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[January/February 2017](#)

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- [Fatigue in EMS](#) – The Expert Panel is scheduled to meet February 28- March 2, 2017 to review the evidence and begin to formulate recommendations. See www.emsfatigue.org for more info.
- [EMS Compass](#) – several candidate measures have been released for public testing to assure their reliability and validity with the newly implemented NEMSIS version 3 standard data. The measures are available in PDF format from this [v10.3 PDF LINK](#) or as a spreadsheet from this: [v10.3 XLSX LINK](#). Current efforts are focused on coordinating sustainability through a proposed alliance of national EMS organizations.
- [National EMS Scope of Practice Model Revision 2018](#) – A systematic review of literature is currently underway to determine potential gaps within the current Scope of Practice Model. The Subject Matter Expert Panel has been selected to start the process. A website for project updates and comment portal has been established at www.emsscopeofpractice.org.
- [National Model EMS Clinical Guidelines](#) – Fifteen potential new clinical

guidelines are being considered by the work team. The “Resuscitation” chapter is being revised to reflect current ECC guidelines.

- [REPLICA](#) – REPLICA Advocate [Sue Prentiss](#) is available to work with states that are supportive of or filing compact legislation to provide resources and informational needs. Only 2 more states are needed to enact legislation that would enable implementation of the EMS licensure compact. The NASEMSO Board of Directors has established an interim committee to help build the foundation of the REPLICA Commission.

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[NASEMSO NEWS](#)

1. NASEMSO Spring (Annual) Meeting Just Around the Corner!

The final step for moving the NASEMSO Annual Meeting to the Spring is right around the corner as NASEMSO members and partners plan to convene March 5-9, 2017 in New Orleans, LA. The NASEMSO Spring Meeting website has recently been updated with a revised program (some exciting changes), a link to the featured speakers page, the optional outing sign-up and more. Please see <https://www.nasemso.org/Meetings/Spring/index.asp>. Be sure to bring your state souvenir for the ever-entertaining **State Souvenir Exchange**, to be held Tuesday evening as part of the Hexagon Event!

2. NASEMSO Hosts Town Hall at EMS Today 2017

Attendees at EMS Today 2017 in Salt Lake City engaged with NASEMSO leadership in a conference pre-session entitled “High Performing EMS: National Initiatives to Enhance the Profession.”

Whether you are an EMS agency administrator or front line practitioner, this “Town Hall” session presented by the National Association of State EMS Officials (NASEMSO):

- Provided the most up-to-date information on the evidence-based process used to develop new national Fatigue Risk Management Guidelines for EMS
- Engaged participants in a discussion on proposed EMS performance measures
- Described the need and rationale for providing the legal ability for appropriately credentialed individuals to practice across state lines via an EMS licensure compact among states
- Previewed proposed new EMS clinical guidelines with a focus on updates in

prehospital resuscitation

- Described the depth and breadth of ground ambulance vehicle standards and how they impact EMS provider safety
- Outlined how emergency medical response and intervention has changed in a medically sophisticated world

The session uniquely developed for EMS Today was open to all registered EMS Today attendees. In case you missed it, powerpoint presentations will become available on NASEMSO's website in the near future.

3. Expert Panel to Revise EMS Scope of Practice Model

Health professional practice acts are statutory laws that establish licensing or regulatory agencies or boards to generate rules that regulate medical practice. State licensing statutes establish the minimum level of education and experience required to practice, define the functions of the profession and limit the performance of these functions to licensed persons. In response to a Request for Proposal by the National Highway Traffic Safety Administration's Office of EMS, NASEMSO has been awarded a contract to revise the National EMS Scope of Practice Model (SoPM).

The SoPM promotes consistency among the states and serves as a national foundation for EMS practice. Newer scientific evidence is currently available that demonstrates improved patient outcomes with implementation of new skills and interventions that exceed the current SoPM. Some states are prohibited from implementing new interventions (e.g. therapeutic hypothermia in cardiac arrest, naloxone administration, hemorrhage control, etc.) until these new skills are added to the SoPM and/or otherwise adopted through an Evidence-Based Guideline or consensus-based process.

NASEMSO announces the launch of a national revision to the SoPM through a Subject Matter Expert Panel (SMEP) to include a combination of licensed physicians with current experience in EMS medical direction, agency administrators, and EMS practitioners that will be charged with using a combination of clinical evidence, clinical expertise, and research to achieve a consensus on recommended changes to the existing Scope Model. An application process was used to recruit practitioner members from national associations, EMS agency leadership, and practicing EMS professionals. Over 100 applications were received for the 20-member panel during the 6-week recruitment period. Read more: www.emsscopeofpractice.org

4. NASEMSO to Host Fatigue Expert Panel Meeting

On Feb. 28-Mar. 2, 2017, the National Highway Traffic Safety Administration (NHTSA) and NASEMSO will host a meeting at NASEMSO Headquarters in Falls Church, Virginia. This meeting represents the final gathering of the full expert panel in regards to the project "Developing Fatigue Risk Management Guidelines for Emergency Medical Services." The goal of meeting is to review the findings of the systematic review of literature and develop

recommendations. More information on the project is available at www.emsfatigue.org. Time will be set aside in the meeting to accept comments from registered attendees. **Note:** Space is extremely limited for in-person participation. The meeting agenda and remote participation information will be sent to registered participants via email as soon as it becomes available. [Register now to attend in-person or remotely.](#)

5. NASEMSO Offers Advice to New Administration

NASEMSO has submitted policy priorities to the Trump Administration in support of increased funding and information sharing specific to emergency medical services. In its statement to the President NASEMSO offers, “there should be a critical focus on federal initiatives in preparedness and response activities of prehospital care and the role of public, private, career and volunteer EMS providers.” Read more:

<https://www.nasemso.org/Advocacy/PositionsResolutions/IssueBriefs.asp>

6. NASEMSO and Other Stakeholders Send Letter to Congressional Leaders on Protecting Public Health

NASEMSO and eight other stakeholder groups recently sent a letter to U.S. Senate and House leaders asking them for help in protecting public health. As nonpartisan, consensus-driven national organizations representing state and territorial governmental public health leaders, the organizations requested continued support for vital public health programs currently funded through the Affordable Care Act’s (ACA) Prevention and Public Health Fund. State and territorial health leaders are concerned that long-standing public health programs now receiving resources through the Fund authorized by the ACA may be rescinded in repeal-and-replace efforts if alternate ways to invest in prevention and support the lifesaving work of state and territorial health agencies are not quickly identified. The letter asks for a delay of any efforts to rescind Prevention and Public Health Fund dollars to ensure that state and local public health is not crippled in the middle of fiscal year 2017. Asking leaders to sustain current investments in public health, the stakeholders pointed out that now more than ever the United States needs a strong public health infrastructure that flexibly meets the needs of states and is adequately resourced to work with the health care delivery system to promote health, prevent illness, and treat disease.

7. Stein-Spencer to Receive NAMI Chicago's 2017 Community Service of the Year Award

The National Alliance on Mental Illness of Chicago (NAMI Chicago) will present its 2017 Community Service of the Year Award to Leslee Stein-Spencer, Director, Medical Administration and Regulatory Compliance Division, Chicago Fire Department (CFD), and National Association of State EMS Officials (NASEMSO) Program Advisor. The award will be presented at Light the Darkness, NAMI Chicago’s annual awards dinner, on Mar. 30, 2017, “in gratitude for Leslee’s incredible contributions to improving Chicago’s mental health crisis response system.” Leslee convened and collaborated with all of Chicago’s

emergency response agencies to develop an improved plan for mental health response. In 2017, thanks to her efforts, Chicago will have the first-ever mental health awareness interdisciplinary training for all emergency service responders, including the CFD, Chicago Police Department, Chicago Office of Emergency Management and Communications, Mayor's Office, medical-based staff, and NAMI Chicago. NASEMSO congratulates Leslee for her achievement!

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[FOR THE STATES](#)

8. OIG Offers Technical Corrections to Anti-Kickback Statute

In a final rule recently published, the Office of the Inspector General (OIG) amends the safe harbors to the anti-kickback statute by adding new safe harbors that protect certain payment practices and business arrangements from sanctions under the anti-kickback statute. The OIG also amends the civil monetary penalty (CMP) rules by codifying revisions to the definition of "remuneration," added by the Balanced Budget Act (BBA) of 1997 and the Patient Protection and Affordable Care Act, Public Law 111– 148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act of 2010 (ACA). This rule updates the existing safe harbor regulations and enhances flexibility for providers and others to engage in health care business arrangements to improve efficiency and access to quality care while protecting programs and patients from fraud and abuse and includes waivers of cost-sharing for emergency ambulance services furnished by State- or municipality-owned ambulance services. Read more:

<https://www.gpo.gov/fdsys/pkg/FR-2016-12-07/pdf/2016-28297.pdf>

9. Children's Surgery Verification Program Now Accepting Pre-Applications

The American College of Surgeons Children's Surgery Verification (CSV) Program has announced that pre-application is now available and open online. All interested sites are welcome to complete the pre-application, but note that to be approved for site verification centers must meet all of the program standards and intend to actively pursue verification for the level sought before submitting a pre-application. Pre-review questionnaires are posted for each level of certification. The American College of Surgeons, in collaboration with the Task Force for Children's Surgical Care, developed the CSV standards to improve surgical care for pediatric surgical patients. These standards are the nation's first and only multispecialty benchmarks for verifying an institution's ability to provide appropriate levels of children's surgical care. The program evaluates three levels of care, aligned to the standards and expected scope of practice at the pediatric hospital. The CSV Program

verifies that participating centers have met these standards. Visit the [Children's Surgery Verification Program](#) website for more information, or contact the program team at childrenssurgery@facs.org with any questions.

10. Pew Report Focuses on Utilization of State Prescription Drug Monitoring Programs

Prescription drug monitoring programs (PDMPs) are state-based electronic databases that contain information on controlled substance prescriptions dispensed by pharmacies and prescribers. These programs can help reduce the misuse and “diversion”—the redirection of drugs from legal, medically authorized uses to illegal uses—of controlled substances, including prescription opioids. PDMPs allow prescribers and pharmacists, as well as other individuals and entities (such as researchers, health insurers, and medical licensing boards) that are authorized to access the data, to monitor controlled substance use by patients, the prescribing practices of medical practitioners, and population-level drug use trends. A new report from the Institute for Behavioral Health, Heller School for Social Policy and Management at Brandeis University in collaboration with The Pew Charitable Trusts, describes eight evidence-based practices aimed at increasing prescriber utilization of PDMPs. Read more:

http://www.pewtrusts.org/~media/assets/2016/12/prescription_drug_monitoring_programs.pdf

11. Pew Report Highlights MAT to Treat Opioid Addiction

Opioid use disorder is a complex brain disease, but it is often still viewed as a moral failing. This stigma can keep people from accessing care for their disease, including medication-assisted treatment (MAT), which combines Food and Drug Administration-approved medications with behavioral therapies. Watch how MAT can help people manage their disease, a critical step in reducing the risk of overdose and improving health in a new video from the Pew Charitable Trusts:

<http://www.pewtrusts.org/en/multimedia/video/2017/medication-assisted-treatment-the-best-therapy-for-opioid-use-disorder>

12. Safe States Alliance Offers Assessment of State Injury Prevention Programs

The Safe States Alliance is proud to present the State of the States: 2015 Report, the only national assessment of capacity among state public health injury and violence prevention (IVP) programs in the United States. Now in its sixth iteration, State of the States provides the most up-to-date and comprehensive information about the structure, organization, people, resources, and work of state IVP programs. This report provides:

- comprehensive national data on the status of state IVP programs;
- longitudinal views of changes that have occurred in state IVP programs over time;
- and

a collection of stories illustrating achievements of state IVP programs in 2015.

Read more: <http://www.safestates.org/?page=SOTS>

13. NASEM Studies Evidence Related to Cannabis and Cannabinoids

Significant changes have taken place in the policy landscape surrounding cannabis legalization, production, and use. During the past 20 years, 25 states and the District of Columbia have legalized cannabis and/or cannabidiol (a component of cannabis) for medical conditions or retail sales at the state level and 4 states have legalized both the medical and recreational use of cannabis. These landmark changes in policy have impacted cannabis use patterns and perceived levels of risk. However, despite this changing landscape, evidence regarding the short- and long-term health effects of cannabis use remains elusive.

While a myriad of studies have examined cannabis use in all its various forms, often these research conclusions are not appropriately synthesized, translated for, or communicated to policy makers, health care providers, state health officials, or other stakeholders who have been charged with influencing and enacting policies, procedures, and laws related to cannabis use. Unlike other controlled substances such as alcohol or tobacco, no accepted standards for safe use or appropriate dose are available to help guide individuals as they make choices regarding the issues of if, when, where, and how to use cannabis safely and, in regard to therapeutic uses, effectively. Shifting public sentiment, conflicting and impeded scientific research, and legislative battles have fueled the debate about what, if any, harms or benefits can be attributed to the use of cannabis or its derivatives, and this lack of aggregated knowledge has broad public health implications.

The Health Effects of Cannabis and Cannabinoids provides a comprehensive review of scientific evidence related to the health effects and potential therapeutic benefits of cannabis. This report provides a research agenda—outlining gaps in current knowledge and opportunities for providing additional insight into these issues—that summarizes and prioritizes pressing research needs. Read more:

<https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>

14. Safety Net Hospitals at Risk if ACA Repealed

Hospitals that primarily serve low-income patients could collectively lose \$40 billion in funding over the next decade if the Affordable Care Act is repealed and not replaced by something comparable, according to a new analysis by America's Essential Hospitals. That amount represents lost coverage and cuts to Medicaid and Medicare disproportionate share hospital (DSH) funding from 2018 through 2026. The ACA called for those cuts because hospitals would have theoretically needed that funding less as more people gained coverage on the marketplaces and through Medicaid expansion. Assuming Congress uses a repeal bill first introduced in 2015 that canceled cuts to Medicaid DSH payments, safety net hospitals would still experience a \$16.8 billion loss over the same period. Read more:

AIR MEDICAL

15. Call for NASEMSO Air Medical Committee Members

In September 2016, NASEMSO announced the release of “State Model Rules for the Regulation of Air Medical Services” to assist states with regulatory language intended to avoid conflict with the Airlines Deregulation Act (ADA) and the possibility of Federal preemption. The model rules are intended to be applied in a manner that would confine their scope to matters solely related to medical care, and not construed in a way that could constitute regulation of aviation safety or economic matters. They can be downloaded at <https://www.nasemso.org/Projects/AirMedical/>. We are now accepting applications for NASEMSO’s Air Medical Committee at https://www.surveymonkey.com/r/NASEMSO_Air_Med_Committee. Monthly meetings will resume shortly, so make sure to register for the committee to receive meeting notices and participate in the discussions. The goal is to develop a work plan and resources (such as a companion guide) to assist states in the interpretation and implementation of the Air Medical Model Rules.

16. FAA Issues General Aviation Medical Rule

The Federal Aviation Administration (FAA) recently issued a final rule that allows general aviation pilots to fly without holding an FAA medical certificate as long as they meet certain requirements. Until now, the FAA has required private, recreational, and student pilots, as well as flight instructors, to meet the requirements of and hold a third class medical certificate. They are required to complete an online application and undergo a physical examination with an FAA-designated Aviation Medical Examiner. A medical certificate is valid for five years for pilots under age 40 and two years for pilots age 40 and over. Beginning on May 1, pilots may take advantage of the regulatory relief in the BasicMed rule or opt to continue to use their FAA medical certificate. Under [BasicMed](#), a pilot will be required to complete a medical education course, undergo a medical examination every four years, and comply with aircraft and operating restrictions. For example, pilots using BasicMed cannot operate an aircraft with more than six people onboard and the aircraft must not weigh more than 6,000 pounds. The exemption does not apply to pilots flying for compensation or hire. Read more:

https://www.faa.gov/news/updates/media/final_rule_faa_2016_9157.pdf

17. Texas Judge Sets Precedent in Air Medical

Billing Case

A state district court judge in Austin has upheld the State of Texas' right to regulate fees paid to air ambulances for transporting patients covered by workers' compensation insurance. This case is the first in the recent national wave of litigation to hold that the federal Airline Deregulation Act of 1978 does not wipe out state workers' compensation fee caps. The Airline Deregulation Act was intended to free commercial passenger airlines, whose customers can price shop in competitive markets, from rate regulation. 345th District Court Judge Stephen Yelenosky noted that the McCarran-Ferguson Act, passed by Congress in 1945 to protect state rights to regulate the insurance industry, preempts the Airline Deregulation Act as it applies to payment in the workers' compensation system. Read more: <http://nasemso.org/Projects/AirMedical/>

18. FAA Reports Decrease in US Helicopter Accidents

The U.S. helicopter accident rate and the fatal helicopter accident rate have fallen for the third consecutive year, according to Federal Aviation Administration data. The overall accident rate fell to 3.19 accidents per 100,000 flight hours in 2016 compared with 3.67 accidents in 2015. The fatal accident rate fell slightly to 0.51 accidents per 100,000 flight hours in 2016 compared with a 0.52 rate in 2015. However, the rate is down from 0.65 in 2014 and 1.02 in 2013. In raw numbers, there were 106 helicopter accidents in 2016, including 17 fatal accidents. That is a 12 percent decrease compared to the previous year and a 27 percent decrease compared to 2013. While the data is not specific to air ambulances, the report is encouraging that safety measures implemented by the FAA in 2014 are working. Read more: <https://www.faa.gov/news/updates/?newsId=87406>

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COMMUNICATIONS

19. State of 911 Webinar Series Highlights Interstate Playbook

The Federal Communications Commission's (FCC) Task Force on Optimal PSAP Architecture (TFOPA) brings the FCC's Timothy May and TFOPA Chair Steve Souder together to share a first look at the information developed to help PSAPs plan for and implement NG911 in a webinar held on February 14, 2017. May and Souder spoke about a valuable tool developed by the TFOPA; a checklist to determine a PSAP's level of NG911 deployment and what is needed to reach the next level. They also addressed cybersecurity and governance recommendations included in this report. The discussion included firsthand recounting of the successes and challenges of interconnecting ESInets

across four states as they transition to NG911. The "NG911 Interstate Playbook," written *by states for states* and regions addresses how these states and others can prepare for and overcome issues pertaining to operations, technological interconnectivity, policy and more. Read more:

<https://www.911.gov/docs/NG911-Interstate-Playbook-FINAL-111516.pdf>

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COMMUNITY PARAMEDICINE

20. CP Toolkit Now Available

The Minnesota Department of Health has published a [Community Paramedic \(CP\) Toolkit \(PDF\)](#) for prospective employers and partners. The purpose of the toolkit is to assist employers and organizations who are planning to hire Community Paramedics. The CP role leverages the medical and community expertise of paramedics and, through additional training, applies their skills to primary care settings. CPs are able to:

- reduce overall health care costs by helping patients avoid more acute care such as hospital readmissions
- improve health outcomes for specific populations, and
- improve patient experience.

The toolkit and background resources are available on our Toolkit webpage at:

<http://www.health.state.mn.us/divs/orhpc/toolkit.html>

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DATA

21. NHTSA Whitepaper Highlights Importance of EMS Data

A new report highlights the importance of taking the EMS profession from one that simply collects data to one that turns those data into meaningful information that drives decision-making. Issued by the National Highway Traffic Safety Administration's (NHTSA) Office of EMS, the report, *Beyond EMS Data Collection: Envisioning an Information-Driven Future* outlines some of the findings from a summit convened by NHTSA earlier this year and attended by more than 30 leaders of national organizations, as well as federal officials and

industry experts. The final report is not intended to serve as a consensus document, but rather a summary of the findings of the panel through its research and discussions with the EMS community. Read more:

https://www.ems.gov/pdf/ems-data/Provider-Resources/812361_Beyond-EMS-DataCollections.pdf

22. Using Predictive Analytics to Prevent Hospital Readmissions

In its publication, *Hospitals and Health Networks*, the American Hospital Association (AHA) is just the latest group featuring the benefits of predictive analytics to benefit patient outcomes. The LACE index scoring tool identifies patients at risk for readmission or death within 30 days of discharge. The LACE index comprises four parameters: length of stay; acuity; comorbidities; and number of emergency department visits. A patient's LACE score (risk for readmission) ranges from 1 to 19; the higher the score, the greater the patient risk for readmission. Some studies have shown that implementing the LACE index can result in a moderate to high reduction of 30-day readmissions. Read "Taking Predictive Analytics to the Next Level" at <http://www.hhnmag.com/articles/8043-taking-predictive-analytics-to-the-next-level> and a companion article "How Predictive Analytics Can Help Prevent Infection" at <http://www.hhnmag.com/articles/7971-hospitals-apply-predictive-analytics-to-prevent-infection>. (An article on using predictive analytics in EMS was featured at <http://www.govtech.com/Cincinnati-Predictive-Analytics-Project-Takes-Aim-at-Emergency-Medical-Services.html> in 2016.)

23. MHS Deploys New EHR Portal

The Program Executive Office, Defense Healthcare Management Systems (PEO DHMS) has deployed MHS GENESIS at Fairchild Air Force Base in Spokane, Washington. A single integrated inpatient and outpatient electronic health record, MHS GENESIS transforms the delivery of healthcare for the Department of Defense and the Military Health System. The 92nd Medical Group is the first military hospital or clinic in the Pacific Northwest to use MHS GENESIS. Onsite deployment activities include gathering site-specific information, end user training, change management/user adoption, and post deployment support. The DoD Healthcare Management System Modernization program management office and its industry partner, the Leidos Partnership for Defense Health, worked to develop interfaces and user-approved workflows, and finalized the technical integration of the baseline operational system. Leadership from the DoD, U.S. Air Force, PEO DHMS, and the Defense Health Agency will hold an onsite review on February 15, 2017. Read more: www.health.mil/MHSGENESIS

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[DOMESTIC PREPAREDNESS](#)

24. FEMA National Advisory Council Seeking Applications

FEMA is looking for experienced individuals interested in serving on the National Advisory Council (NAC). The NAC is a federal advisory committee created to ensure effective and ongoing coordination of federal preparedness, protection, response, recovery and mitigation for natural disasters, acts of terrorism, and other man-made disasters. Appointments are for 3-year terms starting September 2017. All applications must be received by close of business on Friday, March 15th, 2017. Some discipline areas available include Emergency Management; Emergency Response Providers (fire, law enforcement, hazmat response, EMS); Elected and Non-elected Tribal Government; Individuals with Disabilities; and Standards Setting and Accrediting Organizations. Read more: <https://www.fema.gov/membership-applications>

25. FDA Updates EUA of Medical Products and Related Authorities

The Food and Drug Administration (FDA) has updated industry and stakeholder guidance applicable to the authorization of the emergency use authorization (EUA) of certain medical products under sections 564, 564A, and 564B of the Federal Food, Drug, and Cosmetic Act (FD&C Act) as amended or added by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA). The provisions in PAHPRA, described in section II of this guidance, include key legal authorities to sustain and strengthen national preparedness for public health, military, and domestic emergencies involving chemical, biological, radiological, and nuclear (CBRN) agents, including emerging infectious disease threats such as pandemic influenza. Read more: <http://www.fda.gov/RegulatoryInformation/Guidances/ucm125127.htm>

26. A Special Thanks to our friends at the National Library of Medicine DIMRC Understanding the CMS (Centers for Medicare and Medicaid Services) Emergency Preparedness Rule

Annotation: This one-hour, six-minute webinar discusses the new Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule and its role as a major development in healthcare preparedness. Speakers describe an overview of the rule, the rule's implementation timeline, interpretive guidelines, auditing and enforcement, and CMS cost estimations for implementation. View: <http://tinyurl.com/zz7l977>
Link to presentation slides: <http://tinyurl.com/z7wt75l>
Link to audio recording: <http://tinyurl.com/hljqvkh>
Link to transcript: <http://tinyurl.com/h9lfg63>

Nuclear/Radiological Incident Annex to the Response and Recovery Federal Interagency Operational Plans

Annotation: This 181-page annex provides guidance and serves as a reference for federal agency planning efforts involving nuclear/radiological incidents. It is composed of a base document and three branch plans. The base document is applicable to all nuclear/radiological incidents, whereas the branch plans focus on suspected or actual deliberate attacks, inadvertent incidents, and international incidents, respectively, affecting the United States. Read more: <https://tinyurl.com/j5z4k5g>

2016 PHEMCE Strategy and Implementation Plan

Annotation: This 169-page document updates the 2014/2015 Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Strategy and Implementation Plans, and provides the blueprint for the PHEMCE to enhance national health security through the development, procurement, and planning for effective use of critical medical countermeasures. It includes a summary of major accomplishments since the 2015 PHEMCE plan, updates to PHEMCE strategic goals and objectives, activities being pursued by the PHEMCE agencies, a summary of PHEMCE interactions with non-federal stakeholders, and progress in addressing the needs of at-risk populations. Read more: <https://www.phe.gov/Preparedness/mcm/phemce/Pages/strategy.aspx>

27. YNHHS Offers Crosswalk of CMS Emergency Preparedness Rule

The Yale New Haven Center for Emergency Preparedness and Disaster Response has just released the CMS Conditions of Participation & Accreditation Organizations Crosswalk. This tool was developed in collaboration with a number of national subject matter experts. Emergency and disaster related program, policy, communication, training and exercise elements of regulatory and accreditation standards were mapped to the CMS Emergency Preparedness Conditions of Participation. Every effort was made to ensure that the mapped regulations and accreditation standards matched as closely as possible, however this document should be used only as a resource for reviewing and updating healthcare emergency preparedness plans and does not replace existing federal, local, or accreditation organization guidance. Feedback and recommendations related to the crosswalk should be sent to center@ynhh.org. Read more: <https://www.ynhhs.org/emergency/insights/library.aspx>

28. ASPR-TRACIE Highlights HCP Capabilities

The Assistant Secretary for Preparedness and Response (ASPR) developed the 2017-2022 Health Care Preparedness and Response Capabilities guidance to describe what the health care delivery system, including HCCs, hospitals, and emergency medical services (EMS), have to do to effectively prepare for and respond to emergencies that impact the public's health. A recent webinar and ppt slides were posted to assist broad community dissemination of this important information. Read more and link to recorded webinar: <https://asprtracie.hhs.gov/documents/aspr-tracie-hcc-webinar-hpp-capabilities.pdf>

29. Real ID Countdown Begins

The Department of Homeland Security (DHS) and Transportation Security Administration

(TSA) have ramped up efforts to inform travelers of implementation deadlines related to the Real ID Act passed by Congress in 2005. The Act established minimum-security standards for license issuance and production and prohibits Federal agencies from accepting for certain purposes driver's licenses and identification cards from states not meeting the Act's minimum standards. Until January 2018, if traveling by air, residents from ANY state are still able to use a driver's license, or any of the various other forms of identification accepted by the TSA. Effective January 22, 2018, if you have a driver's license or identification card issued by a state that does not meet the requirements of the REAL ID Act, unless that state has been granted an extension, you must present an alternative form of identification acceptable to TSA in order to board a commercial domestic flight. Starting October 1, 2020, every air traveler will need a REAL ID-compliant license, or another acceptable form of identification, for domestic air travel. In addition, residents from a noncompliant state without extensions will need to show an alternative form of ID when visiting federal facilities, nuclear power plants and military bases. You can find more information about enforcement [here](#) and the most up-to-date information on compliance [here](#). If planning a visit to one of these facilities, you should contact the agency in charge to confirm what alternative forms of identification are accepted or what procedures the facility allows for persons without acceptable identification. To check the current status of a state/territory, go to <https://www.dhs.gov/current-status-states-territories>.

30. CDC Updates Quarantine Regulations

The Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) published the final rule for the Control of Communicable Diseases on January 19th, 2017, which includes amendments to the current domestic (interstate) and foreign quarantine regulations for the control of communicable diseases. These amendments have been made in response to public comments received regarding the notice of proposed rulemaking published on August 15, 2016. This final rule improves CDC's ability to protect against the introduction, transmission, and spread of communicable diseases while ensuring due process. This rule will become effective on February 21st, 2017. The final rule is published by the Office of the Federal Register. Read more:

<https://www.federalregister.gov/documents/2017/01/19/2017-00615/control-of-communicable-diseases>

31. NASEM Explores Community Violence as a Public Health Issue

On June 16, 2016, the Roundtable on Population Health Improvement held a workshop in Brooklyn, New York, to explore the influence of trauma and violence on communities. The workshop was designed to bring attention to the impact of racism and violence on communities; some social and physical interventions that can change landscapes of violence; some local strategies to build community resilience and safety; some lessons learned from select approaches and initiatives designed to reduce community violence, and public health-informed approaches to community policing and collaboration. The

Proceedings of a Workshop synthesizes the presentations and discussions that occurred during the workshop, *Community Violence as a Population Health Issue*. Read more: <https://tinyurl.com/hw76suv>

32. FBI Staff Shares Informative Resource on Fentanyl Safety for First Responders

Our friends and colleagues to the north have a new resource on the illicit drug Fentanyl for first responders. The Royal Canadian Mounted Police and the Justice Institute of British Columbia have developed [FentanylSafety.com](https://www.fentanyl-safety.com) to provide information on how the fentanyl epidemic affects first responders, their jobs, and their safety. This issue has no borders; Canada is experiencing the same kinds of issues as the United States. There is an “overdose crisis” due to the spike in heroin addiction, but the use of Fentanyl to cut heroin creates a threat to first responders. Fentanyl is 100 times more potent than morphine. It can be inhaled, ingested, and absorbed through the skin if adequate personal protective equipment is not used. As little as 2 milligrams is lethal. This new website educates first responders on what Fentanyl is, the occupational hazards, analogues of the drug, how to recognize overdoses, handling guidelines, and use of Naloxone. It has job aids for police, fire, EMS, and hazardous materials personnel. The information contained on this site could be lifesaving. Take the time to review it and pass it on to others in your department or agency. <https://www.fentanyl-safety.com/>

33. NASEM Workshop Explores Use of Healthcare PPE

Both the Food and Drug Administration (FDA) and the National Institute for Occupational Safety and Health (NIOSH) have responsibilities for evaluating and regulating respiratory protective devices (“respirators”) for health care workers. Respirators protect the user from respiratory hazards by either removing contaminants from the air (air-purifying respirators) or by supplying clean air from another source (air-supplying respirators). Respirators that are used in workplaces in the United States must be approved by NIOSH and meet standards and test results specified by regulation. Respirators used by health care workers are air-purifying respirators that generally fall into three types: (1) disposable particulate filtering facepiece respirators (also termed N95s); (2) elastomeric respirators, also known as reusable respirators because they use a replaceable filter; or (3) powered air-purifying air respirators. The distinction between NIOSH approval and FDA clearance has created confusion among health care delivery organizations, health care professionals, and other end users. To provide input to NIOSH and FDA and to discuss potential next steps to integrate the two agencies’ processes to certify and approve N95 respirators for use in health care settings, a workshop was held by the National Academies of Sciences, Engineering, and Medicine in August 2016. The workshop was focused on exploring the strengths and limitations of several current test methods for N95 respirators as well as identifying ongoing research and research needs. A new NASEM publication summarizes the presentations and discussions from the workshop. Read more: <https://www.nap.edu/download/23679>

34. HHS Launches New Human Trafficking TAC

The Office on Trafficking in Persons at the US Department of Health and Human Services (HHS) is pleased to announce the launch of the [National Human Trafficking Training and Technical Assistance Center \(NHTTAC\)](#). NHTTAC will serve as the anti-trafficking field's primary source of training and technical assistance from a public health perspective. The Center seeks to:

- Continue to build the capacity of communities assisting survivors of human trafficking and working to prevent modern forms of slavery
- Increase victim identification and access to trauma-informed services for all survivors
- Strengthen health and well-being outcomes for survivors of human trafficking
- Reduce the vulnerabilities of those most at risk of human trafficking

35. TFAH Releases Annual Public Health Readiness Report

Trust for America's Health, has released its annual report, *Ready or Not? Protecting the Public from Diseases, Disasters and Bioterrorism - 2016*. The report, which examines the nation's ability to respond to public health emergencies, found that 26 states and Washington, D.C. scored a six or lower on 10 key indicators of public health preparedness. The report provides a series of recommendations that address many of the major gaps in emergency health preparedness, including supporting baseline public health capabilities, ensuring sufficient preparedness funding and a complementary Public Health Emergency Fund, developing stronger partnerships to prepare the health system for new threats, and recruiting and training a next generation public health workforce. Read more: <http://healthyamericans.org/reports/readyornot2016/>

36. IAB Guidance Available on Bioterrorism Response

The InterAgency Board (IAB) recently published a new document entitled *A Proposed Model for Bioterrorism Response: Initial Operations and Characterization*, which presents the position of the IAB on an approach to developing a national bioterrorism response capability. The IAB proposes a model for a biothreat response capability that brings together public safety jurisdictions, federal resources, processes, standards, and doctrine to support the creation of a network of locally owned and operated validated bioterrorism response teams. Read more: <https://tinyurl.com/h6b9t78>

37. New Guidance Available on Handling Infectious Waste

New federal guidance is available for the safe handling of solid waste contaminated with a Category A infectious substance and the proper management of inactivated Category A waste materials in the United States. An infectious substance meets Category A criteria if it

is in a form capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals upon exposure to the substance (such as Ebola virus disease.) Read more: <https://tinyurl.com/jt8udkx>

38. FEMA Seeks Comment on Disaster Assistance for States

In response to calls from members of Congress, the Government Accountability Office, and the DHS Office of Inspector General over the last several years, FEMA is working to reform the way the federal government supports states following disasters. FEMA continues to actively explore the concept of a disaster deductible and today introduces a detailed program concept in the Federal Register for review. A disaster deductible program has the potential to incentivize mitigation strategies, promote risk-informed decision-making and build resilience, including to catastrophic events. As communities increase disaster resiliency, they reduce the cost of future events for both the states and the federal government. A deliberate effort to reduce risk in state and local government plans and budgets will enhance disaster response and post-disaster recovery capabilities nationwide.

FEMA is committed to a transparent stakeholder engagement effort to explore how the program might move forward, if at all. In 2016, FEMA sought public comments through www.Regulations.gov under docket ID FEMA-2016-0003. After considering the 150 comments received, FEMA developed a fuller deductible concept model that is now available for public comment. This Supplemental Advanced Notice of Proposed Rulemaking, or SANPRM, is available for 90 days on www.Regulations.gov under docket ID [FEMA_FRDOC_0001](#). The more detailed concept asks states to meet a predetermined level of financial commitment to disaster funding or investment in resilience efforts before receiving some forms of Federal assistance through the FEMA Public Assistance program. The SANPRM includes estimates of the states' current risk reduction efforts and imagines deductible credits for many of those activities. FEMA would appreciate input from the states to better understand the types and amounts of those investments.

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HIGHWAY SAFETY

39. NIOSH Database Highlights Anthropometric Data for EMS

According to a study by the National Institute for Occupational Safety and Health (NIOSH), EMTs and paramedics have higher fatality rates when compared to all workers, with forty-five percent of EMT deaths resulting from highway incidents, primarily due to vehicle collisions.

To reduce injury potential to the EMTs and other ambulance occupants, NIOSH, the Department of Homeland Security, the U.S. General Services Administration, and the National Institute of Standards and Technology, along with private industry partners, have committed to improving the workspace design of ambulance patient compartments for safe and effective performance. Up-to-date EMT anthropometric data were needed for this effort.

Between December 2013 and May 2015, NIOSH conducted a nationwide anthropometric survey of 472 male and 161 female EMTs in the continental U.S. A total of 40 measurements (39 body dimensions and weight) were taken on the basis of their utility in facilitating the patient compartment design. All measurements were taken while participants wore lab attire (shorts for men; shorts and sports bras for women), and assumed either a standing or seated posture.

The current database consists of summary statistics (mean, standard deviation, standard error, N, and percentiles) of all 40 measurements in both metric and English units. Read more: <https://www.cdc.gov/niosh/data/datasets/rd-1008-2016-0/default.html>

40. New Transportation Toolkit Available for the Public

The US Department of Transportation (DOT) has announced the availability of a new *Transportation Toolkit*, geared toward members of the public who wish to learn how to engage in the transportation decision-making process at the local, regional, state and federal levels. The *Toolkit* demystifies the decision-making process. It explains that transportation projects go through a predictable lifecycle (i.e., plan, fund, design, build and maintain). The *Toolkit* also defines key transportation acronyms and jargon using both text and graphics, and highlights engagement opportunities created by civil rights and public involvement regulations. Read more:

<https://www.transportation.gov/sites/dot.gov/files/docs/ToolkitFinal2017.pdf>

41. Beyond Traffic: DOT's 30-Year Framework

When the United States Department of Transportation was created, the Secretary of Transportation was charged by law to report on both the current and the anticipated future conditions of our nation's transportation system. [Beyond Traffic 2045](#) is U.S. DOT's most comprehensive assessment of current and future conditions in decades. After years of chronic underinvestment and policy choices that, in some cases, have actually worked at cross purposes with the broader economic and social goals held by most Americans, now is the time for a report like this one to be read, understood, considered—and used. We encourage you to read—and share—[Beyond Traffic: 2045](#).

42. ITE Talks Transportation Podcast Series A NEW EPISODE EVERY MONTH



ITE Talks Transportation is a collaborative effort between ITE and Bernie Wagenblast, founder and editor of the Transportation Communication Newsletter and host of Transportation Radio. Each month, a new podcast

features a thought leader within the transportation industry. In keeping with #transportationtuesday, a new episode will be available the 4th Tuesday of every month. Read more: <http://www.ite.org/learninghub/podcast.asp>

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[MEDICAL DIRECTION](#)

43. Revised Sepsis Guidelines Now Available

The Surviving Sepsis Campaign (SSC) was launched in 2002 and has a 7-point agenda: building awareness of sepsis, improving diagnosis and recognition, defining and increasing the use of appropriate treatment and care, educating health care professionals, improving post-intensive care unit care, developing guidelines of care, and implementing a performance improvement program. The Surviving Sepsis Guidelines were first published in 2004, with revisions in 2008 and 2012. In January 2017, the fourth revision of the Surviving Sepsis Guidelines was presented at the 46th annual Society of Critical Care Medicine meeting and published online jointly in *Critical Care Medicine* and *Intensive Care Medicine*. Free access to full article: <https://tinyurl.com/jkmjynf>

44. BMJ Evaluates Use of Prehospital TXA

Many trauma systems are examining whether to implement prehospital tranexamic acid (TXA) protocols since hemorrhage remains the leading cause of potentially preventable early trauma mortality, and early in-hospital administration of TXA within 3 hours of injury is associated with reduced mortality. But robust evidence regarding the efficacy of prehospital administration of the antifibrinolytic drug TXA on trauma outcomes is lacking. This review examines the current evidence available regarding prehospital TXA efficacy in both military and civilian trauma, and updates available evidence regarding in-hospital TXA efficacy in trauma. Read more: <http://tsaco.bmj.com/content/tsaco/2/1/e000056.full.pdf>

45. Lifepak 15 Subject of New Class 1 Recall

Physio-Control is recalling the LIFEPAK Monitor/Defibrillator due to an electrical problem that may prevent the device from delivering the electrical shock needed to revive a patient in cardiac arrest. If the electrical shock is not delivered, the monitor will indicate “Abnormal Energy Delivery” on the display. Physio-Control will be conducting a voluntary Field Correction of these LIFEPAK 15 devices. Physio-Control is contacting customers with LIFEPAK 15 devices that contain the potentially affected Relay component to arrange for a device correction of all 338 devices. This correction will include the replacement of the Therapy PCBA. Read more:

<http://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm540979.htm>

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PEDIATRIC EMERGENCY CARE

46. Pediatric Handoffs Highlighted in AAP Policy Statement

Countless peer reviewed studies have documented increased patient vulnerability to error when care is transferred from one healthcare provider to another. While the aviation industry is credited with recognizing the need to implement standard operating procedures to mitigate team risk, several handoff models, checklists, and communication strategies have emerged with applicability to healthcare.

According to the American Academy of Pediatrics (AAP), “Although little literature currently exists to establish 1 model as superior, multiorganizational consensus groups agree that standardization is warranted and that additional work is needed to establish characteristics of transitions of care (ToCs) that are associated with clinical or practice outcomes.” The rationale for structuring ToCs, specifically those related to the care of children in the emergency setting, and a description of identified strategies are presented, along with resources for educating health care providers on ToCs. Recommendations for development, education, and implementation of transition models are outlined in a new policy statement published in *Pediatrics*, the official journal of the AAP, including a section specific to emergency medical services. [Read more...](#)

47. UWM Partnership Results in New Pediatric App

The Children's Hospital of Wisconsin is now using an app to aid emergency department physicians and paramedics in pediatric cardiopulmonary resuscitation, according to the Milwaukee Journal Sentinel. The smartphone or tablet app, called the First Five Minutes app, was launched as a collaborative effort between University of Wisconsin-Milwaukee's App Brewery, Milwaukee-based Medical College of Wisconsin and Children's Hospital of Wisconsin. For the project, the App Brewery — which employs six undergraduate and graduate students — coded the app, while Medical College of Wisconsin provided funding and owns the intellectual property.

Physicians input the child's age or weight to receive a chart with standardized medication doses. The goal is to decrease response time; previously, providers would have had to calculate the dosage themselves or relied on their memory. Although the app is in a limited trial run, its collaborators expect it to be publicly available later this year. Read more: <http://www.jsonline.com/story/news/health/2017/01/07/new-app-aids-childrens-health-emergencies/96244592/>

48. FDA Warns of Belladonna in Homeopathic Teething Products

The Food and Drug Administration (FDA) recently announced that its laboratory analysis found inconsistent amounts of belladonna, a toxic substance, in certain homeopathic teething tablets, sometimes far exceeding the amount claimed on the label. The agency is warning consumers that homeopathic teething tablets containing belladonna pose an unnecessary risk to infants and children and urges consumers not to use these products. In light of these findings, the FDA contacted Standard Homeopathic Company in Los Angeles, the manufacturer of Hyland's homeopathic teething products, regarding a recall of its homeopathic teething tablet products labeled as containing belladonna, in order to protect consumers from inconsistent levels of belladonna. At this time, the company has not agreed to conduct a recall. The agency is warning consumers that homeopathic teething tablets containing belladonna pose an unnecessary risk to infants and children and urges consumers not to use these products.

49. Zika Grand Rounds Facilitation Guide Available

This 18-page document provides slides and a facilitation guide about Zika virus for pediatricians that can be used for grand rounds and other presentations. This presentation covers epidemiology, clinical manifestation, and clinical management of Zika; Centers for Disease Control and Prevention (CDC) guidance on diagnosing and testing for Zika; CDC guidance on treatment of infants with abnormalities consistent with congenital Zika syndrome; protecting infants and children from Zika; and CDC activities. It also includes frequently asked questions and answers. Read more:

https://www.cdc.gov/zika/pdfs/facilitationguidefaqs_pediatricians.pdf

50. Substance Abuse Screening in Teens

New research that shows young people can screen themselves for substance abuse using a digital tablet "just as well" as being interviewed by their doctor, reported Dr. Sion Kim Harris, co-director of the Center for Adolescent Substance Abuse Research at Boston Children's Hospital, in a December talk hosted by HRSA's Maternal and Child Health Bureau. The digital method -- Computerized Screening and Brief Advice (cSBA) -- is an alternative to the questionnaire method common in primary care settings to screen patients age 12 to 24. Read more: <https://www.hrsa.gov/enews/2017/threeminutes.html>

51. New ASTHO Policy Guide Seeks to Support Children

Policy approaches can shape the social environments in which children grow up in ways conducive to better health and well-being. There is no one-size-fits-all approach to informing policy. In addition, effective policies are not the sole responsibility of any one agency or group. They result from collaboration among many different types of partners at the federal, state, and local levels. State agencies, county and city governments, businesses, healthcare professionals, school administrators, childcare providers, community- and faith-based organizations, and individual families, youth, and community members are all essential partners in advancing policy. In a new policy guide from the

Association of State and Territorial Health Officials (ASTHO), authors present “Essentials for Childhood” for your consideration. Read more: <http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/>

52. FDA Issues Class 1 Recall for Syringe Pump

CareFusion is recalling the Alaris Syringe Pump because of a faulty Air-In-Line (AIL) sensor that may generate a false alarm, and cause the syringe pump to stop supplying the infusion to the patient. If the AIL sensor is faulty, the false alarm may be repeated and require the health care provider to clear the alarm to restart the infusion. Interruption of infusion could lead to serious adverse health consequences or death. The Alaris Syringe Pump is an infusion pump that delivers fluids, such as nutrients, blood and medications, into a patient’s body in controlled amounts. The syringe holds the solution, and the infusion tubing connects the syringe to the patient through intravenous or enteral access. Pediatric transport services using the device are encouraged to read more at <http://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm540609.htm>

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TRAUMA

53. Trauma Partners Seek to Create Action Plan

The American College of Surgeons Committee on Trauma, in partnership with the National Highway Traffic Safety Administration (NHTSA), the U.S. Department of Defense (DoD), and the National Institutes of Health (NIH), is hosting a trauma care conference designed to disseminate, refine, and implement the recommendations proposed by the National Academies of Science, Engineering and Medicine’s (NASEM) landmark report, A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths after Injury.

This meeting will bring together multidisciplinary professionals across the full spectrum of the trauma care system. Our goal is to build a National Trauma Action Plan designed to achieve zero preventable injury deaths. This ambitious goal requires support and commitment from both you and your organization. Please make plans to attend this exciting conference, April 18-19, 2017 at the National Institutes of Health Natcher Conference Center in Bethesda, MD. Conference registration will open soon! For meeting updates and information, visit our website at: <https://www.facs.org/quality-programs/trauma/traumazpd>

54. CDC Highlights State-Level Costs of Fatal Injuries

According to the Centers for Disease Control and Prevention (CDC), “Injury-associated

deaths have substantial economic consequences in the United States. The total estimated lifetime medical and work-loss costs associated with fatal injuries in 2013 were \$214 billion. In 2014, unintentional injury, suicide, and homicide (the fourth, tenth, and seventeenth leading causes of death, respectively) accounted for 194,635 deaths in the United States. In 2014, a total of 199,756 fatal injuries occurred in the United States, and the associated lifetime medical and work-loss costs were \$227 billion.”

In a new report, the CDC examines the state-level economic burdens of fatal injuries by extending a previous national-level study. Numbers and rates of fatal injuries, lifetime costs, and lifetime costs per capita were calculated for each of the 50 states and the District of Columbia (DC) and for four injury intent categories (all intents, unintentional, suicide, and homicide). During 2014, injury mortality rates and economic burdens varied widely among the states and DC. Among fatal injuries of all intents, the mortality rate and lifetime costs per capita ranged from 101.9 per 100,000 and \$1,233, respectively (New Mexico) to 40.2 per 100,000 and \$491 (New York).

States can engage more effectively and efficiently in injury prevention if they are aware of the economic burden of injuries, identify areas for immediate improvement, and devote necessary resources to those areas. Read more:

<https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a1.htm>

55. CDC Highlights TBI and SCI Among HS and Collegiate Football Players

An estimated 1.1 million high school and 75,000 college athletes participate in tackle football annually in the United States. Football is a collision sport; traumatic injuries are frequent and can be fatal. This report updates the incidence and characteristics of deaths caused by traumatic brain injury and spinal cord injury in high school and college football and presents illustrative case descriptions. Information was analyzed from the National Center for Catastrophic Sport Injury Research (NCCSIR). During 2005–2014, a total of 28 deaths (2.8 deaths per year) from traumatic brain and spinal cord injuries occurred among high school (24 deaths) and college football players (four deaths) combined. Most deaths occurred during competitions and resulted from tackling or being tackled. All four of the college deaths and 14 (58%) of the 24 high school deaths occurred during the last 5 years (2010–2014) of the 10-year study period. These findings support the need for continued surveillance and safety efforts (particularly during competition) to ensure proper tackling techniques, emergency planning for severe injuries, availability of medical care onsite during competitions, and assessment that it is safe to return to play following a concussion. Read more:

https://www.cdc.gov/mmwr/volumes/65/wr/mm6552a2.htm?s_cid=mm6552a2_e

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FEDERAL PARTNERS

56. NIOSH and NHTSA Partner to Evaluate Occupational Injuries in EMS

Emergency medical services (EMS) workers incur occupational injuries at a higher rate than the general worker population. A new study describes the circumstances of occupational injuries and exposures among EMS workers to guide injury prevention efforts. The study concludes, “New and enhanced efforts to prevent EMS worker injuries are needed, especially those aimed at preventing body motion injuries and exposures to harmful substances. EMS and public safety agencies should consider adopting and evaluating injury prevention measures to improve occupational safety and promote the health, performance, and retention of the EMS workforce.” Read more:

<http://www.tandfonline.com/doi/full/10.1080/10903127.2016.1274350>

Please note: Until the publisher finalizes the article as open access, state EMS officials can obtain a copy at:

https://www.nasemso.org/Members/Download_Documents/CouncilDocuments/Council3/

In addition, NHTSA’s recent EMS Focus webinar “Reducing EMS Workforce Injuries and Illness: What the Data Tell Us” is now available for viewing at:

<https://www.youtube.com/watch?v=f4HeJ6hgXZI>

57. CMS Ambulance Open Door Forum Now Available as Podcast

The Centers for Medicare and Medicaid Services (CMS) Ambulance Open Door Forum (ODF) addresses issues related to the payment, billing, coverage and delivery of services in the ambulance industry. Among the many issues addressed within the forum are the Ambulance Fee Schedule rules; rural and other ambulance payment enhancements; and requirements for ambulance service certification and payment determinations. In addition, discussions differentiating the rules related to provider-based and independent ambulance services are facilitated. Timely announcements and clarifications regarding important rulemaking, agency program initiatives and other related areas are also included in the forums.

CMS has begun to make the transcripts of these sessions (and all open door forums) more readily available. The December Ambulance ODF, for example, discussed Staffing Requirements for ALS Transport, Update to the Claims Processing Manual pertaining to the SNF Ambulance Transport (CR-9791 and Transmittal code 3620), CY 2017 ambulance inflation factor and productivity adjustment (Change Request 9811), CY 2017 AFS Public Use Files release, and Expiration date of MACRA provisions. [Click here for more info.](#)

In related news, HHS Office of the Inspector General (OIG) has posted a revised section on ambulance services in its 2017 Work Plan. According to the report, “Prior OIG work found that Medicare made inappropriate payments for advanced life support emergency transports. We will determine whether Medicare payments for ambulance services were made in accordance with Medicare requirements.” Read more:

58. FDA Issues Warning on Chlorhexidine Gluconate

The Food and Drug Administration (FDA) is warning that rare but serious allergic reactions have been reported with the widely used skin antiseptic products containing chlorhexidine gluconate. Although rare, the number of reports of serious allergic reactions to these products has increased over the last several years.

Chlorhexidine gluconate is mainly available in OTC products to clean and prepare the skin before surgery and before injections in order to help reduce bacteria that potentially can cause skin infections. These products are available as solutions, washes, sponges, and swabs and under many different brand names and as generics. Chlorhexidine gluconate is also available as a prescription mouthwash to treat gingivitis and as a prescription oral chip to treat periodontal disease. Prescription chlorhexidine gluconate mouthwashes and oral chips used for gum disease already contain a warning about the possibility of serious allergic reactions in their labels. Read more:

<http://www.fda.gov/Drugs/DrugSafety/ucm530975.htm>

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INDUSTRY NEWS

59. Gallup: Nurses Rated Highest Among Professions for 15th Straight Year

When your newsletter editor has been a nurse for 30+ years, you can bet she is going to share this nugget! According to the 2016 Gallup Poll, "Most Americans trust their healthcare providers to be honest and ethical, but few other professions fare so well in Gallup's annual look at honesty and ethical standards among various fields. Nurses top the list with 84% of the public rating their standards as "high" or "very high," while members of Congress fall to the bottom -- the only profession for which a majority of Americans (59%) rate honesty and ethical standards as 'low' or 'very low'." Read more:

<http://www.gallup.com/poll/200057/americans-rate-healthcare-providers-high-honesty-ethics.aspx>

60. Use of Incompatible Cleaning Products Can Damage Equipment

According to Outpatient Surgery Magazine, "Stress cracking occurs when the repeated use of 'incompatible' chemical agents degrades the integrity of plastics. And it could be

happening to the plastic components of such products as infusion pumps, positioning aids and vital-signs monitors without you even knowing.” Device manufacturers are aware of the problem, and most do their best to use plastics that will resist common cleaners, but according to the ECRI Institute, a medical products testing laboratory, “no one cleaner is safe for all plastics and no one plastic is resistant to all cleaners.” Regular inspection for stress cracking and other signs of damage caused by cleaners is encouraged. Read more:

<http://www.outpatientsurgery.net/surgical-facility-administration/infection-control/sprays-and-wipes-could-degrade-plastics-over-time--02-03-17>

61. Public Safety Cyclists Offer Emergency Response Advantage

An increase in EMS bicycle medic teams is described in this blog available from the Pew Charitable Trusts. Read more:

<http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/01/30/bike-medics-bring-speedy-emergency-care-to-patients>

62. 2017 Call for Speakers NJ and PA EMS Conferences

The NJ EMS Conference Committee is seeking experienced speakers from the EMS, hospital, and preparedness community to deliver a variety of presentations for the 2017 NJ Statewide Conference on EMS. We are especially seeking presenters who are able to engage attendees by presenting in different formats and hold interactive conversations with participants. The committee will review of all submissions and evaluate them on a variety of measures based upon Conference needs and the desires of the attendees as reflected in attendee surveys. To submit a proposal for the 2017 NJ Statewide Conference on EMS, please visit: www.NJEMSConference.com

The dates have been set for Pennsylvania's Annual EMS Conference and the Call for Speakers is out! Help us showcase the talent we have right here in Pennsylvania, submit a speaker application or share this email with someone that you think would be a good presenter for our conference! The deadline for submission is Friday, March 03, 2017. Read more:

<https://www.regonline.com/custImages/430000/432080/2017CallforSpeakers.pdf>

63. NAEMT Publishes National Survey on EMS ePCR Usability

Last year, the National Association of EMTs (NAEMT) published a national survey on data use, collection and exchange in EMS which looked at what data EMS collects, how agencies put it to use in assessing the quality of patient care and improving operations, and how EMS shares information. The results of that survey were published in July 2016. In a newer survey, conducted by St. Louis University College for Public Health and Social Justice on behalf of NAEMT, authors look specifically at how EMS practitioners interface with the software systems they use on a day-to-day basis to collect and store information.

Read more:

<http://www.naemt.org/docs/default-source/ems-data/ems-epcr-usability-survey-16.pdf>

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UPCOMING EVENTS

Calendar events are always welcome! Send calendar events to robinson@nasemso.org.

Statewide EMS Conferences

17th Annual Templeton Pediatric Trauma Symposium. March 3-4, 2017. Pittsburgh, PA. A one-of-a-kind educational event focused on the continuum of pediatric trauma care. The conference provides a comprehensive program on the care of injured children and their families, featuring nationally-recognized presenters, a pediatric-focused TOPIC course and the keynote Templeton Lecture. [For more information...](#)

National Conferences and Special Meetings

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

[NAEMSE Instructor Course Level 1](#)

[NAEMSE Instructor Course Level 2](#)

[CAAHEP Accreditation Update & Evaluating Student Competency Workshops](#)

[NAEMSE/NREMT Regional Scenario Development Workshops](#)

EMS Today 2017

February 23-25, 2017. Salt Lake City, UT <http://www.emstoday.com/index.html>

National Association of State EMS Officials Spring Meeting

March 5-9, 2017. New Orleans, LA. www.nasemso.org

American Academy of Emergency Medicine Annual Meeting

March 16-20, 2017. Orlando, FL. www.aaem.org

***Tenth International Conference on Managing Fatigue**

San Diego, California, from March 20–23, 2017, at the Westin San Diego Gaslamp Quarter. <http://fatigueconference2017.com/program.html>

***National EMS Advisory Council**

TENTATIVE April 4-5, 2017. Washington DC. www.ems.gov

Critical Care Transport Medicine Conference

April 10-12, 2017. San Antonio, TX. <http://www.iafccp.org/event/id/177507/Critical-Care-Transport-Medicine-Conference-CCTMC.htm>

***EMS on the Hill Day**

April 25, 2017. Washington, DC <https://www.naemt.org/advocacy/emsonthehillday/ems-on-the-hill-day>

National Rural EMS Leadership Conference

April 25-26, 2017. Fargo, ND.

***Preparedness Summit**

April 25-28, 2017. Atlanta, GA. <http://preparednesssummit.org/>

Society for Academic Emergency Medicine Annual Meeting

May 16-19, 2017. Orlando, FL. <http://saem.org/annual-meeting>

EMS Week

May 21-27, 2017

Fire Rescue Med (IAFC EMS Section Annual Meeting)

May 20-24, 2017. Henderson, NV <http://www.iafc.org/micrositeFRMconf/FRMhome.cfm?ItemNumber=8046>

IAFC Annual Conference - Fire-Rescue International

July 26-29, 2017. Charlotte, NC. www.iafc.org/fri

Pinnacle 2017

August 7-11, 2017. Boca Raton, FL. <http://pinnacle-ems.com/>

National Association of EMS Educators Annual Meeting

August 7-12, 2017. Washington, DC. www.naemse.org

National EMS Safety Summit

August 21-23, 2017. Denver, CO. <http://nationalemssafetysummit.org/>

Emergency Nurses Association Annual Meeting

September 13-16, 2017. St. Louis, MO. www.ena.org

Air Medical Transport Conference

October 16-18, 2017. Fort Worth, TX. <http://aams.org/education-meetings/>

National Association of State EMS Officials Fall Meeting

October 9-12, 2017. Oklahoma City, OK. www.nasemso.org

EMS World Expo

October 16-20, 2017. Las Vegas, NV. <http://www.emsworldexpo.com/>

American College of Emergency Physicians Annual Meeting

October 30 - November 2, 2017. Washington, DC. www.acep.org

International Association of Emergency Management Annual Meeting

November 10-16, 2017. Long Beach, CA. www.iaemconference.info

See more EMS Events on NASEMSO's web site at
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