



## November 2016

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# [The 4-1-1, Your Update on NASEMSO Projects and Activities](#)

- [Fatigue in EMS](#)- As a result of the expert panel meeting in April 2016, 7 PICO questions have been finalized and registered. The systematic reviews have been initiated. The Research Team has received training on using GRADEPro software and the Expert Panel is scheduled to meet in February 2017 to review the evidence and begin to formulate recommendations.
- [EMS Compass](#)- Significant improvements to the measurement development process were made this summer and tested successfully in August. The project team brought over 50 draft measures to the Compass Steering Committee meeting in September and selected 14 individual measures across 8 conditions/topics to be released as “candidate” measures for widespread testing in the EMS industry.
- [Ground Ambulance Vehicle Standards](#) and EMS Safety Resource-SafeAmbulances.org has posted a guide on state ambulance regulations. View ambulance crash test videos. The link to Doug Wolfberg’s editorial on red lights and sirens at EMS1 is a “must read.”
- [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](#)- Sue Prentiss (former state EMS director from New Hampshire) has been named as NASEMSO’s REPLICA Advocate. Sue will work with states that are supportive of or filing compact legislation to provide resources and informational needs. Only 3 more states are needed to enact legislation that would enable implementation of the EMS licensure compact.

## **NASEMSO NEWS**

### **1. Washington Update Reboot Underway**

Happy Fall to all!! We spent our summer hiatus investigating ways to improve Washington Update and hope you find the new distribution format easier to use! This approach will enable us to monitor and improve the areas readers find most informative and eliminate areas of low interest. We also have improved the method for direct subscribing and unsubscribing via links embedded in the newsletter below (please do not email us to request these functions as they are now fully handled on an automated server.) If you are receiving this issue, no need to worry, you are already subscribed and no further action is required on your part. Links to state job opportunities as well as state and national conferences are welcome all year round by emailing the [Editor](#). Washington Update is the official member newsletter for the National Association of State EMS Officials (NASEMSO); however, anyone can subscribe to receive monthly news about activities at NASEMSO and national resources for the EMS community! Thank you for interest and patience while we work to improve Washington Update!!

### **2. NASEMSO Releases Air Medical Model Rules**

NASEMSO announces 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. In response to “Guidelines for the Use and Availability of Helicopter Emergency Medical Transport (HEMS)” published by the United States Department of Transportation in April 2015, NASEMSO sought to identify opportunities for state regulations that address outcomes related to:

- Quality of emergency medical care provided to patients
- Requirements related to the qualifications and training of air ambulance medical personnel
- Scope of practice and credentialing
- Maintenance of medical records, data collection, and reporting
- Medically related equipment standards
- Patient care environments
- EMS radio communications
- Medically related dispatch requirements
- Medical transport plans including transport to appropriate facilities

- Other medical licensing requirements

[Download State Model Rules for the Regulation of Air Medical Services.](#)

### **3. NASEMSO Awarded SoPM Revision Project**

State licensing statutes establish the minimum level of education and experience required for health professionals 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. Additional information will be available soon.

### **4. Patrick Awarded NPSTC DeMello Award**

The National Public Safety Telecommunications Council (NPSTC) has presented the 2016 Richard DeMello award to NASEMSO Immediate Past President Paul Patrick. Mr. Patrick was cited for his years of service to public safety communications and NPSTC, and for chairing its EMS Work Group (which serves as NASEMSO's communications committee). He will be presented the award again, in a more formal setting, at the Radio Club of America's award dinner later this year. Each year, NPSTC presents an annual award at the RCA awards dinner to one public safety communications person who has demonstrated the highest levels of personal and professional conduct and performance in the local, state, and national public safety communications arena. The award was named to honor the achievements of Richard DeMello, one of the founding fathers of NPSTC. Congratulations, Paul!!!

### **5. Highlight on NASEMSO Member Resources**

In case you missed any of the other reports and monographs released by NASEMSO this year, here is a summary of what they are and where you can find them!!

- [Status of State Trauma System Planning and Development: Utilization of the HRSA Model Trauma System Planning and Evaluation Document](#) (September 2016) In this monograph, NASEMSO examines the general status of formal trauma system development in the states, and particularly the utilization of system development tools produced by the Health Resources and Services Administration (HRSA) and the National Highway Traffic Safety Administration (NHTSA.)
- [Domestic Preparedness Funding](#) (January 2016) This report summarizes the funding opportunities available to NASEMSO member states from federal agencies during the 2015 federal fiscal year.
- [Personnel Licensing Policies, Practices and Procedures of State EMS Offices](#) (November 2015) This monograph describes contemporary state EMS licensing authority practices and requirements for the licensure of EMS personnel. It also discusses variations in practices and requirements that may exist for military-related EMS personnel (those separating from the military, members of guard or reserve

units, and military spouses).

## **6. NASEMSO Adopts FirstNet and CARES Resolutions**

In unanimous votes, the NASEMSO membership voted to approve two resolutions presented at its recent Fall Meeting. Resolution 2016-01 “Support of the Cardiac Arrest Registry to Enhance Survival (CARES)” calls upon electronic patient care report vendors to incorporate the required and mandatory CARES prehospital data elements and export function as part of their basic standard prehospital electronic patient care reporting products at the choice of each state, and not as extra cost add-ons to basic standard products. Resolution 2016-02 “Calling for EMS Colleagues to Prepare for and Support FirstNet Implementation in States” encourages its members and national EMS organizations to encourage state governors to choose to allow FirstNet to build the radio access networks to link users and the nationwide network in their state rather than to engage in a longer process in which the state would build its own network. The resolutions are now available for download at <https://www.nasemso.org/Advocacy/PositionsResolutions/Resolutions.asp>.

## **7. Countdown Begins to NASEMSO 2017 Spring Meeting**

On the heels of a very successful Fall meeting in Albuquerque, the countdown to the **2017 NASEMSO Spring Meeting begins**. The agenda is almost finalized and the Program Committee has been working hard to plan our visit to New Orleans, LA! Interested persons are reminded that NASEMSO will be conducting a poster competition in conjunction with the NASEMSO Annual Meeting in March 5-9, 2017 in New Orleans, LA. The goal of the NASEMSO-sponsored poster competition is to foster and develop system research and performance assessment and improvement skills in State offices of EMS and trauma. Watch the web site for instructions and deadlines for abstracts. [For more information](#)

## **8. NASEMSO Board Realigns Membership Regions**

The NASEMSO Board of Directors recently voted to realign its Regions to more closely overlap with FEMA Regions. Under the new format, NASEMSO’s East Region will align with FEMA Regions I, II, and III; the South Region will align with FEMA Regions IV and VI; Great Lakes will encompass FEMA Region V; the Western Plains Region will align with FEMA Regions VII and VIII, and: the West Region will overlap FEMA Regions IX and X. [For more information](#)

## **9. NASEMSO Names First Replica Advocate**

Sue Prentiss, MPA, NREMT-P, has been named as NASEMSO’s first REPLICA Advocate and her role in this capacity began in early September. The advocate will work primarily with state emergency medical services (EMS) officials, leadership from within the state EMS systems, interstate compact experts, the National Registry of EMTs (NREMT), and other interstate compact commissions to assist and enable states that are filing, or supportive of the Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA)

legislation with informational needs. She also will retrieve and assess materials from other compact commissions and expert sources, work closely with the states that have enacted the law, and prepare drafts of materials that will be needed upon activation of REPLICA and the outset of commission proceedings. Sue can be contacted via email at [Prentiss@emsreplica.org](mailto:Prentiss@emsreplica.org).

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## [FOR THE STATES](#)

### **10. CMS Poised to Implement EP Requirements**

The Centers for Medicare & Medicaid Services (CMS) have [finalized a rule](#) to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters. After careful consideration of stakeholder comments on the proposed rule, this final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four common and well known industry best practice standards.

1. **Emergency plan:** Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.
2. **Policies and procedures:** Develop and implement policies and procedures based on the plan and risk assessment.
3. **Communication plan:** Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.
4. **Training and testing program:** Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

These regulations are effective 60 days after publication in the Federal Register. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date.

### **11. \$53M to States to Help Address Opioid Epidemic**

The U.S. Department of Health and Human Services recently announced \$53 million in funding to 44 States, four tribes and the District of Columbia to improve access to treatment for opioid use disorders, reduce opioid related deaths, and strengthen drug misuse prevention efforts. In addition, funding will also support improved data collection and analysis around opioid misuse and overdose as well as better tracking of fatal and

nonfatal opioid-involved overdoses. Under the [President's FY 2017 Budget proposal](#), states would be eligible for up to \$920 million over two years to expand access to treatment. At this time, Congress has not funded the budget proposal. See [here](#) for a state-by-state breakdown of the President's budget and, if fully funded, the impact it would have on states' ability to further expand access to treatment.

## **12. HHS Awards \$8.6M to Improve Care Coordination**

Health and Human Services (HHS) recently announced more than \$8.6 million in funding for 246 health centers in 41 states, the District of Columbia, the Federation of Micronesia and the Northern Mariana Islands. The awards will help to improve quality of care and patients' and providers' experience of care through the Patient-Centered Medical Home (PCMH) health care delivery model. PCMH is a care delivery model designed to improve quality of care through enhanced access, planning, management, and comprehensive care. These awards will provide assistance to health centers to make the changes necessary to achieve, expand and optimize PCMH recognition. [For more information](#)

## **13. States Fight Opioid Epidemic With Rx Databases**

Prescription drug monitoring databases are assisting states in battling the opioid epidemic, according to [The Wall Street Journal](#). A [recent study](#) found there was more than a 30 percent decrease in the rate of prescribing Schedule II opioids (such as Oxycontin and Percocet) in two dozen states with such monitoring programs. Missouri is the only state that does not have a prescription monitoring database. The programs are used to prevent "doctor shopping"—patients who seek multiple prescriptions from different doctors. States are also using the databases to analyze doctors' prescribing patterns. Some states allow law enforcement to access the information.

## **14. CDC Releases Info on Cost of Opioid Abuse**

A recent article authored by CDC was published in the journal [Medical Care: The Economic Burden of Prescription Opioid Overdose, Abuse and Dependence in the United States, 2013](#). The article stated that prescription opioid overdose, abuse, and dependence cost the U.S. \$78.5 billion in 2013. Health care spending and substance abuse treatment alone accounted for over a third of the cost (\$29 billion). From 2007 to 2013, the number of prescription opioid overdose deaths increased by over 1,800 cases, and the number of people who abuse or are dependent on prescription pain medication increased by over 200,000 persons.

## **15. OSHA Guideline Considers Whistleblower Settlements**

OSHA has published new [guidelines](#) for approving settlements between employers and employees in [whistleblower](#) cases to ensure that they do not contain terms that could be interpreted to restrict future whistleblowing. The new guidelines respond to a March 2015 petition for rulemaking from the Government Accountability Project, which asked OSHA to clarify that it will not approve settlements that discourage whistleblowing. In particular, the updated guidelines make clear that OSHA will not approve a settlement that contains a provision that restricts the employee's right to provide information to the government or requires the employee to notify the employer before or after communicating with the

government. OSHA also will not approve an agreement that requires a whistleblower to waive his or her right to receive a monetary award from a government-administered whistleblower program or to pay the employer a portion of such an award.

## **16. Help Celebrate National Rural Health Day: November 17**

2016 is the 25th anniversary of the State Offices of Rural Health grant program. The National Organization of State Offices of Rural Health (NOSORH) has launched a newly revamped [website](#) that has more resources to help you plan for the coming weeks and get the word out to your partners and communities. No matter how big or small the action, National Rural Health Day is our opportunity to give a voice to rural health...so let's be heard!



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## **[AIR MEDICAL](#)**

### **17. FAA Operational Rules for UAS Now in Effect**

The Department of Transportation's Federal Aviation Administration has finalized the first [operational rules](#) for routine commercial use of small unmanned aircraft systems (UAS or "drones"), opening pathways towards fully integrating UAS into the nation's airspace. The new rule, which is now in effect, offers safety regulations for unmanned aircraft drones weighing less than 55 pounds that are conducting non-hobbyist operations. The rule's provisions are designed to minimize risks to other aircraft and people and property on the ground. The regulations require pilots to keep an unmanned aircraft within visual line of sight. Operations are allowed during daylight and during twilight if the drone has anti-collision lights. The new regulations also address height and speed restrictions and other operational limits, such as prohibiting flights over unprotected people on the ground who aren't directly participating in the UAS operation. Under the final rule, the person actually flying a drone must be at least 16 years old and have a remote pilot certificate with a small UAS rating, or be directly supervised by someone with such a certificate.

### **18. Flight Safety Foundation Launches New Website**

Aviation safety today is undergoing a worldwide revolution in thinking and practice. With 90,000 commercial flights every day plus thousands of business aviation trips, officials are

expanding beyond reactive efforts to predictive processes that can minimize future incidents. That's why [Flight Safety Foundation has launched a new, improved website](#) that provides an unequalled repository of trustworthy information and other resources. This state-of-the-art, mobile-responsive website lets aviation industry members access and apply the world's most comprehensive, up-to-date safety data and analysis from any device, anywhere. [Flight Safety Foundation](#) is an independent, non-profit, international organization engaged in research, education, advocacy and publishing to improve aviation safety. The Foundation's mission is to be the leading voice of safety for the global aerospace community. The Foundation's new website can be viewed at [flightsafety.org](http://flightsafety.org).

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## [COMMUNICATIONS](#)

### **19. FirstNet to Announce Contract Decision**

The government organization charged with building the nation's first high-speed data network for first responders says it will make its first contract award soon. It will likely happen in November, although no firm date is set. With an award on the \$7 billion First Responder Network Authority ([FirstNet](#)) program potentially just weeks away, first responders say that despite years of planning, they still have more questions than answers when it comes to the future LTE communications backbone. Officially no one even knows who is in the running. FirstNet won't release the names of bidders, under the rules of the federal procurement process. Unofficially, three groups say they have put their hat in the ring: AT&T, Rivada Mercury and pdvWireless. FirstNet won't comment on the pending award. Officials won't say whether they are considering a multi-vendor play or if they plan to give the project to a single team. What they *will* talk about is the process that has been going on during the evaluation period — a process of relationship-building with the states and emergency response agencies who will eventually implement FirstNet. [For more information](#)

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## [COMMUNITY PARAMEDICINE](#)

### **20. AHRQ Offers Tech Brief on Safety in Ambulatory Care**

A recently released AHRQ-funded technical brief explores fundamental questions about patient safety practices in ambulatory care, including which evidence-based practices used in hospitals may be applicable to the ambulatory care setting, as well as identifying promising safety initiatives that have not been broadly implemented or studied beyond a single ambulatory care center. The brief found significant gaps exist in ambulatory safety research, including a notable lack of studies on patient engagement and timely and accurate diagnosis. The brief recommended conducting prospective, large-scale studies in diverse ambulatory settings to develop and test ambulatory safety interventions. Access the brief, [Patient Safety in Ambulatory Settings](#), and a recent AHRQ Views blog post, "[Taking Steps To Protect Safety in Ambulatory Care](#)." Key informants identified medication

safety, diagnosis, transitions, referrals, and testing as important ambulatory care safety topics, and strategies that addressed communications, health IT, teams, patient engagement, organizational approaches, and safety culture as the most important strategies.

## **21. Military Experts Show the Way to Virtual Health**

Virtual health, also called telemedicine, is currently being used across 18 time zones, in 30 countries, and supporting more than 20 clinical specialties. A virtual health pilot is now underway in the U.S. Africa Command, where "tyranny of distance" means that the only medical service providers available on site are the medics and telemedicine. In the example of Special Forces, telehealth takes the form of a James Bond-type suitcase, which is filled with medical gadgetry instead of spy gear designed by Q. Open it and "out pops a tablet computer, a device to connect to satellites and a whole array of peripherals, from otoscopes and stethoscopes to ultrasound cameras and ophthalmoscopes," according to the Chief of Army Virtual Health, Dr. Colleen Rye. Army medicine is currently building a global teleconsultation portal to provide virtual care through a vast network of health service providers and the Navy is paying the Army to build identical systems on 67 Navy ships. [For more information](#)

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## **DATA**

### **22. 2015 NEMSIS Public Research Dataset Now Available**

The NHTSA Office of EMS and the NEMSIS TAC staff wish to send out a "heartfelt thank you" to all EMS providers, State EMS officials and software company employees that have labored so hard to implement and improve NEMSIS! The partners are pleased to release the 2015 NEMSIS Public-Release Research Dataset! This dataset includes 30,206,450 EMS activations submitted by 10,137 EMS agencies serving 49 states and territories during the 2015 calendar year. Compared to last year, an additional 1,352 agencies began submitting records and an additional 4,370,721 records were submitted! Data quality has also improved! We estimate data quality with an internal consistency score; this year the score is 91%! To access the 2015 NEMSIS Public-Release Research Dataset: <http://www.nemsis.org/reportingTools/requestNEMSISData.html>.

### **23. State and Local Approaches to Sharing EHRs**

The United States health system is undergoing a critical transformation in financing, service delivery, and access to care. One of the key elements of this transformation are unprecedented efforts at the local and state levels to electronically capture and exchange data to improve health care and population health, and reduce costs. Health information technology tools such as electronic health records (EHRs) capture clinical data that can be used at the point of care, shared among providers and public health to facilitate care

coordination, analyzed to support public health goals, including resource allocation, prioritization, and planning. Despite these tremendous benefits and a nationwide commitment to the use and sharing of electronic health information, health information exchange can be a challenging reality for state and local public health—leading public health partners to focus on identifying ways to reduce or eliminate real or perceived barriers to information sharing and improve access to and use of electronic health information on the state and local levels. A recent webinar, co-sponsored by CDC's Public Health Law Program and the Network for Public Health Law, focused on the importance of data sharing for public health purposes. Panelists addressed public health information exchange, and highlight efforts under way to improve the ability of state and local public health agencies to access and use electronic health information. Click to [listen and watch a recording](#) of the webinar. [View/download](#) the slides.

## **24. Joint HL7 Implementation Guide Available**

Health Level Seven® International (HL7®) and OASIS, as a result of their cooperation agreement, recently announced that they have published a joint implementation guide to bridge the electronic gap between emergency response and hospital communities, improving emergency patient coordination and ER readiness. The guide, HL7 Version 2.7.1 Implementation Guide: Message Transformations with OASIS Tracking of Emergency Patients (TEP), Release 1, is expected to improve accuracy and timeliness of data exchange between the emergency response community and hospitals, and between care facilities in everyday and disaster situations. It will also eliminate the need to re-enter or duplicate patient information for incoming emergency patients. For more information about the implementation guide or to download it free of charge, please visit [the HL7 website](#).

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## **DOMESTIC PREPAREDNESS**

### **25. FEMA Hopes to Align Mission Resources in FIOPs**

FEMA recently released updated Federal Interagency Operational Plans (FIOPs) for three of the five mission areas outlined in the National Preparedness Goal: Mitigation, Response and Recovery. In addition to the updated FIOPs, FEMA has released the first edition of the Protection FIOP. The fifth FIOP – the Prevention FIOP – contains sensitive information for the law enforcement community and is not publically available.

All five plans link together the range of activities conducted by all of the Federal departments and agencies involved in national preparedness. They specifically outline the concept of operations for integrating and synchronizing existing national-level Federal capabilities to support local, state, tribal, territorial, insular area, and Federal plans. For more information on national preparedness efforts or how to download the FIOPs, visit: <http://www.fema.gov/federal-interagency-operational-plans>.

## **26. CMS EP Rule: Resources at Your Fingertips**

The new CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule establishes consistent emergency preparedness requirements for healthcare providers participating in Medicare or Medicaid. If you are a provider and supplier, these resources can help you learn more about implementing the new rule and protecting patient health in a disaster. [For more information](#)

## **27. CBRNE Emergencies Medical Management Course**

From our friends at EMR-ISAC: The U.S Department of Health and Human Services (HHS) has available an online course and a list of resources for those agencies looking to bolster their medical planning and management of Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) incidents. “Health Information Resources for CBRNE” is a self-paced course and is free but requires an account for access. It carries four continuing education credits. Offered through their Disaster Information Management Research Center, the course covers concepts of CBRNE and details emergency planners must consider when writing CBRNE-related plans. These incidents are dynamic and happen rarely enough that, without adequate and regular training, response to a true event can suffer. The course includes information from Chemical Hazards Emergency Medical Management (CHEMM), Radiation Emergency Medical Management (REMM), and Wireless Information System for First Responders (WISER). These sites provide first responders, public information officers, response planners, and others information on nuclear power plant or reactor incidents, dirty bombs, exposure and contamination, triage guidelines, and more. Another resource on this topic can be found on the CBRNE Branch of the Public Health Emergency website. There, you can find a variety of training resources, several planning guides for CBRNE events, and access to the Radiation Injury Treatment Network (RITN).

## **28. AZ BEMS Offers Videos on Mass Shootings**

On August 30, 2016, the Arizona Department of Health Services, through the Bureau of EMS and Trauma System, the Bureau of Public Health Emergency Preparedness, and collaboration with state and local partners presented the widely attended Integrated Response to Mass Shootings Conference. A video of all eight sessions of the conference is now available online. Feel free share the web link with your partners interested in learning about this important public health and safety issue. Visit the [News & Conference](#) page of the Bureau of EMS & Trauma System website.

### **Session Topics:**

- State Agency Directors Panel
- Rural Community Integration Panel
- Tribal Community Integration Panel
- Positive Impacts of Integrated Training and Preparedness for Mass Shootings
- Considerations for Mass Shootings in School Settings
- Urban Community Integration Panel
- The Hartford Consensus: Triage & Evidence-Based Treatment

- Summary and Closing Remarks

## 29. Story Highlights Problems with CDC Zika Response

The director of the Centers for Disease Control and Prevention, Dr. Thomas Frieden, recently delivered a grim assessment of the government's ability to contain Zika, saying it's too late to stop the dangerous virus from spreading throughout the United States. Speaking at the CityLab 2016 conference in Miami, Frieden encouraged mayors and city officials in attendance to bolster mosquito control divisions, public health budgets and outreach to citizens to educate them about the looming threat. The CDC receives a \$14 billion annual budget, but unlike sister response agencies such as the Federal Emergency Management Agency (FEMA), Congress only allows the agency to use \$2.5 million to respond to emergencies. Anytime the CDC responds to a public health emergency, the agency must seek congressional approval. Frieden predicts the Zika virus will result in an endemic in the northern hemisphere. Zika, which can cause devastating birth defects in babies born to women infected while pregnant, is transmitted to people primarily through the bite of an infected *Aedes* species mosquito and can be transmitted sexually. [For more information](#)

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## [HIGHWAY SAFETY](#)

### 30. NHTSA Reports Spike in Traffic Fatalities

The nation lost 35,092 people in traffic crashes in 2015, ending a 5-decade trend of declining fatalities with a 7.2% increase in deaths from 2014. The [final data released](#) by the U.S. Department of Transportation's National Highway Traffic Safety Administration showed traffic deaths rising across nearly every segment of the population. The last single-year increase of this magnitude was in 1966, when fatalities rose 8.1% from the previous year. In response to the increase, DOT, NHTSA, and the White House are issuing an unprecedented [call to action](#) to involve a wide range of stakeholders in helping determine the causes of the increase. NHTSA will share its **Fatality Analysis Reporting System** with safety partners, state and local officials, technologists, data scientists, and policy experts. And private sector partners using new data collection technologies will be offering access to unprecedented amounts of data and new visualizations tools.

In related news, preliminary data provided by state highway safety offices indicates that more than 5,000 people were killed on motorcycles 2015. This represents an estimated 10 percent increase compared with 2014 -- more than 450 additional deaths, as reported by the Governors Highway Safety Association's (GHSA). Motorcyclist Traffic Fatalities by State: 2015 Preliminary Data is GHSA's sixth annual motorcyclist fatality Spotlight report. The series provides an early look at current data, trends, and developing issues. GHSA

projects the final motorcyclist fatality total for 2015 will be 5,010 -- only the third year in U.S. history and the first time since 2008 in which the fatality number topped 5,000. Currently, only 19 states and D.C. require all riders be helmeted. Another 28 mandate helmet use by riders younger than age 18 or 21, and three have no requirement. [For more information](#)

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## [MEDICAL DIRECTION](#)

### **31. DEA Bill Passes House Subcommittee; Intro in Senate**

The National Association of EMS Physicians (NAEMSP) has been leading efforts by several organizational partners to continue to advocate members of Congress to support House (H.R. 4365) and Senate (S. 2932) versions of the Protecting Patient Access to Emergency Medicines Act of 2016. If passed into law and signed by the President, these Bills will allow EMS agencies to continue using standing orders from their medical director to administer approved medications to their patients under the Drug Enforcement Administration (DEA). On September 21, 2016, H.R. 4365 was ordered to be Reported (Amended) by Voice Vote by the House Energy and Commerce Committee, meaning the committee has issued a report to the full chamber recommending that the bill be considered further. (Only about 1 in 4 bills are reported out of committee.) The Senate version, introduced in May 2016, remains in the Senate HELP Committee. Download the [NAEMSP Toolkit](#) to assist efforts in getting this important legislation to the White House!

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## [PEDIATRIC EMERGENCY CARE](#)

### **32. HHS Awards \$350,000 to AAP to Improve Zika Care**

The U.S. Department of Health and Human Services (HHS) today announced a \$350,000 supplement to a one-year cooperative agreement with the American Academy of Pediatrics (AAP) to help expand capacity for caring for children who are or may be impacted by the Zika virus. AAP will use these funds to provide technical assistance and education, including tele-consultation, to clinicians at community health centers and other health care sites in the United States and its territories, including Puerto Rico and South Florida, providing care to children who are or may be impacted by Zika virus. [For more information](#)

### **33. AAP Offers Guidelines on Vaccine Hesitancy**

A recent study published in the journal [Pediatrics](#) found that 87% of pediatricians in 2013 encountered a parent who declined a vaccine for their child. The figure is up by 12% from 2006 when 74.5% of pediatricians said parents refused a vaccine for their child. The persistent concern from parents and guardians has motivated the American Academy of Pediatrics, an organization that represents 60,000 providers, to issue a companion report that offers suggestions for pediatricians to deal with the dilemma.

The [15-page report](#) emphasizes the importance of listening to the parents' specific concerns and questions, and addressing them with factual evidence.

### **34. AAP Recommends “No Codeine” for Kids**

The American Academy of Pediatrics is urging parents and health providers to stop giving codeine to children, calling for more education about its risks and restrictions on its use in patients under age 18. A new AAP clinical report in the October 2016 issue of Pediatrics, [“Codeine: Time to Say ‘No.’”](#) cites continued use of the drug in pediatric settings despite growing evidence linking the common painkiller to life-threatening or fatal breathing reactions.

### **35. AAP: New Safe Sleep Recommendations for Infants**

Approximately 3500 infants die annually in the United States from sleep-related infant deaths, including sudden infant death syndrome (SIDS; International Classification of Diseases, 10th Revision [ICD-10], R95), ill-defined deaths (ICD-10 R99), and accidental suffocation and strangulation in bed (ICD-10 W75). After an initial decrease in the 1990s, the overall death rate attributable to sleep-related infant deaths has not declined in more recent years. Many of the modifiable and nonmodifiable risk factors for SIDS and other sleep-related infant deaths are strikingly similar. The American Academy of Pediatrics recommends a safe sleep environment that can reduce the risk of all sleep-related infant deaths. In “Updated 2016 Recommendations for a Safe Sleeping Environment”, the American Academy of Pediatrics recommend supine positioning, the use of a firm sleep surface, room-sharing without bed-sharing, and the avoidance of soft bedding and overheating as a means to reduce infant deaths from SIDS. Additional recommendations for SIDS reduction include the avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunization; and use of a pacifier. New evidence is presented for skin-to-skin care for newborn infants, use of bedside and in-bed sleepers, sleeping on couches/armchairs and in sitting devices, and use of soft bedding after 4 months of age. Several federal agencies have expressed support for the recommendations. [For more information](#)

### **36. Child Death Rates from Crashes Vary in States**

Motor vehicle crashes are a leading cause of death among children in the United States. New research highlights recently presented at the American Academy of Pediatrics National Conference show how widely pediatric crash-related death rates vary from state

to state, with child seat-restraint use and red-light camera policies appearing to play a role. The study identified several factors linked to children's death rates from crashes. States with a greater percentage of children who ride unrestrained or inappropriately restrained, and states where a larger proportion of crashes occur on rural roads or during the daytime, had higher motor vehicle crash death rates. States without a red light camera policy also had a greater percentage of children dying from crashes. [For more information](#)

### **37. New Program Targets Teens for Addiction Prevention**

To combat America's rapidly growing opioid and heroin epidemic, the United States [Drug Enforcement Administration](#) (DEA) and [Discovery Education](#), the leading provider of digital content and professional development for K-12 classrooms, today announced a new joint nationwide education initiative called "Operation Prevention." This announcement was made as part of a live town hall event that was broadcasted from Virginia's McLean High School and streamed into classrooms nationwide. Free resources include Educator Lesson Plans, Interactive Student Resources, and a Parent Toolkit. An archive of the event is available for year-round use at: <http://operationprevention.com/virtual-field-trip>. More information on Operation Prevention and access to the program's free resources are available at <http://operationprevention.com/>.

### **38. Promising Skin Patch Treatment for Peanut Allergy**

A wearable patch that delivers small amounts of peanut protein through the skin shows promise for treating children and young adults with peanut allergy, with greater benefits for younger children, according to one-year results from an ongoing [clinical trial](#). The treatment, called epicutaneous immunotherapy or EPIT, was safe and well-tolerated, and nearly all participants used the skin patch daily as directed. The ongoing trial is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and conducted by the NIAID-funded [Consortium of Food Allergy Research \(CoFAR\)](#). [For more information](#)

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## **[TRAUMA](#)**

### **39. New NASEMSO Monograph on State Trauma Systems**

NASEMSO announced the release of a new monograph, "Status of State Trauma System Planning and Development: Utilization of the HRSA Model Trauma System Planning and Evaluation Document," at the NASEMSO 2016 Fall Meeting. In this monograph, NASEMSO examined the general status of formal trauma system development in the

states, and particularly the utilization of system development tools produced by the Health Resources and Services Administration (HRSA) and the National Highway Traffic Safety Administration (NHTSA.) Key data included: 82% of respondents indicated their state has enabling legislation or rules to designate trauma centers; 23% of respondents, only 16 percent of all states, have legislative authority to limit the number of trauma centers; 46% of respondents did not receive federal or outside funding for state trauma program administration; In spite of a 16% net loss in the Level I category, there has been a 27 percent increase in trauma centers overall since 2010; and the largest increase in trauma center recognition is occurring at the level III (12%), IV (63%), and V (117%) levels. Download monograph and related [Download monograph and related charts and figures.](#)

## **40. Pitt Could Receive \$90M in Trauma Research Funding**

The University of Pittsburgh is receiving a \$10.8 million grant to research trauma care in the military as part of a U.S. Department of Defense contract that could eventually become a \$90 million initiative. Pitt's initial work through the University of Pittsburgh School of the Health Sciences will include the creation of the Linking Investigations in Trauma and Emergency Services network that will research how thousands of trauma patients recover. The network will include the University of Colorado, Oregon Health & Science University, the University of Texas at Houston, Vanderbilt University, University of Louisville, Baylor College of Medicine and the University of Arizona. A central review board will be based at Pitt. [For more information](#)

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## **[FEDERAL PARTNERS](#)**

### **41. Krohmer Named Director for NHTSA OEMS**

The National Highway Traffic Safety Administration (NHTSA) recently announced the appointment of Dr. Jon Krohmer as the Director of the Office of Emergency Medical Services (OEMS). Chosen from a field of more than 30 candidates, Dr. Krohmer comes to this position with a wealth of EMS experience and expertise and will lead NHTSA's collaborative efforts to improve emergency care across the nation. Board certified as an emergency physician, Dr. Krohmer has been actively involved in EMS for more than 30 years, first in his home state of Michigan, and then at the national level, as an active member of the American College of Emergency Physicians and president of the National Association of EMS Physicians. He has served as Deputy Assistant Secretary for Health Affairs, Deputy Chief Medical Officer for the Department of Homeland Security (DHS), and Director of the Health Services Corps for Immigration and Customs Enforcement at DHS. NASEMSO congratulates Dr. Krohmer on the appointment!

## 42. Congress Passes CR and Zika Funding

Congress has passed a 10 week Continuing Resolution (through Dec. 9) that also contains \$1.1 billion in Zika funding. In addition, the [White House issued a statement supporting the agreement](#). You can also read a [summary of the CR and Zika provisions](#) released by Rep. Lowey. President Barack Obama signed the bill containing the continuing resolution into law—just about 36 hours before the end of fiscal 2016.

## 43. FDA Issues Final Rule on Antibacterial Soaps

The U.S. Food and Drug Administration has issued a final rule establishing that over-the-counter (OTC) consumer antiseptic wash products containing certain active ingredients can no longer be marketed. Companies will no longer be able to market antibacterial washes with these ingredients because manufacturers did not demonstrate that the ingredients are both safe for long-term daily use and more effective than plain soap and water in preventing illness and the spread of certain infections. Some manufacturers have already started removing these ingredients from their products. [This final rule](#) applies to consumer antiseptic wash products containing one or more of 19 specific active ingredients, including the most commonly used ingredients – triclosan and triclocarban. These products are intended for use with water, and are rinsed off after use. This rule does not affect [consumer hand “sanitizers” or wipes](#), or antibacterial products used in [health care settings](#). In response to comments submitted by industry, the FDA has deferred rulemaking for one year on three additional ingredients used in consumer wash products – benzalkonium chloride, benzethonium chloride and chloroxylenol (PCMX) – to allow for the development and submission of new safety and effectiveness data for these ingredients. Consumer antibacterial washes containing these specific ingredients may be marketed during this time while data are being collected. Washing with plain soap and running water remains one of the most important steps consumers can take to avoid getting sick and to prevent spreading germs to others. If soap and water are not available and a consumer uses hand sanitizer instead, the U.S. Centers for Disease Control and Prevention (CDC) recommends that it be an alcohol-based hand sanitizer that contains at least 60 percent alcohol.

## 44. CDC Declares Sepsis a Medical Emergency

The U.S. Centers for Disease Control and Prevention (CDC) recently launched a new [website](#) to increase sepsis awareness and improve early recognition, diagnosis and treatment of patients. The [Surviving Sepsis Campaign](#), a joint collaboration of the Society of Critical Care Medicine (SCCM) and the European Society of Intensive Care Medicine, features heavily on the new website. Throughout, readers are directed to the Campaign’s website for additional information regarding sepsis. They are also specifically encouraged to examine and review [Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012](#). According to the CDC Director Dr. Tom Freiden, “The bottom line is that sepsis is a medical emergency which occurs 8 out of 10 times or starts 8 out of 10 times outside of the hospital. It’s still a huge problem and doesn’t have to be.” [For more information](#)

## **45. Efforts on Telehealth in New Report to Congress**

In response to a request from Congress, the US Department of Health and Human Services [released its report](#) on the agency's current telehealth efforts. While it wasn't within the 180-day deadline Congress gave the department in December, the report was comprehensive in its scope of the potential promise of telemedicine, especially given the ever-expanding availability of services, as well as the myriad difficulties in implementation due to inconsistent policies, costs and licensing agreements. The report focuses on the promise of telehealth to reach those in rural or underserved populations (including many veterans), to manage chronic diseases, deliver mental health or specialist services, and to avoid unnecessary hospitalizations. It also outlined the challenges of reimbursement, licensure, credentialing and privileging, and broadband connectivity.

## **46. Recall of Emergency Eyewash Solution Underway**

Honeywell is voluntarily recalling one production lot of 32-ounce bottles of Eyesaline Eyewash solution, which is used for emergency eye rinsing after an injury. Although no injuries have been reported and no contamination was found in batch testing, there is a risk of product contamination with *Klebsiella pneumoniae*. Although found in the normal flora of the mouth and skin, if the contaminant were present in a bottle, there is a potential for it to result in infections that may be sight-threatening. Approximately 9,700 32-ounce bottles with lot number F16091-61 are subject to recall. No other lot number of the product is subject to this recall. [For more information](#)

## **47. Federal Resources Available to Support Veterans**

Free tools, handouts, apps, and training that might be useful to local EMS agencies are now available to support the behavioral health and wellness of Veterans and their families. The Community Provider Toolkit brings together key resources from the Department of Defense (DoD), Substance Abuse and Mental Health Services Administration (SAMHSA), and Department of Veterans Affairs (VA) in an Interagency Resource Center. [For more information](#)

## **48. New Report: Families Caring for an Aging America**

At least 17.7 million individuals in the United States are providing care and support to an older parent, spouse, friend, or neighbor who needs help because of a limitation in their physical, mental, or cognitive functioning. The circumstances of individual caregivers are extremely varied. They may live with, nearby, or far away from the person receiving care. The care they provide may be episodic, daily, occasional, or of short or long duration. The caregiver may help with household tasks or self-care activities, such as getting in and out of bed, bathing, dressing, eating, or toileting, or may provide complex medical care tasks, such as managing medications and giving injections. The older adult may have dementia and require a caregiver's constant supervision. Or, the caregiver may be responsible for all of these activities. With support from 15 sponsors, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to examine what is known

about the nation's family caregivers of older adults and to recommend policies to address their needs and help to minimize the barriers they encounter in acting on behalf of an older adult. The resulting report, *Families Caring for an Aging America*, provides an overview of the prevalence and nature of family caregiving of older adults as well as its personal impact on caregivers' health, economic security, and overall well-being. The report also examines the available evidence on the effectiveness of programs and interventions designed to support family caregivers. It concludes with recommendations for developing a national strategy to effectively engage and support them. Check out the report and recommendations here: <http://nationalacademies.org/caregiving>

## 49. New!! CDC Healthcare Cybersecurity Discussion Guide

CDC has released the [Healthcare Organization and Hospital Cybersecurity Discussion Guide](#). Developed by the Division of State and Local Readiness, this document provides scenarios and discussion questions to be used with a small participant group of eight to 12 people in a facilitated discussion that will aid healthcare organizations and hospitals in the development of cybersecurity preparedness and response planning. The guide will assist hospital personnel whose job responsibilities include cybersecurity preparedness and response planning to identify issues that would need to be addressed when responding to a cyber breach or attack and to develop strategies to address these issues.

## 50. Ransomware Victims Urged to Contact Federal LE

Ransomware is a type of malware installed on a computer or server that encrypts the files, making them inaccessible until a specified ransom is paid. Ransomware is typically installed when a user clicks on a malicious link, opens a file in an e-mail that installs the malware, or through drive-by downloads (which does not require user-initiation) from a compromised Web site. The FBI is requesting ransomware victims reach out to their local FBI office and/or file a complaint with the Internet Crime Complaint Center, at [www.IC3.gov](http://www.IC3.gov), with the following ransomware infection details (as applicable):

- **Date of Infection**
- **Ransomware Variant** (identified on the ransom page or by the encrypted file extension)
- **Victim Company Information** (industry type, business size, etc.)
- **How the Infection Occurred** (link in e-mail, browsing the Internet, etc.)
- **Requested Ransom Amount**
- **Actor's Bitcoin Wallet Address** (may be listed on the ransom page)
- **Ransom Amount Paid** (if any)
- **Overall Losses Associated with a Ransomware Infection** (including the ransom amount)
- **Victim Impact Statement**

[For more information](#)

## 51. Baxter Voluntarily Recalls 50mm 0.2 Micron Filters

Baxter International Inc. has announced it is voluntarily recalling all unexpired lots of 50mm 0.2 micron filters (product code H93835, expiration 6/27/2016 – 6/27/2019) due to the potential for a missing filter support membrane and for potential presence of particulate matter. These issues are associated with a component manufactured by an external supplier, and were identified prior to patient involvement as a result of complaints from customers at compounding facilities. In the absence of the filter support membrane, bacteria and/or particulate matter present in an unsterile solution could pass through to the compounded prepared solution. If not further filtered before patient administration, this could lead to adverse health consequences. [For more information](#)

## **52. DEA Issues Carfentanil Warning to Police and Public**

The Drug Enforcement Agency (DEA) has issued a public warning to the public and law enforcement nationwide about the health and safety risks of carfentanil. Carfentanil is a synthetic opioid that is 10,000 times more potent than morphine and 100 times more potent than fentanyl, which itself is 50 times more potent than heroin. DEA, local law enforcement and first responders have recently seen the presence of carfentanil, which has been linked to a significant number of overdose deaths in various parts of the country. Improper handling of carfentanil, as well as fentanyl and other fentanyl-related compounds, has deadly consequences. Carfentanil is a Schedule II substance under the Controlled Substances Act and is used as a tranquilizing agent for elephants and other large mammals. The lethal dose range for carfentanil in humans is unknown. However, as noted, carfentanil is approximately 100 times more potent than fentanyl, which can be lethal at the 2-milligram range, depending on route of administration and other factors.

## **53. FDA Class I Recall Affects Tracheostomy Tube Set**

Teleflex is recalling the Willy Rusch Tracheostomy Tube Set due to the possibility that the connector may disconnect from the tracheostomy tube during use on a ventilated patient. If the connector detaches from the tracheostomy tube shaft during use, it can deprive the patient of adequate ventilation and would require immediate medical intervention including changing the tracheostomy tube and placing a new tube. The use of affected products may cause serious adverse health consequences including oxygen deprivation, brain damage and death. [For more information](#)

## **54. FDA Class I Recall Affects HVAD by HeartWare Inc.**

HeartWare Inc. is recalling the HVAD pumps due to a design problem with the driveline connector. The driveline is a tube that connects the HVAD's pump to the external controller and power source. Contamination of the driveline may result in fluid or other material entering the pump and causing electrical issues or pump stops that may lead to serious adverse health consequences, including death. [For more information](#)

## **55. FDA Class I Recall Affects Welch-Allyn AED Model 10**

The Leonhard Lang defibrillation electrode is being recalled due to a connector compatibility issue with the Welch Allyn AED model 10. The user may not be able to connect the electrodes to the defibrillator when a shock is needed. This may result in a delay in delivering the electrical therapy needed to revive a patient in cardiac arrest. [For more information](#)

## 56. OSHA Updates Workplace Guidelines

OSHA has recently updated the Guidelines for Safety and Health Programs it first released 30 years ago, to reflect changes in the economy, workplaces, and evolving safety and health issues. The new Recommended Practices have been well received by a wide variety of stakeholders and are designed to be used in a wide variety of small and medium-sized business settings. The Recommended Practices present a step-by-step approach to implementing a safety and health program, built around seven core elements that make up a successful program. The main goal of safety and health programs is to prevent workplace injuries, illnesses, and deaths, as well as the suffering and financial hardship these events can cause for workers, their families, and employers. [For more information](#)

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## [INDUSTRY NEWS](#)

### 57. New National Certification for ENPs

The *American Academy of Nurse Practitioners Certification Program (AANPCP)* has announced plans to initiate an **Emergency Nurse Practitioner certification (ENP-C)**. To begin this process, AANPCP entered into an agreement with the *American Academy of Emergency Nurse Practitioners (AAENP)* to develop a specialty certification examination for eligible nurse practitioners that will recognize their expertise in emergency care. The AANPCP and AAENP collaboration will provide a certification program that aligns with the APRN Consensus Model for specialty nursing practice and meets national accreditation standards. Eligibility is based on the candidate meeting the following requirements:

1. Current, active Registered Nurse license in the U.S., U.S. territories, or Canadian province or territory.
2. Current national certification as a Family Nurse Practitioner.
3. Emergency care specialty content that includes at least one of the following:
  - A minimum of 2,000 direct, emergency care practice hours in the past five (5) years and evidence of 100 hours of continuing emergency care education with a minimum of 30 of those hours in emergency care procedural skills within those 5 years; or
  - Completion of an academic emergency care graduate or post-graduate NP program; or

- Completion of an approved emergency fellowship program.

Details regarding the ENP-C launch date, eligibility criteria, and application process will be posted on the organizations' websites. The exam is anticipated to launch on January 1, 2017. [For more information](#)

## **58. NAEMT Survey on EMS Mental Health Services**

To assist the EMS profession in determining how best to address mental health issues, the National Association of EMTs (NAEMT) is pleased to present the results of our 2016 national survey on EMS mental health services. The results provide a snapshot of the resources, programs and services EMS agencies provide to EMS practitioners to help them cope with the stress of the job, to maintain their mental health and wellbeing, and to seek help when they need it. The survey revealed that the EMS profession has significant work to do in demonstrating to the EMS workforce that their struggles and concerns matter, and in ensuring that EMS professionals know where to turn when they are struggling. [For more information](#)

## **59. AHA Public Comment Opportunity on T-CPR**

The American Heart Association (AHA) has committed to doubling Out of Hospital Cardiac Arrest (OHCA) survival by 2020. Bystander CPR rates are highest in communities where public safety answering points (PSAPs), or dispatch centers, provide telephone-CPR (T-CPR) instructions. In these communities, as much as 50% of bystander CPR is directly attributable to those *just-in-time* T-CPR directions. Recognition of these circumstances prompted the AHA to convene a taskforce of experts to address the challenges of providing T-CPR with the goal of having every PSAP provide lifesaving T-CPR. At the website, you will find proposed program and performance recommendations for T-CPR. AHA hopes that these recommendations will generate discussion among professionals and citizens engaged in improving survival from OHCA. Interested persons are encouraged to take a moment to comment on the website regarding these proposed recommendations.

The public comment period will close on November, 16, 2016. Following the public comment period, the AHA will publish the revised program and performance recommendations online along with a comprehensive guide to implementing T-CPR in your community. [For more information](#)

## **60. Distracted Driving's Legal Concerns for EMS**

From our friends at EMR-ISAC: Traffic is difficult enough to maneuver for EMS teams without having to deal with distracted drivers. Since the introduction of mobile devices, accidents caused by distracted driving have spiked, and it affects EMS drivers, too. According to [Distraction.gov](#), 660,000 drivers are using cell phones or electronic devices while driving at any given daylight moment. This number has held steady since 2010. Statistics for EMS drivers also show a lot of electronics use, with 26 percent admitting to using a mobile device while driving and 53 percent admitting to still using one even though

they know the safety risks. In addition to the serious threat to life, departments also need to take into account the legal and insurance issues they may face. Many states now have limitations on drivers using mobile devices while driving. If an EMS driver is found to have been using one and they are at fault for the accident, insurance may not cover the damages. Worse, in some states the insurer may cancel or not renew the policy. This makes the liability risk greater. In addition to the above, accidents involving apparatus are newsworthy; if the driver is found to have been using a cell phone at the time, the public and political scrutiny will be even more intense. Departments should frame policy to minimize distracted driving of any kind, and could enact a “sterile cockpit” model from the airline industry. Minimizing distractions to drivers is key to the safety of the patient, the public, and the crew.

## **61. EM Today 2017 Call for Presentations**

The North Carolina Office of Emergency Medical Services (NC OEMS) is pleased to announce the 2017 "Call for Presentations" for the 44<sup>th</sup> annual educational conference, Emergency Medicine Today, to be held in Greensboro, North Carolina, September 29<sup>th</sup> – October 4<sup>th</sup>, 2017. This conference will offer its attendees the opportunity to hear presentations from outstanding faculty from across North Carolina and the United States. The conference offers continuing education credit for topics of general interest and current advancements in the fields of Pre-hospital Emergency Care, Emergency and Trauma Medicine, Public Health and Disaster Medical Preparedness. We are also pleased to announce the continued expansion of topics to include research abstracts related to Emergency Medical Services and Disaster Medical Preparedness. The conference audience includes Emergency Medical Dispatchers (EMD), EMS Personnel, EMS Administrators, EMS Educators, Emergency Medicine/Trauma Physicians, Nurses, Emergency Managers, Hospital Administrators, Physicians, Nurses, State Medical Assistance Team Personnel, Public Health Personnel, Disaster Planning Coordinators, Medical Facility Administrators, Law Enforcement Officials, Fire Responders, Search and Rescue Responders, Civil Preparedness Officials, and others who play important roles in critical incidents such as the Department of Agriculture Personnel. [Click Here to submit a presentation.](#)

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## **[INTERESTING ABSTRACTS](#)**

### **62. Outcomes from Mobile Stroke Treatment in Germany**

Functional outcomes of pre-hospital thrombolysis in a mobile stroke treatment unit compared with conventional care: an observational registry study. [http://www.thelancet.com/pdfs/journals/lanneur/PIIS1474-4422\(16\)30129-6.pdf](http://www.thelancet.com/pdfs/journals/lanneur/PIIS1474-4422(16)30129-6.pdf)

## 63. Surface Microbial Contamination in Ambulances

Emergency medical service vehicles may harbor microorganisms that can cause infections, according to a recent study published in the *American Journal of Infection Control*. For the study, researchers examined samples extracted from 10 ambulances serving Bilbao, Spain. Samples were taken from six areas on the ambulance: two in the driver's cab and four in the patient area. The highest levels of infectious microbes were collected from the steering wheel, the inside handle of the passenger door and the stretcher handles. Among the microbes detected were three cultures of *Staphylococcus aureus*, which were found in two of the ambulances. These findings suggest cross-contamination occurs between the patient area and the driver's cab due to non-preventative practices like driving with gloved hands after assisting a patient and poor hand washing practices. [For more information](#)

## 63. Schizophrenia Drug Found to be Useful in Migraines

Migraine headache is among the most prevalent neurologic disorders. Status migrainosus often leads to hospitalization, and multiple medications are sometimes required for symptomatic relief. In this retrospective chart review, the authors analyzed data from 43 patients with status migrainosus treated with ziprasidone between 2008 and 2015. Migraine severity data was available for 35 patients on admission and 39 patients on discharge, with a mean score of  $8.9 \pm 1.5$  and  $3.0 \pm 2.9$  on a 0-10 Likert scale, respectively. On average,  $4.7 \pm 2.5$  different medications were administered prior to ziprasidone (no earlier than third-line). Thirty-four patients had data available on admission and discharge severity scores, with an average decrease in pain of  $5.7 \pm 3.0$ . Ziprasidone was considered helpful in reducing migraine severity in 81% of cases, and was the medication linked to discharge in 65% of cases. Overall, the results suggest that ziprasidone may be an effective, fast-acting treatment for status migrainosus. Since the current study lacked a control group and consistent, systematic documentation of migraine severity and treatment results, prospective, placebo-controlled studies are needed to further confirm the safety and efficacy of ziprasidone for status migrainosus. Read the [abstract](#). Landsness EC, Wang LH, Bucelli RC. Ziprasidone as a Potential Abortive Therapy for Status Migrainosus. *Neurohospitalist*. 2016;6(4):151-156.

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## UPCOMING EVENTS

Send calendar events to [krobinson@asmii.net](mailto:krobinson@asmii.net)

### Statewide EMS Conferences

**37th Annual Virginia EMS Symposium.** Nov. 9 – 13, 2016, Norfolk Waterside Marriott, Norfolk, Va. More than 270 courses and 14 course tracks to help providers fulfill their

education needs. Don't delay, register today at: [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium). Registration closes Friday, Oct. 7, 2016.

**NJ Statewide EMS Conference.** November 16-19, 2016. Harrah's Waterfront Convention Center, Atlantic City, NJ. For more information

**\*New England EMS Leadership Conference.** November 20-21, 2016. Newport, RI. [For more information](#).

**\*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

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](#)

**National Association of State EMS Officials Spring Meeting.** March 6-9, 2017. New Orleans, LA. [www.nasemso.org/Meetings/Spring/](http://www.nasemso.org/Meetings/Spring/)

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

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