be free and open to the public. Live, captioned video of the event will be available at www.fcc.gov/live.

10. New PPE Training Videos Available

CDC and partners have released an interactive web-based training for putting on and removing personal protective equipment (PPE) to be used during the management of patients with Ebola Virus Disease in U.S. hospitals. In the training, healthcare workers can choose which combination of PPE they would like to see demonstrated in the video. The training is posted at <http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html>.

Additionally, in partnership with Medscape, CDC released a concise training video putting on and removing personal protective equipment (PPE) that offers step-by-step demonstration on how to put on and take off PPE properly. View the demonstration at <http://www.medscape.com/viewarticle/833907>.

11. Pediatric TECC Guidelines Available for Comment

Tactical Emergency Casualty Care (TECC) is a set of evidenced-based and best practice trauma care guidelines for civilian high-threat pre-hospital environments. The TECC guidelines are built upon the critical medical lessons learned by US and allied military forces over the past 15 years of conflict and codified in the doctrine of Tactical Combat Casualty Care (TCCC). Tactical Emergency Casualty Care is the civilian evolution and application of the military Tactical Combat Casualty Care guidelines. Over the last 6 months, the Committee for Tactical Emergency Casualty Care through Dr. Josh Bobko and the special populations working group has been developing a specific set of pediatric TECC medical guidelines for use in high threat scenarios. Although pediatric patients are commonly involved and commonly injured, the distinct lack of evidence for the use of many trauma interventions in this population made it difficult to create a true evidenced-based set of guidelines. As such, lead by Dr. Bobko and using a combination of review of existing literature, current and anecdotal best practices, and based on pediatric specific physiology, this set of treatment guidelines was created through an expert consensus-based process. These guidelines are draft only, and are being distributed for review and comment to the TECC stakeholders. As such, feel free to review and comment through the 'contact us' tab on the website. We will be discussing and finalizing these guidelines at the full Committee meeting in December. [For more information...](#)

12. NIOSH Releases Updated Emergency Preparedness Web Page

NIOSH would like to introduce its new Emergency Preparedness and Response Directory web page. The web page offers improved access to NIOSH topics and publications pertaining to responder safety and health, natural disasters and hazards, and NIOSH disaster response efforts, as well as links to related NIOSH programs. [For more information...](#)

13. New FEMA Fact Sheet Outlines Guidance for Domestic Infectious Disease Events

The Federal Emergency Management Agency (FEMA) has published an “Infectious Disease Event” Fact Sheet that describes the scope of assistance that may be provided under a Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Stafford Act) emergency declaration in response to a domestic infectious disease event. Any action taken by the Department of Homeland Security (DHS), including the Federal Emergency Management Agency (FEMA), in response to an infectious disease event will be within the context of an integrated whole community all hazards approach and in coordination with other agency authorities and activities that would have a primary role in these incidents, including the U.S. Department of Health and Human Services (HHS) and its Centers for Disease Control and Prevention (CDC). In order to assist States, Tribes and U.S. Territories in assessing impacts and evaluating the need for Federal assistance in an infectious disease event, FEMA has developed these guidelines for requesting an emergency declaration. [For more information...](#)

14. Proceedings from OSHA EPR Stakeholder Meeting Now Available

On July 30-31, 2014, the Occupational Safety and Health Administration (OSHA) convened a stakeholders meeting to address a proposed standard framework aimed to protect the safety and health of emergency response personnel. OSHA recently posted the written proceedings and supporting documents from this session in the related docket at <http://www.regulations.gov/#!docketDetail;D=OSHA-2007-0073>. NASEMSO was the only national EMS organization to attend this important discussion.

15. Phillips Respironics to Develop Disaster Ventilator

The U.S. Department of Health and Human Services will sponsor the advanced development of a next-generation portable ventilator to help fill the need for portable, low-cost, user-friendly and flexible ventilators in a pandemic or other public health emergency. The new ventilator will be developed under a three year, \$13.8 million contract with Philips Respironics of Murrysville, Pennsylvania. The project will be overseen by the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response. [For more information...](#)

16. FEMA Offers New Resource for Tribal Emergency Managers

In the emergency management world, accurate, timely information is vital. Having that information results in better prepared communities and survivors who can recover more quickly when disaster strikes. That’s why FEMA’s Tribal Affairs team created a new, quickly accessible information resource to provide tribal emergency managers with important information about FEMA’s disaster assistance programs: a pocket guide for FEMA and Tribal Nations. Developed by FEMA’s Office of External Affairs, this guides provides information and resources that may be helpful to Tribal partners. The guide explains the Agency’s policies related to tribal engagement, outlines key FEMA programs and how they specifically relate to federally-recognized tribes, and provides contact information for the Agency’s tribal liaisons. [For more information...](#)

17. Spotlight: FEMA’s “Ready Kids” Site Offers Resources Aimed at Youth Preparedness

In case you haven’t seen it, the Federal Emergency Management Agency (FEMA) has great online resources for kids, parents, and educators on emergency preparedness at <http://www.ready.gov/kids>. The newest edition is an entertaining 60 sec video created by the Ad Council - “[Big Hero 6](#)” based on characters of the recent Walt Disney hit movie to inspire them to be a hero and get prepared.

18. NTSB Announces Symposium on Vehicle Tire Safety

The National Transportation Safety Board (NTSB) will convene a symposium December 9–10, 2014, in Washington, D.C., to highlight the importance of tires to the overall safety of passenger vehicles, and to gather facts and expert opinion to assist the agency in four ongoing tire disablement-related investigations. The symposium will be chaired by NTSB Board Member Earl Weener, and invited subject matter experts will present on such safety issues as vehicle handling and dynamics after tire disablement, the identification and analysis of tire disablement-related crashes, tire registration and recall, tire aging and service life, recent advances in tire technology, tire maintenance, and consumer awareness. Presentations will be followed by a question-and-answer period to allow NTSB staff to follow up on points made during the presentations and take other tire safety topics into consideration. More information about the symposium can be found at: <http://www.nts.gov/tiresafety>. The public can view the symposium in person or by live webcast on the NTSB’s website. As soon as they are available, an agenda and webcast details will be posted.

19. NTSB Finds Distracted Driver Caused Serious 2013 Incident in Maryland

The National Transportation Safety Board has determined that the May 28, 2013 train/truck collision, 15-car derailment, and subsequent explosion in Rosedale, Md. was caused by the truck driver’s failure to ensure that the tracks were clear before traversing an un-gated highway-rail grade crossing. Contributing to the accident was the truck driver’s distraction due to a phone conversation on a hands-free device at the time of the crash.

Among the recommendations the NTSB made as a result of the investigation was to extend the limitations on the use of portable electronic devices to prohibit the use of hands-free cellphones by all commercial driver’s license holders while operating a commercial vehicle. The Board also found that the limited sight distance at the crossing due to vegetation and roadway curvature and inadequate federal oversight of the trucking company contributed to the collision. [For more information...](#)

20. NTSB Shines Spotlight on Drowsy Driving

The National Transportation Safety Board recently conducted a forum, "Awake, Alert, Alive: Overcoming the Dangers of Drowsy Driving." The one-day event was recorded and now available for viewing. The agency has worked diligently on recommendations linking the fundamentals of good sleep to alertness and the safe operation of vehicles in all transportation modes. The forum highlighted the often overlooked problem of drowsy driving, its prevalence, and how it affects noncommercial vehicle safety. Expert panelists examined the risks associated with sleepiness and driving, and considered various countermeasures to address this issue. The archived webcast is available [here](#).

21. WHO Issues Community Management Strategy for Opioid Overdose

The World Health Organization has just published new guidelines on managing opioid overdose in a community setting. Here are the four main recommendations:

- People who are likely to witness an opioid overdose (e.g., close friends, partners, or family members) should have access to naloxone and know how to administer it in an emergency.
- People administering naloxone should choose the route of administration (e.g., intravenous, intramuscular, subcutaneous, or intranasal) based on the formulation available, how well they can administer it, the setting, and local context.
- First responders should concentrate on managing the person's airway, administering naloxone, and assisting ventilation.
- Following successful naloxone administration and resuscitation, the person's level of consciousness and breathing should be closely monitored until he or she has fully recovered.

[For more information...](#)

In related news, MMWR release: [Increases in Heroin Overdose Deaths in 28 States 2010-2012](#).

22. CDC Offers Ebola Guidance for Parents, Schools, and Pediatric Healthcare Professionals

There have been no cases of Ebola in children in the United States. Currently, the risk that a child in the United States could become sick with Ebola is extremely low because infection requires direct contact with an Ebola patient while the patient is symptomatic. The period of possible risk extends up to 21 days after this contact. However, only a small number of Ebola cases have occurred in the United States. Children could also be at risk if they have traveled within the previous 21 days to countries with widespread transmission. CDC, along with state and local public health departments, is taking steps to help keep the risk low for everyone, including children. The following information can help parents, school administrators, and healthcare workers address both the physical

and mental health needs of children during this Ebola outbreak. The CDC has dedicated several resources to help address concerns related to children and EVD. [For more information...](#)

In related news, the Substance Abuse and Mental Health Services Administration (SAMHSA) has published *"Talking with Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks."* The reference equips parents, caregivers, and teachers with tips for helping children manage their stress during an infectious disease outbreak, such as Ebola. It also Explains reactions children, preschool to adolescence, may have and the support adults can provide to help them. [For more information...](#)

23. NEW!! Resources for Optimal Care of the Injured Patient 2014 Now Available

The American College of Surgeons Committee on Trauma (ACS-COT) has made the final version (v1.1) of the 2014 Resources for Optimal Care of the Injured Patient document ("Orange Book") available for download. The ACS-COT has created a resource repository, which is referred to in several places throughout Resources for Optimal Care of the Injured Patient 2014. The content related to the criteria is complete. Additional edits to the content are not envisioned until a formal process is developed for ongoing revision of the document. Verification applicants with any visits scheduled on or after July 1, 2015, will be required to meet the criteria contained in the Resources for Optimal Care of the Injured Patient 2014. [For more information...](#)

24. New Motor Vehicle PICCS Can Enhance System Planning Efforts by States

A "Vital Signs" bulletin recently released by the U.S. Centers for Disease Control and Prevention (CDC) highlights the terrible public health burden and economic cost of injuries from motor vehicle crashes – a leading cause of injury in the U.S. generally and consistently the leading cause of U.S. work-related fatalities. More than 2.5 million Americans went to hospital emergency departments and nearly 200,000 were then hospitalized because of motor vehicle crash injuries in 2012, CDC reports. These injuries translated to:

- \$18 billion in lifetime medical costs.
- \$3,300 in cost for each emergency department visit, and \$57,000 in cost for each hospitalization over a person's lifetime.
- An estimated \$33 billion in costs for work lost over lifetime.

Proven strategies for preventing motor vehicle crashes and related injuries include the use of car seats, booster seats, and seat belts; interventions to reduce drinking and driving; and improvements in teen driver safety. More information, including recommendations targeted to employers, can be found in the CDC "Vital Signs" bulletin at www.cdc.gov/vitalsigns. In conjunction with the report, CDC also released a new interactive calculator, the Motor Vehicle PICCS (Prioritizing Interventions and Cost Calculator for States). This tool is designed to calculate the expected number of injuries prevented and lives saved at the state level and the costs of implementation, while taking into account available resources. The Motor Vehicle PICCS (pronounced "picks") is available online at: www.cdc.gov/motorvehiclesafety/calculator.

25. NIOSH Responds To Respiratory Protective Devices Used in Healthcare

On March 14, NIOSH published a request for information (RFI) and comment [Docket Number CDC–2014–0005, NIOSH–272] in the Federal Register [79 FR 14514]. In the RFI, "Respiratory Protective Devices Used in Healthcare," comments were requested for four topics. The comments were summarized, NIOSH prepared a response, and this information has been posted on regulations.gov.

26. NIOSH Offers Free Training on Emergency Responder Health Monitoring

The National Institute for Occupational Safety and Health (NIOSH) has introduced free online training for its Emergency Responder Health Monitoring and Surveillance (ERHMS) program. NIOSH worked with the U.S. National Response Team (NRT), and a number of federal agencies, state health departments, labor unions, and volunteer emergency responder groups to develop the Emergency Responder Health Monitoring and Surveillance (ERHMS) system. The ERHMS provides guidelines for protecting emergency responders over a full range of emergency types and settings. It is for use by all who are involved in deployment and protection of emergency responders. This includes incident management and response organization leadership, health, safety and medical personnel, and emergency responders. Training is free and provides the necessary tools for implementing health monitoring and surveillance of emergency response workers. Important procedures for pre-deployment, deployment, and post-deployment are outlined. [For more information...](#)

In related news, IS-930: ERHMS System: Leadership Training

This leadership training course introduces the ERHMS system to leaders in organizations responsible for planning and executing incident response activities. The course focuses on optimizing the health and safety of response, remediation, recovery, and volunteer workers. The intended audience includes local, regional, state, tribal, and federal personnel who are responsible for the occupational safety and health of responders. [For more information...](#)

27. FDA Supports Class I Recall for Gemstar Power Supply

A recall has been issued for the Hospira, GemStar Power Supply, 3VDC because the power supply may not properly deliver electric power to the GemStar Infusion Pump. If the power supply fails, planned infusion therapy may be delayed if a backup power supply is not used. The firm noted that all 13,002 units distributed worldwide, with 5,687 of those units distributed in the U.S., may fail. Hospira received a total of 20 reported incidents including one report of smoke and found that the GemStar Infusion Pump was operating on battery power while connected to the 3VDC power supply. There were no reports of injuries or death. In oxygen-rich environments, an electric shock or spark from a malfunctioning pump could cause a fire. The use of the recalled devices may cause serious health risks, including delay in therapy, delivery of too much fluid, too high or too low blood pressure, slow or fast heart rhythm/beat, shock, trauma, 1st or 2nd degree burns, smoke inhalation, problems breathing, stroke, and death. The Gemstar Infusion Pump is compact and portable and used in hospitals, home care, ambulatory, and transport environments. [For more information...](#)

28. Gentile Named Branch Chief at EMS-C

CDR George Gentile has been named as the new Branch Chief for EMS for Children and Injury and Violence Prevention to the Division of Child, Adolescent and Family Health. CDR Gentile brings a wealth of experience clinically and from an operations perspective. Prior to joining MCHB, he served as the Director of the HRSA Office of Emergency Preparedness & Continuity of Operations. Over the past 20 years, CDR Gentile has served in roles that include Liaison Officer to the Department of Homeland Security (DHS) Office of the Assistant Secretary & Chief Medical Officer, FDA Senior Regulatory Program Manager in the Office of Vaccines Research & Review (OVRR) and Certified Emergency Nurse Officer in the United States Army. His commitment to patient advocacy and community health service continue through his PRN emergency nursing and his USPHS Commission Corps readiness status for possible federal deployment during health crisis or need. CDR Gentile graduated from Thomas Jefferson University with his degree in Nursing and Masters in Public Health.

29. AHRQ Reviews Effectiveness and Use of Opioids for Chronic Pain

The Agency for Healthcare Research and Quality (AHRQ) has published a new report on the effectiveness and risks of long-term opioid treatment of chronic pain, focusing on one-year outcomes. It concludes that evidence on long-term opioid therapy for chronic pain is very limited but suggests an increased risk of serious harm that appears to be dose-dependent. More research is needed to understand long-term benefits, risk of abuse and related outcomes, and effectiveness of different opioid prescribing methods and risk mitigation strategies. The AHRQ web site includes an executive summary and evidence report. [For more information...](#)

30. Spotlight: TeamSTEPPS 2.0 Online Master Trainer Course

The Agency for Healthcare Research and Quality (AHRQ) has committed significant resources to make the TeamSTEPPS Master Class available online at no cost to participants. Although designed for hospital-based clinicians, TeamSTEPPS® is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. The TeamSTEPPS 2.0 curriculum is designed to help health care leaders develop and deploy a customized plan to train their staff in teamwork skills. Organizations report improvements after implementing the program. Professionals wishing to obtain free continuing education credits but not complete the full course can still complete individual modules to develop mastery of teamwork concepts. Readers are strongly encouraged to check it out: TeamSTEPPS 2.0 Online Master Trainer Course. November 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/teamstepps-mastercourse.html>.

While you're there, check out AHRQ's redesigned web site! Reorganized with a quick tab from the home page to review "what's new" in the past 30 days, AHRQ features crisp, clean graphics and easy-to-use features to find resources to support your next project!!

31. FDA Approves First Combination Pill to Treat Hepatitis C

The U.S. Food and Drug Administration today approved Harvoni (ledipasvir and sofosbuvir) to treat chronic hepatitis C virus (HCV) genotype 1 infection. Harvoni is the first combination pill approved to treat chronic HCV genotype 1 infection. It is also the first approved regimen that does not require administration with interferon or ribavirin, two FDA-approved drugs also used to treat HCV infection. Both drugs in Harvoni interfere with the enzymes needed by HCV to multiply. Sofosbuvir is a previously approved HCV drug marketed under the brand name Sovaldi. Harvoni also contains a new drug called ledipasvir. [For more information...](#)

32. Trauma Community Informs SAMHSA Guidance

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* to introduce a concept of trauma and offer a framework for how an organization, system, service sector can become trauma informed by integrating the perspectives of researchers, practitioners, and people with lived experience of trauma. The paper includes a definition of trauma ("The Three Es"), a definition of a trauma-informed approach ("The Four Rs"), 6 key principles, and 10 implementation domains. The paper also includes a matrix of sample questions, across domains and key principles, to help agencies begin to think about using a trauma-informed approach. SAMHSA encourages

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

individuals and organizations to examine how an understanding of trauma and the use of a trauma-informed approach will benefit all stakeholders. [For more information...](#)

33. AFG Grant Period Now Open

The Assistance to Firefighters Grant (AFG) period is now open. The primary goal of the Assistance to Firefighters Grant (AFG) is to meet the firefighting and emergency response needs of fire departments and nonaffiliated emergency medical service organizations. Since 2001, AFG has helped firefighters and other first responders to obtain critically needed equipment, protective gear, emergency vehicles, training and other resources needed to protect the public and emergency personnel from fire and related hazards. The application period closes December 5, 2014. [For more information...](#)

34. CAAS Releases Ground Vehicle Standard for Public Comment

The Commission on Accreditation of Ambulance Services (CAAS) is pleased to announce the release of its first draft Ground Vehicle Standard (GVS-2015) for ambulances. This document was developed by a broad consensus group of EMS manufacturers, providers, regulators and industry and safety subject matter experts. CAAS is asking for public review and comments on its draft Ground Vehicle Standard (GVS-2015) for ambulances. The deadline for public comment is Monday, December 1, 2014. To access the CAAS Ground Vehicle Standard (GVS-2015) or visit www.groundvehiclestandard.org.

35. Free Online Naloxone Training Program Now Available

GIVENALOXONE.org has officially launched a free online training program in overdose prevention, recognition and response, funded by the National Institutes of Health and developed with the expertise of emergency physicians, EMS providers and harm-reduction specialists. The training is free and can be completed in about 40 minutes. Self-paced and interactive, it caters to individual learning needs. Those who successfully pass an online test after completing it receive a certificate of completion they can give to their organization. The website also offers separate training for laypeople who wish to learn how to use naloxone and find out where they can obtain a personal prescription. The training may be taken anonymously. EMS may wish to pass on the link to their community members and especially family and friends of patients at risk of overdose.

36. Special Announcement! EMSC to Host Webinar on Pediatric Access to Specialty Care

The Emergency Medical Services for Children (EMSC) Program, in collaboration with the Indian Health Service Clinical Support Center (accredited sponsor), presents the webinar "EMSC Opportunities for Enhancing Pediatric Emergency Care Planning and Processes to Improve Pediatric Access to Specialty Care." Target Audience: This webinar is appropriate for state EMSC Program managers, emergency department physicians and nurses, hospital administrators, emergency department directors, EMS providers, state health department and hospital regulators, health care planners, family members, trauma program coordinators and managers, and others interested in improving access to pediatric specialty services in territorial, rural, frontier and other regions where such care may be limited. Objectives: As a result of having participated in this webinar, attendees will be able to:

- Discuss processes utilized in assessing available and missing resources needed to care for children experiencing a medical emergency or traumatic injury in rural, frontier, and other regions.
- Identify models of care that can help to bridge gaps in pediatric specialty services in rural, frontier, and other regions with limited access to such care.
- List components of action plans for developing processes, pathways, and protocols that may assist in improving access to pediatric specialty services.

To register for this event, please visit: <https://emscnrc.adobeconnect.com/registration/event/registration.html>

37. RWJF Accepting Applications for Health Policy Fellows Program

The Robert Wood Johnson Foundation Health Policy Fellows program provides the nation’s most comprehensive fellowship experience at the nexus of health science, policy and politics in Washington, D.C. It is an outstanding opportunity for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and health care policy promoting the health of the nation. Fellows participate in the policy process at the federal level and use that leadership experience to improve health, health care and health policy. Up to six awards of up to \$165,000 each will be made in 2015. Fellowship funds of up to \$104,000 may be used for the residential stay (not to exceed the fellow’s salary prior to entering the program) from September 1, 2015 through August 31, 2016. The deadline for applications is November 13, 2014. [For more information...](#)

38. JEMS Provides Active Shooter/TECC Supplement

High-profile and high-fatality active shooter events have put substantial pressure on EMS and other public safety agencies to respond and mitigate threats rapidly, quickly treating injured responders and victims as close to their point of injury as possible. JEMS special editorial supplement presents not just the results and recommendations of the Hartford Consensus, but also the latest data and techniques on how to care for yourself, your co-workers and victims of violent and fast moving incidents. [For more information...](#)

39. New Hospital Safety Scores Help Patients Find the Safest U.S. Hospitals

New data from The Leapfrog Group (Leapfrog) provides updated patient safety ratings for more than 2,500 general hospitals, helping consumers to make smarter choices in their personal health care. The Fall 2014 update to Leapfrog’s [Hospital Safety Score](#), which assigns A, B, C, D and F grades to hospitals based on their ability to prevent errors, injuries and infections, shows that while hospitals have made significant improvements when it comes to implementing processes of care and safe practices, performance on outcomes lags behind. **Additional Key**

Findings:

- Of the 2,520 hospitals issued a Hospital Safety Score, 790 earned an “A,” 688 earned a “B,” 868 earned a “C,” 148 earned a “D” and 26 earned an “F.”
- On average, hospitals have shown statistically significant improvement on all 15 Hospital Safety Score “process” measures since Spring 2014. These measures include hand hygiene, physician staffing in intensive care units and medication reconciliation.
- Of the Hospital Safety Score’s 13 “outcome” measures, the only significant improvement since Spring 2014 was seen in preventing central line-associated bloodstream infections (CLABSI) in intensive care units.
- Maine once again claimed the number-one spot for the state with the highest percentage of “A” hospitals, with 67 percent of “As” (12 of 18 hospitals graded).

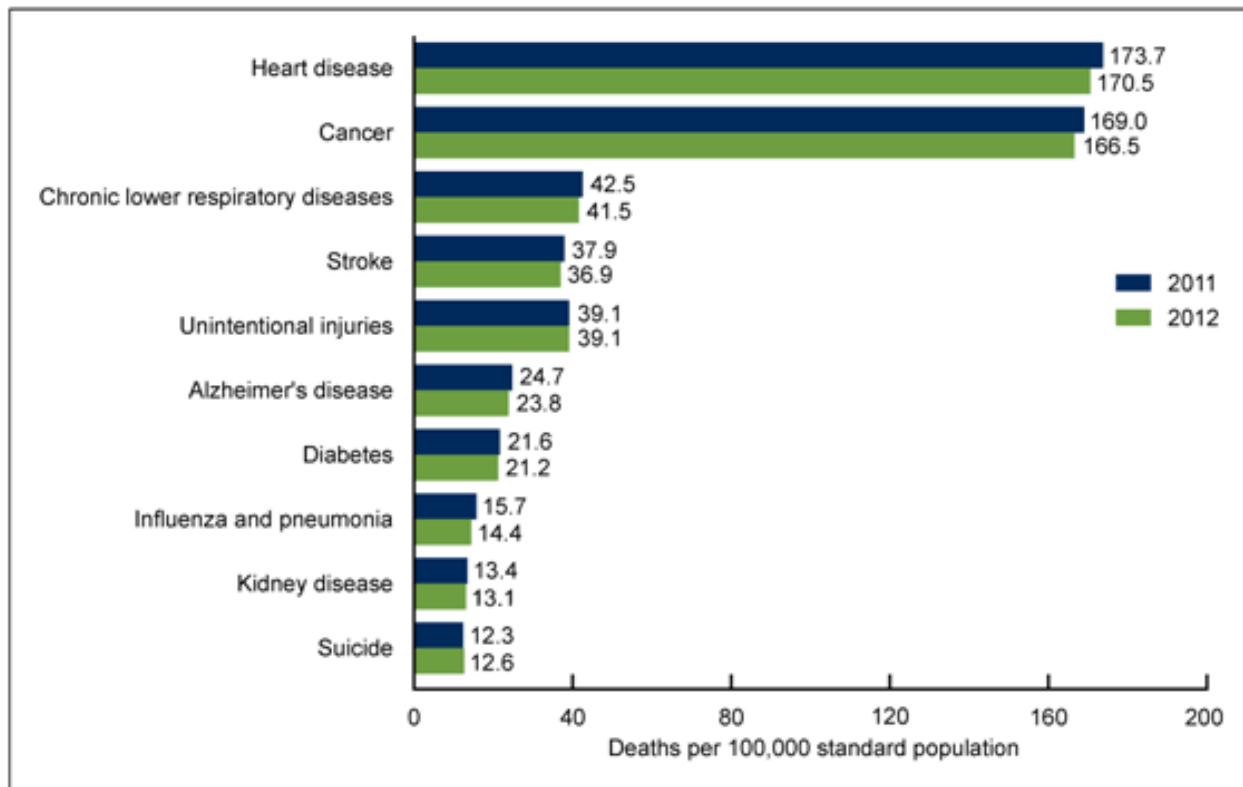
40. Gu WJ, Wang F, Tang L, Liu JC. Single-Dose Etomidate Does Not Increase Mortality in Patients with Sepsis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials and Observational Studies. Chest. 2014 Sep 25. Concludes that current evidence indicates that single-dose etomidate does not increase mortality in patients with sepsis. However, this finding largely relies on data from observational studies, potentially subject to selection bias, and hence high-quality and adequately powered RCTs are warranted. [Free abstract.](#)

41. Stiell IG et al. What is the Optimal Chest Compression Depth During Out-of-Hospital Cardiac Arrest Resuscitation of Adult Patients? Circulation 2014 Sep 24. This large study of OHCA patients demonstrated that increased CPR compression depth is strongly associated with better survival. Our adjusted analyses, however,

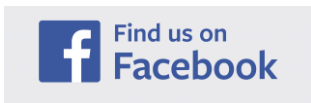
found maximum survival was in the depth interval of 40.3 to 55.3 mm (peak 45.6 mm), suggesting that the 2010 AHA CPR guideline target may be too high. [Free abstract.](#)

42. “Decision fatigue’ may lead docs to prescribe unnecessary antibiotics” [Reuters](#)

43. Latest data from CDC: Life expectancy broken down by gender was 81.2 years for females and 76.4 for males. The chart reflects [Age-adjusted death rates for the 10 leading causes of death in 2012](#)



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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

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

35th 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

- November 21-23, 2014 Fort Worth, TX
- *December 12-14, 2014 Louisville, KY
- *January 16-19, 2015 Lebanon, TN
- *January 30-February 1, 2015 Baton Rouge, LA

NAEMSE Instructor Course Level 2

- November 14-15, 2014 Brooklyn, NY
- *February 20-21, 2015 Brooklyn, NY

[For more information...](#)

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

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

*[CAAHEP Accreditation Workshop](#). December 4-6, 2014. Atlanta, GA.

*[NAEMSP Annual Meeting](#). January 22-24, 2015. New Orleans, LA

*[EMS Today -The JEMS Conference and Expo](#). February 25-28, 2015. Baltimore Convention Center, Baltimore, MD.

*[AAEM Scientific Assembly](#). Feb 28-March 4, 2015. Austin, TX.

*[Fire-Rescue Med 2015](#). Hosted by IAFC. March 21-25, 2015 in Henderson, NV.

*[2015 Preparedness Summit](#): Global Health Security: Preparing a Nation for Emerging Threats. April 14-17, 2015 in Atlanta, GA.

*[NASEMSO Mid-Year Meeting](#). April 19-22, 2015. San Antonio, TX.

*National Rural EMS Leadership Conference. May 5-6, 2015 Cheyenne, WY

*NAEMSE Annual Symposium. August 4-9, 2015. Nashville, TN.

*[Pinnacle 2015](#). August 3-7, 2015. Jacksonville, FL.

*EMS World Expo. September 15-19, 2015. Las Vegas, NV.

*[ENA Annual Meeting](#). September 28-October 3, 2015. Orlando, FL.

*[NASEMSO Annual Meeting](#). October 12-16, 2015. Louisville, KY.

*ACEP Scientific Assembly. October 26-29, 2015. Boston, MA.

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

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