Washington Update

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May 2015

In This Issue…

1. EMS Compass "Call for Measures" Open Until May 31

EMS Compass, an initiative to improve systems of care though meaningful performance measures, is underway and looking for input from the public. The initiative launched earlier this year with funding provided by the National Highway Traffic Safety Administration (NHTSA) through a cooperative agreement with NASEMSO. EMS Compass brings together many of the nation's leading minds in EMS, healthcare and performance improvement, including the expertise of the Institute for Healthcare Improvement (IHI). EMS Compass announces a Call for Measures, an opportunity to submit performance measures for potential inclusion in the EMS Compass Measures. The Call for Measures will be open from May 1 through May 31, 2015. Measures must be submitted using the online form. For more information about how to submit a performance measure to EMS Compass, click here.

2. AVL Resources posted on NASEMSO Web Site

Two brand new resources are now posted on NASEMSO's AVL website:

- A summary of the current status of all three ambulance design standards with the best comparison chart to date courtesy of American Emergency Vehicles (AEV).
- The US General Services Administration has announced that the Federal Vehicle Standards comment collection period for light-duty vehicles (which include wheelchair vans and ambulances) will be open between April 6, 2015 and May 20, 2015. This includes "Change Notice #8" which will apply to KKK spec ambulances ordered after July 1, 2015. If it remains as written, substantial changes will be made to litter retention and integrity, occupant and patient restraint, and equipment mounting requirements.

3. New Study Reflects Incomplete Data on Naloxone Use by EMS

In the current issue of the American Journal of Public Health, a study (Faul et al in Disparity in Naloxone Administration by Emergency Medical Service Providers and the Burden of Drug Overdose in Rural Communities, Am J Public Health. 2015 Apr 23:e1-e7) funded by the Centers for Disease Control and Prevention (CDC) reports on the use of naloxone by EMS Provider level, asserting that "As of 2014, only 12 states allowed basic EMS staff to administer naloxone for a suspected opioid overdose; all 50 states allow advanced EMS staff to administer the overdose reversal treatment." However, a study conducted by the Network of Public Health Law more accurately reports, "…as of September, 2014, all states permit paramedics to administer naloxone and all but one (MS) permit AEMTs or the state's equivalent intermediate-level EMS providers to do so. Twenty-four permit EMTs and 13 permit EMRs to administer the medication. The corresponding numbers for EMTs and EMRs as of November 2013 were 12 and 3 respectively, a testament to the rapid uptake of this scope of practice change." Readers are strongly encouraged to refer to the most up-to-date data including citations to state laws reflected in *"Legal Interventions to Reduce Overdose Mortality: Emergency Medical Services Naloxone Access."*

4. New AHRQ Report Shows Patient Safety and Access Improvements

For the 12th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on health care quality and disparities. This year, the *National Healthcare Quality Report* and *National Healthcare Disparities Report* have been combined into a single report, the *National Healthcare Quality and Disparities Report*. These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The reports present, in chart form, the latest available findings on quality of and access to health care. For more information…

5. Assessment of Epidemiology Capacity in State Health Departments

States' ability to produce scientific data essential to public health relies on their epidemiology capacity. Despite improvements, many states have major gaps in the epidemiology capacity needed in important public health areas including occupational health, oral health, substance abuse, and mental health. Epidemiology provides the scientific foundation for public health. The 2013 Epidemiology Capacity Assessment (ECA) conducted by the Council of State and Territorial Epidemiologists (CSTE) found that state-level epidemiology capacity to conduct surveillance, perform investigations, and evaluate public health programs has improved markedly since its low point in 2009, coincident with increases in federal funding and the size of the state-level public health epidemiology workforce. Despite the improvements, >50% of states reported minimal-to-no epidemiology capacity in occupational health, oral health, substance abuse, and mental health. Most health departments still lack critical technology capacity. CSTE recommends that state, federal and local agencies work together to address the major gaps including developing a consensus on optimal capacity in these areas and developing a strategy to achieve them.

- 2013 Environmental Health Epidemiologic Capacity Assessment of State and Territorial Health Departments. The report addresses: (1) environmental health epidemiology capacity and activities, (2) data access and support, (3) data collection and dissemination, (4) organizational structure and capacity and (5) collaborations with internal and external partners and participation in national workgroups/meetings.
- 2013 National Assessment of Epidemiology Capacity: Findings and Recommendations. This core report is the culmination of efforts that began in July 2012 with an ECA workgroup that reviewed and revised the core ECA tool, followed by your hard work in the completion of the multiple sections of the ECA.

6. Between Health Care and Public Health—Workshop in Brief

Drawing on the experience of practitioners and stakeholders in health and non-health fields, the Institute of Medicine's (IOM's) Roundtable on Population Health Improvement fosters interdisciplinary dialogue about factors and actions needed to improve the nation's health. On February 5, 2015, the roundtable held a workshop in Washington, DC, titled "Opportunities at the Interface of Health Care and Public Health." The event focused on how collaboration can facilitate conversation and action to achieve more meaningful population health solutions. This brief summary of the workshop highlights presentations and discussion sessions that followed, and it should not be viewed as conclusions or recommendations from the workshop. Statements made and opinions expressed are those of individual presenters and participants, and are not necessarily endorsed or verified by the IOM or the roundtable, and they should not be construed as reflecting any group consensus. A more detailed summary of the workshop proceedings will be available in 2015. For more information…

7. ONC Provides Online Resources to States

The Office of the National Coordinator for Health Information Technology (ONC) recently announced the availability of online tools and resources designed to help states participating in the State Innovation Models initiative improve health care quality and lower costs. The State Innovation Models initiative supports states in planning or implementing a customized, fully developed proposal capable of creating statewide health transformation to improve health care, focusing on Medicare, Medicaid, and Children's Health Insurance Program beneficiaries. This new initiative is part of the U.S. Department of Health and Human Services effort to achieve better care, smarter spending of health dollars, and healthier people. For more information…

8. RWJF Provides Insight to County Health

The County Health Rankings & Roadmaps measure the health of nearly every county in the nation—high school graduation rates, obesity rates, smoking rates, unemployment, air quality, and access to healthy foods. The Rankings, supported by the Robert Woods Johnson Foundation and the University of Wisconsin, provide a revealing snapshot of how health is influenced by where we live, learn, work and play—a starting point for change in communities. For more information…

9. FAA Issues AC on Helicopter Air Ambulance Operations

The Federal Aviation Administration (FAA) has issued an advisory circular (AC) to provide information and guidelines to assist existing Helicopter Air Ambulance (HAA) operators, other Title 14 of the Code of Federal Regulations (14 CFR) part 135 operators considering becoming an HAA operator and those considering new-startup HAA operations. To address an increase in fatal HAA accidents, the FAA has implemented new operational procedures and additional equipment requirements for HAA operations. For more information…

10. OIG Audit: Suboptimal Results by FAA to Enhance HEMS Safety

The Federal Aviation Administration (FAA) issued a final Helicopter EMS (HEMS rule) in February 2014 and subsequently Congress passed the FAA Modernization and Reform Act of 2012 (FMRA). In light of these efforts, the Ranking Member of the House Aviation Subcommittee requested that the Office of the Inspector General (OIG) review FAA's progress in improving air ambulance safety. The results of this investigation, OIG Audit Report: Delays in Meeting Statutory Requirements and Oversight Challenges Reduce FAA's Opportunities To Enhance HEMS Safety (AV-2015-039), is now available. The audit concludes that …"continued delays in finalizing the remaining mandates affect FAA's ability to focus its accident reduction efforts and limit the effectiveness of safety initiatives. Additionally, until FAA updates key oversight policies and obtains meaningful safety data to analyze for trends, it will not be well positioned to effectively oversee a rapidly expanding HEMS industry." For more information…

11. FAA Streamlines UAS COAs for Section 333

The Federal Aviation Administration has established an interim policy to speed up airspace authorizations for certain commercial unmanned aircraft (UAS) operators who obtain Section 333 exemptions. The new policy helps bridge the gap between the past process, which evaluated every UAS operation individually, and future operations after we publish a final version of the proposed small UAS rule. Under the new policy, the FAA will grant a Certificate of Waiver or Authorization (COA) for flights at or below 200 feet to any UAS operator with a Section 333 exemption for aircraft that weigh less than 55 pounds, operate during daytime Visual Flight Rules (VFR) conditions, operate within visual line of sight (VLOS) of the pilots, and stay certain distances away from airports or heliports:

- 5 nautical miles (NM) from an airport having an operational control tower; or
- 3 NM from an airport with a published instrument flight procedure, but not an operational tower; or
- 2 NM from an airport without a published instrument flight procedure or an operational tower; or
- 2 NM from a heliport with a published instrument flight procedure

The "blanket" 200-foot COA allows flights anywhere in the country except restricted airspace and other areas, such as major cities, where the FAA prohibits UAS operations. Previously, an operator had to apply for and receive a COA for a particular block of airspace, a process that can take 60 days. The agency expects the new policy will allow companies and individuals who want to use UAS within these limitations to start flying much more quickly than before. Section 333 exemption holders will automatically receive a "blanket" 200 foot COA. For new exemption holders, the FAA will issue a COA at the time the exemption is approved. Anyone who wants to fly outside the blanket parameters must obtain a separate COA specific to the airspace required for that operation. For more information…

12. NCSL 911 Legislation Database Now Available

State legislatures passed a variety of measures in 2014 to support and improve the operations of public emergency communication services for today's digital mobile society. Once again a number of states enacted legislation providing immunity for individuals who report drug and alcohol overdoses. Alaska, Colorado, Georgia, Indiana, Louisiana, Maryland, Oregon, Pennsylvania, Utah and Wisconsin are among the states that enacted legislation in this area. At least three states—California, Kansas and Tennessee—passed legislation related to next-generation 911, allowing users to send text, video and picture messages in addition to making phone calls to 911. California's legislation requires the development of a plan and timeline for testing, implementing and operating NG911 throughout the state. The National Conference of State Legislatures (NCSL) announces that all 2014 amendments to 911 laws nationwide are available to review. The legislation listed includes key 2014 enactments, excluding appropriations. See NCSL's 9-1-1 Legislation Database for a more complete list of 2014 introduced and enacted 9-1-1 legislation. For more information…

13. IOM Workshop Addresses Health Professional Education to Improve Community Health

On May 1–2, 2014, members of the Institute of Medicine's (IOM's) Global Forum on Innovation in Health Professional Education came together to substantively delve into issues affecting the scale-up and spread of health professional education in communities. This workshop builds upon previous workshops of the Global Forum that specifically addressed the value of interprofessional education for breaking down the siloed nature of health care and health professional education (IOM, 2013, 2014a). The financial and other cost implications of not conforming to more collaborative work that also embraces the person/patient as the key member of the team was also previously addressed (IOM, 2013, 2014b). These workshops not only were instrumental in providing context on which to build, but also set in motion dialogue around the importance of addressing communities and community health, the topic of the workshop described in a new report from the IOM, *Building Health Workforce Capacity Through Community-Based Health Professional Education: Workshop Summary.* *For more information…*

14. IOM to Support Decision Making on SNS

The Institute of Medicine will establish a standing committee of experts to help inform decision making by the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (SNS). The standing committee will include experts in state and local public health, medical countermeasure production, warehouse and product distribution, logistics management, emergency medical services, emergency medicine, risk communications, and Food and Drug Administration (FDA) regulatory issues. The standing committee will provide a venue for the exchange of ideas among federal, state, and local government agencies, the private sector, and the academic community, as well as other relevant stakeholders involved in emergency preparedness and emergency response services. Further, as needed, the standing committee will be involved in the planning, development, and oversight of related ad hoc activities undertaken by separately appointed committees operating under its auspices. In accordance with National Research Council policies, the standing committee itself will not produce or be used in the development of any reports. The standing committee should:

- Stand ready to respond on short notice to requests and other needs from CDC,
- Provide a venue to enable discussions relevant to CDC on emerging issues, research, and activities through in-depth knowledge of the sponsor's programs, goals, and activities,
- Serve as a focal point for national policy discussions by experts and other leaders in the field, and
- Respond to CDC's needs for continuing dialog related to their planning, strategic thinking, and program development.

The first meeting of the Standing Committee for the Centers for Disease Control and Prevention Division of Strategic National Stockpile will take place June 4 and 5, 2015 at the Keck Center in Washington, DC as an open session. For more information, go to http://www.iom.edu/Activities/PublicHealth/Stockpile.aspx.

15. National Planning Framework Update and Comment Period Anticipated

The five Frameworks, as part of a Presidential Policy Directive – 8 refresher, are being updated and will be presented for public comment during the month of May. The National Planning Frameworks, one for each preparedness mission area, describe how the whole community works together to achieve the National Preparedness Goal and foster a shared understanding of our roles and responsibilities from the firehouse to the White House. The public comment period will last three weeks from date of promulgation. For more information…

16. WHO Builds Roster for Foreign Medical Response Teams

The World Health Organization's (WHO) new registration system will enable it to build a global roster of foreign medical response teams ready to deploy for emergencies. The Global Foreign Medical Teams Registry sets minimum standards for international health workers and allows teams to clearly outline their services and skills. This facilitates a more effective response and better coordination between aid providers and recipients. WHO has developed a global registration system where foreign medical teams can be verified and classified ready to be deployed to health emergencies. A global registry of all FMTs that meet the WHO FMT minimum standards for deployment in sudden onset emergencies from all-hazards provides time-limited surge clinical capacity to the affected populations. It serves as a deployment and coordination mechanism for all partners who aim to provide clinical care in emergencies such as tsunami, earthquake, flood, and more recently, in large outbreaks, such as the West Africa Ebola outbreak, which require a surge in clinical care capacity. It allows a country affected by a disaster or other emergency to call on teams that have been pre-registered and quality assured. For more information…

17. CDC and ORAU to Host Legal Aspects of Medical Surge Webinar

To facilitate the sharing of key research and analysis on the legal issues impacting emergency medical services (EMS) providers during medical surge or public health emergencies, a 90-minute Webinar will be hosted by Oak Ridge Associated Universities in collaboration with the Centers for Disease Control and Prevention (CDC.) The session will be held on Wed, May 20, 2015 2:00 PM - 3:30 PM EDT. The objectives include

1. Introduce and explain key legal issues for EMS providers and others related to medical surge.
2. Provide potential legal solutions to eliminate potential barriers during public health emergencies.

Register here…

18. MUST READ: Preparedness: Moving Beyond the Stockpiling of Stuff

In a new article authored for *Domestic Preparedness,* Andrew Roszak, senior director for environmental health, pandemic preparedness, and catastrophic response at NACCHO, encourages preparedness professionals to stop measuring their readiness by the amount of stuff stockpiled, and to instead measure it by capacity to recognize triggers, activate systems, and perform essential tasks. Additionally, the article examines changes in the Centers for Disease Control and Prevention's (CDC's) Strategic National Stockpile program, namely the shift in medical countermeasure evaluation from a Technical Assistance Review to an Operational Readiness Review. This shift in thinking about preparedness is juxtaposed with the results of NACCHO's latest National Profile of Local Health Departments, which shows that preparedness funding at the state and local levels has declined notably. This can often lead to cuts in preparedness trainings, exercises, and other critical functions. (Nice work, Andy!)

19. GAO Outlines Approaches to Budgeting for Disasters in Selected States

The Government Accountability Office (GAO) was asked to examine how states typically budget for costs associated with disasters and any changes to those budget approaches during the past decade. This report reviewed (1) the approaches selected states use to budget for and fund state-level disaster costs; and (2) how, if at all, state disaster budgeting approaches have changed over time. The 10 selected states in GAO's review—Alaska, California, Florida, Indiana, Missouri, New York, North Dakota, Oklahoma, Vermont, and West Virginia—had established budget mechanisms to ensure the availability of funding for the immediate costs of unforeseen disasters and the ongoing costs of past disasters. All 10 states provided disaster funds at the start of the fiscal year and then as needed during the course of the fiscal year. Each of the selected states had its own combination of budget mechanisms that generally fell into four categories:

- **Statewide disaster accounts**. These accounts provided the 10 states with the flexibility to fund disaster expenses across state entities or for local governments. States typically funded these accounts through general fund revenue. Six states also used other sources, such as revenues from oil and gas taxes and fees on homeowner's and commercial insurance. The amounts appropriated to these accounts at the start of the fiscal year were based on a range of considerations, such as estimates of disaster costs based on past events and emergency response costs for unforeseen disasters.
- **State agency budgets**. Nine of the 10 states also covered a portion of unforeseen disaster costs through the operating or contingency budgets of state agencies with missions relevant to disaster response and recovery. For example, West Virginia's Division of Homeland Security and Emergency Management used its operating budget to cover disaster response costs. Florida's Department of Environmental Protection had a disaster contingency account funded through user fees on state parks.
- **Supplemental appropriations**. When advance funding proved insufficient to cover disaster costs, eight of the 10 states provided supplemental funding to pay for the remaining costs. While reserve accounts such as rainy day funds could be used to provide this funding if general funds were unavailable, budget officials said their state rarely tapped these funds.

- **Transfer authority**. All 10 states in our review allowed designated officials (i.e., the governor, budget director, or a special committee) to transfer funds within or between agencies or from statewide reserve accounts after the start of the fiscal year.

None of the 10 states in GAO's review maintained reserves dedicated solely for future disasters. Some state officials reported that they could cover disaster costs without dedicated disaster reserves because they generally relied on the federal government to fund most of the costs associated with disaster response and recovery. While some states have increased the oversight and availability of disaster funds, all 10 states' approaches to budgeting for disasters have remained largely unchanged during fiscal years 2004 through 2013. Specifically, three states—Alaska, Indiana, and North Dakota—changed their budgeting processes to ensure that funding for disasters was appropriated before rather than after a disaster occurred. In addition, legislatures in three states—Missouri, North Dakota and West Virginia—took steps to increase their oversight of disaster spending. The complete report is available at http://www.gao.gov/products/GAO-15-424

20. Help USDA Promote Safety for New Bird Flu

Since December 2014, there have been several highly pathogenic avian influenza (HPAI) confirmations in migratory wild birds, back yard flocks, captive wild birds, and commercial poultry in several states along the Pacific Flyway and most recently in the Mississippi Flyway. Over the past several weeks, several HPAI H5N2 confirmations were made in commercial turkey flocks in Arkansas, Minnesota and Missouri. It is expected that there will be more HPAI confirmations this Spring as the bird migrations continue. These virus strains can travel in wild birds without them appearing sick. We encourage you, through your existing communications channels, to help get out the word to the backyard bird enthusiasts and hunters, as well as those who raise poultry as a hobby. Specifically,

- People should avoid contact with sick/dead poultry or wildlife. If contact occurs, wash your hands with soap and water and change clothing before having any contact with healthy domestic poultry and birds.
- All bird owners, whether commercial producers or backyard enthusiasts, should continue to practice good biosecurity, prevent contact between their birds and wild birds, and report sick birds or unusual bird deaths to State/Federal officials, either through their state veterinarian or through USDA's toll-free number at 1-866-536-7593.

Additional information on biosecurity for backyard flocks can be found at http://healthybirds.aphis.usda.gov.

21. MRC Core Competencies for Disaster Medicine and Public Health

NACCHO, in collaboration with the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC), is pleased to announce that the Medical Reserve Corps (MRC) has adopted the Competencies for Disaster Medicine and Public Health (DMPH Competencies) as the new competency set for the MRC Volunteers. The Medical Reserve Corps is a national network of engaged, local volunteers. MRC volunteers are organized and trained to strengthen public health, reduce vulnerability and disaster risk, build resiliency and adaptive capacity, and improve community preparedness, response, and recovery capabilities. The National Center for Disaster Medicine and Public Health (NCDMPH) serves as an academic home for the development and dissemination of core skills, knowledge, abilities, and for research on education and training strategies in the field of disaster medicine and public health. The NCDMPH developed the DMPH Competencies in 2012 in collaboration with a multidisciplinary expert working group. The DMPH Competency set is designed specifically for disaster and public health preparedness, response, and management. They are widely understood to define the knowledge and skills needed for a healthcare professional and/or first responder to perform a task in a safe and consistent manner. "All of these resources can be downloaded from NACCHO's Medical Reserve Corps Toolbox. The NCDMPH also provides a wealth of information about the competencies and general information in the field of disaster health.

22. IOM Report: Healthy, Resilient, and Sustainable Communities After Disasters

In the devastation that follows a major disaster, there is a need for multiple sectors to unite and devote new resources to support the rebuilding of infrastructure, the provision of health and social services, the restoration of care delivery systems, and other critical recovery needs. In some cases, billions of dollars from public, private and charitable sources are invested to help communities recover. National rhetoric often characterizes these efforts as a "return to normal." But for many American communities, pre-disaster conditions are far from optimal. Large segments of the U.S. population suffer from preventable health problems, experience inequitable access to services, and rely on overburdened health systems. A return to pre-event conditions in such cases may be shortsighted given the high costs—both economic and social—of poor health. Instead, it is important to understand that the disaster recovery process offers a series of unique and valuable opportunities to improve on the status quo. Capitalizing on these opportunities can advance the long-term health, resilience, and sustainability of communities—thereby better preparing them for future challenges. With support from the Office of the Assistant Secretary for Preparedness and Response, the Office of Lead Hazard Control and Healthy Homes, the Veterans Health Administration, and the Robert Wood Johnson Foundation, the Institute of Medicine convened an expert committee to develop an approach to disaster recovery that mitigates disaster impacts on health and promotes healthy communities. For more information…

23. FDA Approves Treatment for Inhalation Anthrax

The U.S. Food and Drug Administration (FDA) recently approved Anthrasil, Anthrax Immune Globulin Intravenous (Human), to treat patients with inhalational anthrax in combination with appropriate antibacterial drugs. Inhalational anthrax is a rare disease that can occur after exposure to infected animals or contaminated animal products, or as a result of an intentional release of anthrax spores. It is caused by breathing in the spores of the bacterium Bacillus anthracis. When inhaled, the anthrax bacteria replicate in the body and produce toxins that can cause massive and irreversible tissue injury and death. To support the nation's preparedness against a possible anthrax attack, the U.S. Department of Health and Human Services' Biomedical Advanced Research and Development Authority (BARDA) purchased Anthrasil under Project BioShield in 2011 as an experimental drug for the U.S. Strategic National Stockpile. Because Anthrasil was not approved, its use prior to today's approval would have required an emergency use authorization from the FDA. For more information…

24. AAR Available on 2013 Boston Marathon Bombings

The After Action Report for the Response to the 2013 Boston Marathon Bombings reflects the findings of an after action review of response and recovery activities of public safety, public health, and medical personnel related to the April 15 bombings, the care and support of those impacted by the events in the following days, and the search and apprehension of the bombing suspects. The after action review was coordinated by a multi-disciplinary, multi-jurisdictional project management team consisting of key organizations involved in response activities, with the support of a private sector, third-party vendor. This report details best practices, lessons learned and recommendations for the purpose of assisting public safety, public health, and medical personnel involved in the response in further developing actions that went well, and taking corrective measures to address areas needing improvement. The majority of these agencies and organizations implemented a number of the recommendations identified in this report prior to the 2014 Boston Marathon. For more information…

25. Congressmen Urge Colleagues to Pass the First Responder Anthrax Preparedness Act

(BioPrepWatch Reports) Reps. Peter King (R-N.Y.) and Bill Pascrell (D-N.J.) recently called on members of Congress to direct the secretary of Homeland Security to make anthrax vaccines and antimicrobials available to emergency

response providers as part of H.R. 1300, the First Responder Anthrax Preparedness Act. "An attack using aerosolized Bacillus Anthracis, the bacteria that causes anthrax, is a serious mass casualty threat," the two said in a letter to their colleagues. "According to a former chief medical officer and assistant secretary for the Office of Health Affairs, Department of Homeland Security (DHS), 'A successful anthrax attack could potentially expose hundreds of thousands of people, and cause illness, death, fear, societal disruption and economic damage. Even a small scale attack will result in deaths, panic and economic losses, making this a weapon of mass disruption as well as destruction.'" The letter said that passing H.R. 1300 would enhance the nation's capability to fight a wide-area anthrax attack by providing pre-vaccinated responders with the ability to immediately and confidently deploy countermeasures with the protections needed for such activities. "Our bill would make surplus and short shelf life/expiring anthrax vaccines and antimicrobials from the Strategic National Stockpile (SNS) available for emergency response providers on a voluntary basis," King and Pascrell said. "Instead of disposing expiring SNS anthrax vaccines and antimicrobials, they would be made available to interested first responders. "The bill further directs DHS Under Secretary for Intelligence and Analysis to conduct risk analysis and assessments of the threat posed by an anthrax-related act of terror. Additionally, the bill authorizes an 18-month pilot program for DHS to administer surplus and expiring anthrax vaccines and antimicrobials to emergency response providers on a voluntary basis." For more information…

26. TTI Produces On-Board Device Distraction Paper

The Transportation Safety Advancement Group (TSAG) asked the Texas Transportation Institute (TTI) to produce a white paper to explore the technologies and required interactions with those technologies inside emergency response vehicles. This paper also explored the problems generated by high cognitive workload and distraction and how these problems impact driving performance and safety. View the Emergency Vehicle Operators On-Board Device Distractions Paper .

27. Request for Proposals: The Connected Responder

The Transportation Safety Advancement Group has issued a Request For Proposals for a special project entitled, The Connected Responder: Public Safety and Emergency Response Community Connected Vehicle Interest, Context and Business Case Development. Objectives for the project include describing connected vehicle technology and operational characteristics in the language and operations of the public safety and emergency response community; to determine and convey the general impacts and realistic benefits of connected vehicles to the emergency responder community and to establish a framework and business case to enable public safety and emergency response agencies to support connected vehicle technology. Download the complete RFP, and submit final proposals to Adam Hopps of ITS America no later than May 29.

28. FDA Approves Corlanor to Treat Heart Failure

The Food and Drug Administration (FDA) has approved ivabradine (Corlanor) for the reduction of hospitalization from heart failure. Ivabradine is indicated for use in stable heart-failure patients who are in sinus rhythm, who have a resting heart rate of at least 70 bpm, and who are also taking the highest tolerable dose of a beta-blocker. Ivabradine slows the rate of the heart by inhibiting the so-called "funny" current within the heart's natural pacemaker, the sinoatrial node. Approval was based on results of the SHIFT trial, published in 2010, which studied some 6500 patients with heart failure. After a median 23 months' follow-up, the rate of cardiovascular death or hospital admission for worsening heart failure was significantly lower with ivabradine than with placebo (24% vs. 29%). The most common side effects of the drug include bradycardia, hypertension, atrial fibrillation, and temporary vision disturbance (flashes of light). Ivabradine can cause harm to fetuses, so women should not become pregnant while taking it, the FDA notes. For more information…

29. EMSC NRC Announces the Program Manager's Toolkit

The Emergency Medical Services for Children (EMSC) National Resource Center is proud to announce the Program Manager's Toolkit. This interactive tool updates and replaces the series of guides often informally referred to as the "Rainbow Series," which included *Getting Started and Moving Forward: An EMSC Toolkit for New State Partnership Managers*; *EMSC Project Management and Leadership Guide*; and *Best Practices: A Guide for State Partnership Grantees on the Implementation of EMSC Performance Measures*. The toolkit also incorporates the updated interactive version of *Public Policy Primer: A Guide on the Legislative Process and Impacting Change at the Federal, State, and Local Levels*. Additionally, this toolkit is directly linked with *Getting Started, Staying Involved: An EMSC Toolkit for Family Representatives*. The Program Manager's Toolkit is designed to be intuitive and interactive to allow the user to proceed in a step-by-step fashion through each section or to navigate quickly and easily to specific sections or resources on an as-needed basis. The entire toolkit also can be downloaded in Microsoft Word format.

30. EMSC Seeks to Improve Pediatric Care Nationwide

The National Pediatric Readiness Project (Peds Ready) is an ongoing quality improvement (QI) project designed to promote optimal care of children in all U.S. and territory emergency departments (ED). The primary purpose of Peds Ready is three-fold: (1) to establish a composite baseline of the nation's capacity to provide care to children in the ED; (2) to create a foundation for EDs to engage in ongoing QI processes that includes implementing the "Guidelines for the Care of Children in the Emergency Department;" and (3) to establish a benchmark that measures an ED's improvement over time. For more information…

31. CDC Reports to Congress on Traumatic Brain Injury Epidemiology and Rehabilitation

Traumatic brain injuries (TBI) can lead to lifelong problems that not only affect the lives of individuals and their families, but also have a significant impact on society and the economy. The Centers for Disease Control and Prevention (CDC) developed a Report to Congress, entitled Traumatic Brain Injury in the United States: Epidemiology and Rehabilitation, to describe:

- How many people are affected by TBI and how their lives are impacted; and
- What is known about the effectiveness of TBI rehabilitation.

For more information…

32. New Webinars Tackle EMS Issues

Over the next few weeks, several of NHTSA's partners will host webinars on EMS-related topics.
Mark your calendars and sign up for these presentations on a variety of topics, including EMS' role in the highway safety planning process, pediatric domains, medical surge legal issues and the opportunity to submit performance measures to the national EMS Compass initiative.

- **EMS Compass Initiative: A Call for Measures**
  May 13, 2015, 2:00 p.m. ET
  The webinar will provide an overview of EMS Compass, a national initiative to develop a system for designing EMS performance measures that can be used to improve EMS systems. The webinar will discuss the Call for Measures, which is the EMS community's opportunity to submit performance measures to the steering committee for consideration. Several members of the EMS Compass initiative will present and answer questions. Register for this event.

- **Involving EMS in the Strategic Highway Safety Plan (SHSP) Process**
  Webinar I: May 13, 2014, 1:00-2:30 p.m. ET
  Webinar II: May 18, 2015, 1:00-2:30 p.m. ET
  EMS is one of the critical E's in the Strategic Highway Safety Plan (SHSP) process. To commemorate EMS week, the Federal Highway Administration Office of Safety will offer a webinar series on the contribution of EMS to the SHSP process. No registration is required. To participate, simply sign in as a Guest.
  Webinar Room: https://connectdot.connectsolutions.com/shspwebinar/
  Conference Line: 877-336-1839
  Code: 8010907 (followed by #)

- **Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin**
  May 18, 2015, 12:00-1:00 p.m. ET
  Hosted by the EMS for Children program, this educational event is an in-depth discussion about the Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies and how hospital leadership can use this tool to incorporate pediatric considerations into existing hospital disaster policies. Register for this event.

- **Emergency Medical Services and Medical Surge: Essential Legal Issues**
  May 20, 2015, 2:00-3:30 p.m. ET
  To facilitate the sharing of key research and analysis on the legal issues impacting EMS providers during medical surge or public health emergencies, a 90-minute webinar will be hosted by Oak Ridge Associated Universities in collaboration with the Centers for Disease Control and Prevention. Register for this event.

33. DHS S&T Releases Safety Resources For Ambulances

The Department of Homeland Security (DHS) Science and Technology Directorate (S&T) has announced the release of two ambulance safety resources for emergency medical services (EMS) leaders, professionals and organizations nationwide. The documents aim to reduce the injury and fatality rate of EMS personnel. According to data from the National Highway Traffic Safety Administration (NHTSA), the fatality rate of EMS professionals is three times greater than the average in any other occupation. The first of the two resources released, the *Ambulance Patient Compartment Human Factors Design Guidebook*, recommends improved physical design standards. The second resource, the *Research Study of Ambulance Operations and Best Practice Considerations for Emergency Medical Services Personnel*, addresses operational procedures and practices while operating an ambulance. To develop design guidelines, S&T coordinated with the National Institute for Occupational Safety and Health (NIOSH) and the National Institute of Standards and Technology (NIST) to observe EMS professionals in the back of ambulances, specifically looking at the ergonomics of the patient compartment. They worked with EMS providers to determine the safest position for the caregiver and the patient. Additionally, the multi-agency team looked at the safety of the individual aspects of the vehicle in the event of a crash, and developed recommendations for EMS provider and patient restraints, cots and equipment mountings.

34. FDA Announces Guidelines for Reprocessing Medical Devices in Health Care Settings

The Food and Drug Administration (FDA) announced new actions to enhance the safety of reusable medical devices and address the possible spread of infectious agents between uses. The new recommendations are outlined in a final industry guidance aimed at helping device manufacturers develop safer reusable devices, especially those devices that pose a greater risk of infection. Medical devices intended for repeated use are commonplace in health care settings. They are typically made of durable substances that can withstand

reprocessing, a multi-step process designed to remove soil and contaminants by cleaning and to inactivate microorganisms by disinfection or sterilization. While the majority of reusable devices are successfully reprocessed in health care settings, the complex design of some devices makes it harder to remove contaminants. FDA's guidance document, titled "Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling ," includes recommendations medical device manufacturers should follow pre-market and post-market for the safe and effective use of reprocessed devices. A device manufacturer's reprocessing instructions are critical to protect patients against the spread of infections. As part of its regulatory review for reusable medical devices, the FDA reviews the manufacturer's reprocessing instructions to determine whether they are appropriate and able to be understood and followed by end users. The guidance lists six criteria that should be addressed in the instructions for use with every reusable device to ensure users understand and correctly follow the reprocessing instructions.

35. Impaired Driving Focus Shifts from Alcohol to Drugs

The National Highway Transportation Safety Administration (NHTSA) recently released two new studies to look at how the campaigns against drunk driving has fared. The results show drinking and driving is falling while drugged driving is on the rise. The Roadside Survey of Alcohol and Drug Use by Drivers found 1.5 percent of weekend drivers had blood alcohol concentrations above the legal limit of .08, and 8.3 percent had "measurable" amounts in their systems. That first number is down 80 percent since 1973, and the second is down 77 percent in the same time period, a very significant decrease. The same study found the proportion of nighttime weekend drivers with illegal, prescription, or over-the-counter drugs in their system was 20 percent, an increase from 16.3 percent in 2007. The 2007 study was the first time drugs were included in the testing. A second study found drivers under the influence of marijuana were about 25 percent more likely to be in a crash.

36. FDA Establishes Public Docket on Drug Compounding

The Food and Drug Administration (FDA) has established a public docket to receive information, recommendations and comments on matters related to the Agency's regulation of compounding of human drug products under sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 503A of the FD&C Act describes the conditions that must be satisfied for human drug products compounded by a licensed pharmacist or licensed physician to be exempt from certain sections of the FD&C Act. On Nov. 27, 2013, President Obama signed the Drug Quality and Security Act (DQSA), which contains important provisions relating to the oversight of human drug compounding. The new law clarifies that section 503A of the FD&C Act applies nationwide. In addition, the DQSA adds a new section, 503B, to the FD&C Act that creates a new category of "outsourcing facilities." This docket is intended for general comments related to human drug compounding that are not specific to documents or issues that are the subject of other dockets. Comments may be submitted to this docket at any time. For more information…

In related news, FDA issued five draft guidance documents related to drug compounding and repackaging that will help entities comply with important public health provisions; guidance will be applicable to pharmacies, federal facilities, outsourcing facilities and physicians and comes as an outcrop of the Drug Quality and Security Act (DQSA), enacted by Congress in November 2013, in response to a deadly fungal meningitis outbreak that was linked to contaminated sterile compounded drug products. Specifically, the documents include potential direction on outsourcing facility registration, outsourcing facility adverse event reporting, drug repackaging, mixing, diluting and repackaging biological products, and a draft Memorandum of Understanding (MOU) with the states. The draft guidance documents are available for public comment until May 14, while draft comment for the draft MOU is open until June 13.

37. FDA Announces Voluntary Recall of Select Lots of IV Solutions

Baxter International Inc. recently announced it is voluntarily recalling select lots of intravenous (IV) solutions to the hospital/user level due to the potential presence of particulate matter. Intravenous administration of a solution containing sterile particulate matter may lead to adverse health consequences. The extent and severity of harm depends on the size, number, and composition of the foreign material, and patient's underlying medical condition. In the absence of in-line filtration, these particles may cause: local vein irritation, inflammatory reaction, aggravation of preexisting infections, allergic reactions, and systemic embolization. In high-risk patients this may lead to serious adverse health consequences. While Baxter manufacturing personnel were performing routine maintenance, particulate matter was detected and identified as material from a solution transmission system pump. There have been no adverse events or product complaints associated with this issue reported to Baxter. For more information…

38. FDA Issues Proposed Rule on OTC Hand Sanitizers

The Food and Drug Administration (FDA) has issued a proposed rule to amend the 1994 tentative final monograph or proposed rule (the 1994 TFM) for over-the-counter (OTC) antiseptic drug products. In this proposed rule, FDA proposes to establish conditions under which OTC antiseptic products intended for use by health care professionals in a hospital setting or other health care situations outside the hospital are generally recognized as safe and effective. In the 1994 TFM, certain antiseptic active ingredients were proposed as being generally recognized as safe for use in health care settings based on safety data evaluated by FDA as part of its ongoing review of OTC antiseptic drug products. However, in light of more recent scientific developments, FDA now proposes that additional safety data are necessary to support the safety of antiseptic active ingredients for these uses. FDA also proposes that all health care antiseptic active ingredients have in vitro data characterizing the ingredient's antimicrobial properties and in vivo clinical simulation studies showing that specified log reductions in the amount of certain bacteria are achieved using the ingredient. For more information…

39. FDA Panel Evaluates New Aneurysm Treatment Devices

The Neurological Devices Panel of the U.S. Food and Drug Administration met on April 17, 2015 to evaluate the clinical evidence for new devices designed to treat unruptured brain aneurysms. This is a growing clinical approach thought to be safer than previous methods for treating large aneurysms. The treatment uses flow-diversion devices, introduced in 2011. A tiny catheter is threaded through the aneurysm's parent blood vessel, moving past the aneurysm without having to enter its sac. The flow-diversion device is then deployed across the neck of the aneurysm to reduce blood flow to it. This method makes it unnecessary to go into the aneurysm, which risks its rupture. Previous treatments included surgery or "coiling," which involve the use of a stent. For more information…

40. USFA, IAFC Release Report on Safety Culture Change

Despite improvements in personal protective equipment, apparatus safety devices, training, emphasis on health and wellness, and decreases in the number of fires, the rate of on-duty firefighter death and injury has remained relatively unchanged in the past four decades. A new report from the US Fire Administration (USFA) looks at fire and emergency service cultural aspects that contribute to occupational illnesses, injuries and fatalities. It provides a basic understanding of the fire and emergency service culture, identifies individual and organizational behaviors that positively and negatively impact health and safety, and highlights focus areas for change by raising awareness about unsafe practices. Download the National Safety Culture Change Initiative report from the U.S. Fire Administration's website. For more information…

41. New NIOSH Report Recommends All Workplaces Be Tobacco Free (Including ENDS)

A new report from the National Institute for Occupational Safety and Health (NIOSH) recommends that all workplaces become tobacco-free and that employers make tobacco cessation programs available to workers. These latest recommendations, which also encompass the use of Electronic Nicotine Delivery Systems (ENDS)—or e-cigarettes—are aimed at protecting workers from the occupational hazards of tobacco and the effects of secondhand exposure to tobacco smoke and emissions from e-cigarettes. NIOSH's recommendations, which were issued in a technical document called a Current Intelligence Bulletin (CIB), build upon previous recommendations regarding tobacco use in the workplace and incorporate public review and comment on an earlier draft document. The report is aimed at preventing occupational injury and illness related to tobacco use, while also improving the general health and well-being of workers. *Current Intelligence Bulletin 67: Promoting Health and Preventing Disease and Injury Through Workplace Tobacco Policies* is available at http://www.cdc.gov/niosh/docs/2015-113/.

42. ECMO Catheters Recalled for Potential for Separation of Tube from Hub

OriGen Biomedical has initiated a nationwide recall for one lot (lot N18549, expiration 09/2018) of 51 VV13F Reinforced Dual Lumen ECMO Catheters. These VV13F Reinforced Dual Lumen ECMO Catheters have been found to have the potential for a separation of the clear extension tube from the hub in which it is inserted, which potentially could result in required intervention to prevent permanent impairment/damage. OriGen Biomedical is aware of one product failure and has received a complaint associated with the problem. For more information…

43. FDA Offers Guidance on Using Data from International Studies

The Food and Drug Administration (FDA or Agency) is announcing the availability of the draft guidance entitled "Acceptance of Medical Device Clinical Data from Studies Conducted Outside the United States; Draft Guidance for Industry and Food and Drug Administration Staff." This draft guidance articulates FDA's current policy of accepting scientifically valid clinical data obtained from foreign clinical studies in support of premarket submissions for devices. The guidance describes special considerations that apply when using such data, including applicability to populations within the United States and study design issues and provides recommendations to assist sponsors in ensuring their data are adequate under applicable FDA standards to support approval or clearance of the device in the United States. This guidance is not intended to announce new policy, but to describe FDA's existing approach to this topic. This draft guidance is not final nor is it in effect at this time. For more information…

44. GAO Considers Use of Electronically Readable Medicare Cards

Proposals have been put forward to replace the current paper Medicare cards, which display beneficiaries' Social Security numbers, with electronically readable cards, and to issue electronically readable cards to providers as well. Electronically readable cards include cards with magnetic stripes and bar codes and "smart" cards that can process data. Proponents of such cards suggest that their use would bring a number of benefits to the program and Medicare providers, including reducing fraud through the authentication of beneficiary and provider identity at the point of care, furthering electronic health information exchange, and improving provider record keeping and reimbursement processes. The Government Accountability Office (GAO) has published *"Medicare Potential Uses of Electronically Readable Cards for Beneficiaries and Providers"*, GAO -15-319. For more information…

45. New AHRQ YouTube Channel Features Patient Safety Videos

A new Patient Safety Channel from AHRQ on YouTube features videos of evidence-based training programs used by U.S. hospitals to improve care quality through effective communications and teamwork. The new channel includes nearly 50 videos that describe key elements of the Comprehensive Unit-based Safety Toolkit (CUSP), a

patient safety protocol used successfully by hospital intensive care units to reduce potentially deadly healthcare-acquired infections. The Patient Safety Channel also includes more than 50 videos on TeamSTEPPS®, a patient safety protocol developed by AHRQ and the Department of Defense that lowers the risk of adverse events through better communications and teamwork skills. Both training programs can be customized to the individual training needs of hospitals, hospital units, and clinicians. For more information…

46. CDC Making Progress on Winnable Battles

CDC has published CDC Winnable Battles 2010-2015, Progress Report 2014. The report tracks progress in seven public health areas: Tobacco, Nutrition/Physical Activity/Obesity, Food Safety, Healthcare-Associated Infections, Motor Vehicle Injuries, Teen Pregnancy, and HIV in the U.S. Data from the report indicate that some 2015 winnable battle targets have already been exceeded, including a 12 percent decrease in the percent of youth who smoke cigarettes and a 20 percent decrease in teen birth rates. Other measures on track for meeting their 2015 target include decreasing tobacco use in adults, reducing healthcare-associated infections and motor vehicle fatalities, and increasing the percentage of people living with HIV who know their status. For more information…

47. Did You Miss the Launch of Suicide Safe?

Recordings of the Suicide Safe launch event are now available.

In March, SAMHSA released its latest free mobile app, Suicide Safe, during a national press conference. Experts in suicide prevention joined together to unveil this new learning tool for health care providers and to celebrate the National Suicide Prevention Lifeline's 10th anniversary. Following the press conference, SAMHSA hosted a live Suicide Safe demonstration and discussed SAMHSA's latest advancements in suicide prevention.

- Watch the Suicide Safe Demonstration.
- Watch the Press Conference.

Suicide Safe is designed to help primary care and behavioral health providers integrate suicide prevention strategies into their practice and address suicide risk among patients. Learn More About Suicide Safe

48. CDC Reports on Occupational Traumatic Injuries Among Workers in Health Care Facilities

In 2013, one in five reported nonfatal occupational injuries occurred among workers in the health care and social assistance industry, the highest number of such injuries reported for all private industries. In 2011, U.S. health care personnel experienced seven times the national rate of musculoskeletal disorders compared with all other private sector workers. To reduce the number of preventable injuries among health care personnel, CDC's National Institute for Occupational Safety and Health (NIOSH), with collaborating partners, created the Occupational Health Safety Network (OHSN) to collect detailed injury data to help target prevention efforts. OHSN, a free, voluntary surveillance system for health care facilities, enables prompt and secure tracking of occupational injuries by type, occupation, location, and risk factors. This report describes OHSN and reports on current findings for three types of injuries. A total of 112 U.S. facilities reported 10,680 OSHA-recordable patient handling and movement (4,674 injuries); slips, trips, and falls (3,972 injuries); and workplace violence (2,034 injuries) injuries occurring from January 1, 2012–September 30, 2014. Incidence rates for patient handling; slips, trips, and falls; and workplace violence were 11.3, 9.6, and 4.9 incidents per 10,000 worker-months, respectively. Nurse assistants and nurses had the highest injury rates of all occupations examined. Focused interventions could mitigate some injuries. Data analyzed through OHSN identify where resources, such as lifting equipment and training, can be directed to potentially reduce patient handling injuries. Using OHSN can guide institutional and national interventions to protect health care personnel from common, disabling, preventable injuries. For more information…

49. Institute of Medicine to Become National Academy of Medicine

At the 152nd annual meeting, the membership of the National Academy of Sciences voted to change the name of the Institute of Medicine to the National Academy of Medicine. The newly named National Academy of Medicine will continue to be an honorific society and will inherit the more than 1,900 current elected members and foreign associates of the IOM. The National Academy of Medicine will join the National Academy of Sciences and the National Academy of Engineering in advising the nation on matters of science, technology, and health. Read the press release…

50. NREMT Introduces New Paramedic Psychomotor Competency Portfolio Exam

Following pilot projects in several states, the National Registry of Emergency Medical Technicians (NREMT) has revised the design for paramedic testing. The NREMT developed a portfolio of vital skills that each paramedic student must master in order to qualify for the National Registry Paramedic Certification examination. Each student's portfolio is tracked by the program throughout the formative and summative phases of education in the classroom, laboratory, clinical, and field internship settings. The completed portfolio becomes a part of the student's permanent educational file and is a prerequisite to seeking National Registry Paramedic Certification. The six (6) skills that will comprise the National Registry Paramedic Psychomotor examination effective August 1, 2016, are as follows:

1. Patient Assessment – Trauma
2. Oral Station – Case A
3. Oral Station – Case B
4. Dynamic Cardiology
5. Static Cardiology
6. Out-of-hospital Scenario

Please visit this link (http://tinyurl.com/NREMT-PPCP) for documents and essays used during the laboratory, clinical, and capstone phases of a student's education. Students and educational programs are welcome to use these documents for non-commercial purposes of educational or scientific advancement. The NREMT will provide a webinar on the PPCP format- Tuesday, May 19th 12 PM ET. Register for the PPCP webinar here.

In related news, the NREMT announced its plan for its recertification model, the National Continued Competency Program (NCCP) in its Spring newsletter. Constructed using methodology similar to that of the American Board of Medical Specialty requirements, the new NCCP model streamlines the recertification process into three strategic categories of continuing education: National, Local, and Individual. Overall, the total number of CE hours has been reduced. The changes allow a platform for evidenced-based medicine to reach EMS professionals all over the country, give state and local agencies the freedom to dictate a portion of the recertification requirements and provide a foundation for the EMS professional to embrace life-long learning through self-assessment. The NREMT will provide a webinar on the NCCP format on Tuesday, June 16th 12 PM ET. Register for the NCCP webinar here.

51. Simulation Use in Paramedic Education Research (SUPER): A Descriptive Study

A research study was conducted by a subcommittee of the National Association of EMS Educators' Research Committee, composed of members with expertise in EMS education and healthcare simulation. The group conducted a cross-sectional census survey of 638 Paramedic programs that were either accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or holding a Letter of Review by the CoAEMSP. The purpose of this research was to characterize the use of simulation in initial Paramedic education programs in order to assist stakeholders' efforts to target educational initiatives and resources. This group sought to provide a snapshot of what simulation resources programs have or have access to and how they are used;

faculty perceptions about simulation; whether program characteristics, resources, or faculty training influence simulation use; and if simulation resources are uniform for patients of all ages. Learn more about the findings of the descriptive study here.

52. Rescue Workers Use Apps to Help Save Lives

When 911 dispatchers get a call that someone has collapsed and stopped breathing, they quickly notify first responders. In hundreds of communities across the U.S., they now also send out a smartphone app alert summoning citizens trained in CPR. If those Good Samaritans arrive at the scene first, they can start resuscitation efforts until the professionals get there. The mobile app is called PulsePoint, and it was devised to aid victims who have suffered cardiac arrest. It's one of a number of apps that rescue workers, hospital staffers and patients themselves are using to try and improve responses to health emergencies and help save lives. A software developer in Falls Church, Virginia, for example, created the free 911HelpSMS app, which informs a user of where he is located before he calls 911 in a medical emergency. It also instantly texts multiple family members and gives them the person's GPS location. Another free app called EMNet finderER was developed Massachusetts General Hospital. It allows users, including sick people, EMTs, doctors and caregivers, to quickly locate the nearest hospital in an emergency, whether they're in a part of town they're not familiar with or they're on vacation. Unlike PulsePoint, most emergency health-related apps don't just target one type of medical crisis. The ICEBlueButton app, for example, lets users store information on their smartphone that can be used during any medical emergency. That can include their doctor's name, emergency contacts, allergies, medications and medical conditions. A barcode then is generated that can be accessed on the phone's lock screen and scanned and downloaded by emergency responders, using a scanner app. Another app, Twiage, allows first responders to instantly and securely send patient information from the ambulance to the hospital, including photos, videos and EKG results. The information appears on a computer screen at the emergency room, along with the GPS-tagged estimated time of arrival.

53. ICUs give life-saving treatment to many patients with 'do not resuscitate' orders

Researchers from the University of Pennsylvania surveyed 141 intensive care units in hospitals across the country and found dramatic variation in how units treated patients who entered with requests for limited intervention. Some ICUs provided CPR to those patients in under 4 percent of cases. Others administered the lifesaving technique more than 90 percent of the time. For more information…

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UPCOMING EVENTS

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

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

The 38th Annual Pennsylvania EMS Conference. September 10-12, 2015 in Lancaster, PA and September 25-26, 2015 in Altoona, PA. For more information…

*21st Annual Pocono EMS Conference. October 14 - 16, 2015 EMS Conference. Venue Kalahari Resort and Convention Center – Pocono Mountains, PA. For more information…

*October 14 & 15, 2015 Emergency Preparedness Coalition Conference. Venue Kalahari Resort and Convention Center – Pocono Mountains, PA. For more information…

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

NAEMSE Instructor Course Level 1

Vancouver, WA: April 24 - 26, 2015

West Chester, PA: May 1-3, 2015

Greenville, SC: May 29-31, 2015

Cheyenne, WY: June 5-7, 2015

Nashville, TN: August 4-6, 2015

NAEMSE Instructor Course Level 2

Macon, GA: May 15-16, 2015

Nashville, TN: August 4-5, 2015

CAAHEP Accreditation Update & Evaluating Student Competency Workshops

Nashville, TN: August 4-5, 2015

For more information…

2015 Preparedness Summit: Global Health Security: Preparing a Nation for Emerging Threats. April 14-17, 2015 in Atlanta, GA.

NASEMSO Mid-Year Meeting. April 19-22, 2015. San Antonio, TX.

Critical Care Transport Medicine Conference. April 20-22, 2015. Charlotte, NC. For more information…

EMS On The Hill Day. Briefing on April 28, 2015; Hill visits on April 29, 2015. Washington, DC

National Rural EMS Leadership Conference. May 5-6, 2015. Cheyenne, WY. For more information…

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

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

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

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

***National EMS Memorial Bike Ride**: Honor EMS personnel who have died and those who continue to serve the public everyday with long distance cycling events and by promoting healthy lifestyles. muddyangels.com
East Coast Ride – May 16-23, 2015
Kentucky Ride – May 16-23, 2015
Colorado Ride – June 24-26, 2015
West Coast Ride – September 21-26, 2015

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

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

Pinnacle 2015. August 3-7, 2015. Jacksonville, FL. Registration is now open!

EMS World Expo. September 15-19, 2015. Las Vegas, NV.

ENA Annual Meeting. September 28-October 3, 2015. Orlando, FL.

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

NASEMSO Annual Meeting. October 12-16, 2015. Louisville, KY.

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

ACEP Scientific Assembly. October 26-29, 2015. Boston, MA.

IAEM Annual Conference and EMEX Expo. November 13-18, 2015 in Las Vegas, NV. Speaker abstracts are currently being accepted. To be selected, it is crucial that your submission be compelling in both the importance of the subject matter and also show your knowledge and experience of the subject. You must follow all the submission requirements, outlined in the Speaker Guidance. Go here for more information about the Annual Conference. The deadline for speaker submissions is February 20, 2015

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

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