



Oregon EMS and Trauma Systems Program

Office of the Oregon Emergency Medical Services and Trauma Systems (EMS/TS) Program
Portland State Office Building, Suite 465, 800 N.E. Oregon Street, Portland

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Oregon Summit on Influenza Preparedness

Please join Governor Kulongoski and state officials for the Oregon Summit on Influenza Preparedness.

Why now?

The novel H1N1 pandemic strain of influenza continues to spread across the globe and across Oregon. State and local public health officials are preparing for the possibility of a large influenza outbreak in the fall.

The Centers for Disease Control and Prevention estimates the outbreak could cause absentee rates as high as 40 percent. Even a smaller outbreak will have repercussions for Oregon's schools, public safety, health care systems, large employers and local governments.

What will we learn?

You will receive the most up-to-date information about how H1N1 could affect Oregon and recommendations about how schools, organizations and employers can get prepared today.

Who should be there?

Representatives from school districts, private businesses, labor unions, emergency medical services and first responder agencies, health care systems, tribes, local governments and state agencies are particularly encouraged to attend.

Friday, Aug. 21, 2009 from 8 a.m. to 4 p.m.
Salem Conference Center, 200 Commercial Street S.E.
Salem, Oregon

For more information, see www.flu.oregon.gov.

What you can do to stay healthy

- **Stay informed.** The following Web sites will be updated regularly as information becomes available: www.flu.oregon.gov/ and www.cdc.gov/flu/.
- Influenza is **spread mainly from person-to-person** through airborne droplets that form when someone who is affected coughs or sneezes.
- **Take everyday actions to stay healthy.**
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
 - Avoid touching your eyes, nose or mouth. Germs spread that way.
 - Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- **Follow public health advice** regarding school closures, avoiding crowds and taking other social distancing measures.
- Find healthy ways to **deal with stress and anxiety.**

Influenza-like illness exclusion period

On Aug. 5, 2009, CDC changed its recommendation related to the amount of time people with influenza-like illness (ILI) should stay away from others (the exclusion period).

New guidance indicates that people with ILI should stay home for at least 24 hours after their fever is gone (without the use of fever-reducing medicine). A fever is defined as having a temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius or greater. This is a change from the previous recommendation that ill persons stay home for seven days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other social settings where the majority of people are not at increased risk for influenza complications. CDC recommends this exclusion period regardless of whether or not antiviral medications are used.

This guidance does not apply to health care settings where the exclusion period continues to be for seven days from symptom onset or until 24 hours after the resolution of symptoms, whichever is longer. Decisions about extending the exclusion period should be made at the community level, in conjunction with local and state health officials. More stringent guidelines and longer periods of exclusion — for example, until complete resolution of all symptoms — may be considered for people returning to a setting where many high-risk people may be exposed. This exclusion period guidance for the community setting is based on epidemiologic data about the risk of severe illness and death. The new recommendation

attempts to balance the risks of acquiring illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption. This guidance will continue to be updated.

See www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

Oregon EMS for the Future stakeholder meetings

A seven-member work group has been evaluating the pending national EMS changes to determine what Oregon should do. The EMS and Trauma Systems Section has scheduled public stakeholder meetings to provide opportunities for public participation in that group's proposals. These meetings are scheduled for the following dates:

- Sept. 18, 9 a.m., in room 1B of the Portland State Office Building, 800 N.E. Oregon St., Portland;
- Sept. 23, 11 a.m., at Pacific West Ambulance, 609 N.W. Coast, Newport;
- Sept. 24, 9 a.m., in Room 100 of Rogue Community College Table Rock Campus, 7800 Pacific Ave., White City;
- Sept. 29, 1 p.m., in the La Grande Fire Department, 1806 Cove Ave., La Grande;
- Oct. 6, 9 a.m., in the Redmond Fire Main Station, 341 N.W. Dogwood Ave., Redmond.
- There will also be a presentation and discussion at the Oregon EMS Conference, Oct. 3 in Jantzen Beach, Portland.

The sessions will focus on the definition of EMS agencies and the proposed training and certification standards for first responders/emergency medical responders, EMT-Basic/EMT, Oregon EMT-Intermediate/Advanced EMT, EMT-Paramedic/Paramedic and EMS medical directors.

State Trauma Advisory Board meeting change

A schedule of proposed mandatory building closure dates has been posted. Although these dates are dependent upon the ratification of the employee union contract and are as of yet only proposed, **chances are very high that the State Public Health Building in Portland will be closed on Oct. 16, the date of the fourth quarter STAB meeting.** Mandatory furloughs for all state employees will accompany building closure.

To allow all STAB members and attendees the greatest flexibility in rescheduling their

time, the fourth quarter State Trauma Advisory Board Meeting date has been moved to:

Nov. 6, 2009

**Portland State Office Building
800 N.E. Oregon St., Room 1-B
Portland, OR 97232**

Time: 9:30 a.m. to 1:30 p.m. or adjournment of meeting

Information loss in EMS handover of trauma patients

From a study by Carter AJ, Davis KA, Evans LV, Cone DC, published in *Prehosp Emerg Care*. 2009 Jul-Sep;13(3):280-5. In the 96 patient handovers evaluated, a total of 473 (EMS) elements were transmitted, of which 329 were received (69.6%). On the average chart, 72.9% of the transmitted items were received (95% confidence interval 69.0-76.8%). The most commonly transmitted data elements were mechanism of injury (94 times), anatomic location of injury (81) and age (67). Pre-hospital hypotension was received in only 10 of the 28 times it was transmitted; pre-hospital Glasgow Coma Scale [GCS] score 10 of 22 times; and pulse rate 13 of 49 times.

See the abstract at www.ncbi.nlm.nih.gov/pubmed/19499462.

Mobile Training Unit update

Leslie conducted triage training and MPS/MCI management to volunteers and paid staff at Lane Rural Fire and Rescue in early July. Hands-on triage practice and tabletop incidents were conducted. Approximately 40 personnel participated in the training.

Leslie assisted Millington Fire as it hosted an MCI drill that involved 12 patients. Several rural first-response agencies participated. The focus of the exercise was to implement the medical branch of the ICS system and to coordinate operations among the various agencies. This drill was the culmination of a series of courses Leslie conducted on MCI EMS incident management.

In July, Donna taught courses at Crooked River Ranch Fire, Sherman County EMS and Condon Fire. Leslie taught courses at Lane Rural Fire and Rescue, Chemult, Millington and Myrtle Point.

Donna will teach the following classes in August and early September:

8/21	Medical patient assessment in Paisley;
8/29-30	PHTLS in Madras;
9/11-12	Various EMS topics in Richland;
9/18-20	EMS track in LaGrande at the 3A Fire School.

Leslie will teach the following classes in August and early September:

8/25-26	Abdominal and soft tissue trauma at McKenzie Fire and Rescue;
8/31	Triage at Oakridge Fire;
9/3	Mechanism of injury course at Milo Fire;
9/17	Respiratory emergencies in Chemult.

Further details on the above courses may be found at <http://home.teleport.com/~ohdmtu/mtu/>.

EMS Program activity

JULY 2009 EMT STATISTICS

BASIC EXAMS	FAILED	PASSED
Written exams	37	98
Practical exams	77	377

INTERMEDIATE	FAILED	PASSED
Written exams	9	4
Practical exams	13	36

PARAMEDIC	FAILED	PASSED
Written exams	1	24
Practical exams	2	30

RECIPROCITY	BASICS	PARAMEDICS
Applications received	5	1
Certificates issued	1	2

RECERTIFICATION AUDITS	Audit required	Complete
Basic	24	2
Intermediate	7	0
Paramedic	8	2

Between June 1 and Aug. 1, 64 individuals were identified either through complaints or applications for certification that required gathering additional information. Of these, 18 were

driving under the influence and four were second offenses.

Background checks also revealed two registered sex offenders, four recent felony convictions, 23 recertification applicants with other significant **unreported** criminal history including assault, menacing, harassment or domestic abuse, theft, criminal trespass, reckless endangerment, hit and run, providing liquor to a minor, violation of restraining orders and resisting arrest.

The EMS Program completed 437 national fingerprint background reviews and opened 21 new investigations. Two certificate holders successfully completed stipulated probations. Seven certificate holders were offered stipulated probations in lieu of denial or revocation. Five applicant(s) were issued proposed order(s) of denial.

New Electronic Certificate Verification Web site

Would you like to verify the status of an EMT or first responder's certification? Would you like to look up an Emergency Medical Service transport agency or non-transport agency? How about, would you like to look up a supervising physician to verify he or she is state-approved? Well now you can! Just visit our Web site and click on the link at the bottom right corner labeled "Electronic Certification Verification Page."

You can search by first name, last name, agency name, certificate type, social security number or license number. You can search for all active, expired, probation or suspension orders. Please remember that you do have to select Emergency Medical Services but you do not have to fill out all other categories to do a search; one category will give you results, but you can refine the search by filling out more search criteria.

The Emergency Medical Services and Trauma System is dedicated to improving Oregon's EMS system, so please use the following Web site as a resource and permanent link:

www.oregon.gov/DHS/ph/ems/profeson/verification.shtml

Trauma news

007 Broselow® Tape A error

It's time to check your Broselow tapes to make they are both up-to- date and accurate! One of the resources that a trauma hospital must have in the emergency department is "special color coding of equipment based on age and size." For many of you, this has taken the form of

Broselow tapes or Broselow kits. Broselow tapes have been used for years to help hospital staff quickly calculate dosages for children. The word is out that there is an error on the Broselow Tape 2007 Edition A involving the glucagon dosage, and I've seen a few of these Broselow tapes in trauma hospitals during the last two years.

The correct dosage for children 3-4-5 through white zones should be 0.5 mg and 1 mg instead of 0.5mg/kg/dose and 1mg/kg/dose. Simply mark out the "kg/dose" for both of these glucagon dosages on the tape. The dosages should read: Glucagon 0.5 mg (3-4-5 kg through white zones) and 1 mg (blue through green zones), with a maximum dose of 1 mg. The Broselow Tape 2007 Edition B does not have this error.

This is an easy fix, and could prove to be a lifesaver.

EMS for Children

In July the Oregon EMS for Children Program coordinated another pediatric simulation exercise as part of an ongoing pilot project to improve pediatric education and training of providers using high fidelity wireless pediatric mannequins. Participants in the multi-patient motor vehicle crash scenario included Eugene Fire and EMS, Sacred Heart Medical Center at River Bend, Life Flight, and Lane Rural Ambulance. Providers practiced extrication, stabilization, ground and air transport, and hospital trauma activation. Photos and video from the exercise can be viewed at www.oregonemsc.org.

Learn to prevent and recognize concussions toolkit available from CDC

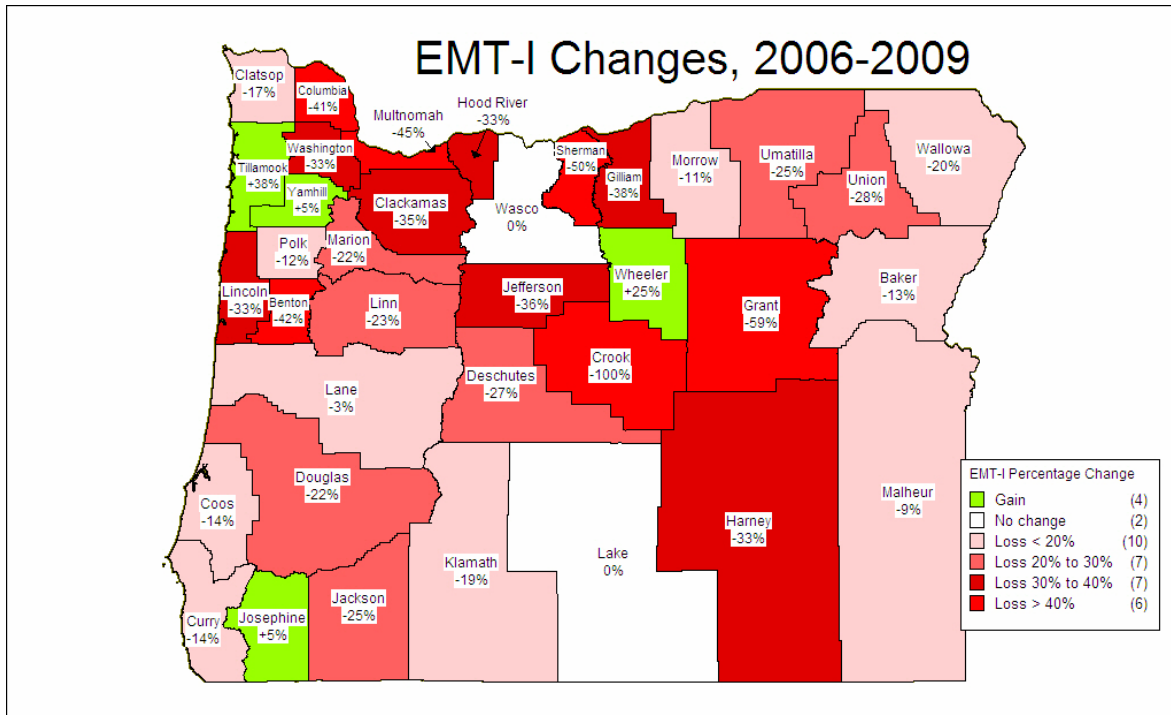
A concussion is a brain injury caused by a bump or blow to the head that can change the way your brain normally works. Even what seems to be a mild bump or blow to the head can be serious. To help ensure the health and safety of young athletes, the Centers for Disease Control and Prevention (CDC) developed the *Heads Up: Concussion in Youth Sports* initiative to offer information about concussions—a type of traumatic brain injury—to coaches, parents and athletes involved in youth sports.

The Heads Up initiative provides important information on preventing, recognizing and responding to a concussion. CDC wants to equip coaches, parents and young athletes across the country with the *Heads Up: Concussion in Youth Sports* tool kit.

You can download the materials at www.cdc.gov/ConcussionInYouthSports.

EMT-I certification in Oregon

Attached is a new map showing changes in EMT-I certification in Oregon. As of July there are 1,117 certified Intermediates in Oregon. The numbers include the 55 individuals who moved from Intermediate to Paramedics as recertifying. The four counties that gained EMT-Intermediates gained a combined seven Intermediates.



Ambulance inspections

DHS-EMS/TS will start ambulance service and vehicle inspections again this month. During the next six months, the department will perform inspections in Columbia, Malheur, Grant, Klamath, Umatilla and Tillamook counties. Ambulance agencies in these counties can prepare for inspections by downloading the inspections forms from the DHS-EMS Web site. Questions or concerns regarding licensed ambulance services can be directed to Justin Hardwick at justin.hardwick@state.or.us or 971-673-0576.

Upcoming events

Oregon Summit on Influenza Preparedness

Friday, Aug. 21, 2009, 8 a.m. to 4 p.m.

Salem Conference Center, 200 Commercial Street S.E., Salem

For more information, see www.flu.oregon.gov.

The 2009 Oregon EMS Conference: Red Lion On The River, Jantzen Beach, Portland. Oct. 1-3, 2009. For more information, go to

www.oregonemsconference.com.

Building the Oregon Stroke System of Care Connecting Rural and Urban Populations to Improve Outcomes

Oct. 23, 2009, 8 a.m. to 4:15 p.m.

Riverhouse Resort & Conference Center, 3075 N. Business 97, Bend, OR 9770

The **EMS Supervising Physician and Agency Managers Forum** will be held on Friday Oct. 2, 2009, at Jantzen Beach in conjunction with the Oregon EMS Conference.

The **2010 Oregon EMS for Children Annual Conference** will be held on May 21 and 22 at Lane Community College, Center for Meeting and Learning in Eugene. The conference will include a half-day pre-conference session on Friday with the opening general session and breakouts on Friday afternoon and continued full conference activities on Saturday.

The second EMS Leadership Symposium sponsored by the Oregon Office of Rural Health will once again be held concurrently during the EMSC Conference on Friday, May 21. Conference details for both events will be forthcoming.

The **EMS Supervising Physician and Agency Managers Forum** is planned for next May, also in conjunction with the EMSC conference.

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