

## **President's Message:**

This issue will be the last before Emergency Nurses Day which is October 8, 2003. Let me take this opportunity to wish all of you a Happy Nurses Week. Our work is very rewarding, but it is very strenuous. Everyone works very hard and does the best job that you are able to do. I am proud to have each one of you as my peer. Keep up the good work!

I also would like all of you to be able to attend the scientific assembly in Philadelphia, PA in September. It is a tremendous opportunity to network with other emergency room nurses across the country. Learning things that are happening across the country. Continuing education hours galore. Lots of neat gadgets from many new vendors. Please look me up or leave a message. The Hampton at the convention center has a special rate for Ohio Emergency Nurses.

I would like to spotlight and brag about some of the great nurses that I work with on the State Council. Without their help, there are so many things that would not run smoothly. Our trauma Committee is responsible for the TNCC, ENPC, CATN, and instructor classes across the state. Nancy Bechtel and Judy Miller are the current co-chairs. There are many others on the committee; Donna Land, Debbie Schwytzer, Gordon Gillespie, Dee Hart, Connie Dishon, and Kathy Haley. This committee handles all the problems that go on with trauma education in the state. We hope they are aware of all the classes that are given in the state. It is the course director's responsibility to notify the state council about these classes. The committee would like to be as user friendly as you allow. There are many names that are accessible by email or phone. Any instructor is welcomed to attend the trauma committee meeting and get involved. If we are not aware of a problem, we can not fix it. The committee works hard and deals with some very sensitive issues. We would like to see more people involved. Come to the State Council meetings and voice concerns. If there are problems within the state, we would like to hear about them. We are not perfect people, but we want to be there for the ENA

across the state. I would like to thank these wonderfully dedicated nurses for all their hard work. Please keep up the good work. They make sure that there is quality trauma education across the state. If there are any concerns, please contact any committee member. They all have families, other jobs, but keep ENA education an important focus for all of us to enjoy. Thanks and SALUTE!

We still need the Seagate and Heart of Ohio Chapter to start getting active again. That is the Toledo and Zanesville/Cochocton areas. We have sent letters and are hoping that someone will volunteer to get active with ENA in their area. Networking at the chapter level can provide some interesting learning experiences. Have some fun get-togethers. Grab a drug rep to sponsor a dinner for a night of fun. Those chapters are close to losing their charter. PLEASE won't someone come forward.

While I am on my kick, I would love to see some new faces at State Council Meetings. We have five per year and it is a way for Emergency Nurses to make a difference. Hope to see you real soon !!!

■ Deb Zang, President

## **Ohio State Council (OSC) Meeting Dates for 2003**

Location: ACEP Offices

November 8

All meetings at 10 a.m. at the ACEP office  
3510 Snouffer Road, Suite 100  
Columbus, Ohio 43235

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## West Nile Virus in Ohio

Earlier this year I visited family in Vermont. The woodlands have always been one of my favorite vacation destinations, and Vermont has plenty of wooded areas. After the first night of battling away mosquitoes, however, I was reminded of some of the dangers lurking in my favorite vacation spot. Usually I simply contend with the itching and scratching but in light of the outbreaks of West Nile Virus (WNV) in the summer of 2002 and our rather wet spring/summer, I decided it might be a good idea to take some precautions.

West Nile virus is a rare mosquito-carrying illness that claimed 284 lives of the 4,156 reported persons infected with WNV last year. While that may not seem like a lot, Ohio had 441 of those reported cases with 31 deaths related to WNV. Only two other states reported more cases than Ohio. The first case of WNV was documented in 1937 in a patient in the West Nile district of Uganda. It has been recognized as endemic in several parts of the world such as Africa, the Middle East, Asia, and India, but did not appear in the western hemisphere until two years ago in the New York City area. There have been nine positive human cases of WNV in Ohio for 2003. The data collected, however, is voluntary and may not reflect the actual number of human cases of WNV.

West Nile virus belongs to a group of disease-causing viruses known as flaviviruses, which includes yellow fever, dengue, and St. Louis encephalitis viruses. They are classified as an arbovirus (transmitted among vertebrate hosts by an arthropod vector) and spread by a process that involves birds as hosts and mosquitoes as the vectors. In the United States crows and blue jays are the most commonly affected. The peak transmission time is summer through early fall, and most likely when mosquitoes are active at dawn and dusk.

Most humans infected with WNV are asymptomatic or mildly symptomatic with flulike symptoms that include fever, headache, malaise, body aches, anorexia, nausea, vomiting, and rash. Symptoms may last three to six days and may progress to central nervous system involvement causing an encephalitis marked by neck stiffness, stupor, altered level of consciousness, muscle weakness, coma and seizures in rare cases. The elderly and the immunosuppressed are at greatest risk for developing complications. The incubation period for WNV is three to 14 days and it is best to perform serum testing at least a week after symptom onset. Collecting samples too soon could result in false-negative tests. The preferred diagnostic laboratory

test is the detection of IgM antibody to WNV in serum or CSF. IgM antibody does not cross the blood-brain barrier and detection in CSF would indicate a central nervous system infection. The CDC recommends that WNV be considered in all patients presenting with an unexplained encephalitis or meningitis.

Taking a good past medical history can help rule-in or out suspected cases for WNV. Past medical history should include a travel history. The presence of WNV enzootic activity or other human cases in an area the patient has traveled to may raise suspicion for healthcare providers. Secondly, foreign travel often includes immunizations for related flaviviruses (e.g., yellow fever, dengue) that may result in a positive WNV MAC-ELISA. In addition, it's prudent to consider transmission from other potential sources such as blood transfusions, breast milk and transplanted organs. (AJN, 6/2003)

Emergency nurses are often less than enthused with infectious diseases. Remember, however, that we wear multiple hats in the ED and one of those hats is prevention and community awareness. Remind patients to take protective measures especially at dawn and dusk. Basic measures include wearing long-sleeved shirts, pants, and socks, the use of an appropriate mosquito repellent, and the elimination of standing water that provide breeding grounds for mosquitoes. Mosquito repellents should contain between 10% to 25% DEET, and with children the concentration should be no greater than 10%.

Summer pests may lurk in your vacation destinations or in your backyard. Take precautions and have a safe and happy summer/fall.

June 2003 by Nancy McBride

### References:

1. Bender, K. & Thompson, F.E. (2003) *West Nile Virus: A growing challenge*. AJN, 103 (6)
2. Boatright, J. (2002). *West Nile virus outbreak in Louisiana relects growing problem across the nation* JEN. 28 (5)  
[www.cdc.gov/ncidod/dvbid/westnile/resources/fact\\_sheet\\_clinician.htm](http://www.cdc.gov/ncidod/dvbid/westnile/resources/fact_sheet_clinician.htm)

## Ohio State Council Meeting 16 August 2003

Deb Zang welcomed everyone and had them introduce themselves. Four chapters were represented. Minutes were read and approved with a few changes. Debbie Schwytzer reviewed the Treasurer's report. We cleared \$118.00 on the educational symposium.

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## **CHAPTER REPORTS**

*Greater Akron Area* – Dee – next meeting will be in September, nomination will be conducted, and SOPs will be worked on.

*Cleveland* – NR

*Greater Miami Valley* – Connie reported that the last meeting was the first Wednesday in August, the program was on Bites and Stings and was held in Sydney at Wilson Memorial, the next meeting is the first Wednesday in October at Grandview. Discussion regarding lack of attendance and new members among the Chapters. Should we change to a two tier level association?

*Lakeshore* – NR

*Southern Ohio* – Nancy Fagen – Has 3 confirmed speakers for next State Conference April 24, 2004

*Central Ohio* - Deb Zang – meeting coming up next week NP to speak. TNCC classes full. Next TNCC in Sept. ENPC in October.

*Greater Cincinnati* – Debbie Schwytzer – September meeting with Dermabond, October meeting for Emergency Nurses Day with key note speaker Kathy Haley, unsure of the location.

*Heart Of Ohio* – NR

*Seagate* – NR

*Eastern Ohio* – NR

## **LIAISON REPORTS**

*ACEP* – Deb Zang reported on the meeting she attended. They are planning their annual meeting. Discussion on possibly looking into a joint education endeavor.

*EMS Board* – The EMS board continues to meet every month. See web site for ODPS for agenda. Representatives of the EMS board continue to proceed with replacement of their Executive Director.

*Trauma Committee* – working on a lengthy report on activities of Trauma System development from the Legislation that was enacted November 2002. The report is due in 2004. Pre hospital trauma triage guidelines are continuing to be completed. Kathy is concerned that we make sure ENA has input into them.

*TRAC* – NR

*Ohio Nurses Association (ONA)* – NR

*OSTNC (Ohio State Trauma Nurse Coordinators)* – NR

*IAFN (International Association of Forensic Nurses)*

– Deb Zang – just had a meeting at Bethesda North, finishing a video on how to start a SANE program. Web site [www.ohioifn.com](http://www.ohioifn.com) has lists of orientations.

## **COMMITTEE REPORTS**

**Trauma/Disaster** – discussion on an issue about not having an instructor course in Toledo. Other issues for the committee about our Instructor Candidate Designee status. This is being evaluated and the Procedures are being revised.

**Education/Research** – Portsmouth will be the next site for 2004 Conference. Instructors are being lined up.

**Government Affairs** - Deb watching Senate Bill 1250 enhanced 911 bill to help finance areas who don't have this. Hot topic on Overtime issue at Federal level – House has passed a law – now going to Senate – everyone who makes over \$65,000 is not eligible for OT. Also Federal looking at overcrowding in EDs. Bioterrorism – Ohio trying to pass a bill to cover those who took smallpox shot and get the disease it will be covered under workman's comp.

**Membership** – No unassigned members from National, Deb will look into. She reviewed chapter membership, 800 listed members currently.

**Communication** – Dee gave deadline on Newsletter. Jim talked to Christie about the contract. Discussion on use and update of the website.

**Nursing Practice** – Kathy H – NR

**ENCARE** – NR

**Finance** – Connie – NR

**SOP/Bylaws** – To be discussed at fall meeting

## **UNFINISHED BUSINESS -**

**Delegates** – list reviewed.

**Election** – Kathy Haley – has a full slate, she plans to hold elections at the November 8 meeting, we will possibly post them on the web. Deadline for submission of your intent is September 22 and there will be write-in availability. Positions are for President-elect, Treasurer and two Members-at-large.

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## **NEW BUSINESS -**

**ENA Update/phone call** – Deb Z. reviewed the information that was discussed.

## **Educational Opportunities:**

Columbus, Ohio

### ENPC Provider courses

October 9-10, 2003

### CATN

October 23-24, 2003

Call Chris Bloor,  
Central Ohio Trauma System  
@ (614) 240-7419, ext. #2  
for registration details.



## **Attention TNCC and ENPC Course Directors: Are you “In the Know?”**

Recently the National ENA contacted Ohio State Council of the ENA (OSCENA) Trauma Committee Chairs to let them know that some mandated course procedures are not consistently being followed by TNCC and ENPC Course Directors. A letter was sent to all Ohio TNCC and ENPC Instructors reminding them of National ENA’s mandated procedures for running TNCC and ENPC Provider Courses. Instructors who do not adhere to these policies run the risk of their Instructor status being revoked by National. If you have questions, please contact your OSCENA state Trauma Committee Co-chairs, Nancie Bechtel ([nbechtel@cma-ohio.org](mailto:nbechtel@cma-ohio.org)) or Judy Miller ([Judith.miller@promedica.org](mailto:Judith.miller@promedica.org)), or National ENA at phone # 800-900-8659.

## **Procedure Guidelines**

It has come to our attention that there is some confusion regarding certain procedures. Below is a list to help clarify any misconceptions.

1. Each participant must receive their own manual to keep. The manual will serve as a reference in the future. Manuals cannot be shared during a course.

2. As per administrative procedures, all manuals must be paid in advance before shipping. In order to facilitate participants receiving their manual in a timely manner prior to the course, applications should be forwarded as soon as possible and, ideally, six weeks or more in advance of the course.

3. Please notify the National Office when reducing class size a minimum of three business days prior to the first day of the course to avoid no show charges.

4. As per Administrative Procedures, post-course materials must be returned to the National Office within one week after course completion. Please be sure to convey this information to the course directors in your state.

5. Scantrons must be completed in their entirety including all participant information, test portion and evaluations. Please instruct the course directors to mail copies of the evaluations to the State Chairperson.

6. Please have course directors advise all course participants not to use “0” on the evaluation of the instructors. The zero will skew the evaluation scores to the detriment of the instructor. If the section does not apply to a particular instructor, leave that section blank. The Scantron will be corrected in the next printing.

7. Instructor candidates are not considered instructors and, therefore, cannot be included in the instructor to student ratio (4:1, 5:1, 6:1).

8. Every Instructor must have their own Instructor Supplement.

9. Participants in an instructor course must have a current provider number that does not expire prior to the completion of the instructor candidate process (which includes teaching their first course).

10. It is the course director’s and State Chairperson’s responsibility to check the ENA website on a regular basis for any updated procedures.

11. As per the Administrative Procedures, any individual auditing a course must be charged an indirect fee (\$60). They may take part in the practice of the skill stations and receive CECHs. Even if an individual does not wish CECHs, the indirect fee is still assessed. Please provide the names of those individuals auditing the course in the Summary Performance Report. Be sure to indicate that they are auditors.