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*June 2015*

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**1. Board Member-At-Large Elected to NASEMSO Executive Committee**

Following the recent bylaw change which enabled a current member of the NASEMSO Board of Directors to be elected to serve on the Executive Committee; NASEMSO is pleased to announce that Alisa Williams, Mississippi State EMS Director has been elected to the new post. Ms. Williams joins the NASEMSO officers (Immediate Past President, President, President-elect, Secretary and Treasurer) who comprise the Executive Committee and who conduct business in between the monthly Board calls. Congratulations, Alisa!

**2. NASEMSO Congratulates NEMSAC Members on Reappointment**

NASEMSO congratulates members Terry Mullins, Dr. Carol Cunningham, and Katrina Altenhofen for their recent reappointments to the National EMS Advisory Council. NEMSAC is authorized by Congress to provide expert advice and recommendations to the US Department of Transportation and the Federal Interagency Committee on EMS (FICEMS) on key issues such as data collection, performance measurement, and the EMS workforce and we are extremely proud of their accomplishments! [For more information...](#)

**3. NASEMSO Rebrands Its Biannual Meetings; Preliminary Fall Schedule Announced**

The NASEMSO Program Committee has been exploring ways to better support its members and partners in attending its biannual meetings while avoiding conflicts with other groups and fiscal year calendars. Previously known as the “Mid Year” and “Annual” meetings, NASEMSO now refers to its meetings in regards to the season they are held in—Spring and Fall. Updated meeting information on the NASEMSO Fall 2015 Meeting and Tradeshow is now available including Exhibitor and sponsorship opportunities, preliminary program, travel support applications, hotel information, and the call for abstracts/posters on the [NASEMSO web site](#). Hope to see you in Derby City (Louisville, Kentucky) October 12-16, 2015!!!

**4. New DOT Guidelines Support State Authorities to Regulate Medical Functions of Air Ambulances**

In response to [recommendations](#) (issued in 2009) by the National Transportation Safety Board (NTSB) intended to improve safety in the air medical transport industry, the Federal Aviation Administration (FAA) issued various resource documents regarding helicopter air ambulance safety and operations. (Quick links to these resources are available on the [NASEMSO web site](#).) NTSB safety recommendations A-09-102 and A-09-103 related to the air medical transport of patients with emergency medical conditions were addressed specifically to the Federal Interagency Committee on EMS (FICEMS). New guidelines recently published by the US Department of Transportation (USDOT) Office of General Counsel refer to medical standards of care that serve primarily a patient objective as “properly within a state’s regulatory authority.” The guidelines outline opportunities for state regulations that address outcomes related to:

- the quality of emergency medical care provided to patients
- requirements related to the qualifications and training of air ambulance medical personnel
- scope of practice and credentialing
- maintenance of medical records, data collection, and reporting
- medically related equipment standards
- patient care environments
- EMS radio communications
- medically related dispatch requirements
- medical transport plans including transport to appropriate facilities
- other medical licensing requirements

“*Guidelines for the Use and Availability of Helicopter Emergency Medical Transport (HEMS)*” describes the regulatory and oversight framework for helicopter air ambulance operations that state emergency medical services (EMS) system planners should consider in developing regulations to help ensure patients receive appropriate medical attention and care. FICEMS recently transmitted these guidelines to the NTSB as a component of its response to A-09-102. [For more information...](#)

**5. NTSB Safety Alert Urges Pilots to ‘See and Be Seen’ in the Air**

The National Transportation Safety Board issued a recent Safety Alert urging pilots to vigilantly look out for other aircraft and to make their own presence known. The Board has investigated numerous general aviation accidents in which pilots operating near one another did not maintain adequate visual lookout and failed to see and avoid other aircraft. Investigators also note that pilots can be distracted by technology such as cell phones, tablets and other devices that challenge the see-and-avoid concept. The safety alert advises pilots to scan for traffic throughout their flight, clearly communicate intentions, use lights to be more conspicuous and encourage passengers to help scan for other aircraft. [For more information...](#)

**6. FCC Proposes Rule to Eliminate 9-1-1 Call Forwarding on Non-Service-Initialized Phones**

The Federal Communications Commission (FCC) is looking for feedback on whether cellphones that haven't been activated should be required to connect to 911. Current rules state that commercial mobile radio services must connect all calls to 911 even if they came from a device for which there is no valid service contract. Because the cumbersome call validation methods that existed when the rules were adopted in the late 1990s are no longer in use, and because of the current ubiquity of low-cost options for wireless services, the Commission proposes to sunset the obligation to transmit 911 calls from an NSI device within six months, accompanied by consumer outreach and education. Public safety representatives have indicated that NSI devices are frequently used to make fraudulent or otherwise non-emergency calls, causing a significant waste of limited public safety resources. In February 2008, the notice states, nine public safety organizations filed a petition to address the problem, stating that "only a very small minority of the 911 calls from NSI devices were made to report actual emergencies, and that non-emergency NSI calls waste the limited and precious resources of the PSAPs and interfere with PSAPs' ability to answer emergency calls, as do subsequent efforts to locate or prosecute the callers." [For more information...](#)

**7. House Bill Proposes to Restore Funding to SWICs**

A House Homeland Security subcommittee has unanimously approved bi-partisan legislation aimed at improving interoperable communications for first responders. In recent years, states have been able to rely on the U.S. Department of Homeland Security's Interoperable Emergency Communications Grant Program to support their communications governance structures and their Statewide Interoperability Coordinators (SWIC), who are charged with coordinating interoperability activities across all levels of government. However, due to the elimination of the Interoperable Emergency Communications Grant Program and reduced funding for other state and local homeland security grant programs, some states are eliminating SWICs. As a result, activities critical to maintaining and advancing interoperable emergency communications policies are not being effectively coordinated. The *Statewide Interoperable Communications (SWIC) Enhancement Act of 2015* (H.R. 2206) ensures that states maintain the progress that has been made toward achieving interoperability by requiring states to have a SWIC or to delegate activities related to achieving interoperability to other individuals. [For more information...](#)

**8. JAMA IM Article Evaluates Chest Pain Outcomes**

The current issue of the JAMA Internal Medicine provides a blinded data review of 45,416 encounters obtained from a prospectively collected database enrolling adult patients admitted or observed in hospitals with the following inclusion criteria: (1) primary presenting symptom of chest pain, chest tightness, chest burning, or chest pressure and (2) negative findings for serial biomarkers. Data were collected and analyzed from July 1, 2008, through June 30, 2013, from the EDs of 3 community teaching institutions with an aggregate census of more than 1 million visits. While the study stops short of discussing potential mobile health or outpatient strategies, findings suggest that routine inpatient admission may not be a beneficial strategy in certain patients with 2 troponin-negative findings, nonconcerning initial ED vital signs, and nonischemic, interpretable electrocardiographic findings. [Read the abstract...](#)

**9. AHRQ Chartbook on Person- and Family-Centered Care Now Available**

Person- and Family-Centered Care chartbook is part of a family of documents and tools that support the *National Healthcare Quality and Disparities Report* (QDR). The QDR includes annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). This chartbook includes a summary of trends across measures of person-centered care from the QDR and figures illustrating select measures of person-centered care. The report finds that increasing prevalence of chronic diseases has placed more responsibility on patients, since

conditions such as diabetes and hypertension require self-management. A PowerPoint version is also available that users can download for presentations. [For more information...](#)

**10. Telehealth Expansion and Post-Discharge House Visits Anticipated Under Next Generation ACO**

The Centers for Medicare and Medicaid Services (CMS) have announced the Next Generation ACO Model, an initiative for ACOs that are experienced in coordinating care for populations of patients. It will allow ACO provider groups to assume higher levels of financial risk and reward than are available under the current Pioneer Model and Shared Savings Program (MSSP). The goal of the Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Original Medicare fee-for-service (FFS) beneficiaries. CMS expects approximately 15 to 20 ACOs to participate in the Next Generation ACO Model with representation from a variety of provider organization types and geographic regions. The Model will consist of three initial performance years and two optional one-year extensions. Specific eligibility criteria are outlined in the [Request for Applications \(PDF\)](#). CMS will accept ACOs into the Next Generation ACO Model through two rounds of applications in 2015 and 2016, with participation expected to last up to five years. (Letters of intent to be considered in round one were due on May 1, 2015. Round two letters will become available in March 2016.) [For more information...](#)

**11. ICMA InFocus Series Highlights EMS Value**

Abstract: Despite a tremendous diversity in how emergency medical services (EMS) are provided in municipalities around the country, most U.S. EMS systems share one commonality: They remain primarily focused on responding quickly to serious accidents and critical emergencies even though patients increasingly call 911 for less severe or chronic health problems. Recent efforts in health care to improve quality and reduce costs pose significant challenges to the existing EMS response model. Health care payers have become increasingly unwilling to reimburse for services that fail to prove their value. As a consequence, EMS agencies will soon be required to demonstrate their worth like never before. It's critical for city and county managers to know that despite these challenges, the changing health care landscape also presents opportunities for EMS systems to evolve from a reactive to a proactive model of health care delivery—one that better meets the needs of their communities by preventing unnecessary ambulance transports, reducing emergency department visits, and providing better care at a lower cost. This InFocus is intended as a guide to identify challenges and opportunities and help you measure your efforts and define success. Read [The New EMS Imperative: Demonstrating Value](#) (ICMA membership or purchase required).

In related news, [EMS in the Era of Health Care Reform](#) is a free article from Fitch and Associates that discusses opportunities for EMS systems to evolve from a reactive to a proactive model of health care delivery.

**12. ONC Posts Public Comments to EHR Interoperability Roadmap**

The Office of the National Coordinator has shared the reams of public feedback it's received in response to the first draft of its Shared Nationwide Interoperability Roadmap. Opinion ranges from enthusiastic support to flat opposition, as stakeholders and members of the public weigh in with their perspectives on technical specifications, provider impact, privacy concerns and more. A month or so after the roadmap was first released in January, ONC shared statements of support for the initiative from industry and government groups such as HIMSS, CHIME, the Department of Defense, American Academy of Family Physicians and more. The public comment period closed April 3, and on May 15 ONC published the voluminous input it's gotten from providers, vendors, HIEs, state health organizations, advocacy groups, members of the public and more. [For more information...](#)

**13. 2015 National Preparedness Report Released**

The Federal Emergency Management Agency (FEMA) and its partners recently released the 2015 *National Preparedness Report* (NPR). The NPR is an annual status report summarizing the Nation's progress toward reaching the 2011 *National Preparedness Goal* of a secure and resilient nation. This report marks the fourth iteration of the NPR. The 2015 NPR places particular emphasis on highlighting preparedness progress in implementing the National Planning Frameworks. The Frameworks describe how the whole community works together to achieve the Goal. The report was developed to meet the requirements of *Presidential Policy Directive 8/PPD-8: National Preparedness*. PPD-8 is aimed at strengthening the security and resilience of the United States through systematic preparation for the threats and hazards that pose the greatest risk to the security of the Nation. The NPR also addresses several reporting requirements from the Post-Katrina Emergency Management Reform Act of 2006 (PKEMRA), including components of the Federal Preparedness Report and State Preparedness Report (SPR). [For more information...](#)

**14. OIG Issues Report on MRC Deployment During Superstorm Sandy**

Superstorm Sandy resulted in 72 fatalities, and damage estimates totaled nearly \$50 billion in the United States. Although Superstorm Sandy impacted many States in the northeastern United States, New York and New Jersey experienced the most damage. To assist with the response, the Department of Health and Human Services' network of volunteers, the Medical Reserve Corps (MRC), deployed volunteers in these two States. Previous reports from the Office of the Inspector General (OIG) reports identified State and local challenges in incorporating volunteers into emergency preparedness and response plans. Therefore, the OIG sought to determine how volunteers were used during the response to Superstorm Sandy and any challenges or successes associated with their use during that response. Although the OIG review was limited to the MRC response in New York and New Jersey, the challenges that MRC stakeholders reported experiencing there are ones that other States may encounter when using MRC volunteers during future incident responses. Conversely, the successes that MRC stakeholders identified may highlight practices for States, including New York and New Jersey, to improve their future responses. The OIG recommends that ASPR work with States and localities, as appropriate, to strengthen plans for volunteer communication, shelter staffing, and shelter operations. [For more information...](#)

**15. Webinar on Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness**

The webinar "Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin?," which was repeated on Monday, May 18, due to popular demand is now archived. This educational event included in-depth discussion 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. [For more information...](#)

**16. WISER Incorporates New Features**

Wireless Information System for Emergency Responders (WISER) is a system maintained by the National Library of Medicine designed to assist emergency responders in hazardous material incidents. WISER provides a wide range of information on hazardous substances, including substance identification support, physical characteristics, human health information, and containment and suppression advice. Recent updates (depending on what platform you are using) includes:

- A new, interactive chemical reactivity capability based on NOAA's CRW reactivity data
- New tools (Radiation Unit Converter, Radiation Dose Estimator, and two triage algorithms) have been added to WISER's toolbox.

- Added new biological synonyms, including Ebolavirus

[For more information...](#)

### 17. EAST Guideline on C-Spine Clearance Now Available at Guideline.Gov

The Eastern Association for the Surgery of Trauma (EAST) performed a systematic review in order to develop evidence-based recommendations that might be used to direct decision making in the removal of a cervical collar from the adult obtunded blunt trauma patient after a negative high-quality cervical spine (C-spine) computed tomography (CT) result. Using the GRADE methodology in obtunded adult blunt trauma patients, the guideline authors conditionally recommend cervical collar removal after a negative high-quality cervical spine (C-spine) computed tomography (CT) scan result alone. This **conditional recommendation** is based on **very low-quality evidence** but places a strong emphasis on the high negative predictive value of high-quality CT imaging in excluding the critically important unstable C-spine injury. [For more information...](#)

### 18. OPM Eases Restrictions on Federal Travel

In a recent memo, U.S. Office of Personnel Management (OPM) Director Katherine Archuleta announced that the agency would end its longtime practice of reviewing requests submitted by federal agencies seeking approval to attend conferences and trade shows. "Effective immediately, the U.S. Office of Personnel Management is discontinuing its practice of issuing memoranda regarding whether conferences qualify as a training activity," Archuleta said in her memo. "OPM is discontinuing this practice to make clear that agencies are responsible for their employees' training and development." According to federal regulations, government agencies may send employees to conferences when:

- The announced purpose of the conference is educational or instructional;
- More than half of the time is scheduled for a planned, organized exchange of information between presenters and attendees;
- The content of the conference is germane to improving individual and/or organizational performance; and
- Development benefits will be derived through the employee's attendance.

Government agencies have previously said that the onerous approval process in some cases has discouraged them from requesting permission to send employees to conferences in the first place. [For more information...](#)

### 19. New Toolkit to Better Protect Healthcare Workers from Transmissible Diseases

The National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) recently released the [Hospital Respiratory Protection Toolkit](#), a resource for health care employers to use to protect staff from respiratory hazards. Respirators are used to protect against exposures to airborne transmissible infectious diseases as well as chemicals and certain drugs that may be used in healthcare settings. OSHA's [Respiratory Protection Standard](#) requires that health care employers establish and maintain a respiratory protection program in workplaces where workers may be exposed to respiratory hazards. To supplement the toolkit, The Joint Commission, an accrediting body for more than 20,500 health care organizations and programs in the United States, developed an educational monograph, [Implementing Hospital Respiratory Protection Programs: Strategies from the Field](#), to assist hospitals in implementing respiratory protection programs. The monograph, produced in collaboration with NIOSH's National Personal Protective Technology Laboratory, identifies common implementation challenges, provides specific examples of innovative strategies from healthcare organizations and examines the role of leadership, quality improvement, fit testing and training challenges, and program evaluation.

**20. Free NIOSH Courses on Strategies for Shift Work and Workplace Violence Now Available**

The National Institute for Occupational Safety and Health (NIOSH) recently released a free online course (applicable to EMS) that aims to train nurses and their managers on the risks of shift work and long work hours, and strategies to reduce these risks. The training course was developed in collaboration with healthcare stakeholders, including nursing organizations and academic groups and will provide continuing education for registered nurses who complete the course. A certificate of completion is available for persons who are not registered nurses. The healthcare sector in the U.S. currently employs over 18 million workers with services that take place at all hours. The NIOSH Training for Nurses on Shift Work and Long Work Hours is designed to increase knowledge and promote better personal behaviors and workplace systems to reduce the risks linked to working shift work, long work hours, and exposure to related issues from insufficient sleep. Content is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms.

In related news, the [workplace violence prevention course](#) is designed to give healthcare workers an opportunity to acquire free workplace violence prevention training while earning free continuing education units. The purpose of this course is to help healthcare workers better understand the scope and nature of violence in the healthcare workplace. Participants will learn how to recognize the key elements of a comprehensive workplace violence prevention program, how organizational systems impact workplace violence, how to apply individual strategies, and develop skills for preventing and responding to workplace violence.

**21. New AHRQ Patient Safety Primer on Alert (Alarm) Fatigue**

The rapidly increasing computerization of health care has produced benefits for clinicians and patients, yet the integration of technology into medicine has been anything but smooth, according to a new primer on Alert Fatigue posted on AHRQ’s Patient Safety Network (PSNet). For instance, computerized provider order entry systems (CPOE), smart intravenous infusion pumps, or cardiac monitoring devices provide auditory or visual warnings to clinicians to prevent or act on unsafe situations. In the highly computerized clinical environment, clinicians may experience dozens of warnings and alerts a day. The term “alert fatigue” describes how clinicians become desensitized to safety alerts, and as a result, ignore or fail to respond appropriately to such warnings. The phenomenon occurs because of the sheer number of alerts, but the vast majority of alerts generated by CPOE systems (and other health care technologies) are clinically inconsequential—meaning that in most cases, clinicians *should* ignore them. The problem is that clinicians then ignore both bothersome, clinically meaningless alarms and critical alerts that warn of impending serious patient harm. In essence, the proliferation of alerts intended to improve safety paradoxically increases the chance that patients will be harmed. Learn more in AHRQ’s newest [Patient Safety Primer on Alert Fatigue](#).

**22. NIOSH Advocates Fit Testing of Hearing Protection Devices**

Each year an estimated 22 million workers are exposed to noise loud enough to harm their hearing. When noise levels cannot be reduced through engineering controls, the Occupational Safety and Health Administration (OSHA) requires that workers use hearing protection devices (HPDs) to protect themselves from the damaging effects of noise. Despite decades of OSHA-mandated HPD use, noise-induced hearing loss (NIHL) remains highly prevalent. All HPDs sold in the U.S. are evaluated in a test laboratory and labeled with a Noise Reduction Rating (NRR). However, studies have repeatedly demonstrated that the NRR does not accurately predict noise reduction performance for an individual in the workplace. The National Institute for Occupational Safety and Health (NIOSH) developed the HPD Well-Fit™ system to create a fast and reliable fit-test system not anchored in proprietary technology. HPD Well-Fit™ measures the amount of sound reduction an individual worker receives from their HPD and identifies workers who are not sufficiently protected. HPD Well-Fit™ requires only a computer running the

Windows operating system (version 7 or later) with a high-definition sound card, a mouse with a scroll wheel, and sound-isolating headphones. It can be used to test any type/brand of earplug and provides results within 7 to 10 minutes. NIOSH has licensed HPD Well-Fit™ for sale and production as FitCheck Solo. [For more information...](#)

**23. SMART Approach to Stroke Care**

Time is critical when it comes to stroke, and early treatment is associated with better outcomes. According to the Screening with MRI for Accurate and Rapid stroke Treatment (SMART) study, small changes in quality improvement procedures enabled clinicians to use MRI scans to diagnose stroke patients before giving acute treatment, within 60 minutes of hospital arrival. MRI scans provide detailed images but take longer to complete than CT scans, which are commonly used in most centers. The findings, published in Neurology, were supported in part by the National Institutes of Health’s National Institute of Neurological Disorders and Stroke (NINDS). [Read the abstract...](#)

Ironically, a separate study reported in the May issue of JAMA Neurology suggests that patients with in-hospital stroke had significantly longer waiting times from symptom recognition to neuroimaging compared with those with community-onset stroke. Read Saltman et al. [Care and Outcomes of Patients With In-Hospital Stroke](#) (free).

**24. HHS Training on Safer Opioid Use Now Available**

[Pathways to Safer Opioid Use](#) is an immersive, interactive training tool that was designed using the opioid-related recommendations outlined in the [National Action Plan for Adverse Drug Event Prevention \(ADE Action Plan\)](#). The training uses the principles of health literacy and a multimodal, team-based approach to promote the appropriate, safe, and effective use of opioids to manage chronic pain. This web-based training allows health educators, health professionals, or health professional students to assume the role of 4 playable characters who make decisions about preventing opioid-related adverse drug events (ADEs). The Office of Disease Prevention and Health Promotion (ODPHP) has partnered with the American Public Health Association (APHA) to offer free continuing medical education (CME) credit for this eLearning course. [For more information...](#)

**25. FDA Considers Ban to Rubber Latex Surgical and Exam Gloves**

The Food and Drug Administration (FDA) has determined that a subset of surgeon and patient exam gloves that are powdered and that represent a modest share of the market present a substantial risk of illness that cannot be corrected by a change in labeling. These gloves are Powdered Natural Rubber Latex Surgeon's Gloves, Powdered Synthetic Latex Surgeon's Gloves, Powdered Natural Rubber Latex Patient Examination Gloves, and Absorbable Powder for Lubricating a Surgeon's Glove. Consequently, FDA is proposing to ban these devices. While this rule is currently NOT in effect, EMS agencies that continue to maintain an inventory of latex gloves are encouraged to proactively replace supplies with safer alternates as soon as possible. [For more information...](#)

**26. Endemic Transmission of Rubella Eliminated in the Americas**

The Americas region has become the first in the world to be declared free of endemic transmission of rubella, a contagious viral disease that can cause multiple birth defects as well as fetal death when contracted by women during pregnancy. This achievement culminates a 15-year effort that involved widespread administration of the vaccine against measles, mumps and rubella (MMR) throughout the Western Hemisphere. The declaration of elimination, made by an international expert committee during a meeting at the Pan American Health Organization/World Health Organization (PAHO/WHO) last week, makes rubella and congenital rubella syndrome (CRS) the third and fourth vaccine-preventable diseases to be eliminated from the Americas, following the regional eradication of smallpox in 1971 and the elimination of polio in 1994. [For more information...](#)

**27. Congressman Introduces Legislation to Establish National EMS Memorial in Washington DC**

Massachusetts Congressman Stephen F. Lynch recently introduced H.R. 2274, a *Bill to Establish a National EMS Memorial*. The legislation creates the National Emergency Medical Services Memorial Foundation, which will undertake the effort of designing, siting, and creating a memorial in Washington, D.C to honor the service and sacrifice of the nation’s EMS members. H.R. 2274 is co-sponsored by Congressman Peter King (R-NY), Congresswoman Katherine Clark (D-MA), Congressman Bobby L. Rush (D-IL), Congressman James McGovern (D-MA), Congressman William Keating (D-MA), Congressman Daniel Lipinski (D-IL), Congressman Richard Neal (D-MA), and Congresswoman Diana DeGette (D-CO). [For more information...](#)

**28. EVENT Program Intended to Improve EMS Safety and Quality**

EMS Voluntary Event Notification Tool (E.V.E.N.T.) is a program of the Center for Leadership, Innovation, and Research in EMS (CLIR) with sponsorship provided by the North Central EMS Institute (NCEMSI), the National EMS Management Association (NEMSMA), the Paramedic Chiefs of Canada (PCC), the National Association of Emergency Medical Technicians (NAEMT) and the National Association of State EMS Officials (NASEMSO). Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool. The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion. The first quarter 2015 (January – March) EMS Voluntary Event Notification Tool (E.V.E.N.T.) summary reports are available for download on the individual reporting web pages on [www.emseventreport.com](http://www.emseventreport.com), or by simply using the links below.

[1Q2015 Patient Safety Summary Report](#)

[1Q2015 Near Miss Summary Report](#)

[1Q2015 Provider Violence Summary Report](#)

**29. NAEMT Releases MIH-CP Survey Report**

The National Association of EMTs (NAEMT) conducted a national survey to help EMS practitioners and legislative decision-makers understand the opportunities and challenges of Mobile Integrated Healthcare and Community Paramedicine (MIH-CP). More than 100 EMS agencies nationwide responded. They shared information about their programs, such as services offered, financial arrangements, the training and education of practitioners, challenges faced and lessons learned. This report enabled NAEMT to provide the first nationwide look at the growth of MIH-CP, and the strategies EMS is using to further the Triple Aim of improved patient experience, improved patient health, and reduced costs. The report was published as a supplement to the May issue of *EMS World Magazine*, and distributed to members of Congress and key federal agencies. [View/download the MIH-CP survey report >>](#)

**30. NFPA Solicits Public Comments on EMS Officer Standards**

The National Fire Protection Association (NFPA) is currently soliciting public comment on a proposal to establish a new project on emergency medical services officer standards. After review of all the material before it, NFPA members recently voted to solicit public comments of the need for the project, information on resources on the subject matter and other organizations actively involved with the subject. The deadline for comment is June 15, 2015. [For more information...](#)

**31. What’s the Hold-up on 911 Texting?**

Although the technology is reportedly available, only 5% of emergency call centers in the U.S. are equipped to handle 911 texts. A new petition at [Change.org](http://Change.org) has nearly 50,000 signatures and hopes to get the attention of

Congress as a way to pass 911 texting legislation. An online article and interview by FoxNews with National Emergency Numbers Association (NENA) Executive Director Brian Fontes points to the lack of state funding as the main barrier to implementation. Fonte calls on civic leaders, city managers, county officials, those in the public safety sector, and lawmakers at the highest level of government to act more decidedly on the issue. [For more information...](#)

**32. Chou et al. Ultrasonography for confirmation of endotracheal tube placement: A systematic review and meta-analysis in Resuscitation.** Volume 90 , 97 – 103. 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. Conclusion: 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. (Subscription required.) [For more information...](#)



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**UPCOMING EVENTS**

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

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

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

21st Annual Pocono EMS Conference. October 14 - 16, 2015 EMS Conference. Venue Kalahari Resort and Convention Center – Pocono Mountains, PA. [For more information...](#)

October 14 & 15, 2015 Emergency Preparedness Coalition Conference. Venue Kalahari Resort and Convention Center – Pocono Mountains, PA. [For more information...](#)

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

**NAEMSE Instructor Course Level 1**

Cheyenne, WY: June 5-7, 2015

Nashville, TN: August 4-6, 2015

**NAEMSE Instructor Course Level 2**

Nashville, TN: August 4-5, 2015

**CAAHEP Accreditation Update & Evaluating Student Competency Workshops**

Nashville, TN: August 4-5, 2015

[For more information...](#)

**National EMS Memorial Bike Ride:** Honor EMS personnel who have died and those who continue to serve the public everyday with long distance cycling events and by promoting healthy lifestyles. [muddyangels.com](http://muddyangels.com)

Colorado Ride – June 24-26, 2015

West Coast Ride – September 21-26, 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.

2015 FARB Regulatory Law Seminar. Registration is now open for the 2015 FARB Regulatory Law Seminar (RLS) at the JW Marriott Cherry Creek in Denver, CO, on October 1-4, 2015. We encourage all who are interested to register as soon as possible. Go to [www.farb.org](http://www.farb.org) and click on the “Conferences” tab to register or, go directly to our 2015 RLS meeting page by [clicking here](#).

[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

\*2016 EMSC Program Meeting. June 21-24, 2016 in Bethesda, MD.

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

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