



Washington Update

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1. NASEMSO Convenes Successful Annual Meeting in Little Rock

The hallways were recently buzzing at the Peabody Hotel in Little Rock, AR and contrary to the lobby frenzy, it wasn't the ducks! From NEMSIS updates to a live webinar from Landstuhl, Germany, 270 attendees are still talking about the many successes of the 2009 NASEMSO Annual Meeting. The ambitious program schedule covered many topics including the Implementation of the EMS Education Agenda, Regionalization of Care, H1N1, EMS Communications, Air Medical Issues, Ambulance Diversion Policies, and more... Presentations from the general session are now available on the [NASEMSO web site](#). Updates and materials from the Councils will be posted as they become available.

2. NASEMSO Resolution 2009-001 Addresses Project 25 Compliance

During its annual meeting, NASEMSO members voted unanimously to approve Resolution 2009-001 that calls upon the Project 25 (P25) Compliance Assessment Program (CAP) to implement and enforce conformance standards tests as part of the CAP process and to only allow testing in approved labs. The P25 CAP has been created to assure interoperability among the equipment, software, and systems of voice communications vendors supplying EMS and other public safety users. The same position was recently approved by the the National Public Safety Telecommunications Council (NPSTC) and the Department of Homeland Security's SAFECOM Executive Committee. For more information, contact NASEMSO Program Advisor Kevin McGinnis via mcginnis@nasemso.org.

3. NASEMSO Signs Coalition Letter to Support Funding for Health Programs

NASEMSO has joined 230 health care organizations in supporting the FY 2010 Labor-HHS-Education Appropriations bill (H.R. 3293), to provide the highest possible funding level for health programs. In a letter to the Labor-HHS-Education Subcommittee(s) on Appropriations, the Coalition for Health Funding points out the benefit of discretionary health programs and activities for all Americans and reiterates support for the Bill as "the nation's primary investment in biomedical, behavioral and health services research as well as other activities directed at preventing and mitigating disease and disability." The Coalition for Health Funding is a nonprofit alliance of 50 national health organizations that works in a nonpartisan fashion to ensure that health discretionary spending remains highly visible as Congress and the Administration set federal budget priorities. The final letter is available on the NASEMSO web site at www.nasemso.org under the Advocacy section.

4. NASEMSO Program Advisor Named to FCC Advisory Council

NASEMSO Program Advisor, Kevin McGinnis, has been named to the Federal Communications Commission’s Communications Security, Reliability and Interoperability Council. The Council is a Federal Advisory Committee that provides guidance and expertise on the nation's communications infrastructure and public safety communications. Read the Council’s charter [here](#). Congratulations, Kevin!

5. HHS Awards \$40 Million to States to Find, Enroll Children in CHIP, Medicaid

HHS Secretary Kathleen Sebelius recently announced \$40 million in grants to 69 grantees in 41 states and the District of Columbia to help them find and enroll children who are uninsured but eligible for either Medicaid or the Children’s Health Insurance Program (CHIP). Recognizing that millions of children are eligible for Medicaid or CHIP, but are therefore needlessly uninsured, the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) set aside \$100 million for fiscal years 2009-2013 expressly to help find and enroll eligible children. Of the total outreach amount, \$80 million will be given to states and other organizations, \$10 million to Tribal organizations and \$10 million for a national outreach effort. These awards are for a two year period ending Dec. 31, 2011, which will then be followed by a second round of \$40 million in new grants. [More on CHIP and Medicaid funding...](#)

6. \$120 Million for States Made Available for Community Prevention and Wellness Initiatives

The Department of Health and Human Services (HHS) recently announced the release of \$120 million in American Recovery and Reinvestment Act (ARRA) funds for prevention and wellness programs for U.S. states and territories, building on the recent announcement of the \$373 million funding opportunity for communities and tribes around the country. In all, the comprehensive *Communities Putting Prevention to Work* initiative will make \$650 million available for public health efforts to address obesity, increase physical activity, improve nutrition, and decrease smoking. The \$120 million in cooperative agreements will be awarded to states and territories for three components: statewide policy and environmental change, tobacco cessation through quitlines and media campaigns, and special initiatives to create health-promoting policies and environments. For the first two components, dollar amounts awarded to each state and territory will be based on population size and number of smokers. For the third component, states will apply for special funds through a competitive process based on the potential health impact of the proposed activities. States and territories will have two years to complete their work. They will coordinate their efforts with other *Communities Putting Prevention to Work* initiatives in large cities, urban areas, small cities, rural areas, and tribal areas. [More on Prevention and Wellness funding...](#)

7. Aviation Blogs Point to Fatigue Expert as Possible NTSB Nominee

Speculation abounds on a variety of aviation web sites that Dr. Mark Rosekind, former director of the NASA Fatigue Countermeasures Program, will be nominated by President Obama to fill a vacancy on the National Transportation Safety Board. Dr. Rosekind is internationally recognized for translating complex sleep and circadian (body clock) science into practical and effective strategies that enhance performance, safety, and health. Over the past 25 years, Rosekind has conducted scientific research in leading academic institutions and directed the award-winning efforts of the NASA Fatigue Countermeasures Program. Sleep inertia has been studied as a factor in several air medical crashes leading the Commission on Accreditation of Medical Transport Services to propose a 2009 standard on fatigue and sleep deprivation applied to medical crews and pilots.

8. AHRQ Releases New Tools to Identify and Run Alternate Care Facilities

AHRQ recently released two interactive computer tools to help emergency planners and responders select and run alternate care facilities – locations that can easily and quickly be equipped to augment or replace health care services when hospitals and other traditional care sites are inoperable or overwhelmed. The two interactive computer tools allow users to input information about specific medical care needs and get feedback on which sites can become alternate care facilities or which patients can appropriately be moved to those sites. Under contract to AHRQ, Denver Health developed these new tools as an update to an alternate care site selection tool it completed for AHRQ in 2004. In addition to changes that make the tools more user friendly, they have the capability to capture richer demographic information, a simplified system to rate facility characteristics and a “necessity level” indicator that allows users to evaluate individual facility characteristics based on local or regional need. The tools “Disaster Alternative Care Facility Selection Tool” and “Disaster Alternative Care Facility Patient Selection Tool” are available on the AHRQ Web site at <http://www.ahrq.gov/prep/acfselection/>.

9. AHRQ Condenses “Scarce Resources” Guide to Aid H1N1 Planning Efforts

HHS’ Agency for Healthcare Research and Quality (AHRQ) recently released a condensed version of a 2007 mass medical care planning guide that contains updated resources and new information specific to H1N1. *Mass Medical Care With Scarce Resources: The Essentials* is a resource for community planners to prepare for public health emergencies, such as pandemic flu, when demand for medical resources outweighs supply. The 70-page guide sets out a framework of basic steps that planners may take to prepare for a mass casualty event. It addresses key questions that each community should ask to properly plan for a well coordinated operational response. The Essentials guide addresses ethical and legal issues and provides tips on preparing for the provision of services to address: pre-hospital, acute hospital care, alternative care sites, and palliative care during disaster conditions. To illustrate how to apply these basic principles, the Essentials guide also includes a special section on influenza pandemic preparedness. This new resource is an abbreviated version of AHRQ’s *Mass Medical Care With Scarce Resources: a Community Planning Guide* and is available [here](#).

10. ODNI Publishes National Intelligence Strategy

The Office of the Director of National Intelligence (ODNI) recently unveiled the 2009 National Intelligence Strategy – the blueprint that will drive the priorities for the nation’s 16 intelligence agencies over the next 4 years. The National Intelligence Strategy (NIS) is one of the most important documents for the Intelligence Community (IC) as it lays out the strategic environment, sets priorities and objectives, and guides current and future decisions on budgets, acquisitions, and operations. The National Intelligence Strategy lays out the strategic environment – challenges the U.S. faces not only from other nations and non-state actors, but also from global trends related to forces like economics, the environment, emerging technology, and pandemic disease. It identifies four IC-wide goals to: enable wise national security policies, support national security actions, deliver top-notch capabilities, and operate as a team. Finally, it explains the IC’s objectives – what the IC intends to accomplish (6 mission objectives) and how the IC will accomplish them (enterprise objectives). For more information, go to:

- [2009 National Intelligence Strategy](#)
- [2009 National Intelligence Strategy Fact Sheet](#)
- [2009 National Intelligence Strategy Frequently Asked Questions](#)

The ODNI oversees the coordination and integration of the 16 federal organizations that make up the Intelligence Community. The DNI sets the priorities for and manages the implementation of the National Intelligence Program.

Additionally, the DNI serves as the principal adviser to the president and the National Security Council on all intelligence issues related to national security.

11. Report of HSAS Task Force Now Available

In July 2009, DHS Secretary Napolitano established the Homeland Security Advisory System Task Force to conduct a 60-day review of the Homeland Security Advisory System (HSAS). The mission of the task force is to assess the effectiveness of the system in informing the public about terrorist threats and communicating protective measures within government and throughout the private sector. The Task Force has concluded its work and has suggested that if the Secretary decides to retain a system of alerts utilizing colors, that substantial reform is required. Read the full Task Force Report [here](#).

12. GAO Releases New Report on Citizen Corps and Ready Campaign

In recent testimony before the Subcommittee on Emergency Communications, Preparedness, and Response, Committee on Homeland Security, House of Representatives-- the Government Accounting Office (GAO) reflected on the status of FEMA’s community preparedness programs. By law, the Federal Emergency Management Agency (FEMA) is required to develop a national preparedness system (NPS) including community preparedness programs as part of the NPS. FEMA’s budget to operate these programs made up less than one half of 1 percent of its \$7.9 billion budget for fiscal year 2009. These programs include the Citizen Corps program and its partner programs, such as Fire Corps, and rely on volunteers to coordinate efforts and assist first responders in local communities. DHS’s Ready Campaign promotes preparedness through mass media. This testimony provides preliminary observations on (1) challenges FEMA faces in measuring the performance of Citizen Corps, its partner programs, and the Ready Campaign and (2) actions FEMA has taken to develop a strategy to encompass how Citizen Corps, its partner programs, and the Ready Campaign operate within the context of the NPS. [Read the report...](#)

13. IOM Provides Guidance on Standards of Health Care During Disaster Situations

At the request of the Office of the Assistant Secretary for Preparedness and Response in the Department of Health and Human Services, the Institute of Medicine convened a committee to develop guidance for crisis standards of care that should apply in disaster situations--both naturally occurring and man-made that occurs under scarce resource conditions. NASEMSO Program Advisor Leslee Stein-Spencer served on the review panel to finalize this document which includes background information on the 2009 H1N1 Influenza Pandemic and other public health emergencies and disasters. The committee's report articulates current concepts and guidance that can assist state and local public health officials, healthcare facilities, and professionals in the development of systematic and comprehensive policies and protocols for crisis standards of care in disasters in which resources are scarce. In addition, within the extensive "operations" section of the report the committee provides guidance to clinicians, healthcare institutions, and state and local public health officials for how those crisis standards of care should be implemented in a disaster situation. [More on IOM Report...](#)

14. H1N1 Highlights

As of September 2009, most flu viruses in circulation are 2009 H1N1. At the request of the states, and in preparation for what is expected to be an early 2009-2010 flu season, CDC began a new reporting season for flu-associated hospitalizations and deaths on August 30, 2009. The Centers for Disease Control and Prevention are currently revising the case definition for influenza like illness at <http://www.cdc.gov/h1n1flu/casedef.htm> . Due to CDC’s new case definitions, there will be no definitive way to differentiate between hospitalizations and deaths due to seasonal influenza versus those due to 2009 H1N1 influenza from aggregate reporting.

Info on Vaccines

- The U.S. Food and Drug Administration has approved 2009 H1N1 influenza vaccines made by four different manufacturers. Only unadjuvanted vaccines will be used in the United States during the 2009-10 flu season.
- A report in the August 21, 2009, Morbidity and Mortality Weekly Report (MMWR) provides official recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of vaccine against 2009 H1N1 influenza.
- The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older. It is likely that children younger than 10 years will need two doses of 2009 H1N1 flu vaccine.
- States began placing orders for Live Attenuated Influenza Vaccine (LAIV) with the CDC on September 30. Vaccine ordered on September 30th is already beginning to arrive at vaccination sites. Live-attenuated vaccines contain a living bacteria or virus that has been weakened in the laboratory so that it doesn't cause the actual disease in individuals with healthy immune systems. [More on LAIV...](#)
- During the first two weeks in October 2009, states will be able to place orders for 15 microgram pre-filled syringes of inactivated vaccines licensed for use in children age 4 and older, multidose vials, as well as additional LAIV.
- Much controversy surrounds vaccine and adverse outcomes in general such as the incidence of miscarriages and Guillain-Barre Syndrome following vaccination. The CDC maintains that these events occur in nature and are not caused by vaccines. [Read more...](#)
- An easy to understand primer to educate the public about vaccine terminology is available on the [FDA web site](#).

Conflicting Reports on Respiratory Protection for HCW

- During its recent annual meeting, the American Society of Microbiology heard evidence from researchers in Beijing, China about the usefulness of respiratory protection and fit-testing of N-95 masks for health care workers, in particular, that fit-testing does not improve the efficacy of N-95 masks. NASEMSO members with questions about respiratory protection and fit-testing are encouraged to contact coca@cdc.gov. Current CDC and OSHA guidelines still advocate for fit-testing at this time. Read the summary and abstract on the [NASEMSO website](#).
- The Journal of the American Medical Association has published a new study on respiratory protection for health care workers. Read the article at <http://jama.ama-assn.org/cgi/content/full/2009.1466> which seems to advocate for the use of surgical masks as a substitute for N-95's and the editorial response by the CDC at <http://jama.ama-assn.org/cgi/content/full/2009.1494>.
- Yet another article has been published in a new supplement to Disaster Medicine and Public Health Preparedness that suggests "public health organizations and other influential institutions should take care to avoid making changes to established practice standards, if possible, unless these changes are bolstered by sound scientific evidence. Until definitive comparative effectiveness clinical trials are conducted, the answer to this question will continue to remain elusive. In the meantime, relying on ethical principles that have been substantiated over time may help guide public health and clinical decisions." (See Radonovich LJ, Perl TM, Davey V, Cohen H. Preventing the Soldiers of Health Care From Becoming Victims on the Pandemic Battlefield:

Respirators or Surgical Masks as the Armor of Choice. *Disaster Med Public Health Preparedness*. 2009;3(Suppl 2):000–000 at <http://www.dmph.org/>)

- Most importantly, masks are touted as a last resort in preventing the spread of influenza. CDC recommends a three-step approach to fighting the flu: vaccination, everyday preventive actions, including covering coughs, frequent hand washing, and staying home when sick, and the correct use of antiviral drugs if recommended by a doctor.

Clinical Use of Diagnostic Testing for H1N1

- On September 29, 2009, CDC issued interim recommendations for clinical use of influenza diagnostic testing during the 2009-2010 influenza season. These recommendations are available [here](#).
- In most cases—testing is not needed for clinical care but the CDC recommends influenza diagnostic tests for the following people:
 - hospitalized patients with suspected influenza
 - patients for whom a diagnosis of influenza will inform decisions regarding clinical care, antiviral treatment, infection control, or management of close contacts
 - patients who have died with an illness where influenza was suspected

Bacterial Coinfections in Fatal Cases

- Important information on bacterial pneumonias associated with H1N1 is included in [Morbidity and Mortality Weekly Report \(MMWR\): Bacterial Coinfections in Lung Tissue Specimens from Fatal Cases of 2009 Pandemic Influenza A \(H1N1\) — United States, May-August 2009](#)
- These findings show that bacterial pneumonia is contributing to fatalities in people with 2009 H1N1, similar to previous pandemics.
- The bacteria causing these infections included *Streptococcus pneumoniae* (pneumococcus), group A *Streptococcus*, and *Staphylococcus aureus*, several of the leading causes of community-acquired pneumonia and other severe bacterial infections. *Streptococcus pneumoniae* (pneumococcus) was the most common cause.
- For the prevention of pneumococcal disease, two vaccines are currently available in the United States. More information is available at <http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm>

Tamiflu Suspension for Kids

- As of September 29, 2009, products may be in short supply in some locations if there is increased use in compounding of an oral suspension from Tamiflu 75mg capsules.
- Tamiflu® oral suspension that is being deployed by the CDC will include lot numbers that have an expiration date that has been extended based on scientific testing done by FDA.
- The medicine has passed FDA’s tests, and the expiration date of the medicine has been extended beyond the date originally printed on the bottle.
- This product can be dispensed under the current emergency use authorization (EUA) for Tamiflu®, and a fact sheet for patients and parents also will be provided. To check on a specific bottle’s expiration date to determine if the lot has been extended and for how long, please see <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm154962.htm>

To prevent the spread of antiviral resistant virus strains, CDC reminds clinicians and the public of the need to continue hand and cough hygiene measures for the duration of any symptoms of influenza (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5832a3.htm>) Additional information on antiviral recommendations for treatment and chemoprophylaxis of influenza virus infection is available at <http://www.cdc.gov/h1n1flu/recommendations.htm> . Antiviral treatment with oseltamivir or zanamivir is recommended for all patients with confirmed or suspected influenza virus infection who are hospitalized or who are at higher risk for influenza complications.

15. Hospital Bed Availability During Pandemic—Focus of New TFAH Report

In related news, the Trust for America’s Health (TFAH) has released a new report that finds 15 states could run out of available hospital beds during the peak of the outbreak, if 35 percent of Americans were to get sick from the H1N1 flu virus. Twelve additional states could reach or exceed 75 percent of their hospital bed capacity, based on estimates from the FluSurge model developed by the U.S. Centers for Disease Control and Prevention (CDC). The report and state-specific information is posted on TFAH’s website at www.healthyamericans.org.

16. National Summit Focuses on Distracted Driving

New research from the National Transportation Safety Board shows that nearly 6,000 people died in crashes last year involving distracted or inattentive drivers. The data showed more than 500,000 were injured, and that on any given day last year 800,000 vehicles had someone using a hand-held cell phone at the wheel. Transportation Secretary Ray LaHood and others speaking at a national Distracted Driving Summit in Washington last week rebuked texting, using hand-held and hands-free cell phones, talking to passengers and even programming a GPS while driving as life-threatening distractions on the road. LaHood said he would offer recommendations that could lead to new restrictions on using the devices while driving. [More on distracted driving summit...](#)

17. Health Information Technology Strengthens Care in Rural Communities

The Department of Health and Human Service (HHS) recently released a report on how health information technology can improve health care for Americans living in rural communities. The report examines how the Columbia Basin Health Association in Othello, Wash., uses health information technology to improve health care quality and patient safety as well as promote care coordination and continuity. Approximately 65 million Americans live in communities with shortages of primary care providers and nearly 50 million of those Americans live in rural areas. Health information technology, and specifically EHRs, can improve care for patients and assist in clinical decision making and the use of evidence-based guidelines. Electronic health records can also decrease administrative hassle, increasing workplace satisfaction and productivity. The complete report is available now at www.healthreform.gov.

18. FDA Recalls Children's and Infants' Tylenol Oral Suspension

McNeil Consumer Healthcare and FDA notified consumers of a nationwide recall of certain Tylenol products as a precautionary measure because of potential manufacturing problems. The company initiated a recall of certain oral suspension products distributed between March 2008 and May 2008 due to the potential of bacteria in raw materials used to manufacture the finished product. There are no illnesses reported by patients using this product. The full list of recalled product lots can be accessed on the company’s website at http://www.tylenolprofessional.com/assets/TYLENOL_Letter_091809.pdf. McNeil is advising parents and caregivers who have administered affected product to their child or infant and have concerns to contact their healthcare providers. Parents and caregivers can find the lot numbers on the bottom of the box containing the

product and also on the sticker that surrounds the product bottle. Read the complete MedWatch 2009 Safety summary including a link to the FDA news release [here](#).

19. New GAO Report Focuses on Fraud and Abuse Related to Controlled Substances

In a new report by the Government Accounting Office, Medicaid beneficiaries in five selected states acquired the same type of controlled substances from six or more different medical practitioners during fiscal years 2006 and 2007 with the majority of beneficiaries visiting from 6 to 10 medical practitioners. Such activities, known as doctor shopping, resulted in about \$63 million in Medicaid payments and do not include medical costs (e.g., office visits) related to getting the prescriptions. Among other findings, GAO revealed that according to Social Security Administration data, pharmacies filled controlled substance prescriptions of over 1,800 beneficiaries who were dead at that time. The GAO makes four recommendations to the Centers for Medicare and Medicaid Services (CMS) to issue guidance to states to better prevent fraud of controlled substances in Medicaid. States are primarily responsible for the fight against Medicaid fraud; however, the selected states did not have a comprehensive fraud prevention framework to prevent fraud and abuse of controlled substances. [More on GAO Report 09-957...](#)

20. Change in Reference Standard Affects Heparin Doses

FDA notified healthcare professionals and patients of a change to heparin, effective October 1, 2009, which will include a new reference standard and test method used to determine the potency of the drug and able to detect impurities that may be present in heparin. The change, which will also harmonize the USP unit dose with the WHO International Standard unit dose, will result in approximately a 10% reduction in the potency of the heparin marketed in the United States. This may have clinical significance in some situations, such as when heparin is administered as a bolus intravenous dose and an immediate anticoagulant effect is clinically important. Healthcare providers should be aware of the decrease in heparin potency as they monitor the anticoagulant effect of the drug; more heparin may be required to achieve and maintain the desired level of anticoagulation in some patients. Read the complete MedWatch 2009 Safety summary, including links to the Public Health Alert and Information for Patients [here](#).

21. NAEMT Responds to Members' Concerns About New NBC Show

Many members contacted NAEMT after the premiere of NBC's new prime-time program, *Trauma*. They called and emailed to express their disappointment and concern with the way in which the actors on the show portrayed EMTs and paramedics. Members felt that the show presented an inaccurate and misleading depiction of their work. In response, President Patrick Moore has communicated to NBC's President of Television Entertainment, Mark Gaspin, the concern and frustration of EMTs and paramedics across the country with the negative way that NBC is portraying their profession through this new television program. To read the full letter from President Moore, click [here](#). A similar effort is being reported by the IAFC EMS Section.

22. Emergency Legal Preparedness Among Select US Local Governments

Anderson ED, Hodge JA. In Disaster Medicine and Public Health Preparedness

Abstract: Legal preparedness is an essential component of effective public health emergency response, evinced recently by the numerous emergency declarations issued at the federal, state, and local levels to address the 2009 H1N1 influenza outbreak. Although the impact of these emergency laws at the federal and state levels has been studied extensively, the scope and role of local emergency laws have not been similarly assessed. In this article, we examine key issues of emergency laws among select US localities in the context of the recent H1N1 outbreak and their application to volunteer health professionals, who are often needed to meet patient surge capacity during

local emergencies. Localities represent the front line of emergency preparedness and must address an array of legal challenges before and during declared emergencies. Local legal preparedness differs based on overarching restrictions such as the degree of home rule provided to localities under state law. Some localities take innovative legal approaches to address emergency preparedness. Although beneficial in many respects, these variations add additional complexity to legal preparedness and intensify the need for predisaster planning, exercises, and coordination. Open access at <http://www.dmphp.org/>.



UPCOMING EVENTS

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

North Carolina Emergency Medicine Today (EM Today '09) October 4 - October 7, 2009. Sheraton Hotel at Four Seasons. Greensboro, NC. For more information, go to <http://www.ncdhhs.gov/dhsr/EMS/conferences.html>.

15th Annual Pocono EMS Conference - October 23, 24, 25, 2009. Pre-conference golf tournament October 22, 2009. The conference will be held at The Inn at Pocono Manor, Pocono Manor, PA. For additional information and conference registration visit www.easternemscouncil.org or call Eastern PA EMS Council at 610-820-9212.

SDEMTA 2009 Conference. South Dakota's premier EMS conference will be October 23-25, 2009 in Sioux Falls, SD. As information becomes available, it can be found at <http://www.sdemta.org/>.

Colorado State EMS Conference. Sponsored by the Emergency Medical Services Association of Colorado (EMSAC). November 5-8 in Keystone, CO. It features local, state, and national speakers and draws nearly 1000 attendees from Colorado and the Rocky Mountain region. Information about the conference can be found at <http://www.emsac.org/>. Those interested in presenting at the conference can submit presentations via our online system at <http://www.speakerready.com/abstracts/EMSAC/>

30th Annual Virginia EMS Symposium. November 11 – 15, 2009 Norfolk Waterside Marriott, Norfolk, Virginia More information is available at www.vdh.virginia.gov/OEMS/Symposium/index.htm. On-line registration opens August 1, 2009

32nd Annual West Virginia EMS Conference. November 12 - 14, 2009 at the Days Inn Hotel & Conference Center. Flatwoods, WV. More information will be provided when it becomes available.

34th Annual EMS Symposium November 12-14, 2009 Egan Center, Anchorage Alaska
Hosted by Southern Region EMS Council and State of Alaska Department of EMS and Injury Prevention

The 5th Annual New Jersey Statewide Conference on EMS November 12th – 14th, 2009 at the Sheraton Atlantic City Conference Website: www.niemsconference.com

Texas EMS Conference. November 22 - 25th, 2009. Fort Worth Convention Center. Look for exhibitor registration beginning in March, 2009 and attendee registration beginning in May, 2009 at http://www.texasemsconference.com/texas_ems_2009.htm.

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

2009 ACEP Annual Meeting. October 5-8, 2009. Boston, MA. For more information, go to www.acep.org.

2009 ENA Annual Meeting. General Assembly October 7-8, 2009. Scientific Assembly October 8-10, 2009. Baltimore Convention Center, Baltimore, MD. Additional info available at www.ena.org.

2nd Annual EMS Safety Summit. October 8 and 9th, 2009 at the Embassy Suites Loveland, Colorado. This summit will focus on driver education resulting in the development of a comprehensive EMTS Driving Training course curriculum. Sponsored by Mile High RETAC. For more information, go to www.milehighretac.org.

Fifth Annual International Roundtable on Community Paramedicine and Rural Healthcare Delivery. October 12-17, 2009 Auckland, New Zealand. For more information go to <http://www.ircp.info/>.

NEMSIS VERSION 3 Software Developers Meeting. October 20th 2009 Hyatt Regency DFW, DFW Airport, Texas. **This is the most important meeting of the year for EMS Agency and State level EMS Software Developers. This meeting will focus on NEMSIS Version 3, the data standard, required software function, and data transmission. All comments and discussion from this meeting will be used to finalize the NEMSIS Version 3 Compliance Requirements.** Important information regarding this meeting, including a draft agenda, the registration process and hotel lodging accommodations is available on the NEMSIS TAC website at www.nemsis.org

2009 Air Medical Transport Conference. October 26-28, 2009. San Jose, CA For more information go to www.aams.org.

2009 EMS Expo/NAEMT Annual Meeting. October 26-30, 2009. Atlanta, GA. Go to <http://www.publicsafetyevents.com/ems/index.po> for more information.

EMSC Town Hall Conference Calls 2:00 pm to 4:00 pm (eastern) January 5, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

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

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