



Washington Update

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April 2015

In This Issue...

NASEMSO NEWS

1. NASEMSO Submits Comments to NHTSA Federal Register Notice
2. NASEMSO Joins Letters to Support Key Federal Funding
3. Dr. Douglas Kupas Named Among Top EMS Innovators of 2014
4. DHS S&T Shines Spotlight on Dr. Carol Cunningham for Women's History Month

FOR THE STATES

5. Employment Related Background Checks Focus of New GAO Report
6. FEMA to Require States to Incorporate Environment and Climate into Hazard Mitigation Plans
7. AHRQ's National Quality Measures Clearinghouse Now Represents Public Health Quality Aims
8. HHS Announces Proposed Rules for EHR's to Improve Nationwide Interoperability
9. APHA Provides Free Access to Disaster Epidemiology Article

COMMUNICATIONS

10. NTIA Announces Second Phase of Funding for State and Local Implementation Grant Program
11. New Report Addresses Healthcare "Internet of Things"
12. FirstNet Board Approves Release of 2nd Public Notice; Seeks Comments
13. NPSTC Survey Seeks to Study Prehospital Telemedicine

DOMESTIC PREPAREDNESS

14. Patient Identification Technology Introduced At CDP
15. New AHRQ Issue Brief on the Role of Simulation in Preparedness Training
16. FDA Approves Duo-Dote Date Extensions
17. NPG National Engagement Underway
18. Patterns of Emergency Department Use After a Disaster Described by UPMC
19. Webinar: Pediatrics Planning in Disasters
20. 2015 FEMA Individual and Community Preparedness Award Application Period Now Open
21. GAO Recommends Improvements to DHS Acquisition Programs
22. Offers Guide to Assist Shelter Planning During a Radiation Emergency

HITS

- 23. WiFi Expansion Could Threaten V2V Safety Technology
- 24. Secretary Foxx Sends Six-Year Transportation Bill to Congress

MEDICAL DIRECTION

- 25. New Guideline Evaluates High Sensitivity Troponin Tests in Ruling Out AMI
- 26. Rare But Dangerous Drug Interaction Reported

PEDIATRIC EMERGENCY CARE

- 27. New AAP Policy Statement Addresses Preferred Dosing of Liquid Meds in Pediatrics
- 28. EMSC NRC Seeks Applicants for Advisory Council
- 29. Fifth Annual QI Research Methods Conference Scheduled for April 24

TRAUMA

- 30. NTAM 2015 Toolkit Now Available
- 31. Researchers Evaluate Trauma Center Financial Impacts in a Statewide System
- 32. Trauma Bill Moves to Senate
- 33. ATS Offers New Course for Injury Prevention Coordinators

FEDERAL PARTNERS

- 34. NHTSA to Host “EMS Focus” Webinar on Ground Ambulance Crashes
- 35. NIOSH Science Blog Spotlights Violence in Healthcare
- 36. AHRQ Seeks Comment on Predictive Validity of GRADE Approach
- 37. AHRQ Offers Innovations on Reducing Non-Urgent Emergency Services
- 38. Wakefield Named New Acting Deputy Secretary at HHS
- 39. HHS to Address Opioid Drug Related Overdose, Death and Dependence
- 40. GAO Report Addresses Federal Coordination of Drug Shortages
- 41. FDA Approval Potentially Reduces Number of Childhood Vaccines
- 42. White House Announces National Action Plan to Combat Antibiotic-Resistant Bacteria
- 43. FDA Issues Non-Binding Recommendations to Prevent Mishaps with Small Bore (Luer) Connectors

INDUSTRY NEWS

- 44. Nominations Sought for National EMS Awards of Excellence

INTERESTING READING

- 45. Revisiting the “Golden Hour”: An Evaluation of Out-of-Hospital Time in Shock and Traumatic Brain Injury
- 46. Ultrasonography for confirmation of endotracheal tube placement: A systematic review and meta-analysis
- 47. Out-of-hospital pediatric airway management in the United States
- 48. Measuring Quality of Pediatric Care: Where We’ve Been and Where We’re Going
- 49. High Tidal Volume Decreases Adult Respiratory Distress Syndrome, Atelectasis, and Ventilator Days Compared with Low Tidal Volume in Pediatric Burned Patients with Inhalation Injury

UPCOMING EVENTS

STATEWIDE EMS CONFERENCES

National Conferences and Special Meetings

1. NASEMSO Submits Comments to NHTSA Federal Register Notice

Earlier this year in a Federal Register notice, the National Highway Traffic Safety Administration (NHTSA) proposed the collection of data from EMS agencies providing ambulance services and State offices responsible for overseeing training, licensing, and regulation of EMS agencies and their drivers to learn about the types of driver training required. NASEMSO was one of two respondents that responded for the docket, *Characterizing Ambulance Driver Training in EMS Systems*, which can be viewed [here](#).

2. NASEMSO Joins Letters to Support Key Federal Funding

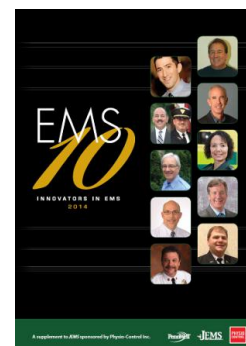
NASEMSO has joined stakeholders in urging Congressional leaders to provide funding for the EMSC program. The letters states: "As organizations that care deeply about the health and safety of our nation's children, we write to request that you provide \$21,116,000 in funding for the Emergency Medical Services for Children (EMSC) program at the Health Resources and Services Administration in the Fiscal Year (FY) 2016 Labor, HHS, Education (LHHS) appropriations bill.

In related news, NASEMSO joined the members of the CDC Coalition in sending letters urging Congressional leaders to provide \$7.8 billion for the Centers for Disease Control and Prevention's programs in the FY 2016 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. The letters noted that coalition members are pleased that President Obama's FY 2016 budget request would increase CDC's program level by \$141 million over FY 2015.

Finally, NASEMSO has joined stakeholders in a letter to the House and Senate Appropriations Committee leadership in support of FY 2016 funding for key federal programs aimed at addressing prescription opioid misuse and recovery. This effort is being organized by Trust for America's Health. [For more information...](#)

3. Dr. Douglas Kupas Named Among Top EMS Innovators of 2014

JEMS and Physio-Control, Inc. announce that PA State EMS Medical Director and NASEMSO member Dr. Douglas Kupas has been named one of the top 10 EMS Innovators of 2014. Individuals are nominated by their peers in recognition of their hard work, dedication and selfless efforts to make a difference in the delivery of EMS or in the lives of patients and providers. Dr. Kupas was recognized for his tireless efforts in implementing some of the Nation's first statewide EMS protocols including his efforts to establish high-functioning CPR teams in a pit crew approach to put emerging science into practice. This is the seventh year of the EMS 10 Innovators in EMS program, jointly sponsored by Physio-Control and JEMS. The program has a simple mission but a powerful objective: identify some of the best innovators in the EMS industry and alert the EMS community to their achievements to help providers and patients in the future. NASEMSO congratulates Dr. Kupas, a past chair of the Medical Directors Council on this well-deserved recognition!! [For more information...](#)



4. DHS S&T Shines Spotlight on Dr. Carol Cunningham for Women's History Month

The U.S. Department of Homeland Security (DHS) Science and Technology Directorate's (S&T) First Responders Group (FRG) helps S&T maintain focus on the top-priority needs of responders in the field. Their First Responder Spotlight Series highlights several FRRG members, offering a glimpse into their daily responsibilities, as well as their

ongoing support of S&T technology development. In honor of Women’s History Month (March 2015), DHS shone the spotlight on our own Dr. Cunningham. Way to go, Carol! [For more information...](#)

5. Employment Related Background Checks Focus of New GAO Report

Authorized employers use information from FBI criminal history record checks to assess a person’s suitability for employment or to obtain a license. States create criminal records and the FBI facilitates access to these records by other states for nationwide checks. The Government Accountability Office (GAO) was asked to assess efforts to address concerns about incomplete records, among other things. GAO analyzed laws and regulations used to conduct criminal record checks and assessed the completeness of records; conducted a nationwide survey, which generated responses from 47 states and the District of Columbia; and interviewed officials that manage checks from the FBI and 4 states (California, Florida, Idaho, and Washington). GAO selected states based on geographic location and other factors. *“CRIMINAL HISTORY RECORDS Additional Actions Could Enhance the Completeness of Records Used for Employment-Related Background Checks Report to Congressional Requesters”* February 2015 GAO-15-162 is now available [here](#).

6. FEMA to Require States to Incorporate Environment and Climate into Hazard Mitigation Plans

The *State Mitigation Plan Review Guide* is FEMA’s official policy on, and interpretation of, the requirements for State Standard and Enhanced Mitigation Planning found at 44 Code of Federal Regulations Part 201 Mitigation Planning. The intended use of the *State Mitigation Plan Review Guide* is to facilitate consistent evaluation and approval of State Mitigation Plans as well as to facilitate State compliance with the mitigation planning requirements when updating plans. In the recently updated guide, FEMA requires that states applying for disaster preparedness funds produce plans that consider "changing environmental or climate conditions that may affect and influence the long-term vulnerability from hazards in the state." The policy doesn’t affect federal money for relief after a hurricane, flood or other disaster. Specifically, beginning in March 2016, states seeking preparedness money will have to assess how climate change threatens their communities. Governors will have to sign off on hazard mitigation plans. While some states, including New York, have already started incorporating climate risks in their plans, most haven’t because FEMA’s old 2008 guidelines didn’t require it. [For more information...](#)

7. AHRQ’s National Quality Measures Clearinghouse Now Represents Public Health Quality Aims

AHRQ’s National Quality Measures Clearinghouse (NQMC) now tags measure summaries corresponding to its [Population Health Measure Domains](#) with one or more of nine Public Health Aims for Quality. These quality aims, selected by the HHS Public Health Quality Forum (PHQF), give a description of the characteristics on what quality should look like in public health. The nine quality aims are intended to guide public health practices to ensure quality for improving population health outcomes. The nine aims are effectiveness, efficiency, equity, health-promoting, population-centeredness, proactiveness, risk-reducing, transparency and vigilance. They serve as aspirational characteristics to guide quality goals (for example, program design and implementation, management and governance, or policy research) when fulfilling a public health mission. [NQMC’s Glossary](#) provides additional information about PHQF’s public health aims for quality.

*Celebrate National Public Health Week * April 6-12, 2015*

8. HHS Announces Proposed Rules for EHR’s to Improve Nationwide Interoperability

The U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) recently announced the release of the Stage 3

notice of proposed rulemaking for the Medicare and Medicaid Electronic Health Records (EHRs) Incentive Programs and 2015 Edition Health IT Certification Criteria to improve the way electronic health information is shared and ultimately improve the way care is delivered and experienced. The Meaningful Use Stage 3 proposed rule issued by CMS specifies new criteria that eligible professionals, eligible hospitals, and critical access hospitals must meet to qualify for Medicaid EHR incentive payments. The rule also proposes criteria that providers must meet to avoid Medicare payment adjustments (Medicaid has no payment adjustments) based on program performance beginning in payment year 2018. The rule gives more flexibility and simplifies requirements for providers by focusing on advanced use of electronic health records and eliminating requirements that are no longer relevant. The Stage 3 proposed rule may be viewed at [here](#) and the comment period ends on May 29, 2015. The 2015 Edition proposed rule may be viewed at [here](#) and the comment period ends on May 29, 2015. The Draft 2015 Edition Certification Test Procedures may be viewed at [HealthIT.gov](#), and the comment period ends on June 30, 2015. [For more information...](#)

9. APHA Provides Free Access to Disaster Epidemiology Article

Disaster epidemiology (i.e., applied epidemiology in disaster settings) presents a source of reliable and actionable information for decision-makers and stakeholders in the disaster management cycle. However, epidemiological methods have yet to be routinely integrated into disaster response and fully communicated to response leaders. We present a framework consisting of rapid needs assessments, health surveillance, tracking and registries, and epidemiological investigations, including risk factor and health outcome studies and evaluation of interventions, which can be practiced throughout the cycle. Applying each method can result in actionable information for planners and decision-makers responsible for preparedness, response, and recovery. Disaster epidemiology, once integrated into the disaster management cycle, can provide the evidence base to inform and enhance response capability within the public health infrastructure. To read *The Role of Applied Epidemiology Methods in the Disaster Management Cycle*, click [here](#).

10. NTIA Announces Second Phase of Funding for State and Local Implementation Grant Program

The U.S. Commerce Department’s National Telecommunications and Information Administration (NTIA) just announced it will be releasing the second phase of previously-awarded grant funding for states and territories to begin collecting data necessary to plan for the nationwide public safety broadband network being developed by the First Responder Network Authority (FirstNet). This second phase of SLIGP funding (\$58 million) will allow states to collect data identifying and prioritizing where public safety broadband coverage is needed, identifying potential users and their capacity needs, and detailing current providers and procurement mechanisms. [For more information...](#)

11. New Report Addresses Healthcare “Internet of Things”

Medical devices, which can be worn or even implanted inside the body, are used to medicate, treat diseases, and maintain general health and wellness. A new report, a collaboration between Intel Security and Atlantic Council’s Cyber Statecraft Initiative at the Brent Scowcroft Center on International Security, explores security risks and opportunities that networked medical devices offer to society. It also provides recommendations for industry, regulators, and medical professionals to maximize value to patients while minimizing security risks arising from software, firmware, and communication technology across these devices. The analysis in this report, *The Healthcare Internet of Things Rewards and Risks*, draws attention to the delicate balance between the promise of a new age of technology and society’s ability to secure the technological and communications foundations of these innovative devices. The report provides several recommendations, including:

- Security should be built into devices and the networks they use at the outset rather than as an afterthought.
- Industry and governments should consider implementing a comprehensive set of security standards or best practices for networked medical devices to address underlying risks.
- Private-private and public-private collaboration must continue to improve.
- The regulatory approval paradigm for medical devices may need to evolve in order to better incentivize innovations while enabling healthcare organizations to meet regulatory policy goals and protect the public interest.
- There must be an independent voice for the public, to ensure patients and their families have a voice, the goal being to strike a balance among effectiveness, usability, and security when the device is implemented and operated by consumers.

Lastly, this report recommends an independent voice for the public, especially patients and their families, to strike a better balance between effectiveness, usability, and security when devices are implemented and operated. [For more information...](#)

12. FirstNet Board Approves Release of 2nd Public Notice; Seeks Comments

As part of its ongoing efforts to consult with stakeholders, the First Responder Network Authority (FirstNet) Board recently approved for release a second Public Notice (Second Notice) seeking comment on important interpretations of FirstNet’s enabling legislation, including public safety customer, operational, and funding considerations related to states or territories assuming responsibility for radio access network (RAN) deployment. The Middle Class Tax Relief and Job Creation Act of 2012 (Act) requires FirstNet to ensure the establishment of a nationwide public safety broadband network (NPSBN) based on a single national network architecture that evolves with technological advances over time. The Second Notice seeks feedback from all interested stakeholders, including public safety professionals from local, regional, tribal, and state jurisdictions, and vendors on a number of preliminary interpretations regarding key provisions of the Act, including:

- Technical requirements for equipment to be used on the network, including open standards for connectivity and device competition;
- The nature and application of FirstNet network policies, including those that aim to preserve interoperability in states and territories that assume responsibility for building and operating a RAN;
- The Governor’s decision to assume RAN responsibility, and the roles and responsibilities of states and FirstNet throughout the process; and
- Customer, operational, and critical funding considerations regarding state or territory assumption of RAN responsibility.

The Second Notice aims to provide more clarity around important customer, operational, and funding considerations regarding state/territory planning for the NPSBN. It also addresses technical requirements required under the act for the NPSBN and the user devices accessing the network. The critical feedback received by the Board will inform FirstNet’s implementation of the network in all states and territories, including those with substantial rural areas. FirstNet plans to address the conclusions resulting from the First Notice in upcoming releases. The deadline for comments is 4/13/2015. [For more information...](#)

****Learn more about FirstNet and Emergency Medical Services [here](#).****

13. NPSTC Survey Seeks to Study Prehospital Telemedicine

The EMS Working Group of the National Public Safety Telecommunications Council (NPSTC) is currently studying the use of prehospital (EMS) mobile telemedicine. A new nationwide public safety broadband network, called

FirstNet, will allow EMTs and paramedics to access a dedicated high speed data network. This new network will allow secure live video, pictures, text and patient data or vital signs telemetry to be shared with receiving physicians, hospitals and trauma centers, in addition to automated crash telemetry sensor data that is becoming standard on many vehicles. The EMS Working Group is examining the operational use cases for prehospital telemedicine (video and picture images). While the field of video conferencing and multi-media messaging technology is advancing quickly, there is no consensus in the healthcare community on how it should be used most effectively. This survey is one step to help determine how video and images might be used in the prehospital patient care setting. Click [here](#) to participate. The survey will close on Friday, April 24, 2015, at 5 p.m. Pacific Daylight Time.

14. Patient Identification Technology Introduced At CDP

Students attending healthcare training at the Center for Domestic Preparedness (CDP) are helping to perfect automated capabilities to track patients during mass casualty exercises. Automated patient tracking is used in a variety of healthcare facilities throughout the United States and is a key component to incident response and management. CDP has been testing the new tracking system from Global Emergency Resources and expects full implementation in their training programs early this year. The [software](#), which is HIPAA/HITECH compliant for patient and hospital data, allows responders to use a smartphone to scan a bar code for patient tracking, and attach pictures and videos to help chart medical progress. The software also allows users to securely transmit patient information to a range of interconnected players including incident command, hospital command centers and public health officers. It includes the ability to scan barcodes on triage tags or ID cards, linking patients directly to a specific number, ensuring that the patient is properly identified. Any items (such as pets) included into the record will be associated with that person throughout the cycle of triage and care to discharge. Additionally, photographs and pertinent information such as a patient’s name, age, gender, symptoms, associated injuries and treatment provided can also be recorded in the system. The data transmission can be used in conjunction with popular web-based programs found in a majority of first responder command and control elements. Data collection enables hospital leadership to maintain situational awareness, determine the number of patient admissions and hospital occupancy levels. CDP training is fully funded for tribal, state, and local response personnel. Round-trip air and ground transportation, lodging, and meals are provided at no cost to responders or their agency or jurisdiction. Federal personnel may also attend the numerous training programs offered at CDP. To learn more about the Center for Domestic Preparedness, visit <http://cdp.dhs.gov> or call 866-213-9553.

15. New AHRQ Issue Brief on the Role of Simulation in Preparedness Training

Simulation has long been recognized for the integral role it plays in high-risk industries. As the Ebola virus disease is amply demonstrating, health care is a high-risk industry. Yet providers and health care workers should not have to put their own lives at risk when caring for the sickest patients. Several simulation centers are already initiating simulation-based preparations to optimize their own readiness for Ebola patients and more rigorously address essential training, protocol development, personal protective equipment, and facilities issues. A new issue brief by the Agency for Healthcare Research and Quality's (AHRQ) underscores the helpful role simulation can serve in response to the Ebola virus disease, other emergent epidemic challenges, provider and patient safety, and quality of care in general. In addition to tested and verified protocols, health care professionals need practice implementing them through simulation. This brief also addresses simulation's essential features and benefits, approaches and uses. [For more information...](#)

16. FDA Approves Duo-Dote Date Extensions

The Food and Drug Administration (FDA) is alerting health care professionals and emergency responders of updated dates through which DuoDote auto-injectors, manufactured by Meridian Medical Technologies, may be used beyond the manufacturer’s labeled expiration date. To help ensure patient safety, these products should have been — and should continue to be — stored as labeled. This posting updates FDA’s [May 13, 2014 alert](#), which notified health care professionals and emergency responders of a two-year extension of the labeled expiration dates of certain lots of DuoDote auto-injectors. The table on the FDA web site is an updated list of DuoDote auto-injector lots and new use dates. This new list, which replaces previously posted lists, includes each of the lots listed in FDA’s [May 13, 2014 posting](#), [March 28, 2014 posting](#), [December 24, 2013 posting](#), and [September 5, 2013 memorandum](#), as well as 10 new lots. [For more information...](#)

17. NPG National Engagement Underway

As called for under PPD-8, the first edition of the National Preparedness Goal sets the vision for preparedness, “a secure and resilient Nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk,” and identifies the core capabilities necessary to achieve the Goal. Over the next several weeks, the whole community will have the opportunity to support the refresh effort and submit their comments and ideas for consideration. This refresh of the National Preparedness Goal focuses on discrete, critical content revisions. The changes in the current draft of the goal are the result of the lessons from implementing the Goal and recent events, as well as the findings of the National Preparedness Report. These revisions also draw from lessons learned during the development of the National Planning Frameworks and Federal Interagency Operational Plans. To review the draft National Preparedness Goal, please visit <http://www.fema.gov/learn-about-presidential-policy-directive-8>. To provide comments, please complete the feedback form and submit to PPD8-Engagement@fema.dhs.gov. National Engagement provides an opportunity for interested parties to comment and provide feedback on the National Preparedness Goal. **This National Engagement Period began March 27, 2015 and will conclude at 5:00 pm EDT April 16, 2015.**

18. Patterns of Emergency Department Use After a Disaster Described by UPMC

The UPMC Center for Health Security has published results of a study of how ED use patterns changed for users of 2 closed EDs after Hurricane Sandy. In a summary posted on their web site, authors identified some interesting findings with regard to patient utilization that may help inform broader preparedness planning efforts in the future. [For more information...](#)

19. Webinar: Pediatrics Planning in Disasters

The Emergency Medical Services for Children (EMSC) National Resource Center is hosting the webinar “Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin?” on Thursday, April 2nd from 4p.m. to 5p.m. Eastern. This webinar is geared toward hospital administrators; clinical managers; physicians; nurses; disaster management specialist; community disaster planners; state and local policy makers. This event is a detailed talk about the “Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies” and how hospital leadership can use this tool to incorporate pediatric considerations into existing hospital disaster policies. Those planning to attend this educational event may find it helpful to review the Checklist prior to the webinar; it and past EMSC webinars are available on the EMSC website. Pre-registration is required for this event. [For more information...](#)

20. 2015 FEMA Individual and Community Preparedness Award Application Period Now Open

The U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) is pleased to announce that the application period for the 2015 Individual and Community Preparedness Awards is open. The awards highlight innovative local practices and achievements by recognizing individuals and organizations that have made outstanding contributions toward making their communities safer, stronger, better prepared, and more resilient. Emergency management is most effective when the whole community is engaged and involved. Faith-based organizations, voluntary agencies, the private sector, tribal organizations, youth, older adults, people with disabilities and others with access and functional needs, and all individual citizens can make a difference in their communities before, during, and after disasters. These awards are an opportunity to acknowledge the work an individual or organization has done to build a more resilient nation. More information about the awards is available at <http://www.ready.gov/citizen-corps/citizen-corps-awards>. To be considered for this year's awards, all submissions must be received by April 10, 2015, at 11:59 P.M. EST and must feature program activities taking place between January 1, 2014, and April 10, 2015. Applications should be submitted to citizencorps@fema.dhs.gov.

21. GAO Recommends Improvements to DHS Acquisition Programs

In fiscal year 2014, DHS reported it planned to spend approximately \$10.7 billion on its major acquisition programs. DHS acquires systems to reduce the probability of a terrorist attack, protect against disease, mitigate natural hazards, and secure borders. Partially in response to GAO recommendations, the department has taken steps to improve acquisition management in recent years, but has not yet implemented many of these recommendations. DHS has agreed it will take a number of actions including developing written guidance for a consistent approach to oversight, addressing programs in sustainment, and enhancing data quality and reports to Congress. [For more information...](#)

22. Offers Guide to Assist Shelter Planning During a Radiation Emergency

The Centers for Disease Control and Prevention (CDC) recently released *A Guide to Operating Public Shelters in a Radiation Emergency*. This guide, the result of a multiagency collaboration, has been developed to assist with planning and response efforts related to shelter operations in a radiation emergency. The scope of this guide encompasses information and guidance about screening for radioactive contamination, decontamination, radiation monitoring, registration, health surveillance, and communications. [For more information...](#)

23. WiFi Expansion Could Threaten V2V Safety Technology

Senators Rubio (FL) and Booker (NJ) have introduced legislation to promote unlicensed spectrum use in the 5 GHz band to maximize the use of the band for shared purposes. Titled the "WiFi Innovation Act," the bill would require the National Telecommunications and Information Administration (NTIA) to cooperate with the Federal Communications Commission (FCC) to accommodate the regulatory changes to subpart M of part 90 of title 47, Code of Federal Regulations (relating to the Intelligent Transportation Systems radio service), and subpart L of part 95 of title 47, Code of Federal regulations (relating to dedicated short-range communications service on-board units), if the FCC determines that such a modification would maximize the utility of the 5850–5925 MHz band while protecting existing licensees from harmful interference. Opponents have expressed concerns that spectrum sharing could put frequencies at risk for dangerous interference with vehicle-to-vehicle (V2V) communications (V2V) being developed to prevent highway crashes. [For more information...](#)

24. Secretary Foxx Sends Six-Year Transportation Bill to Congress

US Department of Transportation Secretary Foxx recently sent to Congress his solution to a crumbling highway infrastructure: a long-term transportation bill that provides funding growth and certainty so that state and local

governments can get back in the business of building things again. A recent study by the Department, [Beyond Traffic](#), confirmed that America's infrastructure is failing. Drivers spend more than 40 hours annually stuck in traffic. Sixty-five percent of the roads they drive on are in less than good condition; one out of four bridges they cross needs to be replaced; and public transit faces an \$86 billion repair backlog. The report also revealed that, over the next 30 years, Americans will ask more of our transportation system than ever before. The United States' population will grow by 70 million; freight traffic will increase by 45 percent. The GROW AMERICA Act will chart a new course by increasing investment in all forms of transportation, which will restore the ability of states and local governments to plan for both needed repairs and efforts that increase capacity to meet future demand. Additionally, the proposal ensures that taxpayer dollars are used more effectively and efficiently, and brings federal transportation policy into the 21st century. [For more information...](#)

25. New Guideline Evaluates High Sensitivity Troponin Tests in Ruling Out AMI

The Agency for Healthcare Research and Quality's (AHRQ) National Guideline Clearinghouse (NGC) has included a guideline to evaluate the clinical and cost-effectiveness of the Elecsys Troponin T high-sensitive, ARCHITECT STAT High Sensitive Troponin-I, and the AccuTnI+3 assays for early rule out or diagnosis of acute myocardial infarction (without ST-segment elevation). The National Institute for Health and Care Excellence (NICE) commissioned an External Assessment Group to perform a systematic literature review on the technology considered in this diagnostics guidance and prepare a Diagnostics Assessment Report (DAR). The Elecsys Troponin T high-sensitive assay and ARCHITECT STAT High Sensitive Troponin-I assay are recommended as options for the early rule out of NSTEMI in people presenting to an emergency department with chest pain and suspected acute coronary syndrome. The assays are recommended for use with 'early rule-out protocols', which typically include a blood sample for cardiac troponin I or T taken at initial assessment in an emergency department and a second blood sample taken after 3 hours. [For more information...](#)

26. Rare But Dangerous Drug Interaction Reported

The Food and Drug Administration (FDA) is warning that serious slowing of the heart rate can occur when the antiarrhythmic drug amiodarone is taken together with either the hepatitis C drug Harvoni (ledipasvir/sofosbuvir) or with Sovaldi (sofosbuvir) taken in combination with another direct acting antiviral for the treatment of hepatitis C infection. FDA is adding information about serious slowing of the heart rate, known as symptomatic bradycardia, to the Harvoni and Sovaldi labels. FDA is recommending that health care professionals should not prescribe either Harvoni or Sovaldi combined with another direct acting antiviral with amiodarone. Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program. [For more information...](#)

27. New AAP Policy Statement Addresses Preferred Dosing of Liquid Meds in Pediatrics

According to the American Academy of Pediatrics (AAP), medication overdoses are a common, but preventable, problem among children. Volumetric dosing errors and the use of incorrect dosing delivery devices are 2 common sources of these preventable errors for orally administered liquid medications. To reduce errors and increase precision of drug administration, milliliter-based dosing should be used exclusively when prescribing and administering liquid medications. Teaspoon- and tablespoon-based dosing should not be used. Devices that allow for precise dose administration (preferably syringes with metric markings) should be used instead of household spoons and should be distributed with the medication. Download the AAP Policy Statement: [Metric Units and the Preferred Dosing of Orally Administered Liquid Medications.](#)

28. EMSC NRC Seeks Applicants for Advisory Council

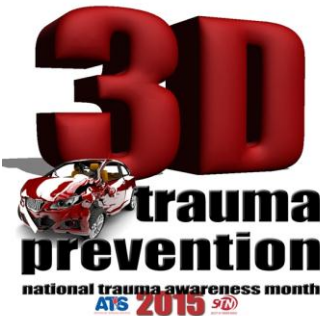
The Emergency Medical Services for Children (EMSC) National Resource Center (NRC) Advisory Council is as an informal, sitting panel that provides input on and assists with the implementation of EMSC NRC activities as prescribed by the federal EMSC Program. At this time, the EMSC NRC is reseating a council for the 2015 to 2016 term; an extension of this term through 2018 is contingent upon the continuation of grant funding after its current federal funding expires in June 2016. In particular, the Center is seeking applicants who are new to the field of pediatric emergency care, either through their professional career or personal experience with the pediatric emergency care system, or who have had limited engagement in EMSC Program activities. More information on the council and application instructions are available on [the EMSC NRC website](#). Please note, all applications are due by 5:00 pm, April 30, 2015.

29. Fifth Annual QI Research Methods Conference Scheduled for April 24

Register now for the Academic Pediatric Association’s 5th Annual Quality Improvement (QI) Research Methods Conference, supported in part by AHRQ, April 24 at the Hilton Bayfront Hotel in San Diego. The conference begins the day before the official start of the Pediatric Academic Societies meeting April 25–28 at the same location. This year’s conference includes interactive sessions on study design and research methods of high relevance to QI and its evaluation, a preconference breakfast with the faculty, several prominent keynote speakers and a closing plenary session featuring the best of the abstracts submitted to the conference. [For more information...](#)

30. NTAM 2015 Toolkit Now Available

The American Trauma Society, in collaboration with the Society of Trauma Nurses, is once again pleased to present



National Trauma Awareness Month. This May, National Trauma Awareness Month celebrates its 27th anniversary with the campaign slogan, “3D Trauma Prevention” and focuses on contributors to motor vehicle crashes - Drugs/Drinking, Distraction and Drowsiness. This is an all too familiar list that makes driving in the United States a risky endeavor. In 2013, the US saw over 32,000 fatalities and over 2.3 million injuries from motor vehicle crashes. Of those, 31% involved an alcohol-impaired driver and 18% involved a distracted driver. While these numbers have decreased slightly over the past few years, the promotion of prevention strategies and education around risky behaviors

must continue until these statistics are eliminated. Several new resources are [now available](#).

31. Researchers Evaluate Trauma Center Financial Impacts in a Statewide System

An article in the current issue of the Journal of the American College of Surgeons evaluates the financial impact (median costs per patient for TC response and verification) to hospitals in a statewide trauma system. According to the abstract, “Trauma financial impact includes the following costs: verification, response, and patient care cost (PCC). We conducted a survey of participating trauma centers (TCs) for federal fiscal year 2012, including separate accounting for verification and response costs. Patient care cost was merged with their trauma registry data. Seventy-five percent of the 2012 state trauma registry had data submitted. Each TC’s reasonable cost from the Medicare Cost Report was adjusted to remove embedded costs for response and verification. Cost-to-charge ratios were used to give uniform PCC across the state.” Mabry CD et al. Determining the Hospital Trauma Financial Impact in a Statewide Trauma System. *J Am Coll Surg* 2015 Apr. pp. 446-458. Access the abstract or purchase the article [here](#).

32. Trauma Bill Moves to Senate

Following recent passage in the US House of Representatives, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act has moved to the Senate as Senate Bill 763. S 763 would reauthorize two important grant programs: Trauma Care Systems Planning Grants, which support state and rural development of trauma systems, and Regionalization of Emergency Care Systems Pilot Projects, which provide funds to design, implement, and evaluate innovative models of regionalized emergency care. The bill would also direct states to update their model trauma care plan with the input of relevant stakeholders. The Bill has been referred to the Senate Committee on Health, Education, Labor, and Pensions. [For more information...](#)

Health and Law Groups Advocate for Reduction of Firearm Injuries in New White Paper

The American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American Congress of Obstetricians and Gynecologists, American College of Surgeons, and American Psychiatric Association recently joined with the American Public Health Association and the American Bar Association "to call for policies to help mitigate the rate of firearm injuries and deaths in the United States." The recommendations appear in a paper, [Firearm-Related Injury and Death in the United States: A Call to Action](#) from 8 Health Professional Organizations and the American Bar Association.

33. ATS Offers New Course for Injury Prevention Coordinators

The American Trauma Society (ATS) in conjunction with the Society of Trauma Nurses (STN) annual meeting launched the inaugural course for Injury Prevention Coordinators last week in Jacksonville, FL. The ATS's new Injury Prevention Course was developed in collaboration with members of the Trauma Prevention Coalition (Including, the Society of Trauma Nurses (STN), American College of Surgeons – Committee on Trauma (ACS-COT), Eastern Association for the Surgery of Trauma (EAST), Trauma Center Association of America (TCAA) and American Association for the Surgery of Trauma (AAST). This 2-day course was developed by seasoned injury prevention professionals across the country and is designed to cover 14 chapters on injury and data analysis, education, program development, advocacy, promotion, and more! [For more information...](#)

34. NHTSA to Host “EMS Focus” Webinar on Ground Ambulance Crashes

NHTSA regularly investigates ambulance crashes, with detailed reports that reveal valuable information about ambulance crashes and safety across the U.S. Learn how NHTSA's Office of EMS is collaborating with a variety of partners to use this information and other data to improve the safety of all providers and patients in transit. More information including a link to registration for the April 15, 2015 (2pm EDT) webinar is available [here](#).

35. NIOSH Science Blog Spotlights Violence in Healthcare

According to the National Institute for Occupational Safety and Health (NIOSH), “In the healthcare setting, workplace violence may occur in many forms including: an active shooter, a disruptive patient, or as ongoing incivility from a colleague. The most commonly reported form of violence in healthcare is from the disruptive patient or patient’s family member. In 2013, healthcare workers reported an estimated 9,200 workplace violence incidents requiring time away from work to recover, with the majority of these perpetrated by patients or their family members. This represents 67% of all nonfatal violence-related injuries from an industry that only represents 11.5% of all workers.” While Dr. Dan Hartley’s blog largely highlights the incidence of violence in healthcare facilities, EMS personnel are obviously not immune to workplace violence and would benefit from the wisdom articulated in the article that starts with a focused effort on training as the basis for a comprehensive workplace violence prevention program. Hats off to the federal agencies that are offering resources to help address this important topic! [For more information...](#)

36. AHRQ Seeks Comment on Predictive Validity of GRADE Approach

The Agency for Healthcare Research and Quality (AHRQ) has a draft white paper posted for public comment. “The Predictive Validity of Quality of Evidence Grades for the Stability of Effect Estimates was Low: A Meta-Epidemiological Study” seeks to determine the predictive validity of the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach by examining how reliably GRADE can predict the likelihood that treatment effects remain stable as new studies emerge. The comment period ends April 14, 2015. [For more information...](#)

37. AHRQ Offers Innovations on Reducing Non-Urgent Emergency Services

The AHRQ Health Care Innovations Exchange is expanding efforts to scale up and spread innovations by sponsoring three Learning Communities that aim to improve the delivery of care. The Innovations Exchange has identified reducing the use of emergency services for non-urgent conditions as a high-priority area. For a variety of reasons, ranging from convenience to barriers in accessing primary care and other health care services, many patients seek treatment at the emergency department (ED) for non-urgent (often chronic) conditions that could be better handled in other settings. This pervasive issue results in unnecessarily high costs of care and has significant consequences for both the patient and the health care system. Patients often receive fragmented care and inadequate management of underlying medical, behavioral, and psychosocial needs, while emergency services are overburdened and struggling with allocating limited resources. The agency reports several innovations:

- [Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services](#)
- [Data-Driven System Helps Emergency Medical Services Identify Frequent Callers and Connect Them to Community Services, Reducing Transports and Costs](#)
- [Referral System Allows Responders to Connect 911 Callers to Needed Community-Based Services, Reducing Nonemergency Calls](#)
- [Specially Trained Paramedics Respond to Nonemergency 911 Calls and Proactively Care for Frequent Callers, Reducing Inappropriate Use of Emergency Services](#)

Suggested additional reading: [7 Best Practices to Reduce Emergency Department Misuse](#).

38. Wakefield Named New Acting Deputy Secretary at HHS

Dr. Mary Wakefield, administrator of the Health Resources and Services Administration (HRSA), has been named acting deputy secretary of the Department of Health and Human Services (HHS). She becomes second in command at the agency. Wakefield, an RN and Ph.D., will become one of the highest-ranking nurses in the federal government. Jim Macrae, HRSA's associate administrator for primary healthcare, will take over as acting administrator of HRSA. As head of the Bureau of Primary Health Care, Macrae oversaw the Federally Qualified Health Center Program.

39. HHS to Address Opioid Drug Related Overdose, Death and Dependence

U.S. Health and Human Services Secretary Sylvia M. Burwell has announced a [targeted initiative](#) aimed at reducing prescription opioid and heroin related overdose, death and dependence. Deaths from drug overdose have risen steadily over the past two decades and currently outnumber deaths from car accidents in the United States. The President’s FY 2016 budget includes critical investments to intensify efforts to reduce opioid misuse and abuse, including \$133 million in new funding to address this critical issue. The Secretary’s efforts focus on three priority areas that tackle the opioid crisis, significantly impacting those struggling with substance use disorders and helping save lives.

- **Providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions** and address the over-prescribing of opioids.
- **Increasing use of naloxone**, as well as continuing to support the development and distribution of the life-saving drug, to help reduce the number of deaths associated with prescription opioid and heroin overdose.
- **Expanding the use of Medication-Assisted Treatment (MAT)**, a comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders.

States are reminded of the eligibility to apply for funding to provide state health departments the guidance and resources they need to address the problematic opioid prescribing driving the prescription drug overdose epidemic. States receiving funding must address prescribing on multiple fronts. Awardees must expand and enhance their state PDMP and implement health insurer or health system interventions. States may also choose to also conduct policy evaluations or implement other prescribing innovations. These activities will impact the patient and provider behaviors driving the epidemic in the medium term and ultimately improve the health outcomes associated with this public health problem. The deadline for applications is May 8, 2015. [For more information...](#)

In related news, a report from the Legal Action Center points to medication-assisted treatment (MAT) as an extremely under-utilized but effective tool for addressing the growing opioid and heroin epidemic. The center notes that the Comprehensive Addiction and Recovery Act, introduced last month by Senators Sheldon Whitehouse (D-RI) and Rob Portman (R-OH), would invest funds in programs that incorporate MAT. The bill calls for more insurance coverage of MAT and greater use of MAT in the criminal justice system as an alternative to incarceration when fitting. [For more information...](#)

40. GAO Report Addresses Federal Coordination of Drug Shortages

In the last decade, shortages of prescription drugs containing controlled substances, such as narcotics and stimulants, have increased nationwide, preventing providers and patients from accessing essential medications for treatment. Controlled substances are regulated by DEA because of the potential for abuse and addiction. To prevent diversion of controlled substances, DEA sets quotas that limit the amount of certain substances that are available in the United States. The Government Accountability Office (GAO) was asked to examine shortages of drugs containing controlled substances. This report examines (1) the trends in such shortages, (2) the effect on patients and providers, (3) DEA's administration of the quota process, and (4) coordination between DEA and FDA to prevent and mitigate shortages. GAO analyzed data from 2001 through 2013 from the University of Utah Drug Information Service, which is generally regarded as the most comprehensive source of drug shortage data, and from 2011 and 2012 from YERS/QMS, which is the official record for the quota process. GAO interviewed officials from DEA, FDA, organizations representing patients and providers, and drug manufacturers. GAO reviewed relevant statutes, regulations, and documents. [For more information...](#)

41. FDA Approval Potentially Reduces Number of Childhood Vaccines

The U.S. Food and Drug Administration (FDA) has approved use of Quadracel™ (Diphtheria and Tetanus Toxoids and Acellular Pertussis Absorbed and Inactivated Poliovirus; DTaP-IPV) vaccine for active immunization against diphtheria, tetanus, pertussis and poliomyelitis in children 4 through 6 years of age. To protect infants and children from life-threatening diseases, the Centers for Disease Control and Prevention (CDC) recommend children 4 through 6 years of age receive both their fifth dose of the diphtheria, tetanus and acellular pertussis (DTaP) vaccine series and their fourth dose of inactivated poliovirus (IPV) vaccine series. Quadracel vaccine can be

administered as a fifth dose in the DTaP series and as a fourth or fifth dose in the IPV series in children 4 through 6 years of age. [For more information...](#)

42. White House Announces National Action Plan to Combat Antibiotic-Resistant Bacteria

The White House has released a comprehensive plan that identifies critical actions to be taken by key Federal departments and agencies to combat the rise of antibiotic-resistant bacteria. [The National Action Plan for Combating Antibiotic-Resistant Bacteria](#), which was developed by the interagency Task Force for Combating Antibiotic-Resistant Bacteria in response to Executive Order 13676: Combating Antibiotic-Resistant Bacteria, outlines steps for implementing the *National Strategy on Combating Antibiotic-Resistant Bacteria* and addressing the policy recommendations of the President’s Council of Advisors on Science and Technology (PCAST) report on *Combating Antibiotic Resistance*. The Action Plan outlines Federal activities over the next five years to enhance domestic and international capacity to prevent and contain outbreaks of antibiotic-resistant infections; maintain the efficacy of current and new antibiotics; and develop and deploy next-generation diagnostics, antibiotics, vaccines, and other therapeutics. These activities are consistent with investments in the President’s FY 2016 Budget, which nearly doubles the amount of Federal funding for combating and preventing antibiotic resistance to more than \$1.2 billion. [For more information...](#)

43. FDA Issues Non-Binding Recommendations to Prevent Mishaps with Small Bore (Luer) Connectors

Small-bore connectors provide a mechanism for the connection between a variety of medical devices including those with enteral and non-enteral (e.g., intravenous) applications. The use of common connector designs, such as Luer connectors, has led to unintended connections between devices that have different intended uses and has resulted in serious and sometimes fatal consequences to patients. The Food and Drug Administration (FDA) recently issued nonbinding recommendations to the manufacturers of various devices to encourage incompatibility of enteral connectors with intravascular devices, hypodermic applications, breathing systems and driving gas devices, urethral and urinary devices, limb cuff inflation devices and neuraxial devices. The guidance also serves to notify manufacturers submitting devices to the FDA for approval that color-coding, labeling, and tagging are no longer sufficient to satisfy safety concerns regarding misconnection hazards. [For more information...](#)

44. Nominations Sought for National EMS Awards of Excellence

EMS World and the National Association of Emergency Medical Technicians (NAEMT) established the National EMS Awards of Excellence program to recognize outstanding achievement in the EMS profession.

Nominations are currently being accepted for the following award categories:

- Dick Ferneau Paid EMS Service of the Year: Click [here](#) to nominate.
- ZOLL Volunteer EMS Service of the Year: Click [here](#) to nominate.
- NAEMT/Nasco Paramedic of the Year: Click [here](#) to nominate.
- NAEMT/Braun Industries EMT of the Year. Click [here](#) to nominate.
- NAEMT/Jones & Bartlett Learning Educator of the Year Award: Click [here](#) to nominate.
- NAEMT Military Medic of the Year Award: Click [here](#) to nominate. (The award for "Military Medic of the Year" complies with the Department of Defense’s employees gift-giving and gift-receiving rules.)

Each category award recipient receives \$1,000 cash, three EMS World Expo core program registrations, and \$1,200 for travel and lodging at the [2015 EMS World Expo/NAEMT Annual Meeting](#), September 15-19, in Las Vegas, NV.

Award recipients are announced in the September issue of *EMS World Magazine* and in *NAEMT News* and recognized at the opening ceremony of EMS World Expo and the NAEMT General Membership Meeting.

45. Newgard, Craig D. et al. Revisiting the “Golden Hour”: An Evaluation of Out-of-Hospital Time in Shock and Traumatic Brain Injury. *Annals of Emergency Medicine*. Article in press. Researchers evaluating patient outcomes related to prehospital times involving shock and traumatic brain injury conclude “Among out-of-hospital trauma patients meeting physiologic criteria for shock and traumatic brain injury, there was no association between time and outcome. However, the subgroup of shock patients requiring early critical resources and arriving after 60 minutes had higher mortality.” [For more information...](#)

46. Chou, Eric H. et al. Ultrasonography for confirmation of endotracheal tube placement: A systematic review and meta-analysis. *Resuscitation*, Volume 90, 97 – 103. From the [abstract](#): This study aimed to undertake a systematic review and meta-analysis to summarize evidence on the diagnostic value of ultrasonography for the assessment of endotracheal tube placement in adult patients. Researchers conclude that current evidence supports that ultrasonography has high diagnostic value for identifying esophageal intubation. With optimal sensitivity and specificity, ultrasonography can be a valuable adjunct in this aspect of airway assessment, especially in situations where capnography may be unreliable.

47. Hansen, Matthew et al. Out-of-hospital pediatric airway management in the United States. *Resuscitation*, Volume 90, 104 – 110. Using NEMIS, the objective of this study was to characterize pediatric out-of-hospital airway management interventions, success rates, and complications. Authors included all patients less than 18 years of age and identified all patients who had airway interventions including endotracheal intubation (ETI), bag-valve-mask ventilation (BVM), continuous positive airway pressure/bilevel positive airway pressure (CPAP/BiPAP) and alternate airways (Combitube, King LT, Laryngeal Mask Airway (LMA), esophageal obturator airway, and cricothyroidotomy). Success and complication rates were analyzed and compared across pediatric age groups, by race, ethnicity, clinical condition, and geographic region. [Preview the results and conclusions...](#)

48. Schuster MA. Measuring Quality of Pediatric Care: Where We’ve Been and Where We’re Going. *Pediatrics peds.2014-3082*. In this thoughtful article, Dr. Schuster reflects on the need for pediatric quality measures, most notably, those that were designed for children and not for adults. The author is the recipient of the Douglas K. Richardson Award in Perinatal and Pediatric Healthcare Research Award, which is open to pediatric health services researchers of any specialty. [For more information...](#)

49. Sousse LE et al., High Tidal Volume Decreases Adult Respiratory Distress Syndrome, Atelectasis, and Ventilator Days Compared with Low Tidal Volume in Pediatric Burned Patients with Inhalation Injury. *J Am Coll Surg* 2015 Apr pp. 570-578. The aim of this study was to determine the effects of low and high tidal volume on the number of ventilator days, ventilation pressures, and incidence of atelectasis, pneumonia, and ARDS in pediatric burned patients with inhalation injury within 1 year post burn injury. [For more information...](#)



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UPCOMING EVENTS

PLEASE NOTE: CALENDAR ITEMS ARE ALWAYS WELCOME!!! Send to robinson@nasemsso.org

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

*The 38th Annual Pennsylvania EMS Conference. September 10-12, 2015 in Lancaster, PA and September 25-26, 2015 in Altoona, PA. [For more information...](#)

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

NAEMSE Instructor Course Level 1

Springfield, MO: April 17 - 19, 2015

Vancouver, WA: April 24 - 26, 2015

*West Chester, PA: May 1-3, 2015

*Greenville, SC: May 29-31, 2015

*Cheyenne, WY: June 5-7, 2015

*Nashville, TN: August 4-6, 2015

NAEMSE Instructor Course Level 2

Rochester, NY: April 10 - 11, 2015

*Macon, GA: May 15-16, 2015

*Nashville, TN: August 4-5, 2015

CAAHEP Accreditation Update & Evaluating Student Competency Workshops

*Nashville, TN: August 4-5, 2015

[For more information...](#)

[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.

*Critical Care Transport Medicine Conference. April 20-22, 2015. Charlotte, NC. [For more information...](#)

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

***May is National Trauma Awareness Month!**

***EMS Week May 17-23, 2015**

***National Trauma Survivors Day is May 20, 2015**

***EMS for Children Day is May 20, 2015**

* 2015 National EMS Memorial Service. June 27, 2015. Pikes Peak Center. Colorado Springs, CO.
[details](#) | [Press Release: National EMS Memorial Service Announces Names of 2015 Honorees](#)
[Press Release: NEMSMS to Move National EMS Memorial Service to Virginia Starting in 2016](#)

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

[Pinnacle 2015](#). August 3-7, 2015. Jacksonville, FL. Registration is now open!

[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.

*[Air Medical Transport Conference](#) (AMTC), October 19-21, 2015, Long Beach Convention Center, Long Beach, California.

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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