

Summer  
2010

# Ohio Medical Transportation Board



## Thunderstorms, Tornadoes and Floods... Oh My!

The season is upon us again. The CDC has provided these tips to manage and prevent stress for emergency and disaster response workers.

### Normal Reactions to a Disaster Event

- ⇒ No one who responds to a mass casualty event is untouched by it
- ⇒ Profound sadness, grief, and anger are normal reactions to an abnormal event
- ⇒ You may not want to leave the scene until the work is finished
- ⇒ You will likely try to override stress and fatigue with dedication and commitment
- ⇒ You may deny the need for rest and recovery time

### Signs That You May Need Stress Management Assistance

- ⇒ Difficulty communicating thoughts
- ⇒ Difficulty remembering instructions
- ⇒ Difficulty maintaining balance
- ⇒ Uncharacteristically argumentative
- ⇒ Difficulty making decisions
- ⇒ Limited attention span
- ⇒ Unnecessary risk-taking
- ⇒ Tremors/headaches/nausea
- ⇒ Tunnel vision/muffled hearing
- ⇒ Colds or flu-like symptoms
- ⇒ Disorientation or confusion
- ⇒ Difficulty concentrating
- ⇒ Loss of objectivity
- ⇒ Easily frustrated
- ⇒ Unable to engage in problem-solving
- ⇒ Unable to let down when off duty
- ⇒ Refusal to follow orders
- ⇒ Refusal to leave the scene
- ⇒ Increased use of drugs/alcohol
- ⇒ Unusual clumsiness



### Ways to Help Manage Your Stress

- ⇒ Limit on-duty work hours to no more than 12 hours per day
- ⇒ Make work rotations from high stress to lower stress functions
- ⇒ Make work rotations from the scene to routine assignments, as practicable
- ⇒ Use counseling assistance programs available through your agency
- ⇒ Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene
- ⇒ Take frequent, brief breaks from the scene as practicable.
- ⇒ Talk about your emotions to process what you have seen and done
- ⇒ Stay in touch with your family and friends
- ⇒ Participate in memorials, rituals, and use of symbols as a way to express feelings
- ⇒ Pair up with a responder so that you may monitor one another's stress

## Rule Review

The Ohio Medical Transportation Board will begin reviewing ambulance rules in the very near future. While the primary review will be for ambulance rules, we can also address our other rules for any necessary updates.

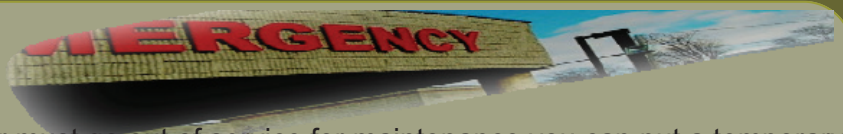
Having said that, we'd like your input. Please review the current rules for your type of organization and let us know:

- ◇ What rules make operations difficult
- ◇ What rules are not clear or need additional definition
- ◇ What rules you think need fixed to address potential issues

Please remember that only **RULES** (Ohio Administrative Codes) are being considered during this review. These rules can be changed by the OMTB. **LAWS** (Ohio Revised Code) are not being considered during this review. Laws must be adopted by the Ohio General Assembly.



## DID YOU KNOW?



If one of your vehicles breaks down or must go out of service for maintenance you can put a temporary vehicle in use by:

- Completing a Temporary Vehicle Application Form (available on the web at <http://omtb.ohio.gov>)
- Submitting the required fees
- The vehicle must:
  - ⇒ Replace a currently permitted vehicle AND
  - ⇒ Be equipped according to the applicable Ohio Administrative Code for the type of vehicle

If you have purchased a new vehicle and need to place it in service quickly or if you don't want to wait for an inspector to come you can bring your vehicle to the Board Office for inspection.

Please make sure you:

- Fax or email the appropriate additional vehicle form (available on the web at <http://omtb.ohio.gov>) to our office so the paperwork can be prepared.
- Call ahead to make sure someone will be available to inspect your vehicle on the proposed date.
- Bring the appropriate fees for the type of vehicle being inspected.

## Changes To Be Reported To The Board

*(Just a reminder)*

Within ten business days of the change, the licensed organization must notify the Board of:

- ◆ Any changes of executive officer or board members
- ◆ Any changes in communication status, capability, or equipment
- ◆ Any change of Medical Director
- ◆ Any purchase or acquisition of a licensed MTO

The organization must submit a new application for licensure and pay all applicable fees.

All vehicles must be retitled and rebranded in accordance with the applicable rule for the type of service and be inspected by the board within 60 days of purchase or acquisition.

- ◆ A permanent withdrawal from service of any permitted vehicle or aircraft

Must be submitted on the prescribed form and must include the vehicle permit decal.

- ◆ A MTO closure. Certificate of Licensure and vehicle permits must be returned to the board
- ◆ A satellite closure. Vehicle permits must be returned to the board
- ◆ Notify the board thirty days prior to beginning operation from a new headquarters or opening a new satellite to ensure the facility is inspected as required prior to the projected opening date.

All forms necessary for notification of changes are available on the OMTB Web Site:

<http://omtb.ohio.gov>

### LIFEPAK 15



#### Monitor/Defibrillator

by Physio-Control Inc.

FDA notified healthcare professionals of a Class I recall of LIFEPAK 15 Monitor/Defibrillator manufactured and distributed between March 26, 2009 and December 15, 2009. There is a potential for the device to unexpectedly:

- \* Power Off then On by itself.
- \* Power Off then NOT turn On.
- \* Power Off by itself requiring the operator to turn it back On.
- \* Stay powered On and not allow itself to be turned Off.

Healthcare professionals are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

Online: [www.fda.gov/MedWatch/report.htm](http://www.fda.gov/MedWatch/report.htm)

[04/22/2010 - Recall Notice- FDA]

## Since our last newsletter these items appeared on the FDA MedWatch



{Posted 04/27/2010} This update alerts users that Nihon Kohden (NK) and GE Responder models are also affected although they were not identified in earlier communications about this recall. In addition, Cardiac Science issued a software upgrade for the devices' self tests on 02/24/10 for the Powerheart automatic external defibrillators (Models 9390A and 9390E) and is planning on issuing a similar software upgrade for other affected devices. However, FDA's review of the updated software indicates that it detects some but not all electrical component defects.

Normally, users of these devices should always check the status indicator on the front of the external defibrillator and/or audible indicators to see whether the device is rescue-ready (green light is displayed). However, the presence of a green light on the affected devices may not reveal defective or non-working components inside the external defibrillators and give a false sense that they are in proper working order. Updated recommendations and complete list of affected models can be found in the 04/27/2010 Medical Device Update.

[Posted 03/08/2010] Cardiac Science Corporation and FDA notified healthcare professionals and consumers of a Class 1 recall of automated external defibrillators (AED). These devices may not deliver therapy during a resuscitation attempt. Defects in certain electronic components may not be detected by the device's Daily/Weekly/Monthly self-tests. These defects can cause improper functioning of the device during a rescue attempt, which may prevent resuscitation. This can lead to serious adverse health events and/or death. List of affected models includes:

Powerheart 9300A, 9300C, 9300D, 9300E, 9300P, 9390A, 9390E CardioVive 92531, 92532, 92533

NK 9200G, 9231 Responder 2019198 and 2023440.

The affected AEDs were manufactured and distributed between August 2003 and August 2009.

04/27/2010 - Update on Defective Cardiac Science Corporation External Defibrillators - FDA]

03/08/2010 - Recall Notice - FDA]

Cardiac Science Automated External Defibrillators - Powerheart, CardioVive, NK, Responder models: Class I Recall (UPDATE)

## Copy your heart out, then erase it!

Warnings about identity theft from mailbox thieves, computer hackers, e-mail scams, lost laptops, etc., have been publicized for several years. However, only recently have experts occasionally reminded that digital photocopiers could be another risk to the identity and information security of individuals and organizations. The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) learned from CBS News that nearly every photocopier built since 2002 contains a hard drive, which stores an image of each document copied, scanned, or e-mailed by the machine.

With the same kind of data-storage mechanism found in computers, the seemingly innocuous machines used to make copies of sensitive personal and organizational information can indefinitely retain the data being copied or scanned. According to an article in msnbc.com, industry experts say sensitive information from original documents could get into the wrong hands if the data on the copier's disk are not protected with encryption or an overwrite mechanism. Unfortunately, as is the case within the private sector, the majority of digital machines used by Emergency Services Sector (ESS) departments and agencies are probably unprotected and vulnerable targets.

The EMR-ISAC confirmed that some photocopier vendors have begun offering a security kit to encrypt and overwrite images being copied or scanned and to prevent storage on the hard disks. A Xerox technical marketing manager said that many government agencies, financial institutions, and defense contractors dealing with sensitive information have initiated policies to ensure copier disks are either secured or effectively sanitized when the rental lease expires or the machine is sold. It would be prudent for ESS organizations to consider these same precautions to avoid potential information security risks.

More Information available at [www.usfa.dhs.gov/downloads/pdf/infograms/19\\_10.pdf](http://www.usfa.dhs.gov/downloads/pdf/infograms/19_10.pdf)

# THINK ABOUT IT!

Throughout the course of a year our office staff finds themselves on the angry end of very disgruntled patients and family members describing to us just how upset they are with a licensee. The caller usually begins by saying they want to file a complaint against a licensee. In more cases than not we find ourselves doing something that the caller simply did not anticipate. Probably by now you are guessing our response is a monotone voice stating to the caller, “thank you for calling the Ohio Medical Transportation Board you can file a complaint by visiting our website at [www.omtb.ohio.gov](http://www.omtb.ohio.gov)”. Right? Wrong! First, we try to find the real reason they are spitting mad. What we have learned might surprise you, in fact we too were surprised. In our opinion, the number one reason that folks call involves the fact their intelligence has been insulted. The person received a bill from the transportation company that was nearly a thousand dollars. Then upon making contact with the licensee they get someone who skillfully attempts to convince them otherwise. Our staff simply agrees with them. After all a thousand dollars is a lot of money. Time and time again the caller is speechless, someone agreed with them. Then once we have their attention we softly educate them on the costs associated with their bill. We briefly afford them insight into the cost of an EKG monitor, a new medic unit, insurance, employees and the one that almost everyone can understand, the cost of fuel. The next highest complaint is usually non-specific. They lack the ability to wrap their arms around a specific item. In these cases you often hear them refer to their loved ones as mommy or daddy and how the men were so rough with them, further describing the intense pain their loved one was suffering. Without asking, many describe the days and months prior to the passing of their loved one. These callers are truly the toughest ones to deal with because in many cases they are still grieving. Soft reassuring words to the caller can go further than

you might imagine. Simple statements such as “I can tell you loved them very much” or perhaps “I cannot even imagine what you and your loved one have been through” and at times we say the most powerful words of all, “we are sorry!” We have found that many folks simply needed someone to listen to them; allowing them to vent and grieve only takes a few moments of our time. The spitting mad caller is transformed into the kind, caring and compassionate person that truly needed nothing more than another human being to lean on. It goes without saying that Ohio’s health care personnel are some of the finest in the United States. Unfortunately, when it comes to focusing on the human being, the emotional side of the house, we simply fall short. Perhaps after reading this article you will take a moment to reflect upon some of the most difficult patients and/or family members you have dealt with. If you think that our view has merit, then take it to the next step. Turn to those in your organization that possess strong to excellent people skills, do research, create your own in-house training program that represents why you do what you do, day in and day out. Some of the finest people that I have met in the health care community were not best practitioners in the world. Instead, they were competent providers who went out of their way to make my family and me feel like we were truly special people; like we were family.

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