



Washington Update

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In This Issue...

NASEMSO NEWS

1. NASEMSO Mourns the Loss of Arkansas State Director
2. NASEMSO Announces Tentative 2010 MY Dates; Seeks EMS Calendar Items for New Year
3. NASEMSO Launches Education Agenda Needs Assessment Surveys
4. NASEMSO Publishes Monograph Representing Comprehensive Examination of State EMS Funding
5. NASEMSO Program Staff Participates as FCC Panelist on Broadband Field Hearing
6. NASEMSO Program Staff Participates as IOM Panelist on Workforce Needs in Health Incidents
7. NASEMSO Provides Comments on Wildland Fire Standards Document

AIR MEDICAL

8. NTSB Issues Several HEMS Safety Recommendations

DATA AND COMMUNICATIONS

9. First Ambulance-Based Wireless Medical Records System Comes to Indianapolis
10. HIT Advisory Committees Launch New Blog to Describe FACA Activities

DOMESTIC PREPAREDNESS

11. NEMA TTX Available for Public Health/Medical Personnel
12. Disaster Relief Codejam Engages Software Giants in Random Hacks of Kindness
13. NIOSH Pocket Guide Now Available for the iPhone
14. IOM Forum Releases Crisis Standards of Care Workshop Series
15. WISER Update Now Available

H1N1 AND SEASONAL INFLUENZA

16. WHO Provides Mass Gathering Guidance for H1N1
17. **NIOSH Comments on (MacIntyre) Study on Healthcare Worker Respirator Use/Fit Testing**
18. **OSHA Issues Compliance Directive for Occupational Exposure to H1N1**
19. **CMS Provides Clarification to NASEMSO Inquiry on 1135 Waiver Conditions for Ambulances**
20. NIOSH Seeks Information Associated With H1N1 and Healthcare Workers
21. CDC Issues Health Advisory on Pneumococcal Vaccination to Prevent Secondary Infections
22. WHO Issues Revised Guidance on Clinical Management for H1N1

- 23. CDC Issues Guidance on Emergency Shelters for 2009-10 Flu Season
- 24. NPPTL Launches Respirator Trusted-Source Information Page
- 25. NIOSH Seeks Comments on TIL Requirements for Respirators
- 26. Public Health Officials Monitoring H1N1 Virus Mutation Detected in Norway
- 27. FDA Warns of Unapproved and Illegal H1N1 Drug Products Purchased Over the Internet

HEALTH AND SAFETY

28. Ryan White Emergency Response Provisions Reinstated

HIGHWAY SAFETY

- 29. NHTSA Seeks Public Comment on Traffic Safety Problems
- 30. DOT Releases New Action Plan to Address Motorcoach Safety Issues
- 31. Newly Formed Safety Council to Take Safety Commitment to Next Level

FEDERAL PARTNERS

- 32. Deadline Extended for NEMSAC Applications
- 33. Funding Opportunity Announcements (FOAs) from CDC's Injury Center
- 34. NIH Awards \$8.5 Million for Research on Pharmaceuticals for Children
- 35. Secretary Sebelius Announces New HHS Regional Directors
- 36. Senate Confirms US Surgeon General
- 37. NHLBI Stops Enrollment in Study on Resuscitation Methods for Cardiac Arrest
- 38. Journal Supplement on Developing the Public Health Workforce
- 39. FDA Investigates External Biphasic Defibrillators Energy Levels
- 40. FDA Warns of Defective Powerheart and CardioVive (AED) Display Screens
- 41. FDA Recalls Meconium Kits
- 42. Opportunity for Public Comment on Draft Healthy People 2020 Objectives

INDUSTRY NEWS

- 43. ACEP Issues Public Guidance on Using the ED for Influenza-Like Illness
- 44. AHA Launches Hands-Only CPR Web Resources
- 45. NAEMT Announces First EMS on the Hill Day
- 46. EMSsystems, LLC Acquires Med Media, Inc.

UPCOMING EVENTS

- **Statewide EMS Conferences**
- **National Conferences and Special Meetings**

ITEMS IN RED highlight recent priority and frequently requested information.

1. NASEMSO Mourns the Loss of Arkansas State Director

On Nov. 5, 2009, the EMS community lost a visionary leader and great friend with the unexpected death of Arkansas State EMS Director, David Taylor. David started his career in emergency services as an EMT in 1989. He became a paramedic in 1991 and joined the Arkansas Department of Health on June 1, 1999 as an EMS Specialist. He served as Certification Administrator, Interim Director, and he became Director of Emergency Medical Services in April 2003. President Steve Blessing issued this statement on behalf of NASEMSO, "David Taylor was a dedicated family man, a committed public servant, and a good friend and colleague. We were blessed by his friendship, grateful for his commitment, indebted to his experience, and honored by his presence. Our thoughts and prayers are with his beloved wife and children and all our colleagues in the Arkansas Office of EMS and Trauma. We will deeply miss him." NASEMSO invites all state EMS officials and partners to share their memories of David, share photos, and express their sympathies to his family and friends at the [NASEMSO memorial site in honor of David](#). A memorial book will be published, composed of your memories and photos, and the book will be sent to David's family. The deadline for submissions has been extended to December 5.

In related news, the Arkansas Office of EMS expresses its sincere appreciation for the cards, notes, thoughts, and prayers during this difficult time. Although David's mailbox is no longer accepting messages, AR program staff continues to receive NASEMSO updates and correspondence via individual mail accounts.

2. NASEMSO Announces Tentative 2010 MY Dates; Seeking EMS Calendar Items for New Year

NASEMSO announces TENTATIVE dates of May 24-26, 2010 for its Mid-Year Meeting in the Washington, DC area. While the schedule and venue are still being finalized, we are providing this information based on the volume of requests for information to facilitate state planning. It is anticipated that Councils and Committees will begin to convene on May 24 through 25, with a full day general program on May 26th. Additional information will be provided as it becomes available.

In related news, it's that time of year again!!! NASEMSO welcomes the submission of statewide and national conferences or programs of interest to the EMS community for posting on our web site and in Washington Update! Descriptions should include the title, sponsor, location, date(s), contact information, and web site (if applicable.) Please send these items to NASEMSO Webmaster Karen Thompson-- Thompson@nasemso.org or WU Editor Kathy Robinson-- robinson@nasemso.org.

3. NASEMSO Launches Education Agenda Needs Assessment Surveys

NASEMSO is conducting needs assessment surveys of EMS educators, EMS programs, and state EMS training coordinators to determine how the EMS community is progressing with implementation of the EMS Education Agenda. An instructional cover letter and the survey SAMPLE is now available on our [web site](#). Links to the surveys are imbedded within these documents. NASEMSO encourages participants to review the pdf files to read the survey and think about their answers in advance of logging in to the web site because once an individual starts the survey, they will not be able to exit and return to view or edit their answers. The results will be used to determine the need for resources to support implementation of the Education Agenda. The deadline for completing the educator survey is December 4, 2009 and the deadline for completing state training coordinator surveys is December 11.

4. NASEMSO Publishes Monograph Representing Comprehensive Examination of State EMS Funding

[The Status of State Emergency Medical Services Office Funding and Utilization of Section 402 and 408 Highway Safety Funding](#) is now available from NASEMSO. This monograph represents the third comprehensive examination

of state EMS funding. To the extent that funding equals resources, the level and trends associated with state EMS funding represent an important area of interest relating to a component of the healthcare system charged with a critical safety-net function. In this study, NASEMSO examined the levels and sources of all funding to support state EMS offices for Fiscal Year 2009 and compared those data with comparable information from previous studies. NASEMSO also specifically examined the access and use of Section 402 and Section 408 Highway Safety Funding currently experienced by state EMS offices. This monograph represents extensive work over the past year in instrument design, information gathering and data analysis. For information on purchasing copies of monographs, please contact [NASEMSO Headquarters](#).

5. NASEMSO Program Staff Participates as FCC Panelist on Broadband Field Hearing

The Federal Communications Commission recently hosted a broadband field hearing on *“The Role of Broadband in Improving Public Safety Communications and Emergency Response.”* The hearing focused on the specific broadband requirements for America’s first responders and emergency medical personnel, as well as the use of particular technologies and applications to maximize use of broadband, the cost of implementing such communications technologies, and how the National Broadband Plan now being developed by the Commission can help bring attention to, and address, these critical public safety issues. NASEMSO Program Advisor Kevin McGinnis participated as an EMS panelist. A recording of the broadcast can be viewed at http://www.fcc.gov/live/2009_11_12-workshop.html.

6. NASEMSO Program Staff Participates as IOM Panelist on Workforce Needs in Health Incidents

NASEMSO Program Advisor Leslee Stein-Spencer recently participated in the Institute of Medicine’s Forum on Medical and Public Health Preparedness for Catastrophic Events as a panelist. The Forum objectives included a review of objectives from the EUA and NHSS workshops, an update on health reform re: preparedness and discuss potential next steps, and a panel discussion on workforce that examined the partnerships that are needed to improve workforce capacity in the situation of a catastrophic health incident. The proceedings will be available on the [Forum’s web site](#) as soon as they become available.

7. NASEMSO Provides Comments on Wildland Fire Standards Document

Draft recommended standards have been developed by the Incident Emergency Medical Task Group (IEMTG) for the delivery of medical services on incidents managed by National Wildfire Coordinating Group (NWCG) member agencies. Following the 2009 NASEMSO Annual Meeting, a task force was appointed to review the document and provide further input. NASEMSO’s final recommendations to the IEMTG are now available on the [NASEMSO web site](#).

8. NTSB Issues Several HEMS Safety Recommendations

The National Transportation Safety Board recently issued safety recommendations that pertain to Helicopter Emergency Medical Services.

Issued to the [American Hospital Association](#):

- (A-09-129) Inform its members, through its website, newsletters, and conferences, of the Federal Aviation Administration's (FAA) role in aviation safety with respect to medical/air ambulance services and provide FAA contact information. Further, the American Hospital Association should urge its members to communicate any safety concerns related to medical/air ambulance services to the FAA.

[More on A-09-129...](#)

Issued to the Federal Aviation Administration:

- (A-09-130) Seek specific legislative authority to regulate helicopter emergency medical services (HEMS) operations conducted using government-owned aircraft to achieve safety oversight commensurate with that provided to civil HEMS operations.
- The NTSB also reiterated previous recommendations A-06-13, A-06-15, and A-06-17.

[More on A-09-130...](#)

Additional recommendations were forwarded to HEMS Operators:

- (A-09-131) Develop and implement flight risk evaluation programs that include training for all employees involved in the operation, procedures that support the systematic evaluation of flight risks, and consultation with others trained in helicopter emergency medical services flight operations if the risks reach a predefined level.
- (A-09-132) Use formalized dispatch and flight-following procedures that include up-to-date weather information and assistance in flight risk assessment decisions.
- (A-09-133) Install terrain awareness and warning systems on aircraft and provide adequate training to ensure that flight crews are capable of using the systems to safely conduct helicopter emergency medical services operations.

[More on A-09-131 through 133...](#)

Issued to organizations whose members are involved in search and rescue operations:

- A-09-138: Inform members through websites, newsletters, and conferences of the lessons learned from the emergency response to this accident (District Heights, Maryland 9/27/08) particularly emphasizing that search and rescue personnel need to understand how to interpret and use both global positioning system coordinates and the results of cell phone “pinging.”

[More on A-09-138...](#)

9. First Ambulance-Based Wireless Medical Records System Comes to Indianapolis

Health specialists in Indianapolis have established the nation’s first ambulance-based information system that allows paramedics and emergency medical personnel immediate access to the statewide electronic health records (EHRs) of patients. The Regenstrief Institute and Wishard Health Services set up the system earlier this year with grants from the Health and Human Services and Homeland Security departments. The goal is to help the medics provide more effective emergency care to patients by having real-time access to a digital record of the patients’ pre-existing medical conditions, previous treatments, allergies, current medications and other information. [More information on wireless medical records...](#)

10. HIT Advisory Committees Launch New Blog to Describe FACA Activities

The Office of the National Coordinator for Health IT at the Department of Health and Human Services has launched a new blog to engage public stakeholders in discussions or follow activity related to HHS HIT Policy Committee and HIT Standards Committee. Interested persons can view or join the discussion at <http://healthit.hhs.gov/blog/faca/>.

11. NEMA TTX Available for Public Health/Medical Personnel

The National Emergency Management Association (NEMA) is pleased to make available a standardized EMAC tabletop exercise (TTX) for use by state, local, and tribal public health, medical, and emergency management personnel. The exercise scenario, a New Madrid earthquake, is intended to drive specialized public health and

medical assets to be deployed through EMAC in a potentially catastrophic event. NEMA recommends a joint exercise approach between public health and emergency management to promote integrated planning and coordination. The tabletop exercise is currently in draft form. Materials provided here include, in order, presentation slides for six modules, a moderator instruction booklet, a facilitator/evaluator handbook, a player situation manual, and a participation feedback form. [More info on NEMA TTX...](#)

12. Disaster Relief Codejam Engages Software Giants in Random Hacks of Kindness

FEMA Administrator Craig Fugate recently keynoted the inaugural Random Hacks of Kindness, Disaster Relief Codejam (RHoK). RHoK is an initiative, sponsored by industry leaders such as Google, Microsoft, and Yahoo! in conjunction with NASA and the World Bank that brings together disaster relief experts and software engineers to work on identifying key challenges to disaster relief, and developing solutions to these critical issues. The two day "codejam" was held earlier this month with top programmers from across the country coming together in an attempt to solve predefined problems identified by disaster relief experts and the programmers themselves. Administrator Fugate challenged the programmers to come up with an easy way for families to put together emergency communications plans online. For more information on the event, click [here](#). You can also find out more about FEMA's efforts to engage the entire national emergency management team by following Administrator Fugate on twitter at "CraigatFEMA" or by following the FEMA feed at "FEMAinfofocus". You can also get the latest updates at www.facebook.com/fema or www.youtube.com/fema.

13. NIOSH Pocket Guide Now Available for the iPhone

The NIOSH Pocket Guide to Chemical Hazards (NPG) is now available as a mobile application for the iPhone and iPod touch. The information found in the NPG helps users recognize and control chemical hazards. All 667 chemicals in the NPG, including resources, are now immediately accessible for safety professionals in the application, NIOSH Pocket Guide 1.0, at <http://www.dangerousdecisions.com/apps.html>. For more information go to <http://press-releases.techwhack.com/42232-dangerous-decisions> or contact Mike Barsan (MBarsan@cdc.gov).

14. IOM Forum Releases Crisis Standards of Care Workshop Series

The Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events hosted a series of regional workshops in Irvine, CA; Orlando, FL; New York, NY; and Chicago, IL, between March and May of 2009. The goal of each workshop was to learn from the work already being done to develop state, regional, and local crisis standards of care policies and protocols; to identify areas requiring further development, research, and consideration; and to facilitate communication and collaboration among neighboring jurisdictions. A new report summarizing the discussions that took place at all four workshops is [now available](#). The term "crisis standards" now replaces the terminology related to "altered standards" in most federal and state documents to more accurately reflect the immediate and critical need to prepare for a crisis in which many thousands of people suddenly require and seek medical care and to diminish the risk associated with the notion that a standard of care is altered, amended, or simply not being followed because of the circumstances. IOM Workshop Summaries contain the opinion of the presenters, but do NOT reflect the conclusions of the IOM.

15. WISER Update Now Available

The National Library of Medicine announces that an update for "Wireless Info System for Emergency Responders" (WISER) for Windows 4.3 is now available! Most importantly, this fixes the recent Protective Distance mapping issue that has surfaced. Users of WISER for Windows are encouraged to update to the very latest version of the application (4.3.208 – Nov. 10, 2009). WISER for Windows can be downloaded from the [WISER web site](#).

16. WHO Provides Mass Gathering Guidance for H1N1

Planners of mass gatherings face special challenges during a global influenza pandemic. The purpose of a new document from the World Health Organization, *“Interim planning considerations for mass gatherings in the context of pandemic (H1N1) 2009 influenza”* is to outline key planning considerations for organizers of mass gatherings in the context of pandemic (H1N1) 2009 influenza. It should be used in conjunction with WHO’s *“Communicable disease alert and response for mass gatherings”*. The “Interim Planning” document was prepared during September – October 2009 by WHO staff. It was reviewed by WHO's Virtual Interdisciplinary Advisory Group on Mass Gatherings. It is based on currently available information about pandemic (H1N1) 2009 influenza. As the pandemic situation evolves and additional information becomes available, it may be necessary to revise the document. Review of the document is planned in the first quarter of 2010. [More on WHO guidance...](#)

17. NIOSH Comments on (MacIntyre) Study on Healthcare Worker Respirator Use/Fit testing

Results of a randomized trial of health care personnel respirator use were presented by The University of New South Wales (Australia) group (MacIntyre and colleagues) at the Infectious Diseases Society of America (IDSA) meeting in September. Attendees to the 2009 NASEMSO Annual Meeting learned of media attention to the study which concluded that while N-95’s were felt to be superior to surgical masks in protecting health care workers from influenza, fit-testing did not provide added value. The National Institute for Occupational Safety and Health (NIOSH) has weighed in on the topic at <http://www.cdc.gov/niosh/topics/h1n1flu/CDCresponse11-09-09.html> . NIOSH defends current federal requirements, saying, “Additional data are needed to more clearly determine 1) the modes of transmission of influenza, 2) factors that affect the risk of infection (such as the medical procedures being performed and the distance between the worker and the patient), and 3) the most effective methods for protecting healthcare personnel and patients from acquiring influenza infection in the healthcare setting. There are a number of studies that are underway or being planned at CDC and elsewhere which should help address these issues. As a sufficient body of new data becomes available, NIOSH and CDC will evaluate those data, and will consult with external experts and a variety of stakeholders regarding how the new data should affect the CDC guidance.”

In related news, The Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA) and the Association for Professionals in Infection Control and Epidemiology (APIC) recently urged the Obama administration to modify the guidance and issue an immediate moratorium on Occupational Safety and Health Administration's (OSHA) enforcement of the current requirements (which includes minimum of N-95 respirators and fit-testing for healthcare workers at risk for exposure.) [More on letter...](#)

18. OSHA Issues Compliance Directive for Occupational Exposure to H1N1

The Occupational Safety and Health Administration (OSHA) has published *“Enforcement Procedures for High to Very High Occupational Exposure Risk to 2009 H1N1 Influenza”* to coincide with anticipated OSHA Compliance visits reported in the [October 15 issue](#) of *Washington Update* (see item #8.) This directive “establishes agency enforcement policies and provides instructions to ensure uniform procedures when conducting inspections to minimize high to very high occupational exposure risk to the virus identified as 2009 H1N1 influenza of workers whose occupational activities involve contact with patients or contaminated material in a healthcare or clinical laboratory setting.” In addition to documentation of worker training and fit-testing of N-95 respirators and optimizing ventilation of vehicles transporting suspected or confirmed 2009 H1N1 influenza patients, EMS agencies will be expected to implement a system that encourages employees at high to very high occupational exposure risk to get the 2009 H1N1 influenza vaccination and provide it at no cost. A signed declination form may be used to

document that the employer offered and employees did not accept vaccination. For more information, download [OSHA Directive CPL-02-02-075...](#)

19. CMS Provides Clarification to NASEMSO Inquiry on 1135 Waiver Conditions for Ambulances

President Obama’s recent declaration of a public health emergency puts in motion the government’s ability to grant “EMTALA waivers” to hospitals that are unable to manage patient surges in face of influenza, consequently impacting EMS. (Readers are encouraged to review the CMS memo [Ref: S&C-09-52] related to EMTALA which we previously posted on the [NASEMSO web site](#) for more information.) In response to the 2009 H1N1 influenza virus, Secretary of Health and Human Services Sebelius, first declared a public health emergency under section 319 of the Public Health Service Act, 42 U.S.C. 247d on April 26, 2009. The Secretary has renewed that declaration twice, on July 24, 2009, and October 1, 2009. Secretary Sebelius invoked the 1135 waiver authority on October 29, 2009, with a retroactive effect to October 23, 2009. NASEMSO recently asked the Centers for Medicare and Medicaid Service for clarification on waiver conditions for ambulances in the event alternate care centers or “flu clinics” were established for the H1N1 pandemic. The following response is provided in its entirety for the convenience of our readers.

Question: In emergency/disaster situations how does CMS define an “approved destination” for ambulance transports and would it include alternate care centers, field hospitals and other facilities set up to provide patient care in response to the emergency/disaster?

Answer: CMS defines “approved destination” in the Code of Federal Regulations (CFR), 42 CFR § 410.40(e), Origin and Destination requirements. Medicare can only pay for ambulance transportation when it meets the Origin and Destination Requirements and all other coverage requirements in Medicare regulations and manuals. These requirements specify that an appropriate destination is one of the following for all beneficiaries covered under either Medicare Part A or Part B:

- Hospital;
- Critical Access Hospital (CAH);
- Skilled Nursing Facility (SNF);
- Beneficiary’s home;
- Dialysis facility for ESRD patient who requires dialysis.

Beneficiaries residing in a SNF who are receiving Part B benefits only are eligible for ambulance transport to one additional “approved destination”: From a SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is a resident. For SNF residents receiving Medicare Part A benefits, this type of ambulance service is subject to SNF consolidated billing.

A physician’s office is not a covered destination. However, under certain circumstances an ambulance transport may temporarily stop at a physician’s office without affecting the coverage status of the transport.

We do not expect an emergency/disaster to affect the availability of hospital or other facility services; however, should a facility which would normally be the nearest appropriate facility be unavailable during an emergency/disaster, Medicare may pay for transportation to another facility so long as that facility meets all Medicare requirements and is still the nearest facility that is available and equipped to provide the needed care for the illness or injury involved.

42 CFR 410.40 allows Medicare to pay for an ambulance transport (provided that transportation by any other means is contraindicated by the patient's condition and all other Medicare requirements are met) from any point of origin to the nearest hospital, CAH, or SNF that is capable of furnishing the required level and type of care for the beneficiary's illness or injury. The hospital or CAH must have available the type of physician or physician specialist needed to treat the beneficiary's condition.

The waiver authority under § 1135 does not authorize a waiver of the ambulance payment and coverage requirements, such as the approved destination requirements described above. However, Medicare payment for an ambulance transport to an alternative care site may be available if the alternative care site is determined to be part of an institutional provider (hospital, CAH or SNF) that is an approved destination for an ambulance transport under 42 CFR § 410.40 (whether under a § 1135 waiver or existing rules). If the alternative care site is granted approval by the State Agency to be part of an institutional provider (hospital, CAH or SNF) that is an approved destination under 42 CFR § 410.40 for an ambulance transport, Medicare will pay for the transport on the same basis as it would to any other approved destination in the absence an 1135 waiver. CMS has developed the "Hospital Alternate Care Site Fact Sheet", which provides detailed information regarding permitted actions with or without section 1135 waiver authorization. This Fact Sheet can be accessed at <http://www.cms.hhs.gov/H1N1/> or <http://www.cms.hhs.gov/H1N1/Downloads/AlternativeCareSiteFactSheet.pdf>

20. NIOSH Seeks Information Associated With H1N1 and Healthcare Workers

NIOSH recently issued a statement on the risks of serious illness among healthcare workers associated with H1N1 <http://www.cdc.gov/niosh/topics/H1N1flu/healthcare-risk.html> . NIOSH continues to work with its partners to gather more information about deaths and serious illness among healthcare personnel associated with 2009 H1N1 influenza.

21. CDC Issues Health Advisory on Pneumococcal Vaccination to Prevent Secondary Infections

Some of CDC's Active Bacterial Core surveillance (ABCs) sites have seen greater than expected numbers of cases of invasive pneumococcal disease coincident with increases in influenza-associated hospitalizations. Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1 influenza virus infection. As such, the CDC has issued a "Health Advisory on *Prevention Of Pneumococcal Infections Secondary To Seasonal And 2009 H1N1 Influenza Viruses Infection.*" The CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. [More on the indications for pneumococcal vaccination...](#)

22. WHO Issues Revised Guidance on Clinical Management for H1N1

Revised guidance from the World Health Organization provides updated information for health care providers managing patients with suspected or confirmed pandemic (H1N1) 2009. It incorporates knowledge gained about clinical features of pandemic influenza through international consultations. Key topics include risk factors for severe disease, signs and symptoms of progressive disease, diagnosis, treatment, both outpatient and in hospitals, and clinical care for resource-poor settings. [Download the WHO guidance....](#)

23. CDC Issues Guidance on Emergency Shelters for 2009-10 Flu Season

A new guidance document from the Centers for Disease Control and Prevention provides interim guidance specific for U.S.-based emergency shelters used by displaced persons during a natural or man-made disaster during the 2009-2010 influenza ("flu") season. The document provides guidance to reduce the risk of introducing and

transmitting both seasonal and 2009 H1N1 flu in these settings and is intended for use by federal, state, local, and tribal jurisdictions in the United States. It should be used in conjunction with existing shelter operation and management plans, procedures, guidance, resources, and systems and is not a substitute for shelter planning and preparedness activities, including other guidance documents. A multi-disciplinary approach that includes community response partners (e.g., public health, emergency management, and volunteer organizations) should be used to apply the guidance. [More on Emergency Flu Shelters...](#)

24. NPPTL Launches Respirator Trusted-Source Information Page

The National Personal Protective Technology Laboratory (NPPTL) has developed a Respirator Trusted-Source Information Page. The information on the page should be regarded as a reliable source to identify NIOSH-approved respirators; how to obtain products; and how to use them. The page will be dynamic and information will be added as it becomes available. Content will address NIOSH-Approved Respirators, Use of NIOSH-Approved Respirators, and Ancillary Respirator Information including Fact Sheets, Respirator Myths, Science of Respirator Function and Performance, Respiratory Protective Devices Not Approved by NIOSH. The Respirator Trusted-Source Information Page may be viewed at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource.html.

25. NIOSH Seeks Comments on TIL Requirements for Respirators

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) will hold a public meeting on December 3, 2009 concerning the proposed rule that was published in the Federal Register on Friday, October 30, 2009. The proposed rule proposes to establish total inward leakage (TIL) requirements for half-mask air-purifying particulate respirators approved by NIOSH. The proposed new requirements specify TIL minimum performance requirements and testing to be conducted by NIOSH and respirator manufacturers to demonstrate that these respirators, when selected and used correctly, provide effective respiratory protection to intended users against toxic dusts, mists, fumes, fibers, and biological and infectious aerosols (e.g. influenza A(H5N1), severe acute respiratory syndrome (SARS) coronavirus, and Mycobacterium tuberculosis). Interested persons should access the Federal Register Notice at <http://edocket.access.gpo.gov/2009/E9-27388.htm>.

26. Public Health Officials Monitoring H1N1 Virus Mutation Detected in Norway

The Norwegian Institute of Public Health has informed WHO of a mutation detected in three H1N1 viruses. The viruses were isolated from the first two fatal cases of pandemic influenza in the country and one patient with severe illness. Norwegian scientists have analyzed samples from more than 70 patients with clinical illness and no further instances of this mutation have been detected. The finding suggests that the mutation is not widespread in the country. Worldwide, laboratory monitoring of influenza viruses has detected a similar mutation in viruses from several other countries, with the earliest detection occurring in April. In addition to Norway, the mutation has been observed in Brazil, China, Japan, Mexico, Ukraine, and the US. Although information on all these cases is incomplete, several viruses showing the same mutation were detected in fatal cases, and the mutation has also been detected in some mild cases. Worldwide, viruses from numerous fatal cases have not shown the mutation. Although further investigation is under way, no evidence currently suggests that these mutations are leading to an unusual increase in the number of H1N1 infections or a greater number of severe or fatal cases. [More information on H1N1 mutation...](#)

27. FDA Warns of Unapproved and Illegal H1N1 Drug Products Purchased Over the Internet

The U.S. Food and Drug Administration (FDA) recently warned consumers to use extreme care when purchasing any products over the Internet that claim to diagnose, prevent, treat or cure the H1N1 influenza virus. The warning

comes after the FDA recently purchased and analyzed several products represented online as Tamiflu (oseltamivir), which may pose risks to patients. Consumers may not know exactly what they are getting when buying such antiviral products on the Internet from an unfamiliar company. Drugs that are in high demand are vulnerable to counterfeiting and diversion because buyers may be desperate to stock the product, and criminals capitalize on the situation. The FDA urges consumers to only purchase FDA-approved products from licensed pharmacies located in the United States. Consumers should contact their health care provider if they have any questions or concerns about medical products or personal protective equipment. [More on Illegal Drug Counterfeiting...](#)

28. Ryan White Emergency Response Provisions Reinstated

During the reauthorization of the Ryan White Care Act in 2006, the emergency-response provision that mandates that source patient test results be provided to the designated infection control officer (DICO) of the emergency response employee involved in an exposure incident were removed. State hospital associations were quick in advising their constituents that providing such information to emergency responders could represent a violation of HIPAA. Since that time, many “first responder” organizations (including NASEMSO through Advocates for EMS) have been working with Congressional staff to have these provisions reinstated, including revised language to include provisions for other infectious diseases such as tuberculosis, hepatitis C, pandemic influenza, and clarifying language on rapid testing. There are several new additions to the Ryan White Act that affect emergency care – and specifically emergency responders. Please note the list established under Section 2695 essentially determines what infectious diseases should be considered “potentially life-threatening.” The list also is used to determine whether or not emergency responders must be notified of an exposure.

- [The text of the bill can be found here.](#)
- [Download a Summary of the Ryan White HIV/AIDS Treatment and Extension Act of 2009 here.](#)

S. 1793 was signed into law (Public Law No: 111-87) by President Obama on October 30, 2009.

29. NHTSA Seeks Public Comment on Traffic Safety Problems

The National Highway and Traffic Safety Administration (NHTSA) is currently seeking public comment on emerging or potential traffic safety problems. Public feedback will assist the agency in preparing to meet the challenges it faces in the next 5 years on improving motor vehicle and traffic safety in the United States. This foundational work will assist the agency in shaping its 2010–2015 strategic plan. The questions and methods of providing input are provided in the federal register notice at <http://edocket.access.gpo.gov/2009/pdf/E9-26658.pdf>. All comments must be received no later than Monday, January 4, 2010.

30. DOT Releases New Action Plan to Address Motorcoach Safety Issues

The U.S. Department of Transportation (DOT) recently released its Motorcoach Safety Action Plan which lays out concrete steps for improving motorcoach safety across the board. The action plan addresses major safety issues such as driver fatigue and inattention, vehicle rollover, occupant ejections and oversight of unsafe carriers. While motorcoach travel is a very safe mode of highway transportation in the United States, carrying 750 million passengers annually, an average of 19 motorcoach occupants are killed in crashes each year according to data collected by DOT’s National Highway Traffic Safety Administration. Additional fatalities result among pedestrians, and occupants of other vehicles involved in these crashes. To address this issue, Secretary LaHood directed DOT’s agencies to take a fresh look at motorcoach safety issues, identify actions to address outstanding safety problems, and develop an aggressive schedule to implement those actions. The full Motorcoach Safety Action Plan can be viewed at <http://www.nhtsa.gov/staticfiles/DOT/NHTSA/reports/HS811177.pdf>

31. Newly Formed Safety Council to Take Safety Commitment to Next Level

DOT Secretary Ray LaHood recently convened the first meeting of a newly created U.S. Department of Transportation Safety Council formed to tackle critical transportation safety issues facing the department's 10 operating administrations. The goals of the federal interdepartmental Safety Council are to further enhance the safety focus throughout all agencies of the department and improve the impact of the department's safety programs. The Council, chaired by Transportation Deputy Secretary John Porcari, is comprised of the heads of the Department's 10 agencies: the Federal Aviation Administration, the Federal Highway Administration, the Federal Motor Carrier Safety Administration, the Federal Railroad Administration, the Federal Transit Administration, the Maritime Administration, the National Highway Traffic Safety Administration, the Pipeline and Hazardous Materials Safety Administration, the Research and Innovative Technology Administration and the St. Lawrence Seaway Development Corporation.

32. Deadline Extended for NEMSAC Applications

NHTSA has issued a correction to its Notice of Request for Applicants for Appointment/Reappointment to the National EMS Advisory Committee (NEMSAC) originally published in the Federal Register on October 20, 2009, and is extending the filing deadline for such applications with NHTSA until Tuesday, December 1, 2009, due to errors in the original notice. [More information on NEMSAC deadline...](#)

33. Funding Opportunity Announcements (FOAs) from CDC's Injury Center

The Extramural Research Program Office at CDC's National Center for Injury Prevention and Control (NCIPC) has published the following FY10 Funding Opportunity Announcements on www.grant.gov.

- [Preventing Unintentional Childhood Injuries](#) (RFA-CE-10-001)
Awards will be up to \$175,000 per year for two years, and the **application deadline date is January 8, 2010.**
- [Research Priorities in Acute Injury Care](#) (RFA-CE-10-003)
Awards will be up to \$300,000 per year for two years, and the **application deadline date is January 15, 2010.**
- [Unintentional Poisoning from Prescription Drug Overdose in Adults](#) (RFA-CE-10-002)
Awards will be up to \$175,000 per year for two years, and the **application deadline date is January, 19th, 2010.**
- [Research Grants for Preventing Violence and Violence-Related Injury](#) (RFA-CE-10-005)
Awards will be up to \$400,000 per year for three years, and the **application deadline date is January 22, 2010.**

To access the announcement and application package:

1. Visit www.grants.gov.
2. Select "Apply for Grants"
3. Select "Step 1: Download a Grant Application"
4. Insert the Funding Opportunity Number in the format: **RFA-CE-10-00X** -OR- insert the Catalog of Federal Domestic Assistance (CFDA) number 93.136.

If you have difficulty accessing the full announcement electronically, please contact CDC's Procurement and Grants Office, Technical Information Management, at 770-488-2700 or PGOTIM@cdc.gov.

34. NIH Awards \$8.5 Million for Research on Pharmaceuticals for Children

Studying drugs in pediatric populations is challenging because drugs often affect children differently than they do

adults. The scarcity of pediatric studies limits the ability of doctors and scientists to predict drug dosing, safety and efficacy in children. To address this gap, the National Institutes of Health announced today 18 grants to help determine outcome measures and increase the likelihood of success of future trials of treatments for children. The grants were awarded to 17 Clinical and Translational Science Award (CTSA) institutions to support 18 studies of pharmaceutical treatments for children. The CTSA consortium is a national network of 46 medical research institutions working together to improve the way biomedical research is conducted across the country. The \$8.5 million in funding will support studies which focus on three areas critical to health: pediatric cardiology, neonatology and pediatric neurology. The studies will determine pediatric outcome measures to facilitate future research. [More on NIH Research for Children...](#)

35. Secretary Sebelius Announces New HHS Regional Directors

HHS Secretary Kathleen Sebelius recently announced the appointment of new Regional Directors for the U.S. Department of Health and Human Services. The appointees include:

- Cristal Thomas, Regional Director Region V (IL, IN, MI, MN, OH, WI)
- Marjorie McColl Petty, Regional Director Region VI, (AR, LA, NM, OK, TX)
- Judy Baker, Regional Director Region VII (IA, KS, MO, NE)
- Susan M.R. Johnson, Regional Director Region X (AK, ID, OR, WA)

As HHS regional directors, they will serve as key representatives of the Secretary in working with federal, state, local and tribal officials on a wide range of health and social service issues. [Bios are available...](#)

36. Senate Confirms US Surgeon General

Dr. Regina Benjamin has been confirmed as the nation's new Surgeon General. Dr. Benjamin is founder and CEO of the Bayou La Batre Rural Health Clinic in Bayou La Batre, Ala. She is the immediate past-chair of the Federation of State Medical Boards of the United States, and previously served as associate dean for Rural Health at the University of South Alabama College of Medicine. The Surgeon General oversees the operations of the 6,000-member Commissioned Corps of the U.S. Public Health Service and provides support for the Surgeon General in the accomplishment of his other duties. The Office is part of the [Office of Public Health and Science](#) in the Office of the Secretary, U.S. Department of Health and Human Services. [More on Dr. Benjamin...](#)

37. NHLBI Stops Enrollment in Study on Resuscitation Methods for Cardiac Arrest

Enrollment has ended early in a large, multicenter clinical trial comparing two distinct resuscitation strategies delivered by emergency medical service (EMS) providers to increase blood flow during cardiac arrest. The study's independent monitoring board and the National Heart, Lung, and Blood Institute (NHLBI), the lead sponsor of the study, stopped enrollment based on preliminary data suggesting that neither strategy significantly improved survival. One strategy compared different durations of manual cardiopulmonary resuscitation (CPR) by EMS providers before they assessed whether defibrillation was needed, and the other strategy tested the potential benefits and risks of an investigational device to maintain pressure in the chest during CPR. [More on Resuscitation Study...](#)

38. Journal Supplement on Developing the Public Health Workforce

A new supplement of the *Journal of Public Health Management and Practice*, developed and sponsored by CDC's Office of Workforce and Career Development (OWCD), calls attention to the need for a larger and more capable public health workforce in the United States. The 23 reports in the issue are authored by leaders in public health--related academics and research, including staff members from CDC's Office of the Director and OWCD. The authors present solutions to training and development, discuss problems limiting the growth of the public health

workforce, offer methods for improving research, and provide new strategies for recruiting and inspiring youths to seek careers in health and science. The supplement is available online at <http://journals.lww.com/jphmp/toc/2009/11001>.

39. FDA Investigates External Biphasic Defibrillators Energy Levels

The Food and Drug Administration (FDA) recently notified healthcare professionals that it is investigating energy levels in external biphasic defibrillators with shocks ≤ 200 joules. FDA received reports of 14 events since 2006 in which a 200 J biphasic defibrillator was ineffective in providing defibrillation/cardioversion therapy to a patient, whereas a subsequent shock from a different 360 J biphasic defibrillator resulted in immediate cardioversion or defibrillation. The majority of events occurred during attempts at cardioversion of atrial fibrillation, but there was at least one instance with defibrillation of a ventricular arrhythmia as well. Analysis of the 14 cases does not suggest the need for any change to current clinical practice, and as FDA continues its evaluation of this situation, providers are encouraged to follow the American Heart Association's guidelines/algorithms for treatment of cardiac arrhythmias, and to follow manufacturers' instructions for using defibrillators. FDA is seeking additional information in order to interpret the significance of these events, and to determine whether FDA activities are advised. If you suspect a problem with a defibrillator, such as a situation where a patient received shocks from multiple devices, the problem should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program online [at www.fda.gov/MedWatch/report.htm], by phone 1-800-332-1088, or by returning the postage-paid FDA form 3500 [which may be downloaded from the MedWatch "[Download Forms](#)" page] by mail [to address on the pre-addressed form] or fax [1-800-FDA-0178].

40. FDA Warns of Defective Powerheart and CardioVive (AED) Display Screens

The Food and Drug Administration (FDA) is warning healthcare providers that the Cardiac Science Corporation has received multiple complaints related to defective components in these AEDs that indicate the affected devices may not deliver electric shocks and that the devices' self-test may not detect the defect in advance of their use. 300,000 Cardiac Science AEDs worldwide are potentially affected by this problem. The G3 Series devices were manufactured between August 2003 and August 2009. Affected models include the following:

- Powerheart models 9300A, 9300C, 9300D, 9300E, 9300P, 9390A, 9390E; and
- CardioVive 92531, 92532, and 9253

Because the AED display screen and/or audible indicators may not accurately indicate whether the device is functioning properly or will function properly at time of use, FDA encourages users of the affected AEDs to follow the additional precautions provided on the [FDA web site](#). **For Hospitals, Ambulances, Clinical Settings and Emergency Transport Settings:** If an alternate AED is not available, then FDA recommends that trained responders (i.e., personnel certified in Advanced Cardiac Life Support), use manual defibrillators if they are available, or use the Powerheart and CardioVive AEDs if manual defibrillators are unavailable. The Powerheart and CardioVive units may still be able to deliver the necessary therapy. The FDA is currently investigating the situation, a recall has not been issued.

41. FDA Recalls Meconium Kits

Centurion Medical Products and FDA notified healthcare professionals about a Class I recall of Premie Pack, Kit Code LM 110 and Full Term Meconium Pack, Kit Code LM115. The pediatric tracheal tubes used in these kits were manufactured with an internal diameter smaller than indicated on the label, which could result in an inability to remove secretions and cause partial or complete blockage of the airway and the inability to ventilate the patient. These products were distributed from January 1, 2007 through September 22, 2009. [11/04/2009 - [Recall Notice](#) - FDA]

42. Opportunity for Public Comment on Draft Healthy People 2020 Objectives

The U.S. Department of Health and Human Services invites comments on the DRAFT set of objectives for Healthy People 2020. For three decades, Healthy People has provided a set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. Your comments will help ensure issues important to you are included in Healthy People. Establishing objectives and providing benchmarks to track progress motivates, guides, and focuses action. Be part of the change. Comments will be accepted via www.healthypeople.gov/hp2020 through December 31, 2009.

43. ACEP Issues Public Guidance on Using the ED for Influenza-Like Illness

The American College of Emergency Physicians (ACEP) has released public guidance to help people 18 or older to decide whether their flu-like symptoms warrant the use of their local emergency department during an outbreak of influenza. Produced under contract to and in collaboration with the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Emergency Care Coordination Center (ECCC), the guidance can be downloaded at <http://www.acep.org/WorkArea/DownloadAsset.aspx?id=46870> for use as a supplement in public education activities by EMS agencies.

44. AHA Launches Hands-Only CPR Web Resources

Sudden cardiac arrest claims hundreds of thousands of lives each year. One of the main reasons is because no one at the scene does anything to help. In fact, less than one-third of sudden cardiac arrest victims receive bystander cardiopulmonary resuscitation (CPR). Getting help right away — within a few minutes -- is the key to survival. The American Heart Association (AHA) has a new way for *anyone* to step in and help adults who suddenly collapse -- Hands-Only™ CPR. Hands-Only CPR is CPR without mouth-to-mouth rescue breaths. The AHA’s ECC department has worked with the Ad Council to create a new public service campaign encouraging bystanders to perform Hands-Only CPR for adult-witnessed sudden cardiac arrest victims. A web communications package that provides a background and overview of the campaign, including previews of the materials and information about how to access all of the campaign materials is being mailed in “hard copy” format to all state EMS directors. For more information, go to <http://handsonlycpr.org/>.

45. NAEMT Announces First EMS on the Hill Day

To ensure that EMS has a strong voice in the nation’s Capitol and in government decisions that affect the field and its practitioners, the National Association of Emergency Medical Technicians (NAEMT) has announced that it is sponsoring the first EMS on the Hill Day on May 3-4, 2010, in Washington, D.C. This event, which will be held annually, represents the EMS community’s first coordinated effort to visit congressional leaders and staff on Capitol Hill. Updates and more information on the event will be posted on the NAEMT web site, www.naemt.org.

46. EMSsystems, LLC Acquires Med Media, Inc.

In a recent memo to its customers, Med Media announced that it has been acquired by EMSsystems, a leading provider of interoperable web-based communications solutions for emergency preparedness and response. EMSsystems comprehensive solutions improve real-time communications, multi-media alerting, inventory resource allocation, volunteer registry management, patient and evacuee tracking, and pre-hospital patient care records to enhance emergency preparedness and response to medical emergencies, mass casualty events, and public health incidents. With this acquisition, more than 15,000 health care providers in 43 states, covering more than 75% of the U.S. population, will use the combined EMSsystems solutions. Both companies are working to integrate existent Med Media and EMSsystems solutions that optimize real-time communications for ePCR, dispatch, billing, ED resource management, patient tracking, volunteer registration, and robust multimedia alerting. The merger

will offer EMS providers, first responders, dispatch, hospitals, emergency managers, and public health professionals an integrated platform for daily EMS management and comprehensive disaster preparedness. [More info on merger...](#)

UPCOMING EVENTS

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

None scheduled for the remainder of 2009.

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

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#.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. January 13-14, 2010 Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

The NIOSH Personal Protective Technology Program will host the 3rd Annual Stakeholders' Meeting on March 2 and 3, 2010 at the Hyatt Regency Pittsburgh Airport.

NASEMSO Mid-Year Meeting. TENTATIVE May 24-26, 2010. SAVE THE DATES! Washington, DC area. More info to follow at www.nasemso.org.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. June 9-10, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. October 6-7, 2010. Washington, DC. See <http://www.iom.edu/en/Activities/PublicHealth/MedPrep.aspx> for more information.

EMS ON THE HILL DAY, May 3-4, 2010, Washington, D.C. Updates and more information on the event will be posted on the NAEMT web site, www.naemt.org.

NASEMSO Annual Meeting. October 10-15, 2010, Norfolk Marriott Waterside/Waterside Convention Center Norfolk, Virginia. More info available at www.nasemso.org. Sponsorship and exhibitor information [now available](#).

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

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