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*January 2015*

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**1. NASEMSO Announces Recent Advocacy Efforts**

The National Association of State EMS Officials (NASEMSO) is pleased to provide information related to resolutions approved by the membership at its 2014 Annual Meeting that serve to endorse highway safety initiatives and commemorate entities and individuals who have long-served EMS.

- Towards Zero Deaths: National Strategy on Highway Safety- The TZD National Strategy is intended to provide a roadmap for the future by identifying key safety focus areas to ensure the greatest progress and to unite efforts of highway safety advocates nationwide.
- Ambulance Equipment and Crash Testing Standards and Related Safe Transport Recommendations for Children in Ground Ambulances- NASEMSO resolved to urge federal and organizational partners to support the development of evidence-based standards upon which EMS can make determinations of safe transport practices of children and equipment in ground ambulances.
- Commemorating Anniversaries and Years of Service to EMS-NASEMSO recognized 30 year anniversaries of both the EMS for Children Program (EMSC) and the National Association of EMS Physicians (NAEMSP) and commended Liz Sibley on her retirement as the executive director for CECBEMS.

The full text of each resolution is available at [NASEMSO Resolutions](#).

In related news, NASEMSO Member Katrina Altenhofen explains the background of “Recommendations for Children in Ground Ambulances” in a recent [article](#) featured at EMS World.

**2. NASEMSO Joins Public Safety Partners on Feedback to FCC**

The National Association of State Emergency Medical Services Officials (NASEMSO) has joined the International Association of Chiefs of Police (IACP), the International Association of Fire Chiefs (IAFC), and the National Sheriffs’ Association (NSA) in filing a letter addressing the Federal Communications Commission’s (FCC) proposal to update its wireless indoor location accuracy rules. The organizations commended the FCC for its focus on improving the location information being provided to first responders from wireless devices during 9-1-1 calls. The coalition articulated concerns regarding an alternate timeline to the FCC’s proposal suggested by the wireless carriers. In its

letter to the FCC, the group expresses support for using performance-based metrics for providing dispatchable location to PSAPs. [For more information...](#)

**3. NASEMSO Data Managers Offer New Resource on Selecting ePCR Software**

NASEMSO’s Data Managers Council has just released a resource guide, *“Deciding on ePCR Software: A Guide for EMS Agencies”*, now available on the [NASEMSO website](#). Developed with input from state data managers, the purpose of the guide is to help EMS agencies make educated decisions when choosing an electronic patient care reporting (ePCR) vendor.

**4. NASEMSO Expresses Gratitude for Tireless Efforts to Improve 9-1-1**

Laurie Flaherty is an extraordinary emergency nurse and long time advocate for EMS. During the past 10 years, she has led the National 911 Program, a small but important initiative created to give 911 a home within the federal government. The aim of the program, which is housed in the National Highway Safety Traffic Administration (NHTSA), is to strengthen the country’s 911 systems by providing a single point of coordination among the states, technology providers, public safety officials, 911 professionals and other groups. In her role, Flaherty works with public and private partners to ensure that the 6,000 911 call centers nationwide have the resources and capabilities they need to do their jobs seamlessly and to provide optimal services to the public. In a recent article in the Washington Post, the Partnership for Public Service helps highlight Laurie’s efforts to raise the bar for 9-1-1 communications. But we already knew of her deep commitment to public service... NASEMSO members take this opportunity to express gratitude to Laurie on behalf of the 956,058 credentialed EMS professionals and 19,437 credentialed EMS agencies that also serve our Nation each and every day! For more information read the WP article [“Bringing the 911 emergency call service into the digital age.”](#)

**5. NASEMSO Members Eligible for Discount Registration**

The [Institute for Healthcare Improvement \(IHI\)](#) is a world-wide leader in using quality improvement in healthcare to improve the health of populations, enhance care quality, and reduce per capita cost. Over the last year, the IHI Innovation team has studied paramedicine and out-of-hospital paramedic-based care systems. In 2014, IHI produced an [WIHI podcast](#) and authored an article in the [ACHE Healthcare Executive](#) publication on improving EMS care. In 2015, IHI is excited to offer their first public program: [Web & Action: Improving Prehospital Emergency Care](#). The program is based on research and frontline testing and is lead by expert paramedic faculty from around the world. IHI will apply a 10% discount (US \$75) to the per web/phone connection program rate for every member that registers using the following custom discount passcode: **NASEMSOIPC2015**.

**6. “Outbreaks” Report Rates States in Ability to Respond to Severe Infectious Disease**

A [report](#) recently released by Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) finds that the Ebola outbreak exposes serious underlying gaps in the nation’s ability to manage severe infectious disease threats. Half of states and Washington, D.C. scored five or lower out of 10 key indicators related to preventing, detecting, diagnosing and responding to outbreaks. Maryland, Massachusetts, Tennessee, Vermont and Virginia tied for the top score – achieving eight out of 10 indicators. The indicators are developed in consultation with leading public health experts based on data from publicly available sources or information provided by public officials. For the state-by-state scoring, states received one point for achieving an indicator or zero points if they did not achieve the indicator. Zero is the lowest possible overall score, 10 is the highest. The data for the indicators are from publicly available sources or were provided from public officials. The indicators are developed in consultation with leading public health experts based on data from publicly available sources or information provided by public officials.

- **8 out of 10:** Maryland, Massachusetts, Tennessee Vermont and Virginia
- **7 out of 10:** California, Delaware, Nebraska, New Hampshire, North Dakota, Pennsylvania and Wisconsin
- **6 out of 10:** Colorado, Connecticut, Florida, Hawaii, Illinois, Iowa, Minnesota, New York, North Carolina, Rhode Island, South Carolina, South Dakota and Texas
- **5 out of 10:** Alabama, D.C., Georgia, Indiana, Michigan, New Mexico, Oklahoma, Oregon, Utah and West Virginia
- **4 out of 10:** Alaska, Arizona, Maine, Mississippi, Missouri, Montana, Nevada and Washington
- **3 out of 10:** Idaho, Kansas, Kentucky, Louisiana, New Jersey, Ohio and Wyoming
- **2 out of 10:** Arkansas

**7. GAO's State and Local Fiscal Simulations**

Fiscal sustainability presents a national challenge shared by all levels of government. Since 2007, the Government Accountability Office (GAO) has published simulations of long-term fiscal trends in the state and local government sector. These simulations have consistently shown that state and local governments face long-term fiscal pressures. Absent any policy changes, the sector will face an increasing gap between expenditures and receipts in future years. Closing this gap will require state and local governments to make policy changes to assure that receipts are at least equal to expenditures. GAO's model uses the Bureau of Economic Analysis's National Income and Product Accounts as the primary data source and presents the results in the aggregate for the state and local sector as a whole. GAO's model shows the level of receipts and expenditures for the sector until 2060 based on current and historical spending and revenue patterns. The model assumes that the current set of policies in place across state and local government remains constant to show a simulated long-term outlook. The model incorporates the Congressional Budget Office's economic projections. These projections capture near-term cyclical swings in the economy. Because the model covers the sector in the aggregate, the fiscal outcomes for individual states and localities cannot be captured. This product is part of a body of work on the nation's long-term fiscal challenges. In summary, the 2014 update to GAO's model shows that the state and local government sector continues to face long-term fiscal challenges. The fiscal situation of the state and local government sector has improved in the past year as the sector's tax receipts have slowly increased. Nonetheless, as a percentage of gross domestic product (GDP), our model suggests that at current rates total tax revenues for the sector would not return to the 2007 historical high until 2058. [For more information....](#)

**8. NACo Unveils County Explore Interactive Map Tool**

The National Association of Counties has released the County Explorer, a one-stop-shop for county data and profiles for each of the 3,069 U.S. counties, incorporating city-county searches and other queries. This is an upgraded version of the previous NACo database, County Intelligence Connections (CIC), with the addition of the "Find a County" searches available on the NACo website. The map is available for free to NACo members and other users interested in county information. The interactive feature allows users to map county data from more than 70 datasets and 500 county indicators, or variables, for the latest year available. [For more information...](#)

**9. OMB Super Circular Consolidation of Federal Grant Guidance Applies to State Awards**

The Office of Management and Budget (OMB) has identified a consolidated set of guidance from eight existing circulars, now being referred to as the "Super Circular" intended to streamline previous federal grant guidance. The reform of OMB guidance is intended to improve the integrity of financial management and operation of federal programs and strengthen the accountability for federal dollars by improving policies that protect against waste, fraud, and abuse. Circulars that have been consolidated include:

- A-89 (Federal Domestic Assistance Program Information)

- A-102 (Grant Awards and Cooperative Agreements with State and Local Governments 44 CFR Part 13)
- A-110 (uniform Administrative Requirements for Awards and Other Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations 2 CFR 215)
- A-21 (Cost Principles for Educational Institutions 2 CFR part 220)
- A-87 (Cost Principles for State, Local, and Indian Tribal Governments 2 CFR part 225)
- A-122 (Cost Principles for Non-Profit Organizations 2 CFR part 230)
- A-133 (Audits of States, Local, Governments, and Non-Profit Organizations)
- Sections of A-50 related to audits performed under Subpart F-Audit Requirements

The Super Circular provides revised rules set standard requirements for financial and administrative management of Federal awards across the entire Federal government, in other words how grants are awarded, managed, audited, and closed out. [For more information...](#)

#### 10. CAMTS Invites Comments to Proposed Standards Revisions

The Commission on Accreditation of Medical Transport Systems (CAMTS) is currently accepting comments to revisions in their 10th Edition Standards Drafts, Types of Care, and Medical Escort Standards documents. To view the current drafts and to access the comment forms, go to <http://www.camts.org/>.

#### 11. UAS Groups Join to Promote Safe Flying

The Federal Aviation Administration (FAA) has joined forces with industry groups and hobbyists to educate the public on the use and proper operation of unmanned aircraft systems (UAS.) The FAA is partnering with the Association for Unmanned Vehicle Systems International, Academy of Model Aeronautics and the Small UAV Coalition to make sure everyone who flies an unmanned aircraft system (UAS) during the holidays and afterward is familiar with the “rules of the air.” As part of the effort, the FAA created a short safety video, *Know Before You Fly*, to educate model UAS users on the Do’s and Don’ts of their hobby.

- ["Know Before You Fly" Press Release](#)
- ["Know Before You Fly" Video](#)

An Aviation Safety Hotline is maintained by the FAA to document safety related issues including UAS incidents or accidents at [http://www.faa.gov/contact/safety\\_hotline/](http://www.faa.gov/contact/safety_hotline/).

#### 12. NTSB Remands Administrator v. Pirker Case Back to ALJ for Further Review

The National Transportation Safety Board (NTSB) recently announced that it has served the FAA and respondent Raphael Pirker with its opinion and order regarding Mr. Pirker's appeal in case CP-217, regarding the regulation of unmanned aircraft. In the opinion, the Board remanded the case to the administrative law judge to collect evidence and issue a finding concerning whether Pirker's operation of his unmanned aircraft over the campus of the University of Virginia in 2011 was careless or reckless. **In reaching its decision, the Board determined the FAA may apply the regulation that prohibits operation of an aircraft in a careless or reckless manner to unmanned aircraft.** The opinion and order is available on the NTSB website at <http://www.nts.gov/legal/pirker/5730.pdf>.

#### 13. FCC Advisory Warns Against Cell Phone Jammers

The Federal Communications Commission (FCC) recently issued a reminder to government agencies and the public that it is illegal to use a cell phone jammer or any other type of device that blocks, jams or interferes with authorized communications. This prohibition extends to every entity that does not hold a federal authorization, including state and local law enforcement agencies. Cell phone jammers can block all radio communications on any device that operates on radio frequencies within its range (i.e., within a certain radius of the jammer) by emitting radio frequency waves that prevent the targeted device from establishing or maintaining a connection. Jamming

technology generally does not discriminate between desirable and undesirable communications. For example, jammers can:

- prevent cell phones from making or receiving calls, text messages, and emails;
- prevent Wi-Fi enabled device from connecting to the Internet;
- prevent GPS units from receiving correct positioning signals; and
- prevent a first responder from locating victims in an emergency

In a well publicized case against the hotel giant, Marriott recently agreed to pay a \$600,000 fine after the Federal Communications Commission found the company blocked consumer Wi-Fi networks last year during an event at a hotel and conference center in Nashville. At the same time, Marriott was charging exhibitors and others as much as \$1,000 per device to access the hotel's wireless network. [For more information...](#) (The recent advisory is available [here.](#))

**14. DHS Offers Revised National Emergency Communications Plan**

The Department of Homeland Security (DHS) released the [first updated National Emergency Communications Plan \(NECP\)](#) since the original in 2008. The NECP is the Nation’s over-arching strategic plan for enhancing emergency communications capabilities and interoperability nationwide. The updated NECP addresses the increasingly complex communications landscape that the public safety community uses to keep America safe and secure. The plan provides a roadmap for improving emergency communications for traditional emergency responder disciplines such as law enforcement, fire, and emergency medical services, while recognizing the importance of engaging non-traditional disciplines including public health, public works and transportation agencies. The 2014 NECP focuses on three priorities over the next several years: (1) Maintain and improve emergency responders’ current Land Mobile Radio systems; (2) Ensure emergency responders and government officials plan and prepare for the adoption, migration, and use of broadband technologies, including the Nationwide Public Safety Broadband Network; and (3) Enhance coordination among stakeholders, specifically within processes and planning activities across the emergency response community. [For more information...](#)

In related news, the House Homeland Security Committee's Emergency Preparedness, Response and Communications Subcommittee has posted transcripts from a recent hearing "Interoperable Communications: Assessing Progress Since 9/11." Witnesses included:

- Rear Admiral Ronald Hewitt, USCG (Ret.), Director, Office of Emergency Communications, Department of Homeland Security
- Mr. TJ Kennedy, Acting General Manager, First Responder Network Authority
- Mr. Mark A. Grubb, Director, Delaware Department of Safety and Homeland Security, Division of Communications.

An archived video of the hearing is also available. [For more information...](#)

**15. PSHSB Announces First Meeting of Optimal PSAP Architecture Task Force**

The Federal Communications Commission's (FCC) Task Force on Optimal Public Safety Answering Point (PSAP) Architecture (Task Force) will hold its first meeting on January 26, 2015, at 1 p.m. in the Commission Meeting Room of the Federal Communications Commission, Room TW-C305, 445 12th Street SW., Washington, DC 20554. The Task Force is a Federal Advisory Committee that will study and report findings and recommendations on PSAP structure and architecture in order to determine whether additional consolidation of PSAP infrastructure and architecture improvements would promote greater efficiency of operations, safety of life, and cost containment, while retaining needed integration with local first responder dispatch and support. The Commission will provide



audio and/or video coverage of the meeting over the Internet from the FCC's Web page at <http://www.fcc.gov/live>.

**16. ONC Seeks Comments on Health IT Strategy**

The Office of the National Coordinator for Health Information Technology (ONC) is accepting public comments on a draft version of the [Federal Health IT Strategic Plan 2015-2020 \[PDF - 1 MB\]](#). The due date for public comments is 5 p.m. on February 6, 2015. This Plan represents a coordinated and focused effort among 35+ federal departments and agencies to advance the collection, sharing, and use of electronic health information to improve health care, individual and community health, and research. [For more information...](#)

**17. HHS Releases Best Practices Toolkit for Healthcare Resilience During Extreme Weather Events**

The Health Care Climate Resilience Guide and Toolkit, delivered through the U.S. Climate Resilience Toolkit website ([toolkit.climate.gov](http://toolkit.climate.gov)), has been created as an initial component of the President's Climate Action Plan. Although directed at healthcare facilities such as hospitals, the guide provides useful information that will assist health and EMS agencies anticipate potential vulnerabilities within their local infrastructure. The Guide and Toolkit highlights how extreme weather events can cause building failures that ultimately disrupt the continuum of health care delivery during the events and in their aftermath. [Download the report...](#)

**18. NPHL Offers Legal Preparedness and Response FAQs on Ebola**

The Network for Public Health Law has released a new resource, [Ebola Public Health Emergency Legal Preparedness and Response FAQs](#). The resource addresses questions and provides answers about screening and quarantine measures; federal, state and local powers; as well as legal protections for affected individuals and hospital workers.

**19. CDC Maintains EMS Guidance on Approach to EVD**

EMS agencies are encouraged to remain familiar with updated resources available from the Centers for Disease Control and Prevention related to EMS interactions with patients potentially infected with Ebola Virus Disease (EVD). The latest version of the guidance was recently updated to clarify the minimum personal protective equipment (PPE) levels for EMS personnel and first responders. The updated information reflects the PPE guidance described in CDC's [Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Under Investigation for Ebola Virus Disease](#) and [Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#). In addition, the CDC has developed an [Algorithm for Emergency Medical Services and 9-1-1 Public Safety Answering Points for Management of Patients Who Present with Possible Ebola Virus Disease in the United States](#).

**20. USDOT Safety Advisory: Packaging and Handling EVD Contaminated Waste**

The Pipeline and Hazardous Materials Safety Administration (PHMSA) has issued an advisory for handling Ebola virus contaminated infectious waste for transportation to disposal sites. Material contaminated or suspected of being contaminated with Ebola is regulated as a Category A infectious material under the Hazardous Materials Regulation (HMR; 49 C.F.R., Parts 171-180). Ebola contaminated materials that have been properly incinerated, autoclaved, or otherwise inactivated are not considered Category A infectious substances and are not subject to the requirements of the HMR. The US Department of Transportation recommends that Federal, state, or local governments comply with appropriate safety requirements provided in the HMR to ensure safe transportation of potentially contaminated Ebola waste materials. [For more information...](#)



**21. US Army Helps Develop Air Medical Containment System Used Against Ebola**

A containment system used to quarantine Ebola virus patients being transported out of West Africa was developed with help from the Natick Soldier Research, Development and Engineering Center. The Aeromedical Biological Containment System, or ABCS, manufactured by Production Products of St. Louis, can be hoisted into a specially modified Gulfstream III air ambulance and flown by Phoenix Air Group back to the U.S., or other countries, where patients can receive more intensive treatment. Several successful missions have already been conducted. Natick Soldier Research, Development and Engineering Center began working on the concept in 2007, with the Centers for Disease Control and Prevention, the Joint Project Manager for Collective Protection, and the U.S. Army Edgewood Chemical Biological Center. [For more information...](#)

**22. New IOM Workshop Report Highlights PAPR Effectiveness**

Since 2005, the National Personal Protective Technology Laboratory (NPPTL) at the National Institute for Occupational Safety and Health (NIOSH) has sponsored the Institute of Medicine (IOM) Standing Committee on Personal Protective Equipment for Workplace Safety and Health. In mid-2014, NPPTL asked the IOM to convene a workshop, “The Use and Effectiveness of Powered Air Purifying Respirators in Health Care,” to help prioritize and accelerate NIOSH activities to update certification requirements for powered air purifying respirators (PAPRs) for use in health care. [For more information...](#)

**23. NIOSH and OSHA Provide New Resource to Help Ebola Responders Prevent Fatigue**

A new factsheet is now available to help healthcare workers, responders, and employers prevent work-related fatigue in tending to Ebola cases. NIOSH and the Occupational Safety and Health Administration (OSHA) together released the document *Preventing Worker Fatigue Among Ebola Healthcare Workers and Responders*, which provides practical tips and resources for employers and workers involved with cases related to Ebola. [For more information...](#)

**24. New GAO Report Assess Interagency Capabilities in ESF Preparedness**

No-notice catastrophic disasters pose one of the greatest challenges to national emergency preparedness. ESFs are federal interagency coordinating structures that group capabilities into functional areas most frequently needed in a national response. The Government Accountability Office (GAO) was asked to review federal preparedness to respond to no-notice catastrophic disasters, such as IND attacks and major earthquakes. This report assesses the extent to which opportunities exist to enhance (1) assessment of ESF preparedness and (2) management oversight of the closure of federal capability gaps identified in selected exercises, real-world incidents, and other assessments. GAO reviewed relevant laws, directives, strategies, and plans; analyzed recommended corrective actions from national-level exercises and other interagency assessments; reviewed documents and interviewed officials from five federal departments key to disaster response (Defense, Energy, Health and Human Services, Homeland Security, and Justice); and compared current processes against internal control standards and leading program management practices. “*Emergency Preparedness: Opportunities Exist to Strengthen Interagency Assessments and Accountability for Closing Capability Gaps*” is available [here](#).

**25. ASPR Releases Evidence Based Planning Guidance for Patient Decontamination**

To protect health and save lives in such catastrophic incidents, first responders, medical providers, and public health officials will want to make decisions about how to decontaminate patients based on scientific evidence. Now the [nation’s first evidence-based guidance](#) is available to help communities plan to do just that. The new guidance from the Assistant Secretary for Preparedness and Response, Office of Policy and Planning is flexible and scalable so it can be applied to various types and sizes of incidents, including those that affect a small number of

people. The guidance covers mass casualties, chemical release, external contamination, and decontamination of people (not animals, not inanimate objects, not facilities). The final guidance encourages communities to have a risk and crisis communication strategy in place pre-incident to reach all community members, on-scene responders, and hospital based receivers through a tiered, risk-based approach which matches the nature and extent of decontamination to the characteristics of the incident.

In related news, the Chemical Defense Program (CDP), under the Department of Homeland Security Office of Health Affairs (OHA), and the Office of the Assistant Secretary for Preparedness and Response (ASPR), under the Department of Health and Human Services (HHS), have published the document titled “Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities.” The document is available on the following website: <http://www.phe.gov/Preparedness/responders/Pages/patientdecon.aspx>

**26. New ASPR Guide Urges HCF Planning for Active Shooter Incidents**

Though the majority of recent active shooter incidents have occurred in business and school environments, for many reasons health care facilities (HCF) also face the threat of an active shooter. A new document from the Office of the Assistant Secretary of Preparedness and Response (ASPR) at the US Department of Health and Human Services (HHS) is primarily designed to encourage facilities to consider how to better prepare for an active shooter incident. Though hospitals and many other HCFs have emergency operations plans (EOPs), this document provides emergency planners, disaster committees, executive leadership, and others involved in emergency operations planning with detailed discussions of unique issues faced in an HCF. This document also includes discussions on related topics, including information sharing, psychological first aid (PFA), and law enforcement/security. To download “*Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans*” click [here](#).

**27. REMINDER: FEMA Seeks Comments to Public Assistance Simplified Procedures Thresholds**

FEMA seeks public comments from state, local, tribal and territorial governments, private non-profit organizations, and interested members of the public regarding the agency’s recent revision of the Public Assistance simplified procedures program. FEMA is seeking comments on specific questions to inform any future revisions to the project thresholds that are updated annually based on the Consumer Price Index. On February 26, 2014, FEMA published a final rule amending both the minimum and maximum simplified procedures threshold for disasters declared on or after February 26, 2014. Comments are due on January 20, 2015, and may be submitted [online](#).

**28. New GAO Report Highlights Administrative Costs in Major Disasters**

FEMA leads federal efforts to respond to and recover from disasters, and provides grants to states and localities through the DRF. For each major disaster, funds can be obligated from the DRF to cover administrative costs—the costs of providing and managing disaster assistance—for FEMA, states, tribes, localities, and certain nonprofits, among others. The Government Accountability Office (GAO) was asked to review these administrative costs along with FEMA policy changes. This report addresses the extent to which DRF funds were obligated to cover (1) FEMA’s administrative costs for major disasters during fiscal years 2004 through 2013, and the steps FEMA has taken to control these costs, and (2) Grantee and subgrantee administrative costs for PA grants, and the impact FEMA’s 2007 policy changes had on PA program administrative costs reimbursements. GAO analyzed FEMA’s administrative costs data and policies and PA guidance for administrative cost reimbursements; and interviewed FEMA, state, and local officials. GAO recommends that FEMA (1) develop an integrated plan to better control and reduce its administrative costs for major disasters, (2) assess the costs versus the benefits of tracking FEMA administrative costs by DRF program, and (3) clarify the agency’s guidance and minimum documentation

requirements for direct administrative costs. FEMA agreed with the report and its recommendations. [For more information...](#)

**29. NIOSH Offers Recommendations to Prevent Worker Health Risks After Prolonged Standing**

According to the National Institute for Occupational Health and Safety (NIOSH), workers across a variety of occupations are required to stand for long periods of time without being able to walk or sit during their work shift. NIOSH conducted a review of the literature to examine the risks of prolonged standing in the workplace. “Evidence of Health Risks Associated with Prolonged Standing at Work and Intervention Effectiveness” was published in Rehabilitation Nursing earlier in the year. Based on the research reviewed, there appears to be ample evidence that prolonged standing in the work place leads to a number of negative health outcomes. The studies consistently reported increased reports of low back pain, physical fatigue, muscle pain, leg swelling, tiredness, and body part discomfort due to prolonged standing. There is significant evidence that prolonged standing at work (primarily in one place) increases risk of low back pain, cardiovascular problems, and pregnancy outcomes. Interventions such as floor mats, shoe inserts, adjustable chairs, sit–stand workstations, and compression stockings have been used by employees to reduce the pain, discomfort and fatigue from prolonged standing. In reviewing the studies examining the effectiveness of interventions, NIOSH concluded that dynamic movement appeared to be the best solution for reducing risk of these health problems due to prolonged standing. The ability for workers to “have movement” during work, such as walking around, or being able to easily shift from standing to sitting or leaning posture during the work shift seemed to be a common suggestion in nearly all of the literature but needs more research. A reliable characterization of prolonged standing is needed based on a standard workday (i.e continuously standing for over one hour or standing for over 4 hours per day). Various groups, have suggested time limits for prolonged standing, which they believe would be effective. Perhaps the solution can be found in how work is organized. Jobs should be designed to allow the employee to have control over their own bodies, such that they are able to assume different sit/stand postures and move as they need throughout their work shift.

**30. New Report from Cochrane Collaboration: Preventing Occupational Stress in Healthcare Workers**

The [Cochrane Collaboration](#) is a not-for-profit organization with collaborators from over 120 countries working to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. In a recent release of the Cochrane Review, it was noted that healthcare workers suffer from work-related or occupational stress. Often this is because healthcare workers face high expectations and they may not have enough time, skills and social support at work. This can lead to severe distress, burnout or physical illness. In the end, healthcare workers may be unable to provide high quality healthcare services. Stress and burnout can also be costly because affected healthcare workers take sick leave and may even change jobs.

**31. Take Time for YOU: Work-family Conflict, Sleep, and the Heart**

It is estimated that 50 to 70 million Americans chronically suffer from a disorder of sleep and wakefulness, hindering daily functioning and adversely affecting health and longevity. The cumulative long-term effects of sleep loss and sleep disorders have been associated with a wide range of deleterious health consequences including an increased risk of hypertension, diabetes, obesity, depression, heart attack, and stroke. After decades of research, the case can be confidently made that sleep loss and sleep disorders have profound and widespread effects on human health. Health care workers report a lot of musculoskeletal pain, work-related injuries and sleep deficiencies as well as work-to-family conflict. New research explores whether work-to-family conflict is related to sleep deficiencies and whether these conflicts and sleep deficiencies lead to increased risk of cardiovascular disease. In addition to this, many health care workers labor in rotating shifts, with little time in-between shifts, so it is no surprise that many of these workers also report scheduling difficulties between work and family. Positive

interventions modifying sleep as a component of wellness aligns with the National Institute for Occupational Safety and Health (NIOSH) Total Worker Health program (see [related blog](#)), and is part of ongoing studies of workplace interventions (see [related blog](#)).

In related news, the National Institutes of Health, in partnership with the National Geographic Channel and The Public Good Projects, are drawing the nation’s attention to the health consequences of sleep deprivation and what keeps Americans up at night. Common belief may hold that it gets harder to sleep the older you get, but sleep problems take a great toll on all ages, including young Americans: 70 percent of high school adolescents are sleep deprived, increasing their risk of suicide, mood problems and delinquency. Millions of U.S. adults have sleep apnea, and up to 80 percent don’t even know it. Recent research has also shown that poor sleep may cause cancer to grow twice as fast in lab mice, and that sleeping too little might lead to an increased risk of Alzheimer’s disease. Other notable facts include:

- 1/3 of Americans get fewer than 7 hours a sleep per night
- 12-18 million US adults have sleep apnea
- 5000-6000 crashes per year are attributed to drowsy drivers
- 1/3 of adults are sleepy during daytime hours

[For more information...](#)

**32. HPRC Offers Wellness Resource Available to EMS Personnel**

A resource supported by the US Department of Defense (DoD) intended for military personnel and their families offers exceptional advice on optimizing human performance that EMS practitioners and agencies will find interesting and beneficial. Total Force Fitness (TFF) is a framework for building and maintaining health, readiness, and performance in the DoD. It views health, wellness, and resilience as a holistic concept where optimal performance requires a connection between mind, body, spirit, and family/social relationships. Whether or not you have a health resolution in the new year, EMS “warriors” will find the Human Performance Resource Center (HPRC) resource providing tools for increasing strength, endurance, speed, focus and concentration, motivation, improved memory, sleep and overall performance quick in a “one-stop” online resource, available [here](#).

**33. Naloxone Legal Resources Released**

The Network for Public Health Law has two new resources related to the use of Naloxone for opioid overdoses. [Legal Interventions to Reduce Overdose Mortality: Emergency Medical Services Naloxone Access](#) provides an overview of relevant laws and regulations for Emergency Medical Services naloxone access in all 50 states, D.C., Guam and Puerto Rico. [Using Law to Support Pharmacy Naloxone Distribution](#) explores the legal mechanisms for improved pharmacy distribution of naloxone, and helps public health professionals, prescribers, pharmacy managers, and local, and territorial health departments understand key legal issues.

**34. NAMD Releases Report on State Actions to Combat Prescription Drug Abuse**

The National Association of Medicaid Directors (NAMD) has released the report State Medicaid Interventions for Preventing Prescription Drug Abuse and Overdose. Statistics from the CDC indicate Medicaid enrollees are six times more likely than other patients to have a prescription drug overdose, and make up 45 percent of overdose deaths. NAMD's report outlines a variety of policies and initiatives that states are undertaking to curb prescription drug abuse and overdose and provides recommendations based on these existing initiatives. The recommendations fall into six broad categories:

- Leveraging Existing Medicaid Infrastructure
- Proactive Prevention Measures

- Active Monitoring and Surveillance
- Efficient and Effective Treatment of Addiction
- Cross-Agency Collaborative Efforts
- Collaboration with Medicaid Agencies from Other States

[For more information...](#)

### 35. WHO Recommends Naloxone to Prevent Overdose Deaths

The World Health Organization (WHO) recently released a [statement](#) asserting that more than 20,000 deaths might be prevented every year in the United States alone if naloxone, used to counter drug overdoses, was more widely available including a recommendation that “naloxone be made available to people likely to witness an opioid overdose, as well as training in the management of opioid overdose.” Few countries have such good data as the United States, but the WHO estimates about 69,000 people around the world die each year from overdoses of heroin or other opioids, with Iran, Russia and China known to have high numbers of opioid users.

### 36. AHRQ Report Studies Outpatient Medication Management

A new report from the Agency for Healthcare Research and Quality’s Effective Health Care Program may help inform home care strategies for Mobile Integrated Health administrators. Medication therapy management (MTM) services are intended to address issues of polypharmacy, preventable adverse drug events, medication adherence, and medication misuse. MTM is the current term that represents a suite of health care services that have evolved out of the philosophy and processes described in the early 1990s as “pharmaceutical care.” This review seeks to catalog outpatient-based MTM intervention components, assess the overall effectiveness of outpatient-based MTM in comparison with usual care, examine the factors under which outpatient-based MTM is effective and optimally delivered, assess what types of patients are likely to benefit from outpatient-based MTM services, and clarify what types of patients may be at risk of harms from such programs. This review does not address (1) MTM services provided within inpatient settings or shortly after hospital discharge, (2) disease management services provided by pharmacists, or (3) interventions designed as a single episode of contact. The rationale for limiting the scope to exclude some types of MTM interventions is to ensure that included studies are reasonably comparable with respect to intended purpose and design of the MTM intervention. The report, Medication Therapy Management Interventions in Outpatient Settings is [now available](#).

### 37. IOM Focuses on Health Literacy in New Report

With the implementation of the Patient Protection and Affordable Care Act (ACA), the issue of inadequate health literacy has become even more important. To explore the aspects of health literacy that impact the ability of patients to understand and follow discharge instructions and to learn from examples of how discharge instructions can be written to improve patient understanding of—and hence compliance with—discharge instructions, the Roundtable on Health Literacy held a 1-day public workshop. The Roundtable on Health Literacy brings together leaders from academia, industry, government, foundations, and associations and representatives of patient and consumer interests who work to improve health literacy. To achieve its mission, the roundtable discusses challenges facing health literacy practice and research and identifies approaches to promote health literacy through mechanisms and partnerships in both the public and private sectors. To download, “*Facilitating Patient Understanding of Discharge Instructions: Workshop Summary*,” click [here](#).

### 38. CCDBG Ensures Funding to States to Improve Pediatric Disaster Planning Standards

Congress recently passed and President Obama signed the Child Care and Development Block Grant (CCDBG) Act of 2014 into law. This reauthorizes the childcare program for the first time since 1996 and represents an historic

re-envisioning of the Child Care and Development Fund (CCDF) program. The new law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the childcare choices available to them. CCDF is a \$5.3 billion block grant program that provides funding to States, Territories, and Tribes to provide access to child care services for low-income families and improve the quality of childcare. It also requires that basic emergency planning standards for child-care providers be required in every state, including three child-care disaster-planning standards tracked annually by Save the Children (based on recommendations of the National Commission on Children in Disasters formed after Hurricane Katrina.) Save the Children's 2014 Disaster Report Card showed that 19 states (Arizona, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Maine, Michigan, Minnesota, Montana, Nevada, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, and Virginia) still fail to meet three childcare emergency planning standards. The standards are that states require all child-care providers to have 1) evacuation/relocation plans, 2) family-child reunification plans and 3) emergency plans for children with special needs. [For more information...](#)

**39. New Study Reviews Recommendations for Rest Following Acute Pediatric Concussion**

Among the growing literature evaluating post-concussive treatment in kids is a new article in this month's issue of *Pediatrics*. "Benefits of Strict Rest After Acute Concussion: A Randomized Controlled Trial" follows 88 individuals aged 11-22 years presenting to a pediatric emergency department within 24 hours of concussion. Authors concluded that recommending strict rest post injury did not improve outcome and may have contributed to increased symptom reporting. Usual care (rest for 1-2 days with stepwise return to activity) is currently the best discharge strategy for pediatric mild traumatic brain injury/concussion. The article is currently available without a subscription. [For more information...](#)

**40. VETOViolence Web Site Encourages Public Health Approach to Youth Violence**

The Centers for Disease Control and Prevention (CDC) has created VetoViolence as a comprehensive source for violence prevention. The goal is to educate and empower communities to stop violence before it happens. The CDC continues to share research, trends, and best practices gathered from all over the country to support local community prevention. The customized, user-focused site provides information on child maltreatment, intimate partner violence, sexual violence, suicide, and youth violence. [For more information...](#)

In related news, the Institute of Medicine recently convened "Means of Violence-A Workshop" focusing on the means or methods used to commit self-directed and interpersonal violent acts that result in life-threatening events or death, including firearms, pesticides, and other lethal means. [For more information](#) (including a recording of the proceedings)...

**41. ATS Unveils Explanation of Trauma Center Capability**

According to the American Trauma Society (ATS), trauma center levels across the United States are identified in two fashions by state designation process and a verification process. The different levels (ie. Level I, II, III, IV or V) refer to the kinds of resources available in a trauma center and the number of patients admitted yearly. These are categories that define national standards for trauma care in hospitals. Categorization is unique to both Adult and Pediatric facilities. Trauma Center designation is a process outlined and developed at a state or local level. The state or local municipality identifies unique criteria in which to categorize Trauma Centers. These categories may vary from state to state and are typically outlined through legislative or regulatory authority. Trauma Center Verification is an evaluation process done by the American College of Surgeons (ACS) to evaluate and improve trauma care. The ACS does not designate trauma centers; instead, it verifies the presence of the resources listed



in Resources for Optimal Care of the Injured Patient. These include commitment, readiness, resources, policies, patient care, and performance improvement. The ATS offers a description that differentiates between Level I-V trauma centers that can be used to help educate the public. [For more information...](#)

**42. Reminder: FDA Drug Shortages Index Has Migrated to New Page**

Readers are reminded that the Food and Drug Administration (FDA) has migrated its “Current Drug Shortages Index” to <http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>. Drug shortages and discontinuations reported to the FDA are listed with detailed information regarding product availability. Several medications in use by EMS agencies remain in short supply, including atropine sulfate, dextrose 5% bags, epinephrine, fentanyl, morphine sulfate, sodium chloride 0.9% injection bags, and more...

**43. National Practitioner Data Bank Update**

The National Practitioner Data Bank (NPDB) is a confidential information clearinghouse with the primary goals of improving health care quality, protecting the public, and reducing health care fraud and abuse. Reporting to the Data Bank is a required activity, which enables the Data Bank to collect and share with authorized users information that contributes to the comprehensive and continuous review of practitioners' professional credentials, including EMS practitioners and EMS agencies. Any adverse action taken by the licensing or certification authority of the state as a result of a formal proceeding, including revocation or suspension of a license, reprimand, censure, or probation is reportable to NPDB within 30 days of the action. Complete rules, guidelines and various other resources can be found in the [NPDB Guidebook](#). (Please note: As part of the Affordable Care Act of 2010, the *Healthcare Integrity and Protection Data Bank (HIPDB)* officially became part of the National Practitioner Data Bank (NPDB) in 2013. Data that was previously contained in the HIPDB was merged into NPDB.)

The Health Resources and Services Administration, Department of Health and Human Services, has announced that a **decrease in user fees** charged to individuals and entities authorized to request information from the National Practitioner Data Bank (NPDB) has gone into effect. The new fee is \$3.00 for both continuous and one-time queries and \$5.00 for self-queries. All other aspects of querying and reporting will remain the same. The Secretary of HHS continues to exercise regulatory authority to publish a report listing government agencies that have failed to meet their NPDB reporting requirements. Compliance by profession is [available for review](#). [Reporting Compliance Status by State](#) is also available. Tables include only those states and professions that HRSA has reviewed or is currently reviewing. The compliance status listed in the tables is one of eight possible determinations: [Compliant, Non-Compliant, Working Toward Compliance, Under Review, Attested, Could Not Attest, Failed to Attest, or Not Reviewed](#). **An online learning session for state regulatory/licensing boards on NPDB reporting requirements and procedures is [available here](#).**

**44. OSHA Updates Requirements for Reporting Work-Related Injuries/Fatalities**

For employers under the federal jurisdiction of the Occupational Safety and Health Administration that means more than just making resolutions, they will need to comply with new reporting requirements going into effect January 1, 2015. Employers will now be required to report all work-related fatalities within 8 hours and all in-patient hospitalizations, amputations, and losses of an eye within 24 hours of finding about the incident. Previously, employers were required to report all workplace fatalities and when three or more workers were hospitalized in the same incident. All employers covered by the [Occupational Safety and Health Act](#), even those who are exempt from maintaining injury and illness records, are required to comply with OSHA's new severe injury and illness reporting requirements. To assist employers in fulfilling these requirements, OSHA is developing a [Web](#)



[portal](#) for employers to report incidents electronically, in addition to the phone reporting options. [For more information...](#)

**45. Senate Approves Murthy as Surgeon General**

On December 15, in a long-awaited vote, the Senate confirmed Dr. Vivek Murthy as the 19th Surgeon General of the United States. Dr. Murthy has been a member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health chaired by the Surgeon General. His nomination was opposed by the National Rifle Association, which delayed the Senate vote. According to the President, "As 'America's Doctor,' Vivek will hit the ground running to make sure every American has the information they need to keep themselves and their families safe. He'll bring his lifetime of experience promoting public health to bear on priorities ranging from stopping new diseases to helping our kids grow up healthy and strong." [For more information...](#)

**46. GAO Examines Prescription Drug Fraud, Waste, and Abuse**

Recent media reports and law enforcement actions have highlighted the problem of prescription drug fraud, waste, and abuse in the United States. Medicare, and the Part D prescription drug benefit, are susceptible to such fraud—a risk made greater by Medicare's size, scope, and complexity. The US Government Accountability Office (GAO) and others have raised questions about CMS's oversight of its activities to address fraud, waste, and abuse in Part D, as well as oversight of the contractors tasked with this work. In a recent report, *"CMS Pursues Many Practices to Address Prescription Drug Fraud, Waste, and Abuse"*, GAO examined (1) practices for promoting prescription drug program integrity, and (2) the extent that CMS's oversight of Medicare Part D program integrity, including the program integrity contractors, reflects these practices. To develop a list of practices, GAO interviewed 14 stakeholder groups involved in various aspects of prescription drug program integrity, including provider, beneficiary, and anti-fraud groups; identified and reviewed related documents; and conducted a search of eight bibliographic databases that included peer-reviewed articles and government documents. GAO organized the practices based on the three categories of GAO's Fraud Prevention Framework. To determine how CMS's oversight reflects these practices, GAO analyzed agency documents, such as contracts, manuals, work products, and CMS audits of contractors; and interviewed agency officials. [For more information...](#)

**47. NHTSA Announces Investigation into Child Seat Recall**

The U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) recently announced that it opened an investigation into the timeliness of Graco Children's Products, Inc.'s (Graco) reporting of a safety defect in child seats. The defect involves buckles of child and infant car seats that stick or become stuck in the latched position, creating an unreasonable risk to a child's life in the event of an emergency. After continued pressure from NHTSA, Graco eventually recalled over six million defective car seats in 2014, the largest child seat recall in U.S. history. If NHTSA's investigation finds that Graco was untimely in reporting the defect, the manufacturer could be fined up to \$35 million in civil penalties. [For more information...](#)

**48. CDC Updates Immunization Schedule Resources for Websites**

The Centers for Disease Control and Prevention (CDC) has posted new resources on immunization schedules intended to be viewed on agency and organizational web sites. You can syndicate any or all of the immunization schedules – [those intended for healthcare professionals](#) and the [easy-to-read schedules](#) intended for everyone. It's a one-time task. Once you save the code to your page, you're done; no additional maintenance is needed. [For more information...](#)

**49. DOJ Report Highlights Efforts to Combat Substance Abuse**

The Drug Enforcement Administration produces the National Drug Threat Assessment in partnership with local, state, tribal, and federal agencies. To accurately depict a national-level perspective of the drug issues facing the United States, the report integrates the most recently available reporting from law enforcement and intelligence agencies with the most current data from public health agencies regarding national substance abuse indicators. This report also draws on information from more than 1,200 local, state, tribal, and federal law enforcement partners who provided input for the assessment. More than a fifth of U.S. law enforcement agencies say controlled prescription drug abuse is the greatest drug threat, a significant increase since 2009, according to the DEA's recently issued threat assessment. According to the 2014 DEA's National Drug Threat Assessment Summary, not only do prescription drugs account for more deaths than heroin and cocaine combined, prescription opioids are a more than \$53 billion a year business. The annual assessment provides policymakers, law enforcement personnel, and prevention and treatment specialists with relevant strategic drug intelligence to assist in formulating counterdrug policies, establishing priorities, and allocating resources. [For more information...](#)

**50. OPM Authorizes Paid Leave to Feds Exposed to EVD**

The U.S. Office of Personnel Management (OPM) is coordinating with the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) to educate the Federal community on the various human resources (HR) flexibilities and authorities available to help protect the Federal workforce and ensure continuity of operations during periods of health concern. According to a Nov. 25 Office of Personnel Management memo, agencies should give excused absences to federal employees who are exposed to Ebola in the course of their work, but don't show symptoms of the disease. With excused absences, federal employees are allowed paid leave without it cutting into their sick or personal time off. Agencies can approve excused absences under a human resources provision that singles out "quarantinable communicable diseases" – including viral hemorrhagic fevers such as Ebola – as a viable reason for excusing an employee from work without penalty. [For more information...](#)

**51. NHTSA Unveils SaferRide App**

U.S. Department of Transportation Secretary Anthony Foxx and National Highway Traffic Safety Administration (NHTSA) Deputy Administrator David Friedman recently unveiled a new mobile app to help people who have been drinking get a safe ride home. NHTSA's new SaferRide app will help keep drunk drivers off our roads by allowing users to call a taxi or a friend and by identifying their location so they can be picked up. The app is available for [Android devices on Google Play](#), and [Apple devices on the iTunes store](#).

**52. OnStar Offers Free Newsletter Geared to EMS and Public Safety**

OnStar's public safety e-Newsletter containing content specifically for law enforcement officers, fire fighters, emergency medical service and 9-1-1/public safety answering point personnel is distributed three - four times per year and contains current and new information about OnStar's emergency services, available training materials and other public safety-related content that can help you on the job. The most recent issue can be found here: <http://newsletter.onstaremergencyservices.com> and readers are encouraged to sign up from the site to automatically receive future issues. Additionally, there is a **COMPLIMENTARY** one hour online course for public safety available on the OnStar Public Safety website at [www.onstar.com/publicsafety](http://www.onstar.com/publicsafety) which is approved for continuing education credit with IAED and APCO. With more and more OnStar-equipped/subscribed vehicles on the road, the e-Newsletter and training are valuable ways to stay up to date with OnStar's connected vehicle technology.

**53. Getnaloxonenow.org Provides Free Training for Bystanders and First Responders**

Get Naloxone Now is an online resource to train people to respond effectively to an opioid-associated overdose emergency. Get Naloxone Now advocates for widespread access to overdose education and training in how to administer naloxone, the life-saving antidote for opioid-associated overdose. Get Naloxone Now seeks to increase the number of lives saved by bystanders and first responders (police officers, firefighters and EMTs). Funding to develop the training modules was provided by the National Institutes of Health, National Institutes on Drug Abuse, Grant #1R43D033746-01 and Grant #1R43DAO29358-01A1. Prototypes of the modules were developed at Social Sciences Innovations Corporation, Inc. (SSIC).

**54. EMS Blogger Challenges States and Medical Directors to Rethink Approach to Epi Administration**

While organizationally NASEMSO is not one to engage in online discussions, one particular post by Paramedic Chris Kaiser recently caught my eye as editor for the Washington Update. “Why do Ambulances Carry Epipens?” is a thoughtful view on the recent surge in the cost of Epipens® in light of efforts by advocacy groups to expand the availability of the device at the Basic Life Support level. In fact, some states DO permit EMT’s to use Epipens® with special training although many EMS agencies are reluctant to stock them due to the expense, infrequent use, and relatively short shelf life. While I am not opining on EMT’s giving epinephrine one way or the other, I am impressed by the quality and professionalism displayed by one committed EMS practitioner as an example for others related to improving practice. So here’s a “shout out” to Paramedic Kaiser, “trying to advance the idea that the Emergency Medical Services can be made into the profession that we all want it, need it, and know it deserves to be” for a job well done!! Check it out at [Life Under the Lights](#).

**55. IOM Publishes Consensus Report on End of Life Issues**

For patients and their loved ones, no care decisions are more profound than those made near the end of life. For the millions of Americans who work in or with the health care sector—including clinicians, clergy, caregivers, and support staff—providing high-quality care for people who are nearing the end of life is a matter of professional commitment and responsibility. Health system managers, payers, and policy makers, likewise, have a responsibility to ensure that end-of-life care is compassionate, affordable, sustainable, and of the best quality possible. A substantial body of evidence shows that broad improvements to end-of-life care are within reach. In Dying in America, a consensus report from the Institute of Medicine (IOM), a committee of experts finds that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system. [For more information...](#)

**56. EMS State of the Science 2014 Supplement Available Online**

A special supplement to JEMS is now available, prepared in cooperation with the U.S. Metropolitan Municipalities EMS Medical Directors Consortium (aka, the “Eagles” Coalition), highlighting some of the most important scientific advancements reported at the 2014 Gathering of Eagles Conference held in Dallas, Texas. It takes an in-depth look at significant research, advances in resuscitation practices, and the corresponding scientific data, presented at the 2014 conference. Each is the result of innovative and cutting edge processes, protocols and equipment implemented in many of the U.S. metropolitan municipalities. The supplement is sponsored by Advanced Circulatory, American Heart Association, American Red Cross, Laerdal, Physio-Control Inc, and ZOLL. [For more information...](#)

**57. From the National Law Review**

[The Year in Social Media: Four Big Developments from 2014](#) includes discussions on Equal Employment Opportunity Commission (EEOC) rulings on employment decisions based on information collected from social

networks, National Labor Relations Board (NLRB) rulings on work-related employee postings, State regulatory activities on employers accessing employee social media accounts, and academic research related to employer policies on social media.

**58. OOH Cardiac Arrest Care: Less Is More**

Patients with out-of-hospital cardiac arrest are typically treated with advanced life support (ALS) rather than basic life support (BLS). However, there is little evidence of benefit for ALS, and the 2004 Ontario Prehospital Advanced Life Support (OPALS) study found no improvements in survival or neurological outcome after implementation of ALS protocols in 17 cities in Ontario (NEJM JW Emerg Med Sep 29 2004). Given the significant resources allocated to ALS training and response, authors analyzed Medicare data to compare outcomes between patients with out-of-hospital cardiac arrest treated with ALS and those treated with BLS. The analysis included 32,935 patients, of whom 5% were treated with BLS. Patients treated with ALS had lower rates of both survival to hospital discharge (9% vs. 13%) and survival to 90 days (5% vs. 8%). Among patients admitted to the hospital, a higher proportion of those treated with ALS had poor neurological outcomes (45% vs. 22%). Authors concluded, "Patients with out-of-hospital cardiac arrest who received BLS had higher survival at hospital discharge and at 90 days compared with those who received ALS and were less likely to experience poor neurological functioning." [For more information...](#)

**59. EMS Job Posting**

The Texas Department of Public Safety announces an opportunity for Special Operations Manager, TDEM-Austin HQ. The position is located within the TDEM Chief of Staff Section (Emergency Medical Services Unit) and is grant-funded. [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\*\*\***

\* [2015 John M. Templeton Jr. Pediatric Trauma Symposium](#). March 6 – 7, 2015. Omni William Penn Hotel Pittsburgh, PA. [TOPIC course](#) (Pediatric focused) as a pre-conference March 5, 2015

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

**NAEMSE Instructor Course Level 1**

January 16-19, 2015                      Lebanon, TN

January 30-February 1, 2015              Baton Rouge, LA

**NAEMSE Instructor Course Level 2**

February 20-21, 2015                      Brooklyn, NY

[For more information...](#)

[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.

\*[EMS On The Hill Day.](#) Briefing on April 28, 2015; Hill visits on April 29, 2015. Washington, DC

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.

\*IAEM Annual Conference and EMEX Expo. November 13-18, 2015 in Las Vegas, NV. Speaker abstracts are currently being accepted. To be selected, it is crucial that your submission be compelling in both the importance of

the subject matter and also show your knowledge and experience of the subject. [You must follow all the submission requirements, outlined in the Speaker Guidance.](#) [Go here for more information](#) about the Annual Conference. The deadline for speaker submissions is February 20, 2015

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

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