The office of the Oregon Emergency Medical Services (EMS) and Trauma Systems Program is open Monday through Friday, 8 a.m.–4 p.m., in Suite 465 of the Portland State Office Building, 800 NE Oregon Avenue, Portland.

Statewide EMS Mass Casualty Incident Plan

The EMS and Trauma Systems Program is working with the Office of Rural Health to develop the statewide EMS Mass Casualty Incident Plan including the Statewide EMS Communications Plan. Justin Dillingham, Shawn Baird and Denise Giard have been retained as consultants to prepare the draft plans.

We need your support and cooperation to make this planning effort successful. The first step is to identify existing disaster or communication plans. A successful Oregon Statewide EMS plan should coordinate with local, regional and national plans.

Please submit any existing plans to the Office of Rural Health as soon as possible. Electronic documents are preferred. Send plans to Kassie Clarke at clarkek@ohsu.edu

Hard copies may be sent to:
Kassie Clarke
EMS Mass Casualty Incident Plan
OHSU Office of Rural Health
3181 SW Sam Jackson Park Rd., L593
Portland, OR 97239

Additional opportunities for input and public comment will be available in early 2008. This process will culminate in three regional meetings in March or April to review the draft plans. Please take advantage of these opportunities to influence the statewide EMS Mass Casualty Incident Plan.

Oregon Emergency Medical Services Data Collection Projects

Oregon does not have a statewide EMS database. Both national and state advisory bodies have stressed the importance of prehospital data collection and noted that Oregon’s lack of a prehospital data system is a barrier to both quality improvement and systems development activities.
The EMS and Trauma Systems (EMS/TS) Program is working on two projects to determine the feasibility of establishing an EMS database in Oregon.

The first project will be done in conjunction with the Oregon Office of Rural Health. This project will make ImageTrend software available to selected rural Oregon EMS providers as a pilot project to determine the benefits and barriers to using this type of software. ImageTrend software recently was selected by Washington and Idaho as their state EMS databases. **If you are with a rural Oregon service that might be interested in participating, contact Will Worrall, Prehospital Data Systems Coordinator, at 971-673-0536 or william.h.worrall@state.or.us.**

The second project will be conducted with OHSU School of Medicine. We will attempt to collect EMS run information from EMS services in Oregon for a selected month. From this we hope to learn about the costs and barriers of gathering such information, as well as the potential uses of such information by the EMS, trauma and EMS for children programs, and other public health programs in Oregon. Additional information about these projects will be available in the future.

**New Rules and Regulations**

Comments received during three public hearings and additional written comments on the draft Oregon Administrative Rules, Chapter 333, Division 265, Emergency Medical Technicians, are being reviewed.

We appreciate the time and effort put into reviewing these regulations. We will communicate final decisions on the changes when they are made. A copy of the hearing officer’s report will be available on the web page when it is completed. [http://www.oregon.gov/DHS/ph/ems/index.shtml](http://www.oregon.gov/DHS/ph/ems/index.shtml)

**Activities**

**Program Activities.** During November, 10 new ambulances were licensed, national background checks were done on 24 individuals, and 150 Oregon background checks were completed. The office received 13 new complaints and opened seven new investigative files. One certificate was revoked.

**TOPOFF 4.** In October, Oregon was one of the primary sites for the nation’s fourth major emergency preparedness exercise, “Top Officials 4,” or TOPOFF 4. Read the Oregon Public Health Connection about the event here: [http://www.oregon.gov/DHS/ph/lhd/bulletin/vol2no11.pdf](http://www.oregon.gov/DHS/ph/lhd/bulletin/vol2no11.pdf)

**Legacy Emanuel Hospital Visit**

In an effort to become more familiar with key providers, Bob Leopold (EMS/TS Director) and Dr. Grant Higginson (Administrator, Community Health and Health Planning) visited Emanuel Hospital on November 30. In addition to a tour of
relevant hospital departments, a lunch meeting and discussion was held with representatives from Trauma, Emergency Department, Pediatric Emergency Department, Burn Center, and Administration. Bob, Grant and Ritu Sahni plan to visit other facilities and agencies over the upcoming months. If you would like to schedule a visit, please contact Maria Campbell (971-673-0522 or maria.compbell@state.or.us).

EMS Advisory Committee
The Oregon EMS Advisory Committee chaired by Dr. Jon Jui, met on Friday, December 7th. In addition to discussing the proposed regulations and receiving reports from a variety of committees and organizations, two presentations were made to the group. Dr. Ritu Sahni, EMS Medical Director, spoke on the National Proposals for updating EMS certification categories and Dr. Ameen Ramzy spoke about some interesting results regarding etomidate and patient outcome.

EMSC Advisory Committee Vacancies
The Emergency Medical Systems for Children (EMSC) is soliciting letters of recommendation or letters of interest from individuals interested in serving a four-year term on the EMSC advisory committee. Four positions are currently available: tribal EMS representative, highway safety representative, school nurse representative and hospital association representative. The EMSC advisory committee advises the Division of Public Health, Emergency Medical Services and Trauma Systems Program on establishing statewide standards, policies and procedures for the care of critically injured and ill children. Position descriptions are available at: http://www.oregon.gov/DHS/ph/ems/emsc/index.shtml

EMSC Prehospital Survey Request
Oregon is required to conduct a survey of its EMS providers in order to measure the effectiveness of the EMS for Children program. This is part of a national effort to reach federal performance measures. The performance measures evaluate the capacity of a state to provide pediatric emergency care at the scene of an emergency and include the ability to provide on-line and off-line pediatric medical direction, and the availability of pediatric equipment.

The 2006 survey results were analyzed by the National Emergency Medical Services Data Analysis Resource Center and reported to each state. Oregon’s results are available at http://www.oregon.gov/DHS/ph/ems/emsc/index.shtml.

We need the cooperation of EMS agencies to complete these surveys early next year. If you should have specific questions or need assistance, contact Philip Engle, EMSC program manager, at 971-673-0525 or philip.p.engle@state.or.us.
Trauma Update

The trauma registry is in the final steps of implementation. An edit check process was conducted on all records to verify accuracy. The trauma program reviewed the results and distributed information to each hospital. The next phase of classes, which include report writing for the coordinators and registrars, will be scheduled in 2008. Customized reports are being designed to allow transferring and receiving facilities to get quality improvement information for patients treated and transferred to/from another facility.

At the November 9 trauma coordinator/trauma surgeon subcommittee meeting, the following items were discussed:

- **Trauma Oregon Administrative Rules.** Attendees reviewed the rules currently being updated, specifically Exhibit 4, the hospital designation/verification elements. The new American College of Surgeons Trauma Care Guidelines were taken into consideration in drafting the OARs. Meetings are planned every two months. Please contact Michelle Haun-Hood, RN, MA, CCRN, for the schedule of future meetings michelle.haun-hood@state.or.us.

- **State Trauma Quality Improvement Indicators.** The State Trauma Quality Improvement Indicators will be further reviewed to assess the ease of data capture and its use in benchmarking. Current indicators can be reviewed on the state Web site at www.oregon.gov/DHS/ph/ems. The subcommittee will advise the STAB in the development of new indicators.

- **Trauma Emergency Assessment Management (TEAM) Course.** The TEAM course is being reviewed to update current course information. The course was developed by the Trauma Program with a grant in 1992. Good Samaritan Health System has received a grant to assist with revision, which will possibly include additional course material focused on ICU and acute care in the process. A subcommittee of trauma nurses is being organized to assist with the development. Interested TNCs should contact Michelle Haun-Hood or Jill Mackey-Feist RN, MS, clinical educator at Good Samaritan Health Care at JillM@samhealth.org.

- The last site surveys of 2007 occurred December 11-12 and were conducted in Lebanon, Albany, Dallas and Silverton. Level-two surveys have been rescheduled for November 2008.

Conferences

The **Supervising Physicians Forum** has been changed to Friday, April 25, 2008, in Eugene. The one-day NAEMSP medical director’s course has been
changed to Thursday, April 24, in Eugene. Check with Ritu Sahni, MD, for confirmation and details at 971-673-0631 or ritu.sahni@state.or.us.

Save the date! Friday, May 30, 2008, is the date for the symposium Acute Stroke and Acute Myocardial Infarction: Pre-hospital & Emergency Departments Working Together to Establish Systems of Care to Improve Health Outcomes. The event will bring together EMS supervising physicians, cardiologists, neurologists, hospital emergency department managers/administrators, EMS agency managers and others to share experiences, learn about STEMI triage programs and discuss how these ideas might apply to stroke care. It will be held in Eugene.

2008 Oregon EMS Conference. The Oregon EMS conference has been scheduled for Oct. 10-12, 2008, in Bend. A Supervising Physician’s Forum also is scheduled for Friday, Oct. 10, 2008, in Bend.

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For Your Health

Disaster Responders: Be Alert to Burnout. Bob Nikkel, administrator of the Addictions and Mental Health Division at the Oregon Department of Human Services, provided this advice valuable advice to disaster responders.

Many of you and your co-workers in Oregon have worked long and hard to help the people in your communities cope with the recent flood and storm disaster. We want to thank all of you for a job well done, and pass along a word of caution. Some of us could be headed for burnout. It's a common condition that can affect individuals doing high-stress work.

Laurel Hughes, Psy. D, a veteran American Red Cross disaster responder, says that disaster responders are at risk of burnout. Hughes points out that disaster response is a high-adrenaline, heavy workload endeavor -- physically, intellectually, and emotionally. During the early days, extra adrenaline fuels an energy rush, but over time adrenaline levels decrease and workers must take special care not to become exhausted or burn out. "The good news is that burnout can be avoided, and when caught early, it can be reversed," she says.

Here are some burnout symptoms:

- Quality or quantity of work drops off.
- Not caring as much about those being served, coworkers or the mission.
- Feeling drained, used up or emotionally exhausted.
- Excessive cynicism and irritability. Emotional outbursts.
- Blaming others rather than looking for solutions.
• Difficulty relaxing or sleeping, feeling tired, changes in appetite, aches and pains, physical illness or proneness to accidents.
• Using more alcohol, caffeine or other substances that alter state of consciousness.
• Going "AWOL" -- socializing more than working while on the job, or finding excuses to not show up at all.

When symptoms are left untended over long periods, people can become so burned out that they leave their jobs or even that particular line of work -- a big loss for the worker and the employer. A better solution, she says, is taking time off before the situation becomes ultra-serious. Even better is arranging to have enough qualified staff on hand so workers can take breaks before symptoms develop.

Hughes said these arrangements require advance planning, usually during the initial stages of a disaster response. Here are some suggestions:

• Clearly define and prioritize worker responsibilities, roles and tasks.
• Provide information on stress management and responder self-care.
• Make sure workers know how to contact their EAP for support if needed.
• Create reasonable rotations for workers.
• If staff is in short supply, arrange for just-in-time trainings for second and third waves of workers.
• Research human resources at other agencies, counties, states, or the federal level for personnel who could fill in while regular workers recuperate, and develop agreements and arrangements for recruiting them.

Once again, thanks to everyone who has stepped forward to care for others in their communities in this time of need. Let's remember that part of acting in a professional manner is taking care of ourselves as well — being good stewards of the state's most valuable resource, its people.

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