



COTS Spotlight

A publication of the Central Ohio Trauma System
 431 E. Broad St. • Columbus, OH • 614-240-7419 • 614-240-7416 (fax)
cots@goodhealthcolumbus.org • www.goodhealthcolumbus.org/cots
 COTS is an affiliate of the Columbus Medical Association

Letter from COTS' President

In recent years, the Centers for Disease Control and Prevention (CDC) has warned about the potential of a pandemic influenza. "Swine flu" varieties such as the current Influenza A H1N1 virus have been around for awhile---the last serious outbreak occurred in the U.S. in 1976. A strain of the H1N1 virus is thought to be responsible for the 1918 Pandemic that killed over half a million people worldwide (some estimates claim more than a million), so any current novel strain of H1N1 is concerning, to say the least. Healthcare colleagues across Central Ohio are currently busy addressing concerns about isolation, personal protective equipment, antiviral medications, vaccination programs, and continuity of operations plans should a significant number of our medical workforce become ill. Local 9-1-1 EMS operators are fielding an increase in the number of calls from persons with flu-like symptoms, and our emergency departments are having record-high census days from patients infected with the flu given this time of year, which traditionally sees few flu cases.



Healthcare institutions have a duty to protect their healthcare personnel and the clients they serve. We as healthcare personnel have a duty to advocate for and protect our patients. COTS continues to work diligently with hospitals, EMS and public health toward planning, stockpiling, and responding to a patient surge where additional supplies and resources are needed. COTS serves EMS, hospitals and public health stakeholders to help them better serve their patients.

May you have a safe and healthy Fall. Get your seasonal flu vaccine and if you are at high risk for H1N1, get the H1N1 vaccine when it becomes available! For more information about H1N1 and/or the H1N1 vaccine, see the CDC website and/or www.columbuspandemicflu.org.

Chief Clifford L. Mason
 EMT-P, OFE
 COTS President

Inside This Issue	Preparedness Property	2
	ASPR Pharmaceutical Cache	2
	New Triage Guidelines Available	3
	Falls a Threat to Elderly	3
	Burn Smarts	4

Staff Support

The following staff support the activities of COTS:

- Philip H. Cass, PhD, *CEO Columbus Medical Association/Columbus Medical Association Foundation/Physicians Free Clinic/Central Ohio Trauma System*
- Nancie M. Bechtel, RN, BSN, MPH, CEN, EMTB, *Executive Director*
- Kelsey L. Blackburn, *Emergency Preparedness Associate*
- Jendy A. Dunlop, MPH, *Critical Incident Response Planner*
- Marisa A. Gard, BA, *Administrative Assistant*
- Roxanna L. Giambri, RHIA, CSTR, *Trauma Registry Coordinator*
- Janelle N. Glasgow, RNC, CPEN, *Nurse Educator*
- Marie Robinette, RN, BSN, MPH, *Regional Health System Emergency Preparedness Coordinator*
- Christine M. Sheppard, BS, *Education Coordinator*

Preparedness Equipment Property of ODH

by Kelsey L. Blackburn



Federal requirements specify that inventory tags must be affixed to equipment purchased with federal dollars.

The Central Ohio Trauma System (COTS) is a subgrantee of the Ohio Department of Health (ODH) for the Assistant Secretary for Preparedness and Response (ASPR) Grant. The 2008 (FY08) ASPR Grant year officially ended on August 8, 2009. COTS allocated \$752,444 from the FY08 ASPR Grant to 27 hospitals in the Central Region for preparedness equipment, staff pharmaceuticals and personal protective equipment. Federal requirements specify that inventory tags must be affixed to equipment purchased with ASPR Grant funds when the “per unit cost” is greater than \$300. The tag indicates that the equipment is the property of ODH. ODH retains the right to reclaim this equipment in the event of need elsewhere and/or at the end of the grant program.

The COTS Hospital Incident Liaison (HIL) is the coordinator for releasing such equipment to the hospitals for use in a time of disaster. The HIL also serves as a liaison between the hospitals and ODH should ODH feel a need to reclaim the equipment.

COTS maintains records of the ASPR-related ODH inventory each grant year. This requires that a staff member from COTS travel to each hospital in the Central Region, physically inspect the equipment and affix an inventory tag to it. An inventory log is kept at COTS; each hospital also keeps a copy of its own inventory log. For more information about COTS preparedness work with Central Region Hospitals and the ASPR Grant, please contact Kelsey Blackburn at COTS at kblackburn@goodhealthcolumbus.org.

2008-2009 Central Ohio ASPR Pharmaceutical Cache

by Jendy Dunlop

The Central Ohio Trauma System, (COTS) as a sub-grantee of the Ohio Department of Health, receives federal funding to assist Central Ohio Region Hospitals in emergency preparedness planning and response efforts. The Assistant Secretary for Preparedness and Response (ASPR), a division of the Department of Health and Human Services (DHHS), determines subcapabilities that must be met by grantees in order to receive funding. The ASPR Pharmaceutical Cache is one such subcapability that exists to provide treatment against bacterial, viral, chemical and/or radiological hazards for hospital staff and their immediate family members during the first 72 hours (3 days) of a disaster event.

The purpose of the ASPR Pharmaceutical Cache is to provide treatment for Central Region hospital staff and their immediate family members in order to safeguard staff and maintain operations to care for those affected by the disaster. The ASPR Pharmaceutical cache is considered a “regional cache” by the Ohio Department of Health, but it is kept at individual hospitals to expedite response. ASPR Pharmaceutical Cache purchases are based on hospital pharmaceutical assessments which are conducted each grant year and take into account such factors as staffing patterns, approximate number of staff’s family members, pharmaceuticals in the hospital, and expiration of the pharmaceuti-

cal inventory on hand.

COTS, in conjunction with the Columbus and Metropolitan Medical Response System (CMMRS), form a joint pharmaceutical subcommittee that provides direction to Central Region hospitals regarding allowable purchases for ASPR Pharmaceutical Caches. Hospitals make decisions regarding the specific pharmaceutical items and quantities for purchase for the cache. Following spending plan approval by COTS, hospital cache items are purchased and housed at predetermined locations.

The ASPR Pharmaceutical Cache allowable purchases for grant year 2008-2009 included the following:

Antibiotics: *Doxycycline* and *Ciprofloxacin*. Doxycycline and Ciprofloxacin are two common types of antibiotics used to treat against a variety of bacterial/biological hazards. Hospitals were able to purchase either or both types of treatment for their cache.

Oral Suspension Materials: *Ora-Plus*, *Ora-Sweet*, *Glycerin*, 2 oz. *Kerr Bottles*. Oral Suspension materials are used in the preparation of liquid suspensions of antibiotics (doxycycline, ciprofloxacin) for children and/or individuals who cannot swallow medication in pill form.

continued on page 4

Falls Major Threat to Older Adults

by Roxanna Giambri

Fall-related injuries are a major threat to the health and well being of older adults. The likelihood of experiencing a fall increases as an individual ages. It's estimated that each year nearly one-third of older adults, aged 65 or older, living in the United States will experience a fall.¹

Falls are the leading cause of fatal and non-fatal injury hospitalizations in Central Ohio. In 2008, 5,456 fall-related patients were admitted, died or were transferred into or out of a Central Ohio hospital; 45% of those were 65 or older. Two-thirds (67%) of the older adult fall-related hospitalizations were female.

Figures show that 20 to 30% of older adults who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas.² Of the 2,489 older adult fall-related hospitalizations in Central Ohio, nearly a third (31%) had a hip fracture and/or traumatic brain injury. Almost half (45%) of all the fall-related hospitalizations were associated with falls from the same level due to slipping, tripping or stumbling.

In Central Ohio fall-related injuries occurred at home more than in any other location. Of the falls occurring at home only 35% of the fall-related inpatient hospitalizations discharged alive went back home; 59% were discharged to a nursing home or rehabilitation facility.

Fall-related deaths among older adults are more prevalent than in younger age groups. In 2008, falls were responsible for 132 hospitalized deaths in Central Ohio. Over three-fourths (77%) of the fall-related hospitalization deaths involved adults older than 64.

COTS Injury Prevention Subcommittee convenes local trauma centers and hospitals' injury prevention coordinators, EMS and other health care community partners to address injury prevention in Central Ohio. The Subcommittee is currently focusing on older adult fall prevention resources and initiatives. For more information and/or to participate with COTS in fall-prevention initiatives, contact Roxanna Giambri at rgiambri@goodhealthcolumbus.org.

1. "Centers for Disease Control and Prevention," *Falls Among Older Adults: An Overview*, 15 Sept. 09 <<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>>.
2. "Centers for Disease Control and Prevention."



Falls are the leading cause of fatal and non-fatal injury hospitalizations in Central Ohio

New Regional Trauma Triage Guidelines

by Nancie Bechtel

In December 2008, the State of Ohio's Trauma Triage criteria was modified by the State EMS Board and ratified under ORC 4765-14 to specifically encompass geriatric trauma victims. The Central Ohio Trauma System (COTS) has had regional trauma triage guidelines since May 2000 and, with the revision in State criteria, COTS followed suit and added specific criteria for geriatric patients. The COTS guidelines mirror the State's Trauma Triage criteria, but add an additional element of identifying who the local verified trauma centers are for specific capabilities (for example, acute burn care). For a copy of the COTS trauma triage guidelines, go to www.goodhealthcolumbus.org.

COTS Welcomes New Staff Member

The Central Ohio Trauma System welcomes Marisa Gard as the new Administrative Assistant. Ms. Gard is a graduate of The Ohio State University, where she earned a BA focusing on English and Communications. Marisa is currently a student at Columbus State Community College with plans to pursue a career in nursing or dental hygiene. When not at work or school, Marisa spends time with her friends and family, attends concerts, volunteers at the animal shelter, and travels. She can be reached at mgard@goodhealthcolumbus.org.

Burn Smarts for Middle Schoolers

by Janelle Glasgow

According to a 2001 study by the National Association of State Fire Marshals, juvenile fire setting is a leading cause of arson nationwide. Children account for more than 50 percent of people arrested for arson. In 1997, the Federal Bureau of Investigation reported that 6.3 percent of these children were under age ten, and an additional 37.5 percent were aged ten to fifteen (www.parenthood.com). Nearly 34 percent of the victims of child-set fires are the children themselves; nationally, playing with fire is the leading cause of death in residential fires in young children. Juvenile arson and youth-set fires result in over 300 deaths and 2,000 injuries annually, and \$300 million in property damage (www.burninstitute.org).

A study conducted at the Center for Injury Research and Policy at Nationwide Children's Hospital published in the November 2007 issue of the *Journal of Burn Care and Rehabilitation* estimates that approximately 10,000 burn injuries occur annually in the US to patients aged 18 years and younger. This study found that children aged two and younger were more likely to be hospitalized for burns to the hands or wrists from contact with hot liquids or objects as compared with children aged three to seventeen who were more likely to be burned by fire. Children two years of age and younger accounted for half of the children hospitalized for burns, and nearly two-thirds of hospitalized children are male (www.medicalnewstoday.com/articles/88511).

In 2001, the Central Ohio Burn Education Coalition (COBEC) merged with the Central Ohio Trauma System (COTS) as a COTS committee. COBEC's purpose was

to decrease injuries and deaths from burns in our community. In response to statistics similar to those described above, a presentation called *Fire Smarts for Middle Schoolers* was introduced in 2002 for education of this identified high-risk group for fire-related injuries. The presentation was updated with information added regarding chemicals, fireworks, electricity, and liquids, and, in 2007, was re-named *Burn Smarts for Middle Schoolers*.

The program now consists of a slide and video presentation discussing facts about burns from fire, chemicals, fireworks, electricity, and liquids. The children are shown common items that have been burned in home fires and are given tips on prevention of fires and burns. Participants are also given a bag of fire and burn prevention items to take home, including information for parents and younger siblings. Participants are asked to take a ten-question pre-test before the



program begins to determine baseline knowledge of fire and burn prevention. The same test is given at the end of the program to determine if the program has been effective in imparting knowledge regarding fires and burns. Analysis of this test has shown that participants achieve a higher correct-answer score after the program. Since its inception in 2002, the *Burn Smarts for Middle Schoolers* program has educated over 950 middle school aged students. For further information on Burn Smarts for Middle Schoolers, contact COTS Nurse Educator Janelle Glasgow, RNC, CPEN at 614-255-4396 or jglasgow@goodhealthcolumbus.org



**It's flu season!
cover your cough!
wash your hands often!**

2008-2009 Central Ohio ASPR Pharmaceutical Cache (continued from page 2)

Nerve Agent Antidotes: *Duodote Auto-Injectors* (Meridian Medical Technologies). Duodote Auto-Injectors have replaced traditional Mark 1 Kits as a way to treat against exposure to a chemical nerve agent. Duodotes feature a 2-in-1 "auto-injector", combining the two antidotes of *atropine* and *pralidoxime* into one single injection. Conversely, Mark 1 Kits require 2 separate injections.

Funding for the ASPR Pharmaceutical Cache is made available to all ASPR-partnering hospitals (currently 27) across the fifteen-county Central Ohio Homeland Security Region. For more information about the Regional Pharmaceutical Cache, contact Jendy Dunlop at jdunlop@goodhealthcolumbus.org.