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1. NASEMSO Domestic Preparedness Survey Report Now Available
NASEMSO recently surveyed its members to ascertain the extent to which state and territorial EMS offices are represented and supported in ongoing multi-agency coordination for readiness and planning. State directors responded to a range of questions related to EMS participation in preparedness activities at the state level, including involvement in the state emergency operations centers, state fusion centers, EMAC requests, the National Ambulance Contract, deployment of ambulances and EMS practitioners, registration of volunteers, funding sources, and more. The results of the survey—“State EMS Office Involvement in Domestic Preparedness Efforts NASEMSO 2010 Status Report”—are now available in a new report on the NASEMSO web site. The target population for the survey consisted of the EMS Directors of the States, Territories, and the District of Columbia. Of 56 surveys, 53 were returned, for an overall 95% rate of return.

2. California Seeing Possibly Worst Pertussis Epidemic in 50 Years
California could experience its worst pertussis epidemic in half a century if infections continue at the current rate, according to state health officials. The state had 910 confirmed cases of pertussis as of June 15 — a fourfold increase over the same period in 2009. Health departments are looking into an additional 600 suspected cases. Five infants under age 3 months have died from pertussis this year. Infants are not fully protected against the disease until they complete the initial series of three vaccinations by age 6 months, so the California Department of Public Health is urging birthing hospitals to vaccinate new parents before sending them home with their newborns. The CDC is not reporting any other major pertussis outbreaks around the country, according to the New York Times, but reporting can be delayed. California Department of Public Health news release. See also CDC links for Pertussis...

3. FCC Releases Comprehensive Analysis on Nationwide Public Safety Broadband Network
The Federal Communications Commission (FCC) recently released a comprehensive white paper which provides the capacity analysis behind the National Broadband Plan recommendations for the deployment and operation of a nationwide 4G wireless public safety network that allows first responders to seamlessly communicate across
geographies and agencies, regardless of devices. The white paper, titled: “The Public Safety Nationwide Interoperable Broadband Network, A New Model For Capacity, Performance and Cost” shows that, according to the FCC, the 10 MHz of dedicated spectrum currently allocated to public safety will provide the capacity and performance necessary for day-to-day communications and serious emergency situations. Download the FCC’s White Paper... In recent letters to members of Congress, NASEMSO joined several national EMS organizations in calling for legislation that would allocate the 700MHz D Block to public safety use opposing the FCC’s announced plans to hold a commercial auction.

4. CDC Announces Opportunity to Comment on 2010-2011 Influenza Guidance
The Centers for Disease Control and Prevention (CDC), seeks public comment on proposed new guidance which will update and replace previous seasonal influenza guidance and the Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings. The updated guidance emphasizes a prevention strategy to be applied across the entire spectrum of healthcare settings, including hospitals, nursing homes, physicians’ offices, urgent care centers, and home health care, but is not intended to apply to settings whose primary purpose is not health care. It focuses on the importance of vaccination, steps to minimize the potential for exposure such as respiratory hygiene, management of ill healthcare workers, droplet and aerosol-generating procedure precautions, surveillance, and environmental and engineering controls. Written comments must be received on or before July 22, 2010. Comments received after July 22, 2010 will be considered to the extent possible. Download the June 22 FR Notice...

5. RAND Proposes New Tool to Promote Civilian and Military Disaster Preparedness
U.S. policymakers have stepped up systematic disaster preparedness efforts sharply since the terrorist attacks of September 11, 2001, including the creation of the U.S. Department of Homeland Security and a plethora of federal initiatives. Against a backdrop of natural disasters that occur each year in the United States and heightened concern about pandemic influenza, there is an emerging national consensus that the best path is an all-hazards approach to disaster preparedness planning and that effective local planning is critical. Military installations and their civilian counterparts — local government and local health-care providers, especially the U.S. Department of Veterans Affairs — can strengthen local-level disaster preparedness planning. An interim report, Bridging the Gap: Developing a Tool to Support Local Civilian and Military Disaster Preparedness, is the first phase of a larger study aiming to develop a planning support tool for local military and civilian planners. It describes current policies and programs — especially those with nationwide application — for domestic emergency preparedness, risk analysis, and capabilities-based planning. It also describes results from interviews with local military and civilian planners at five selected sites to help understand how local preparedness planning currently operates and identify the needs of local planners. Collectively, these form the basis for a proposed tool, for which the framework is described in this report. The next phase of the study will include development and field testing of a proof-of-concept prototype of the tool. For more information...

6. ASPR Launches New Public Health Emergency Portal
The new PHE.gov acts as a cross-governmental portal for residents in the U.S. and worldwide to obtain information from all U.S. federal agencies and their state and local partners involved in a public health emergency, medical disaster or public health aspects of a natural or man-made disaster. The site was created by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) in conjunction with cross-governmental partners to meet public information requirements of the Pandemic and All Hazards Preparedness Act of 2006, Public Law No. 109-417 and National Health Security Strategy (NHSS) objectives. Using this portal, visitors can find the current status and actions taken by the federal government in preparing for and responding to public health emergencies...
and medical disasters. Links to report potential public health threats, and information about medical response, emergency support functions and medical services are also available along with public health actions taken by the federal government during domestic and international emergencies. In addition, visitors can learn about U.S. efforts to provide basic and advanced research and development of medical countermeasures and how these countermeasures will be used in response to public health emergencies. The portal also provides specific information for federal, state, and local emergency planners to aid in preparing for, responding to, and recovery from public health emergencies. Information on legal authorities and guidance, preparedness and planning tools, and specific preparedness programs are also provided for emergency planners. Information for responders includes information on physical safety and mental health, and guidance for dealing with specific public health emergencies.

7. AHRQ Releases Decisionmaking Guides to Support Hospital Evacuation and Reoccupation
The Agency for Healthcare Research and Quality has released two new guides to help hospital leaders and emergency planners make the decision to evacuate a facility during a disaster, and when and how to safely return after the event. The “Hospital Evacuation Decision Guide” [http://www.ahrq.gov/prep/hospevacguide/] helps decisionmakers better understand what factors to consider when making the decision to evacuate, shelter in place, or defer the decision to evacuate and reassess as the situation evolves. Its companion, “Hospital Assessment and Recovery Guide,” [http://www.ahrq.gov/prep/hosprecovery/] includes a checklist to facilitate the assessment of infrastructure components critical to ensuring that staff and patients can safely return to the hospital following a disaster. These new guides supplement existing hospital emergency plans, which often do not include such decisionmaking guidance. More than 60 other Public Health Emergency Preparedness tools and resources are available on the AHRQ Web site at: [http://www.ahrq.gov/prep/].

8. HHS Public Health Emergency Determination for H1N1 Influenza Expired on June 23
On April 26, 2009, the Department of Health and Human Services determined that the emergence of a new influenza virus strain with pandemic potential (now known as 2009 H1N1 Influenza) warranted the declaration of a public health emergency. The formal declaration of a Public Health Emergency (PHE) is a tool that facilitates HHS preparation and mobilization for disasters and emergencies. The determination in April 2009, made under section 319 of the Public Health Service Act, helped HHS prepare and respond to the 2009 H1N1 pandemic by enabling the Food and Drug Administration (FDA) to issue emergency use authorizations for drugs, devices, and medical tests to protect communities that were impacted by the pandemic. Since April 26, 2009, HHS’ public health emergency determination has been revised and renewed quarterly (on July 24, October 1, and December 28, 2009, and March 26, 2010), as required by law. The current March 26 determination was scheduled to expire on June 23, and, based on the current circumstances, will not be renewed. For more information…

9. Pilot Recruitment for New EMS Course
The United States Fire Administration (USFA), Department of Homeland Security, is conducting a pilot course at the National Emergency Training Center (NETC) in Emmitsburg, Maryland for the newly developed two-day course Emergency Medical Services: Functions in Incident Command System (P-166). The National Fire Academy (NFA) will be delivering this pilot offering August 21-22, 2010. Students will arrive Friday August 20 and depart Sunday August 22, 2010. Stipends are not available for this offering and transportation costs are the responsibility of the student. Housing will be provided on the NETC Campus. Students will practice use of the Incident Command System in coordination with other public safety responders. As a follow-up to ICS-100 and ICS-200 training, this course will present scenarios requiring responders to structure their EMS resources within the guidance of NIMS ICS, as appropriate to the needs of the different incident types. Through simulation and role-playing, students will demonstrate the implementation of EMS components in an ICS system at medium- or large-sized incidents. Target
audience is emergency response personnel with responsibilities to implement the initial EMS functions of an Incident Command System at medium- or large-sized incidents. For more information...

10. Appropriations Subcommittee on Homeland Security Holds Mark-Up on FY2011 Spending Bill
On Thursday, June 24th, the House Appropriations Subcommittee on Homeland Security approved the Fiscal Year 2011 spending bill for homeland security (bill number pending at press time). The bill funds both the Assistance to Firefighters Grant (AFG) Program and the Staffing for Adequate Fire and Emergency Response (SAFER) Grant Program at $420 million. Whereas the funding level for SAFER remains the same as last year’s figure, funding for the AFG program would increase by $30 million under the proposed measure. In addition, the bill contains $45.9 million for the United States Fire Administration, a slight increase over last year’s figure. The subcommittee’s bill will now be considered by the full House Appropriations Committee. Following approval by the committee, it will be considered by the full House. The Senate Appropriations Committee has not taken action on the homeland bill. Once both houses of Congress have approved their respective spending bills, they will still need to resolve any differences before sending the final bill to the White House for the President’s signature.

11. FDA Approves Rapid Test for Antibodies to Hepatitis C Virus
The U.S. Food and Drug Administration today announced approval of the first rapid blood test for antibodies to the hepatitis C virus (HCV) for individuals 15 years and older. The OraQuick HCV Rapid Antibody Test is used to test individuals who are at risk for infection with HCV and people with signs or symptoms of hepatitis. HCV is transmitted through exposure to infected blood, which, for example, can occur during intravenous drug use. Hepatitis C can lead to liver inflammation and dysfunction and, over time, to liver disease and liver cancer. OraQuick is a test strip and does not require an instrument for diagnosis. It takes about 20 minutes to obtain results from the test. For more information...

12. OnStar Creates Injury Severity Prediction to Improve Automatic Crash Response
OnStar has developed an Injury Severity Prediction based on the findings of a Centers for Disease Control and Prevention expert panel which will allow OnStar advisors to alert first responders when a vehicle crash is likely to have caused serious injury to the occupants. Using a collection of built in vehicle sensors, OnStar Automatic Crash Response system sends crash data to an advisor if the vehicle is involved in a moderate or severe front, rear or side-impact crash. The data includes crash severity, along with the direction of impact, air bag deployment, multiple impacts and vehicle type. This information will then be used to automatically calculate the Injury Severity Prediction which comes back as a Normal or High score. When an advisor tells first responders there is an Injury Severity Prediction of High it will signify that there is a higher risk of severe injury and help the responders determine what level of care required and the transport destination for patients. This estimate should be available to OnStar advisors early next year. For more information...

In related news, Stewart C. Wang, M.D. and his team at the University of Michigan Program for Injury Research and Education direct a federally funded program that educates EMS and medical personnel in the proper use of Automatic Crash Response data and Injury Severity Prediction as it relates to triaging and treating patients. To bring these lessons to life, the team uses real automobile crash cases and their resulting injuries to illustrate each concept. Modules are available for EMS, law enforcement and fire, and emergency department personnel For more information...

13. ASPR Reorganization Outlined in Federal Register
The much anticipated reorganization of the Office of the Assistant Secretary for Preparedness and Response (ASPR) has been approved by the Office of the Secretary (HHS) and announced in the Federal Register. This organizational change is to retitle the Office of Public Health Emergency Preparedness (OPHEP) as the Office of the...
Assistant Secretary for Preparedness and Response (ASPR), and to realign the functions of ASPR to reflect the changes mandated by the Pandemic and All-Hazards Preparedness Act (PAHPA). The Office of the Assistant Secretary for Preparedness and Response reports directly to the Secretary and includes the following components:

- Immediate Office/Chief Operating Officer (COO)
- Office of Biomedical Advanced Research and Development Authority (BARDA)
- Office of Preparedness and Emergency Operations (OPEO)
- Office of Acquisitions Management, Contracts, and Grants (AMCG)
- Office of Policy and Planning (OPP)
- Office of Financial Planning and Analysis (FPA)

(The Division of Emergency Care Coordination Center [ECCC] remains under the OPEO in the reorganization.) More information, specifically the mission, organization, and functions of ASPR is available at http://edocket.access.gpo.gov/2010/2010-14997.htm.

14. HHS Posts New OIG Advisory Opinions Related to EMS
Advisory Opinion 10-09 (concerning a state and county health services district’s proposal to transfer funds to the county in which it operates a hospital to support construction of a new communications and emergency operations center) http://www.oig.hhs.gov/fraud/docs/advisoryopinions/2010/AdvOpn10-09.pdf

Advisory Opinion 10-10 (concerning an arrangement whereby two municipalities reciprocally waive otherwise applicable cost-sharing obligations of the other’s bona fide residents when providing backup emergency medical services (“EMS”) to such residents pursuant to a mutual response arrangement) http://www.oig.hhs.gov/fraud/docs/advisoryopinions/2010/AdvOpn10-10.pdf

15. NHLBI Funds Research to Improve Safety/Storage of Red Blood Cells
The National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health, is funding nine research grants to determine if the safety and efficacy of red blood cell transfusions vary depending on how long the cells have been stored. One of the grants supports the first large, multi-center, randomized clinical trial to compare outcomes in heart surgery patients who receive transfusions of red blood cells that have been stored for shorter or longer amounts of time. The other eight research grants (including one investigating storage time and the potentiation of transfusion related pathology in trauma patients) provide about $3.9 million per year over four years to assess the safety and efficacy of red blood cell transfusions. Currently, FDA regulations allow facilities to store red blood cells for up to 42 days at about 4 degrees Celsius (39 degrees Fahrenheit) before being transfused. The average age of transfused red blood cells in the United States is estimated to be a little more than 16 days. Studies have shown that blood processing and storage cause several changes in red blood cell units, including lower concentrations of molecules that regulate how oxygen is delivered to patients’ tissues. For more information...

16. Wyoming Seeks EMS Program Manager
The State of Wyoming is seeking a qualified candidate for the position of EMS Program Manager. Plans, directs, coordinates major work activities and projects associated with the Department’s Emergency Medical Services program, the mandated statewide trauma system, the federal HRSA Hospital Preparedness grant program, the federal Emergency Medical Services for Children’s grant, the Comfort One registry and the management of the statewide Poison Center contract aimed at reducing the morbidity and mortality of all citizens. For more information or to apply online go to: http://statejobs.state.wy.us/JobSearchDetail.aspx?ID=16250.
17. HealthGrades Evaluates Hospital Emergency Medicine for the First Time
The quality of emergency medical care at the nation’s hospitals varies widely – both individually and by state – according to a new HealthGrades study just released that, for the first time, examines mortality rates for patients entering hospitals through emergency departments. The first annual HealthGrades Emergency Medicine in American Hospitals Study examined more than 5 million Medicare records of patients admitted through the emergency department of 4,907 hospitals from 2006 to 2008 and identified hospitals that performed in the top 5% in the nation in emergency medicine. For more information...

18. NFPA Announces Sharp Drop in Firefighter Fatalities In 2009
Earlier this month, the National Fire Protection Association announced that for the first time in three years the number of on-the-job firefighter deaths dropped below 100. Eighty-two firefighters died in the line of duty last year, substantially fewer than the 10-year average of 98 and down even more from the 105 who died in 2008. This is the lowest annual total since NFPA recorded 79 deaths in 1993 and the third lowest total since NFPA began this study in 1977. The report shows that the number one cause of on-duty firefighter fatalities remains sudden cardiac death. Since 1970 the number of cardiac deaths has decreased, but still accounts for over 40% of on-duty deaths in 2009. For the full report please click here.

19. ADA: New Inhaled Insulin Matches Injections for Type 2 Diabetes
According to an online news report on MedPage Today, a novel formulation of inhaled insulin (Technosphere), when given at meals with bedtime insulin glargine (Lantus), equals twice-daily premixed biasepart insulin (NovoLog) for glucose control in type 2 diabetes, a randomized trial showed. The potentially more convenient regimen also reduced weight gain and hypoglycemia compared with biasepart insulin, authors reported online in The Lancet in conjunction with a presentation at the American Diabetes Association meeting. For more information...

20. Ingestion of “Button Batteries” More Serious Than Originally Thought
Recent cases suggest that severe and fatal button battery ingestions are increasing and current treatment may be inadequate. In a recent study published in Pediatrics, data were analyzed from 3 sources: (1) National Poison Data System (56535 cases, 1985-2009); (2) National Battery Ingestion Hotline (8648 cases, July 1990-September 2008); and (3) medical literature and National Battery Ingestion Hotline cases (13 deaths and 73 major outcomes) involving esophageal or airway button battery lodgment. All 3 data sets signal worsening outcomes, with a 6.7-fold increase in the percentage of button battery ingestions with major or fatal outcomes from 1985 to 2009 (National Poison Data System). Ingestions of 20- to 25-mm-diameter cells increased from 1% to 18% of ingested button batteries (1990-2008), paralleling the rise in lithium-cell ingestions (1.3% to 24%). Outcomes were significantly worse for large-diameter lithium cells (> or = 20 mm) and children who were younger than 4 years. The 20-mm lithium cell was implicated in most severe outcomes. Severe burns with sequelae occurred in just 2 to 2.5 hours. Most fatal (92%) or major outcome (56%) ingestions were not witnessed. At least 27% of major outcome and 54% of fatal cases were misdiagnosed, usually because of nonspecific presentations. CONCLUSIONS: Revised treatment guidelines promote expedited removal from the esophagus, increase vigilance for delayed complications, and identify patients who require urgent radiographs. Pediatrics. Emerging battery-ingestion hazard: clinical implications. Litovitz et al. 2010 Jun;125(6):1168-77. Free abstract, article requires a subscription.
UPCOMING EVENTS

***STATEWIDE EMS CONFERENCES***


Pennsylvania State EMS Conference. September 17-18 (with preconference sessions on September 15-16), 2010 at the Lancaster County Convention Center in Lancaster, PA. More information can be found at www.pehsc.org.


PULSE CHECK 2010, the 55th Annual Educational Conference & Trade Show of the NYS Volunteer Ambulance & Rescue Association, will be held Thursday evening September 30, 2010 to Sunday morning October 3, 2010 at the Holiday Inn Albany on Wolf Road. Information is posted on the Association’s web site at www.nysvara.org.

New Jersey Statewide Conference on EMS, Atlantic City November 11th - 13th 2010. For more information visit: www.njemsconference.com


***National Conferences and Special Meetings***

Road User Safety Webinar: How can we promote new road user safety efforts in the United States? June 30, 1:30 - 3:00 PM ET

"Accreditation is not a Four Letter Word." EMS Program Accreditation Workshops presented by NAEMSE/CoAEMSP. June 25-26, 2010 in Philadelphia, PA. For more information, go to http://www.naemse.org/accreditation/.

NAEMSE EMS Instructor Course. June 25 - 27, 2010, Sweetwater, TX. This course addresses foundations of the EMS classroom and is designed to help instructors become more effective and efficient educators. For more information, or to register for the May course, visit: http://www.naemse.org/instructor-course/

EMSC Town Hall Conference Calls 3:30 pm to 5:00 pm (eastern) July 14, 2010. The local number is (202) 476-6338 or call toll-free dial (877) 355-6338 and enter EMSC (3672) for the meeting ID#.

EMS Education Implementation Webinar. July 21, 2010 @ 3 pm. “Developing Standards Based Instruction” More info including registration link at www.nasemso.org as speakers and topics are confirmed.

6th International Roundtable on Community Paramedicine. August 9-13, 2010, Vail CO. For more information, go to http://www.ircp.info/. CALL FOR ABSTRACTS STILL OPEN!! Deadline for submission is June 15, 2010 at 5 pm MDT. For more information, please click here.

Rural and Frontier EMS and Trauma Summit at the Divide. August 11-13, 2010. Vail, Colorado. Join us for the fourth installment in the Summit Series. This Summit will have something for everyone, from federal and state policy makers to local EMS managers and hospital administrators to individual EMTs. This year’s theme will be Beyond Old Boundaries – Exploring New Frontiers. With the co-location of the Summit at the Divide with the International Roundtable on Community Paramedicine (www.ircp.info), we will have the opportunity to stretch our imaginations about what could be for rural EMS and trauma systems. Building on last years’ discussions of lessons learned from the theaters of conflict, regionalization and the use of telemedicine to overcome barriers of distance, we will explore additional options for improving access to emergency care in rural and frontier areas. A strong roster of speakers from the U.S. will be augmented by international experts both at the podium and in the audience. Attendees of the International Roundtable on Community Paramedicine will receive a $50 discount on their Summit at the Divide registration. Registration for the Summit at the Divide includes complimentary attendance at the International Roundtable on Community Paramedicine morning sessions on Wednesday, August 11. Register at http://eu.montana.edu/summit

5th Annual Disaster Planning for Hospitals Conference. August 12-12, 2010 in Washington DC. To view the complete agenda, please visit http://www.worldrg.com/disaster. Use promotional code "GPN752" and priority code "HW10075-82329" to receive an additional $300 discount by calling 800-647-7600, e-mailing info@worldrg.com or visiting http://www.worldrg.com/disaster. To view the complete agenda, please visit our website http://www.worldrg.com/disaster.

"Accreditation is not a Four Letter Word." EMS Program Accreditation Workshops presented by NAEMSE/CoAEMSP. August 20-21, 2010 in San Antonio, TX. For more information, go to http://www.naemse.org/accreditation/.

EMS Education Implementation Webinar. August 25, 2010 @ 3 pm. “Identifying Methods to Measure Cognitive, Psychomotor, and Affective Competency” More info including registration link at www.nasemso.org as speakers and topics are confirmed.


EMS Education Implementation Webinar. September 15, 2010 @ 3 pm. “Progression/Regression Strategies: Models of Success.” More info including registration link at www.nasemso.org as speakers and topics are confirmed.


EMS Education Implementation Webinar. October 20, 2010 @ 3 pm. “System Update: 2010 NASEMSO Survey Results.” More info including registration link at www.nasemso.org as speakers and topics are confirmed.

EMS Education Implementation Webinar. November 22, 2010 @ 3 pm. “The Role of National Certification in Implementing the EMS Education Agenda.” More info including registration link at www.nasemso.org as speakers and topics are confirmed.


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

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The Washington Update is supported by a cooperative agreement between NASEMSO and NHTSA OEMS, with funds also provided by HRSA/EMSC. Feel free to share this publication with your colleagues. To subscribe to receive the Washington Update bi-weekly by e-mail, please click here.