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Register for the [2019 NASEMSO Annual Meeting](#) today!

[NASEMSO NEWS](#)

1. NASEMSO Website Update

In case you haven't checked us out at nasemso.org lately, the old site has been replaced with a new look and reorganization of materials. We have archived outdated files and linked others to the council and/or committee that is responsible for them. The transition of materials from the old site is now complete.

We hope you find the streamlined version visually pleasing and easier to use! Content and questions may be directed to our webmaster, [Jay Bradshaw](#).

2. Fatigue EBG Implementation Guidebook Now Available

Fatigue risk management is a process that requires administrators and clinicians to work together for the benefit of patients, the public, and EMS. The National Association of State EMS Officials (NASEMSO) partnered with the University of Pittsburgh School of Medicine to develop "Evidence-Based Guidelines (EBG) for Fatigue Risk Management in Emergency Medical Services," published in the journal *Prehospital Emergency Care* in January 2018.

The aim of the guidelines is to mitigate the effects of fatigue with recommendations based on a comprehensive evaluation of the best available evidence related to numerous fatigue mitigation strategies. These recommendations have been hailed as a "significant step forward and a model for other high-risk industries." Not all EMS organizations will be able to adopt all recommendations.

Now, as an adjunct to the guidelines, NASEMSO and the University of Pittsburgh have joined forces to produce an Implementation Guidebook to complement the scientific papers, which includes a condensed summary of each recommendation and sample policy statement templates that may be tailored/edited to the needs of local agencies. The Implementation Guidebook may be downloaded at www.emsfatigue.org.

Work performed on the implementation guidebook was supported with funding from the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) to NASEMSO. The information, views, and/or opinions contained in the guidebook/document are those of the authors and not necessarily those of NHTSA.

3. New NASEMSO Framework Supports EMS Scope of Practice Decisions

The National Association of State EMS Officials (NASEMSO) has collaborated with the National Council of State Boards of Nursing (NCSBN) to provide a derivative work of their decision-making framework to compliment state-based rules and regulations related to EMS scope of practice.

Recognizing that EMS practice is continually evolving, this NASEMSO document serves to provide a standardized, decision-making framework for the EMS community with respect to personnel education, role, function, and accountability within the scope of practice. As emerging technology and evidence evolve to transform practice, individuals and agencies need to communicate any ongoing issues/concerns to the state so that regulators and medical directors can evaluate whether changes to rules/regulations, EMS guidelines, or standards need to be considered.

NASEMSO's "Scope of Practice Model Decision-Making Framework for Emergency Medical Services" is now available on [NASEMSO's website](#).

In related news, NHTSA's Office of EMS recently hosted an EMS Focus webinar on the revision of the Scope Model. The webinar was recorded and is archived on [ems.gov](#) and the NHTSA OEMS [YouTube channel](#).

4. NASEMSO Joins National EMS Organizations to Endorse SMR Position Statement

The American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP) have previously offered varied guidance on the role of backboards and spinal immobilization in out-of-hospital situations.

An updated consensus statement on spinal motion restriction in the trauma patient represents the collective positions of the ACS-COT, ACEP and NAEMSP and is now formally endorsed by several national stakeholder organizations, including NASEMSO.

This updated uniform guidance is intended for use by emergency medical services (EMS) personnel, EMS medical directors, emergency physicians, trauma surgeons, and nurses as they strive to improve the care of trauma victims within their respective domains. [Read more](#).

5. NASEMSO Congratulates O'Neal and Taillac on NEMSAC Appointments

NASEMSO members, Deputy Executive Director for the Kentucky Board of EMS Chuck O'Neal and Utah State EMS Medical Director Dr. Peter Taillac have been appointed to the National EMS Advisory Council (NEMSAC) by the US Secretary of Transportation.

The National EMS Advisory Council (NEMSAC) was established in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and recommendations regarding EMS to NHTSA in the Department of Transportation and to the members of the Federal Interagency Committee on EMS.

NASEMSO congratulates the professional accomplishments of these qualified individuals and wishes them well in their service to the Council. [Read more.](#)

6. NASEMSO to Revise National EMS Assessment; Benchmark State Systems of Care

NASEMSO Executive Director Dia Gainor recently updated the Federal Interagency Committee on Emergency Medical Services (FICEMS) on the progress of the National EMS Assessment 2020, an effort led through a cooperative agreement between NHTSA and NASEMSO, to use state and national data to get a better picture of the current state of EMS systems.

This is the first time such an effort has been undertaken since the National EMS Assessment was published in 2011. Gainor said that this effort will involve fewer questions but should include more robust information as a larger number of states are collecting better electronic data on several issues related to EMS systems. The assessment is expected to be published by NASEMSO in the fall of 2019.

In related news, NASEMSO's State Systems of Care Committee chaired by Colorado State EMS Director Jeanne-Marie Bakehouse will also benchmark state-level activities and processes related to stroke, STEMI, and trauma care under the cooperative agreement. The committee hopes to improve consistency and coordination among the states.

7. NASEMSO Partners with CPSC to Improve Community Safety

NASEMSO is pleased to announce a new partnership with the Consumer Products Safety Commission (CPSC). CPSC is an independent federal agency charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of types of consumer products under the agency's jurisdiction. Our goals are to:

- Serve as a resource for consumer product safety information for NASEMSO members and consumers.
- Send Safety Alerts for review by NASEMSO members that they can share with EMS agencies and the public.
- Provide links for consumer product safety recalls.
- Provide a local CPSC contact for regional workshops, trainings and meetings that members may conduct within their jurisdictions.
- Share safety publications that can be disseminated to consumers and EMS professionals.
- Share Safety PSA's that can be used to promote safety.

For more information about the CPSC, visit www.cpsc.gov.

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FOR THE STATES

8. HRSA Releases Updated U.S. Health Workforce Chartbook and State Profiles

HRSA's National Center for Health Workforce Analysis (NCHWA) recently released an updated U.S. Health Workforce [Chartbook](#) that provides estimates for 35 health occupations, including physicians, nurses, dentists, counselors, and laboratory technicians. You can find detailed information on demographics, workforce settings, and geographic distribution in the Chartbook.

NCHWA also updated the U.S. Health Workforce [State Profiles](#) as a companion to the Chartbook. Data in the State Profiles correspond to Chartbook information on number of graduates in each profession, total number of providers, and number per capita.

The Chartbook and State Profiles were developed as part of HRSA's effort to make data on the U.S. health workforce more readily available to users. [Learn more](#) about NCHWA's research and reports.

Editor's note: The report indicates that 38 percent of the EMS workforce (Emergency Medical Technicians and Paramedics) is currently over age 55. What EMS innovations are being implemented in your state or agency to encourage and support this experienced and knowledgeable group? Email Kathy at robinson@nasemso.org and we might feature the best practice in an upcoming podcast!

9. ASPR Updates FAQ on Opioids

Recently, the Secretary of the U.S. Department of Health and Human Services (HHS) renewed the determination that a "public health emergency" exists because of the opioid crisis. This type of declaration allows federal and state agencies to waive certain funding requirements, make temporary staff assignments, modify certain practices, and modify deadlines. HHS also released a 5-Point Strategy to Combat the Opioid Crisis, designed to help communities fight the epidemic.

Prior to the renewal, at least eight states declared a formal emergency, public health emergency, or made a similar type of pronouncement to address this public health crisis at the state level. Several states are currently using the Centers for Medicare & Medicaid coverage and reimbursement policy to tackle the epidemic.

The most current data available from the Centers for Disease Control and Prevention (CDC 2017) indicates that:

- 130 Americans die every day from an opioid overdose;
- The number of opioid-related overdose deaths was six times higher in 2017 versus 1999 (a statistic closely aligned with the amount of prescription opioids sold in the U.S. in the same timeframe); and
- Synthetic opioid death rates (which include Illegally-produced fentanyl) increased by nearly 47% between 2016 and 2017 (CDC 2018).

View the [updated FAQ](#).

10. Crisis Bed Registries to Assist People with Urgent Mental Health Needs

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Association of State

Mental Health Program Directors (NASMHPD) are working to create a registry of crisis intervention beds for people with serious mental illness (SMI) in need. A shortage of inpatient beds and lack of knowledge of bed availability is a major barrier to adequate care for people with SMI.

Twenty-three states are participating in this new initiative funded by SAMHSA to establish and/or expand comprehensive, psychiatric crisis bed registry programs. Each of the participating states received \$150,000 to take this important step towards reducing the wait time for mental health crisis intervention beds. [Read more.](#)

11. State Highway Safety Laws Highlighted in Annual Roadmap

More than one-fifth of all states are falling behind on road safety laws, according to a new report just released by the group Advocates for Highway and Auto Safety.

The 16th annual Roadmap Report evaluates each state on its implementation of road safety laws the group recommends and found that 11 states, including Arizona, Florida and Virginia, fall "dangerously behind." South Dakota scored the lowest in the group's rankings by implementing only two of the recommended laws, while Rhode Island received the highest grade by implementing 13 of 16 laws.

The report ranks states based on the strength of their laws in five categories: occupant protection, child passenger safety, teen driving laws, impaired driving and distracted driving. Only Washington, Oregon, California, Louisiana, Mississippi and the District of Columbia were given a green rating for showing significant advancement toward adopting the recommended laws. [Read more.](#)

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[COMMUNICATIONS](#)

12. GAO Study Highlights Emergency Communications

The Department of Homeland Security's (DHS) Office of Emergency Communications (OEC) and the Federal Emergency Management Agency (FEMA) collaborate on grant guidance to help public-safety stakeholders use federal funds for interoperable emergency communications.

The US Government Accountability Office (GAO) was asked to review OEC's efforts related to interoperable emergency communications. A new report examines (1) OEC's and FEMA's collaborative efforts to develop grant guidance; (2) how OEC incorporates FirstNet's network and other emerging technologies into its plans and offerings; and (3) the extent to which OEC has assessed its methods of communication.

GAO found that first responders and other public safety officials surveyed were generally satisfied with OEC's work. However, some would like more information about OEC and its offerings. [Read more.](#)

13. FirstNet Expands Base to Nearly Half Million Subscribers

FirstNet, a nationwide broadband network dedicated to public safety, has increased its subscriber base by 70%

since late October 2018. Moreover, the number of public safety agencies using FirstNet has jumped almost 46% during the same period. FirstNet now has 425,000 subscribers from more than 5,250 public safety agencies. In late October, the company said it had more than 250,000 subscribers from more than 3,600 agencies across the country.

FirstNet and AT&T, which was awarded a \$6.5 billion contract from the federal government to build out the network, say they've expanded the LTE coverage area for the public safety communications platform by more than 50,000 square miles nationwide, covering an additional 1 million people. Band 14 is high-quality spectrum provided by the FirstNet Authority. Its signal covers larger geographic areas with less infrastructure to better support rural communities, and it can better penetrate buildings and walls in more urban areas as compared to higher-MHz spectrum. When not in use by FirstNet subscribers, AT&T customers can enjoy Band 14's added coverage and capacity. [Read more.](#)

In related news, AT&T recently announced plans for an "Emergency Drop Kit." These portable kits will envelop first responders in a 300-foot "connected bubble" (12 hours on one charge), letting them maintain constant communication to better coordinate their response. The Emergency Drop Kits are being designed for use during emergencies in rural and remote areas, as well as areas where communications may be temporarily unavailable. [Read more.](#)

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[DATA](#)

14. GAO Addresses Record Matching Across Providers

Health care providers are increasingly sharing patients' health records electronically. When a patient's records are shared with another provider, it is important to accurately match them to the correct patient.

The Government Accountability Office (GAO) and others have reported that accurately matching patient health records is a barrier to health information exchange and that inaccurately matched records can adversely affect patient safety or privacy. At the federal level, ONC is charged with coordinating nationwide efforts to implement and use health IT.

The 21st Century Cures Act included a provision for GAO to study patient record matching. In a new report, *Health Information Technology: Approaches and Challenges to Electronically Matching Patients' Records across Providers*, GAO describes (1) stakeholders' patient record matching approaches and related challenges; and (2) efforts to improve patient record matching identified by stakeholders. [Read more.](#)

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[HEALTH AND MEDICAL PREPAREDNESS](#)

15. GAO Report Addresses Disaster Contracting

Following Hurricane Katrina, Congress required FEMA to establish contracts for goods and services in advance to enable quick and effective mobilization of resources in the aftermath of a disaster. FEMA and the Army Corps of Engineers used "advance contracts" for \$4.5 billion in goods and services after Hurricanes Harvey, Irma, and Maria, and the California fires of 2017.

The US Government Accountability Office (GAO) recently found FEMA's guidance on the use of these types of contracts was unclear, and that inconsistent information from FEMA could impair its efforts to help state and local governments use advance contracts. Read GAO's report to Congressional Requesters [2017 Disaster Contracting Action Needed to Better Ensure More Effective Use and Management of Advance Contracts](#).

16. Experts Credit Historical Lessons and Preparedness Following Alaska Earthquake

On November 30, 2018, a magnitude 7.0 earthquake hit Anchorage, cracking roads open and leading Alaska's governor to call for FEMA assistance. Despite the massive earthquake, there were no fatalities, no widespread injuries, and no buildings that collapsed. Power was restored to much of the area and the water considered safe to drink within hours.

Experts credit the safety to strong building codes installed following the 1964 Alaska earthquake. That earthquake and the tsunamis it unleashed killed more than 130 people and wiped small villages off the map. It lasted more than four minutes, and had a recorded magnitude of 9.2, — the most severe recorded earthquake in North America and the second-strongest in the history of the world.

The rapid response to damage in Anchorage shows how investing time and money into preparations for these kinds of large, infrastructure-hobbling events can pay off in the long-run, even when there's no way to tell when or where disaster may strike. [Read more](#).

17. ASPR Shares PPE Planning Tool for Hospitals

Be sure to check out tips applicable to EMS caches in the new Hospital Planning Tool from the [Assistant Secretary for Preparedness and Response \(ASPR\)](#) at the U.S. Department of Health and Human Services. Rotation of supplies, training, and degradation of materials are all addressed in the [downloadable spreadsheet](#).

18. Report Explores New Types of Respiratory Protection for Use in Health Care

A new report from the National Academies of Science, Engineering, and Medicine explores the potential for use of half-facepiece elastomeric respirators in the U.S. health care system with a focus on the economic, policy, and implementation challenges and opportunities. The report examines two circumstances, routine and surge use, in which half-facepiece reusable elastomeric respirators could be considered in health care settings.

A free prepublication copy of the report is available online. The study was done at the request of NIOSH and the

National Center for Immunization and Respiratory Diseases, both at the Centers for Disease Control and Prevention. [Read more.](#)

19. EMS Mobile Integrated Health During Disaster Response

In many communities across the country, Emergency Medical Services (EMS) provide preventative health care to help reduce unnecessary and costly trips to the emergency room and ensuing hospital admissions. EMS operating in a Mobile Integrated Health (MIH) role help patients with chronic conditions in their homes, divert ambulance calls to outpatient providers, and in some communities, use telemedicine to connect their patients with physicians from their homes.

A recent study was the first to examine the work of MIH providers — Richland County (South Carolina) EMS — during an October 2015 response to severe flooding. But what if a disaster should strike? How might MIH providers best assist in the response effort? [Read more.](#)

20. Feds Post Medical Management Guidelines on FGA's

New federal guidelines have been developed as part of ongoing preparedness for all hazards and are intended to support fire, EMS, and hospital staff in the medical management of patients if an incident occurs involving a fourth-generation agent (FGA, also known as A-series or Novichok nerve agents) such as the one used in the United Kingdom in 2018. No illicit use or manufacture of an FGA or other nerve agent is known to have occurred in the United States (U.S.), and there is no known threat of any nerve agent use in the U.S.

This document is divided into two sections: pages 5-7 include recommendations for fire and EMS responders and pages 8-11 include recommendations for hospital staff, with some repetition between the two. As part of ongoing standard preparedness, jurisdictions should update their existing plans with this information and integrate it into in-service training curricula. Download the guidelines [here](#).

21. FDA Approves New Drug to Treat Influenza

The Food and Drug Administration (FDA) recently approved Xofluza (baloxavir marboxil) for the treatment of acute uncomplicated influenza (flu) in patients 12 years of age and older who have been symptomatic for no more than 48 hours.

"This is the first new antiviral flu treatment with a novel mechanism of action approved by the FDA in nearly 20 years. With thousands of people getting the flu every year, and many people becoming seriously ill, having safe and effective treatment alternatives is critical. This novel drug provides an important, additional treatment option," said FDA Commissioner Scott Gottlieb, M.D. "While there are several FDA-approved antiviral drugs to treat flu, they're not a substitute for yearly vaccination."

The CDC recommends the antiviral drugs baloxavir marboxil (Xofluza), oseltamivir (Tamiflu), and zanamivir (Relenza) for both flu prevention and treatment. Zanamivir is approved for treating flu in people 7 years and older and for preventing flu in people 5 years and older. Relenza is inhaled through the mouth. Read more on Xofluza [here](#).

In related news, CDC estimates that [20 million to 23 million people](#) across the U.S. have been ill with influenza so

far this season, about 50% of them have sought medical care and up to 302,000 have been hospitalized. Officials reported widespread flu activity in [50 states](#).

22. FSU Offers Free Online Training for EMS on Human Trafficking

EMS personnel – Emergency Medical Responders, Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians, Paramedics, and transporters who work with these medical professionals – can play an important role in reporting and stopping human trafficking.

By understanding the dynamics of human trafficking, EMS personnel can help victims. The key to being able to report suspected trafficking is to understand what human trafficking is, what it might look like, and how to report it.

Florida State University maintains *The National Prevention Toolkit on Domestic Violence and Human Traffic for Medical Professionals* [here](#).

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[MEDICAL DIRECTION](#)

23. Proposed FDA Guidance on Abbreviated 510(k) Program Available

Modern Healthcare Editor Emeritus Merrill Goozner reflected on industry failures related to device approval in a recent [editorial](#):

"Amid a government shutdown that has idled nearly a million Americans, including non-essential personnel at the Food and Drug Administration, that agency managed to put out regulatory guidance that will give devicemakers another pathway for skipping out on clinical trials on devices inserted into American patients."

Washington Update staff has tracked down the "Safety and Performance Based Pathway" that was posted to the FDA website on January 22, 2019 at <https://bit.ly/2vnc1Zl>. According to the agency, the FDA expects to begin implementation of this pathway once the first device types and applicable performance criteria have been identified.

Once the FDA begins to implement this pathway, a medical device manufacturer will be able to meet FDA-identified performance criteria to demonstrate that its device is as safe and effective as a predicate device. However, as Mr. Goozner acknowledges, "All you have to do is demonstrate through bench testing that it's 'engineered' in a similar fashion (to other FDA approved devices.) No clinical trials are required."

Comments are being accepted for this process under the existing Docket Number FDA-2018-D-1387 at [regulations.gov](#).

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PEDIATRIC EMERGENCY CARE

24. AAP Updates Recommendations on Car Seats for Children

A tidbit for our injury prevention specialists that may have missed the announcement-- In the updated policy statement, "Child Passenger Safety," and an accompanying technical report, published in the November 2018 issue of Pediatrics, the AAP recommends children remain in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by their seat.

Previously, the AAP specified children should remain rear-facing at least to age 2; the new recommendation removes the specific age milestone. Read the [Policy Statement](#) and [Technical Report](#).

25. CDC Guideline Addresses Mild TBI in Children

The Centers for Disease Control and Prevention (CDC) has released new [clinical recommendations](#) for healthcare providers treating children with mild traumatic brain injury (mTBI), often referred to as concussion.

The *CDC Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children*, published recently in *JAMA Pediatrics*, is based on the most comprehensive review of the science on pediatric mTBI to date, covering 25 years of research.

The CDC Pediatric mTBI Guideline outlines specific actions healthcare providers can take to help young patients and their parents/caregivers, including five key practice-changing recommendations:

1. Do not routinely image pediatric patients to diagnose mTBI.
2. Use validated, age-appropriate symptom scales to diagnose mTBI.
3. Assess for risk factors for prolonged recovery, including history of mTBI or other brain injury, severe symptom presentation immediately after the injury, and personal characteristics and family history (such as learning difficulties and family and social stressors).
4. Provide patients and their parents/caregivers with instructions on returning to activity customized to their symptoms.
5. Counsel patients and their parents/caregivers to return gradually to non-sports activities after no more than a 2-3 days of rest.

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SYSTEMS OF CARE

26. NPSTC Offers White Paper on Prehospital Notification

For over 40 years, the medical community has recognized the “golden hour” as the standard of care for seriously injured trauma patients. Later, the importance of the “golden hour” in combination with stroke alert protocols was demonstrated to maximize the survivor’s chance of a disability-free life.

Recent research has shown that the “golden hour” concept also applies to a number of other medical conditions such as ST-Elevation Myocardial Infarction (ST-EMI) and Sepsis. Read the white paper from the National Public Safety Telecommunications Council (NPSTC), *Pre-Hospital Notification in Time-Sensitive Medical Emergencies: What EMS Agencies and Emergency Departments Should Know*, [here](#).

27. AHA Offers Overview of STEMI Care in Mission: Lifeline

A new report from the American Heart Association (AHA) highlights the effects of the Mission Lifeline program 2008-2012.

AHA assessed pre- and in-hospital care and outcomes from 2008 to 2012 for patients with ST-segment elevation myocardial infarction at U.S. hospitals, using data from the National Cardiovascular Data Registry Acute Coronary Treatment and Intervention Outcomes Network Registry—Get With The Guidelines Registry.

In-hospital adjusted mortality was calculated including and excluding cardiac arrest as a reason for primary percutaneous coronary intervention delay. A total of 147 466 patients from 485 hospitals were analyzed.

What did this analysis show? Find out [here](#).

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TRAUMA

28. Head Injuries Common in E-Scooter Accidents

Head injuries topped the list of emergency department injuries involving electric scooters, yet very few e-scooter riders wore helmets, a recent observational study from the University of California Los Angeles (UCLA) found.

About 40% of patients treated for two-wheeled e-scooter injuries at two southern California emergency departments had head injuries, but only 4.4% wore a protective helmet. In a convenience sample of traffic observed in Los Angeles, 182 of 193 e-scooter riders were helmet-less, the team wrote in *JAMA Network Open*.

The researchers note that the same EDs saw more standing electric scooter injuries than bicyclist or pedestrian injuries during the same period. [Read more](#).

29. Longer Prehospital Scene Times Not Associated with Greater Mortality from Trauma

In a new study just published in *Prehospital Emergency Care* of 1,625 Australian trauma patients, authors report,

"...no significant association between prehospital time of one hour and 30-day mortality was found (adjusted odds ratio 1.10, 95% confidence interval (CI) 0.71–1.69). No association between any individual prehospital time interval and 30-day mortality was identified. In the 30-day survivors, one-minute increase of on-scene time was associated with 1.16 times (95% CI 1.03–1.31) longer LOS."

In other words, researchers found no evidence to support the hypothesis that prehospital time longer than one hour resulted in an increased risk of 30-day mortality. However, longer on-scene time was associated with longer hospital LOS (for 30-day survivors). [Read more.](#)

30. Opioid OD Surpasses MVC in New NSC Report on Odds of Dying

For the first time in U.S. history, Americans are more likely to die from an opioid overdose than a motor vehicle crash. A new report from the National Safety Council (NSC) found that Americans have a 1 in 96 chance of dying from an opioid overdose, while the probability of dying in a motor vehicle crash is 1 in 103.

The rising rates of overdoses is part of an overall trend of Americans dying from preventable, unintentional injuries that has increased over the past 15 years. [Read more.](#)

31. ACEP/AFSP Toolkit on Managing Suicidal Patients

In the United States, suicide is the tenth leading cause of death. EMS and emergency departments (EDs) frequently encounter suicidal patients, or those at risk of suicide, and play an important role in the diagnosis, treatment and prevention for this population.

To help address this rising cause of death, the American Foundation for Suicide Prevention (AFSP) and the American College of Emergency Physicians (ACEP) have partnered to create *iCar2e, A Tool for Managing Suicidal Patients in the ED*. Many of the resources on the project website can be adapted for EMS use. [Read more.](#)

Editor's note: Suicide rates among EMS personnel are on a steep rise and taking care of our own is the focus of several EMS advocacy projects. Last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a special research supplement, [First Responders: Behavioral Health Concerns, Emergency Response, and Trauma](#) that focuses on the needs of EMS personnel and other first responder populations.

In a recent study on [first responder mental health](#), researchers at the University of Phoenix concluded:

- Nearly all first responders (93 percent) agree that mental health is as important as physical health, and more than eight in 10 (83 percent) believe that people who receive counseling generally get better.
- 47 percent feel that there would be repercussions on the job for seeking professional counseling.
- Among those who feel this way, the repercussions of seeking counseling cited most often included receiving different treatment from coworkers (53 percent) or supervisors (52 percent) and being perceived as weak by colleagues/peers (46 percent).



If you or a colleague are struggling with stress or depression, don't despair. Help is available at [Safe Call Now](#) or the [National Suicide Prevention Lifeline](#) 1-800-273-TALK (8255).

Learn more at the [Code Green Campaign](#) and [Reviving Responders](#).

32. ATF Bans Bump Stocks in New Regulation

New regulations from the U.S. Department of Justice (DOJ) concludes that bump-fire stocks, "slide-fire" devices, and devices with certain similar characteristics all fall within the prohibition on machine guns by allowing a "shooter of a semiautomatic firearm to initiate a continuous firing cycle with a single pull of the trigger," and therefore, they are illegal under federal law.

Under the final rule, current possessors of these devices will be required to destroy the devices or abandon them at an ATF office prior to the effective date of the rule (March 21, 2019.) As lawsuits begin to emerge, the DOJ acknowledges the National Firearms Act has not changed since 1986, and it must be amended to cover bump stocks and other dangerous devices like trigger cranks to avoid legal challenges to the new rule. [Read more](#).

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FEDERAL PARTNERS

33. USPS Honors First Responders with Forever Stamp



The United States Postal Service (USPS) has established a Forever Stamp honoring first responders including EMS, fire, and police. The digital illustration is a symbolic scene that shows three first responders in profile as they race into action.

Forever Stamps are first-class stamps issued by the USPS. Forever Stamps can be used to mail a one-ounce letter regardless of when the stamps are purchased or used and no matter how prices may change in the future. The first-class stamps are now available [here](#).

34. NHTSA OEMS Welcomes New Staff Members

The NHTSA Office of EMS is pleased to welcome four new staff members: Eric Chaney, Kate Elkins, Katharyn Kryda, and Max Severeid. Each of them brings a valuable and unique background to the Office and they look forward to contributing to an improved emergency system of care. [Read More](#).

In related news, the EMS Agenda 2050 National Implementation Forum hosted by NHTSA last fall remains available for review [here](#). The EMS Focus Webinars on several topics, including the New National Scope of Practice Model, are available on [NHTSA's Office of EMS YouTube Channel](#).

35. National Distracted Driving Enforcement Mobilization April 8-15, 2019

April is National Distracted Driving Awareness Month and, in support of this traffic safety initiative, NHTSA will be

kicking off its annual ***U Drive - U Text - U Pay.*** national high visibility enforcement campaign to prevent distracted driving.



NHTSA has developed a robust social media strategy designed to raise public awareness about the consequences of texting and driving. The focus is on the idea that ***If you're texting, you're not driving.*** NHTSA anticipates that this message will engage the target audience of men and women 18-34 with creative and persuasive messaging on NHTSA's social media channels and from media partners.

Paid advertising will run April 8-15, 2019. Currently available:

- [2019 campaign materials](#)
- [2019 PEAK Enforcement Kit](#)

More 2019 materials will be available soon.

36. HHS Opens Public Comment Period on Pain Management Best Practices

As required by the Comprehensive Addiction and Recovery Act of 2016 (CARA), the public has an opportunity to provide comments on the [Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations](#) (Draft Report) during a 90 day public comment period.

The Pain Management Best Practices Inter-Agency Task Force developed the Draft Report which identified gaps or inconsistencies, and proposed updates to best practices and recommendations for pain management, including chronic and acute pain as required by CARA. The deadline to [comment](#) is April 1, 2019.

37. AHRQ Research Protocol on Pain Management by EMS

The Agency for Healthcare Research and Quality (AHRQ)'s Evidence-based Practice Center Program has initiated

an evidence report on acute pain management by EMS in the prehospital setting. The Research Protocol for *Pharmacological Management of Acute Pain by EMS in the Prehospital Setting* may be found [here](#). Interested persons can join the [email list](#) to stay up to date on the status of this report.

An initial draft of the report is expected this spring, at which time AHRQ will seek public feedback prior to publishing a final report in the summer of 2019.

38. FDA May Give Consumers Easier Access to Rx Medications for Chronic Ailments

Bloomberg Business reports that the Food and Drug Administration (FDA) will issue guidelines on sales of drugs for some chronic ailments without a doctor or prescription in 2019.

FDA Commissioner Scott Gottlieb sees smartphones and technologies such as in-store video kiosks as a way to enable the switch from prescription-only to over-the-counter sales for more drugs. This could give consumers easier access to crucial medications and be a boost for branded pharmaceutical companies that might otherwise lose revenue to low-cost generic competition. Mobile quizzes could determine who can receive the drug. [Read more](#).

39. FDA Approves 1st Glucose Monitor Without Fingersticks

Abbott's new FreeStyle Libre Flash Glucose Monitoring System, recently approved by the Food and Drug Administration, uses a small sensor attached to the upper arm. Patients wave a reader device over it to see the current blood sugar level and changes over the past eight hours.

Most of the 30 million Americans with diabetes use standard glucose meters, which require multiple finger pricks each day and only show current sugar level. More-accurate continuous glucose monitoring devices are used by about 345,000 Americans. [Read more](#).

40. CPR LifeLinks Implementation Toolkit Draft Now Available

CPR LifeLinks is a national initiative that encourages local collaboration between 911 and EMS to improve out-of-hospital cardiac arrest survival rates by improving care in the first links in the “chain of survival,” early 911 access/intervention and early (and effective) CPR.

Find resources and a practical roadmap for how:

- Any 911 agency can put telecommunicator CPR protocols and training into place.
- Agencies providing EMS can implement high performance CPR.
- Learn strategies and explore case studies for how 911 and EMS can collaborate, working together to strengthen the chain of survival.

[Read more](#).

41. OSHA Penalties Adjusting in 2019

The Occupational Safety and Health Administration's (OSHA) civil penalties amounts for violations of workplace safety and health standards will increase in 2019 to adjust for inflation. The adjusted maximum penalty amounts will take effect upon publication in the Federal Register. New penalties for willful and repeat violations will be \$132,598 per violation; serious, other-than-serious, and posting requirements are \$13,260 per violation; and failure to abate violations are \$13,260 per day beyond the abatement date. [Read more](#).

In related news, employers are reminded of their obligation to post a copy of OSHA's Form 300A, which summarizes job-related injuries and illnesses logged during 2018. Each year, from Feb. 1 to April 30, the summary must be displayed in a common area where notices to employees are usually posted. Businesses with 10 or fewer employees and those in certain low-hazard industries are exempt from OSHA recordkeeping and posting requirements. Visit [OSHA's Recordkeeping Rule webpage](#) for more information on recordkeeping requirements.

42. NIOSH Offers Guidance for Employers on Use of Naloxone in the Workplace

Naloxone is a very effective drug for reversing opioid overdoses. Police officers, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose. The Surgeon General of the United States is also urging others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives [\[USSG 2018\]](#).

The National Institute for Occupational Safety and Health (NIOSH) has developed information to help employers and workers understand the risk of opioid overdose and help them decide if they should establish a workplace naloxone availability and use program. EMS agencies might also find this info useful as a resource when assessing community risks for opioid overdose in local businesses. [Read more](#).

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[INDUSTRY NEWS](#)

43. National EMS Memorial Bike Ride Announces 2019 Dates and Events

The National EMS Memorial Bike Ride, Inc. honors Emergency Medical Services personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties, and those who have died in the line of duty. The 2019 schedule of events is now available at [muddyangels.com](#).

[East Coast Route](#)

May 11-17, 2019
Boston, MA to National Harbor, MD

[Colorado Route](#)

July 22-26, 2019
Snowmass, CO to Littleton, CO

[Southern Route](#)

May 13-17, 2019
Raleigh, NC to National Harbor, MD

[West Coast Route](#)

Sept 23-28, 2019
Reno, NV to San Francisco, CA

[Midwest Route](#)

June 24-29, 2019 St. Paul-
Minneapolis, MN to Chicago, IL

44. ACEP Presents Framework to Protect Patients from Out-Of-Network Billing Issues

As legislators on Capitol Hill prepare to address the surprise billing issues that are affecting millions of patients across the country, the American College of Emergency Physicians (ACEP) recently released a framework of proposed solutions to protect emergency patients.

With this framework of proposed solutions, ACEP hopes to ensure that patients are truly taken out of the middle of billing issues that can frequently arise around insurance coverage of emergency care. ACEP's proposed solutions include:

- Prohibit balance billing.
- Streamline the process to ensure patients only have a single point of contact for emergency medical billing and payment.
- Ensure the patient responsibility portion for out-of-network emergency care is no higher than it would be in-network.
- Require insurers to more clearly convey beneficiary plan details.
- Require insurers to more clearly explain their rights related to emergency care
- Take the Patient Out of Insurer-Provider Billing Disputes.

[Read more.](#)

45. NAEMT Provides New Guide on EMS Wellness and Resilience

The National Association of EMT's (NAEMT) has developed a guide to assist EMS agencies in developing programs that aid EMS personnel in maintaining their physical, mental and emotional well-being.

The guide offers steps agencies can take to develop a culture of wellness and resilience; strategies for building EMS practitioner resilience; tips from EMS agencies on initiatives that have worked for them; and more. View the [guide](#).

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[INTERESTING ABSTRACTS](#)

46. Emergency medical services oxygen equipment: a fomite for transmission of MRSA?

In a new abstract at the Emergency Medical Journal, authors report:

"...the primary purpose of this study was to determine if methicillin-resistant *Staphylococcus aureus* (MRSA) was present on the surface of oxygen cylinders and regulators used in the prehospital setting and secondarily to assess other surfaces for MRSA within the ambulance compartment, as a comparison."

Of nine oxygen cylinders tested in the ambulances, nine had MRSA colonisation (100%). MRSA was also present on 67 of 70 oxygen cylinders (96%) tested at the offsite oxygen cylinder storage area. [Read more](#).

47. NIH Clinical Trial Offers Insight to Controlling BP and MCI

Intensive lowering of blood pressure did not significantly reduce dementia risk but did have a measurable impact on mild cognitive impairment (MCI), according to the final, peer-reviewed results from the Systolic Blood Pressure Intervention Trial (SPRINT) Memory and Cognition in Decreased Hypertension (SPRINT MIND).

SPRINT MIND secondary results are the first to show an intervention that significantly reduces the occurrence of MCI, which is a well-established precursor of dementia. The results were reported Jan. 28, 2019 in the *Journal of the American Medical Association*.

SPRINT MIND was an integral aspect of the initial design for SPRINT, a large, randomized clinical trial of intensive blood pressure lowering on cardiovascular and renal disease; both were funded by the National Institutes of Health.

SPRINT MIND Investigators. Effect of Intensive vs Standard Blood Pressure 2 Control on Probable Dementia: A Randomized Clinical Trial. JAMA. 2019 Jan. 28. <https://doi.org/10.1001/jama.2018.21442>

48. Brain Biomarkers Could Help ID Risk of Severe PTSD

A study has shed light on the neurocomputational contributions to the development of post-traumatic stress disorder (PTSD) in combat veterans. The findings, published in *Nature Neuroscience*, revealed distinct patterns for how the brain and body respond to learning danger and safety depending on the severity of PTSD symptoms. These findings could help explain why symptoms of PTSD can be severe for some people but not others.

The study was funded in part by the National Institute of Mental Health, part of the National Institutes of Health. Read more in Homan et al "Neural computations of threat in the aftermath of combat trauma" [here](#).

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UPCOMING EVENTS

Send calendar events to robinson@nasemso.org

Please use these links to access monthly course schedules and registration info related to:

- [NAEMSE Instructor Course Level 1](#)
- [NAEMSE Instructor Course Level 2](#)
- [CAAHEP Accreditation Update & Evaluating Student Competency Workshops](#)
- [NAEMSE/NREMT Regional Scenario Development Workshops](#)

National Conferences and Special Meetings

[American Academy of Emergency Medicine Annual Meeting](#)

March 9-13, 2019 in Las Vegas, NV

[National EMS Safety Summit](#)

March 26-29, 2019 in Denver, CO

[American College of Surgeons Committee on Trauma Annual Meeting](#)

March 20-22, 2019 in Chicago, IL

[Society of Trauma Nurses Annual Meeting](#)

March 27-29, 2019 in Lexington, KY

[FDIC International](#)

April 8-13, 2019 in Indianapolis, IN

[EMS on the Hill Day](#)

April 9-10, 2019 in Washington, DC

[Critical Care Transport Medicine Conference](#)

April 15-17, 2019 in Albuquerque, NM

[5th Annual Trauma Prevention Coalition Injury Prevention Symposium](#)

April 28-30, 2019 in Las Vegas, NV

[Society for Academic Emergency Medicine Annual Meeting](#)

May 14-17, 2019 in Las Vegas, NV

[National Association of State EMS Officials Annual Meeting](#)

May 13-16, 2019 in Salt Lake City, UT

EMS Week

Nationwide on May 19-25, 2019. Read more via [ACEP](#) and [NAEMT](#).

[ACCREDITCON \(CoAEMSP\)](#)

May 29 - June 2, 2019 in Louisville, KY

[Fire Rescue Med \(IAFC EMS Section Annual Meeting\)](#)

June 5-7, 2019 in Henderson, NV

[NFPA Annual Conference](#)

June 17-20, 2019 in San Antonio, TX

[Pinnacle 2019](#)

July 22-26, 2019 in Orlando, FL

[National Association of EMS Educators Annual Meeting](#)

July 31 - August 5, 2019 in Fort Worth, TX

[IAFC Annual Conference \(Fire-Rescue International\)](#)

August 7-10, 2019 in Atlanta, GA

[2019 EMS-C Program Meeting](#)

August 19-22, 2019 in Arlington, VA

[Emergency Nurses Association Annual Meeting](#)

September 29 - October 2, 2019 in Austin, TX

[American College of Emergency Physicians Annual Meeting](#)

October 27-30, 2019 in Denver, CO

[American College of Surgeons Clinical Congress](#)

October 27-31, 2019 in San Francisco, CA

[Air Medical Transport Conference](#)

November 4-6, 2019 in Atlanta, GA

[EMS World Expo](#)

October 14-18, 2019 in New Orleans, LA

[American Ambulance Association Annual Meeting](#)

November 4-6, 2019 in Nashville, TN

[IAEM EMEX 2019](#)

November 15-20, 2019 in Savannah, GA

See more EMS Events on the [NASEMSO Calendar](#).

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