

Senior Emergency Management Program

The objective of the Senior Emergency Management (SEM) program is to enhance the patroller's management skills during an incident. The focus of the program is to evaluate the candidate's capability in decision making, problem management and leadership.

Core Skill Requirement

Senior Emergency Management is a Core component required for:

- Senior Alpine Patroller
- Senior Nordic Patroller
- Senior Auxiliary Patroller

The senior emergency management component needs to be completed only one time. A Senior Auxiliary patroller who is attempting change of status to patroller need not complete the SEM component when attempting to achieve Senior Nordic or Senior Alpine patroller.

SEM Candidate Skill Development

The senior candidate is responsible for his or her own training and abiding by any guidelines established by the region Outdoor Emergency Care (OEC) administrator. The ideal training environment should replicate the terrain and conditions similar to that used in the evaluation. Emphasis should be on developing the leadership, decision making and problem management skills of scene management. Prior to the SEM evaluation several prerequisites must be completed by the candidate. The completion of these prerequisites will greatly assist the preparation of the candidate for the SEM evaluation.

- Attend any mandatory region pre-evaluation clinics or training programs.
- Review and check off of basic OEC and CPR skills by an OEC instructor-see appendix I
- Successful completion of a minimum of 4 senior OEC practice scenarios as a leader and verified by a qualified OEC instructor. Scenarios can be found in The Ski Patroller's Manual, 14th ed., appendix G or in the OEC test bank.
- Submit written answers to two of six open-ended practice scenario problems provided by the region OEC administrator or designee. Written scenario exercises can be found in The Ski Patroller's Manual, 14th ed., appendix G.
- Using the scenario scoring matrix (appendix II) create and submit to the region OEC administrator or designee one new senior-level training scenario. The region administrators will forward the scenarios to the Central Division OEC Supervisors for further review and consideration for submission to the national test bank.

The use of the division SEM scorecard (appendix III) is highly encouraged during the candidate training sessions.

SEM Evaluators

Regions will be responsible for developing and supporting a strong cadre of SEM evaluators per region operating procedures. Minimum requirements include:

- Must be an OEC instructor in good standing.
- An OEC evaluator that has successfully completed the SEM component.
- During the first year an evaluator should participate as an apprentice shadowing a SEM examining team during pre-evaluation clinics and the evaluation.

Calibration of evaluators for the SEM evaluation is mandatory for quality assurance. It is critical that all SEM evaluators agree on the essential performance objectives that must be demonstrated by the candidate. The method of calibration will be determined by the region administrator. Calibration can be done at a pre-evaluation clinic or in a team meeting prior to the evaluation.

Issues to cover during the calibration session must include:

- How the scenario should be portrayed
- Ensure that multiple stations using the same scenario are as indistinguishable as possible.
- Calibration of patient performance
- Critical performance indicators required to be met by the candidate during the scenario
- What constitutes a failing or passing performance

Senior Emergency Management Evaluation

The evaluation must take place at a ski environment. Outdoor scenarios must be on the snow. Non-ski related scenarios will take place within the ski area (cafeteria, rental, ticket office, maintenance, patrol room, etc.). If the scenario is on the snow the skiing candidates and designated trained patrollers (helpers) for the scenario should be able to ski to the incident when called. Non-skiing candidates must be provided transportation or be able to walk to the on-hill scenario. Alpine and Nordic candidates will not be evaluated on more than one non-ski type incident. Senior auxiliary candidates must be evaluated as leader in at least one non-ski type scenario. *The candidate will be the lead patroller in one warm-up scenario and evaluated as the lead patroller in two test scenarios.*

Candidate Team Format

There are two options for candidate team format. It is at the discretion of the region to determine which format is suitable for the resources they have available. The evaluation format must be established prior to the start of the season and communicated to the candidates planning to take the evaluation.

Single Candidate Team Format:

The single candidate team consists of a single candidate accompanied by the advocate. This team will travel together through the warm-up scenario and the two evaluation scenarios. The helpers or bystanders at each scenario will be staffed by the region and will remain at the scenario.

Multiple Candidate Team Format:

This team consists of three candidates and an advocate. The team will work together through the warm-up and evaluation scenarios. The candidates in the team will participate both as lead patrollers and helpers. The candidates participating as helpers at the scenario are not evaluated, only the candidate participating as the lead patroller is evaluated. Each candidate in the team will be a lead patroller on one warm-up scenario and evaluated as the lead patroller in two test scenarios.

Scenarios

The degree of difficulty of the SEM scenario, as rated using the scenario scoring matrix, is level 5 or 6. Scenarios are available from the *OEC Instructor's Test Bank* available on CD found in the National Ski Patrol catalog. *The use of multiple stations with the same scenario is highly discouraged.* The emphasis of the scenario is to evaluate the candidate's skills in decision making, problem management and leadership. The goal is to build upon the skills obtained in the OEC program and enhance the ability of the patroller to manage the scene. Patient calibration and scenario accuracy is important. The region OEC administrator or designee is responsible for the accuracy of the scenario and patient behavior. A medical advisor would be a useful resource for calibration. On-hill scenarios must take place on the snow and other scenarios must take place in the actual setting. Use of moulage is required for realistic portrayal of the injuries. Realism is critical and no props are to be used to simulate actual natural objects. For example, a bamboo pole is not to be used to portray a tree. If remaining at the scene all attempts must be made to have equipment and helpers out of sight. Helpers and equipment are brought into the scene approximately 3 minutes after the call is made. Scenarios are 20 minutes long and candidates are expected to complete the scene to the point of having the patient ready for transportation.

Warm-up

This scenario is done the day of the evaluation and is designed to help prepare the candidate for the evaluation phase. The candidate is the leader at this scenario. This station should be a positive learning experience. The lead evaluator should allow enough time to provide constructive feedback and should include discussion of expectations, areas of improvement, and further development of the candidate's approach to handling the scenario. The warm-up scenario is not to be used for evaluation purposes.

Evaluation

The candidate will be evaluated as lead on two separate scenarios, one single patient with multiple injury scenario and one multiple patient (triage) scenario. The candidate must pass both scenarios in order to pass the evaluation. There is no discussion or feedback between the evaluators and candidate during the evaluation.

Evaluation Scoring

The evaluation team consists of two evaluators at the scenario and the advocate. The scenario must be completed to the point of having the patient ready for transportation within 20 minutes. A candidate must have a + or = in each criteria to pass. Scoring a + in one criteria does not negate a – score in another. Failing any one of the three criteria (Leadership, Problem Management, Decision Making) constitutes a fail for the scenario. Evaluators score individually and then discuss the results in order to reach a consensus. The objective is to come to a well reasoned decision to share with the candidate at the end of the evaluation. If the group is unable to come to a consensus within approximately 5 minutes then the simple majority will determine whether the candidate will pass or fail. All three evaluators will support the final verdict in the scoring. Any failing score must be well documented on the scorecard. At the end of the evaluation every candidate must be provided with constructive feedback to be used during training to improve performance.

Scoring Categories

The performance criteria for (+), (=) and (-) must be established prior to the evaluation and is a critical part of the scenario calibration.

Above Senior Level (+)

Consistently demonstrates outstanding decision making and problem management. Shows outstanding leadership ability with excellent communication and team interaction. Does an exceptional job of identifying and coordinating all actions necessary to manage the helpers, bystanders, and the scene to satisfy the critical performance objectives while continuing to insure the safety of the patient. Displays confidence in the face of tough decisions, makes no mistakes, and corrects the mistakes of others in a professional manner.

At Senior Level (=)

Demonstrates expected decision making, problem management and leadership ability.

Demonstrates expected problem assessment, resource management, communication and team interaction in every scenario. Identifies and coordinates all actions necessary to manage the helpers, bystanders and scene to satisfy the critical performance objectives while continuing to ensure the safety of the patient. Acts as a team leader, makes only minor errors then catches and corrects them.

Below Senior Level (-)

Lacks the ability to take charge and make decisions. Is inconsistent in meeting the minimal decision making, problem management and leadership abilities. Makes critical or frequent errors in problem assessment, resource management, communication, and team interaction. Won't listen to directions, suggestions, or hints from the patients or the helpers. Unable to coordinate actions necessary to manage the scene, the patient, the helpers, and the bystanders.

The scenario format is critical for the demonstration of the candidate's leadership capabilities and not intended to assess the ability to apply a splint. The emphasis should be on assessment of the scene and patient, interaction with the helpers and patient and a plan for resolving the situation. See appendix IV for an example of a scenario with a description of the candidates expected performance for Decision making, Problem Management and Leadership.

Use of Advocates

Advocates should be an experienced SEM evaluator who is familiar with and has successfully completed the SEM program. *Advocates will not be informed of the scenarios prior to the evaluation.* The advocate will be assigned to a candidate and will remain with them throughout the evaluation. The primary responsibilities of the advocate are to observe the candidate during all the scenarios, assist, support, and act as an evaluator. The advocate has observed the candidate throughout the evaluation and has a role in offering insight to the candidate's performance. It is the responsibility of the advocate to see that the evaluation is a positive learning experience for the candidate.

The advocate's role is to help the senior candidates by:

- Clarifying any questions the senior candidate may have regarding the evaluation.
- Event organizing, maintaining the time schedule and ensuring the candidate is at the right place at the right time.
- Offer encouragement to the candidate throughout the evaluation
- Following the evaluation the advocate will also complete the Evaluation Feedback form (p. 5).

Scenario Station Manager

The use of a scenario station manager can be beneficial during the evaluation. A scenario station manager can be any experienced patroller, they do not have to be a senior. The scenario station manager operates under the direction of the region OEC administrator and the responsibilities can include but are not restricted to:

- Coordinate activity and time frame for that station. Gather and organize the people and equipment in a timely manner before the start of the evaluation.
- Assure the station is prepared according to scenario guidelines.
- Assure the patient behavior has been reviewed.
- Provide vital signs to the candidate when requested.
- Monitor the time of the scenario and act as the dispatcher.
- Signal the helpers to the scene at the appropriate time after the candidate has made the call.
- Insure the scenario is consistent throughout the evaluation.
- Keep the scene clear of observers and bystanders that are not part of the scenario.
- Help candidates repack the toboggan-assure they are not within earshot of the evaluator's discussion.
- Assist in any additional manner as need by the scenario.

Appendix I

Senior Emergency Management Candidate Skills Sign-off

NATIONAL SKI PATROL – SENIOR OEC PROGRAM

Completion Log for OEC Basic Skills Performance Check-off

Senior Candidate _____

The following OEC and CPR skills have been demonstrated to an OEC instructor and have been performed correctly, confidently and in accordance with the appropriate skill performance guidelines.

Note: An OEC instructor is required to observe the candidate's performance and testify to the satisfactory completion.

Skill Performance Required	OEC Instructor Name and signature	Date Completed
Patient Assessment and Vital Signs		
Oxygen Administration, Airway Adjunct Use and Suctioning		
Bleeding Control and Bandaging		
Fracture Management Skills <ol style="list-style-type: none"> 1. Management near a joint 2. Alignment of angulated fractures 3. Open fracture management 4. Long bone management 5. Traction splinting 		
Spinal Immobilization		
Lifting Techniques		
Medical Emergencies		
CPR-Professional Rescuer (On Snow)		

This patroller has adequately demonstrated to me the skills of decision making, problem management and leadership in at least four environmentally suitable OEC senior practical scenarios.

Practical OEC Senior Scenario	OEC Instructor Name and Signature	Date Completed
Scenario 1, ID:		
Scenario 2, ID:		
Scenario 3, ID:		
Scenario 4, ID:		
Scenario 5, ID:		
Scenario 6, ID:		

Appendix II

Emergency Management Scenario Scoring Matrix

Scenario Scoring Matrix
(Based on the fourth edition of *Outdoor Emergency Care*)

Directions: Assign points in three categories (injury/illness, environment, and personnel) where appropriate to determine the degree of difficulty for the scenario.

Injury or Illness

<p><u>0 points</u></p> <ul style="list-style-type: none">• medical condition (no influence on situation)• medications (no influence)• minor soft tissue closed• burn (superficial)• superficial frostbite
<p><u>1 point</u></p> <ul style="list-style-type: none">• minor soft tissue injury with bleeding• moderate bleeding• minor sprain/strain/contusion• medical condition (minor influence)• contusion of head without loss of responsiveness• moderate to severe frostbite• burn (partial- or full-thickness)—small or to non-critical areas• mild altered mental state
<p><u>2 points</u></p> <ul style="list-style-type: none">• eye injury• minor fracture, e.g., finger, clavicle• closed extremity fracture or dislocation• severe sprain/strain that limits mobility• major bleeding, e.g., arterial/large vein• extremity amputation (except finger or toe)• partial- or full-thickness burns (extensive or to critical areas)• medical condition (major influence, e.g., hypoglycemia, seizures, pregnancy, hypothermia)• head injury with loss of consciousness or altered responsiveness less than 1 minute• behavioral crisis
<p><u>3 points</u></p> <ul style="list-style-type: none">• shock (hypotensive)• open or severely angulated extremity fractures• femur fracture (traction splint)• neck, back, pelvis fractures (backboard immobilization)• fracture or dislocation with circulatory, respiratory, motor, or sensory deficit
<p><u>4 points</u></p> <ul style="list-style-type: none">• unresponsive patient• any life-threatening situation, e.g., stroke, heart attack, severe respiratory distress, acute abdomen, etc.

Environment

<u>0 points</u> <ul style="list-style-type: none">• site does not add difficulty
<u>1 point</u> <ul style="list-style-type: none">• difficult extrication or rescue• disentanglement• extreme slope or off trail• rescuer/bystanders in danger
<u>2 points</u> <ul style="list-style-type: none">• combination of any of the above

Personnel

<u>0 points</u> <ul style="list-style-type: none">• single patient• trained help
<u>1 point</u> <ul style="list-style-type: none">• more than one patient• untrained assistants• obnoxious or hysterical patient/bystander• disoriented patient• language/communication barrier
<u>2 points</u> <ul style="list-style-type: none">• physical danger to self/others

Appendix III

Senior Emergency Management Scorecard

Senior Emergency Management Evaluation

Date:

Location:

Region:

Candidate Leader:

Bystander/Helper:		Bystander/Helper:	
Scenario #:	Station #:	Evaluator:	
Start Time:	EMS called:	End Time:	Total Time:
<u>Decision Making</u>			+ = -
<ul style="list-style-type: none"> Ensures Overall Safety Problem Assessment Patient Assessment Appropriate Prioritizing <p><i>Decision Making Notes:</i></p>			
<u>Problem Management</u>			+ = -
<ul style="list-style-type: none"> Plan of Action Anticipation Resource Management-People and Equipment Appropriate OEC Skill Application Transportation <p><i>Problem Management Notes:</i></p>			
<u>Leadership</u>			+ = -
<ul style="list-style-type: none"> Communication with Patient, Helpers, Bystanders Attitude Ability to Direct Confidence Team Interaction <p><i>Leadership Notes:</i></p>			
Overall Score: Candidate must have + or = in all 3 criteria to pass			Pass or Fail
Comments Regarding Candidate Leader Performance:			
<u>Actions of a Candidate Leader with a <i>Fail</i> score must be clearly documented</u>			
<u>Other Comments related to Scenario:</u>			

SEM Evaluation Terms and Expected Performance

Decision Making:

- **Ensures Overall Safety:**
 - Take all actions to identify, protect, mark, move, and mitigate any risk to rescuer or patient
- **Problem Assessment:**
 - Approach appropriately, evaluate situation, scene size up
 - Determine all essential issues, mechanism of injury, and need to extricate
- **Patient Assessment:**
 - Determine general impression and level of responsiveness
 - Conduct urgent survey during interview,
 - Determine trauma or medical with focused history and exam
 - Conduct rapid history and physical exam in unresponsive patient
- **Appropriate Prioritizing:**
 - Determine with single patient critical injury and if conditions require immediate transport
 - Proper triage of multiple patients

Problem Management:

- **Plan of Action:**
 - Generate a plan utilizing resources and personnel
 - Direct flow that is logical for patient condition
 - Allot and monitor time for actions
- **Anticipation:**
 - Plan for what will follow, be prepared for the unexpected
 - Avoid repeated actions and unnecessary moving
- **Resource Management-People:**
 - Request, use, and direct resources appropriately
 - Actively control the scene while utilizing personnel
- **Resource Management-Equipment:**
 - Request appropriate equipment for the scenario and utilize properly
 - Confirm helper-patrollers apply equipment correctly
- **Appropriate OEC Skill Application:**
 - Direct or apply according to patient need and in accordance with OEC skill performance guidelines
 - When applicable demonstrates proper knowledge of OEC issues with special needs patients
- **Transportation:**
 - Arrange transportation using planned, supportive and appropriate means
 - Determine need for immediate transport
 - Position patient in toboggan according to condition

Leadership:

- **Communication with Patient, Helpers, and Bystanders:**
 - Inform patient of what is happening
 - Give clear and concise instructions to helpers and bystanders
 - If applicable recognizes communication issues with special needs patients
- **Attitude:**
 - Be positive, reassuring and outgoing
- **Ability to Direct:**
 - Be a leader, not helper directed
 - Utilize all resources and personnel effectively
- **Confidence:**
 - Be confident
 - Know what to do and how to do it
- **Team Interaction:**
 - Build and use a team approach
 - Avoid monopolizing the activities, delegate tasks and follow up
 - Manage the scene

Appendix IV

Scenario Example with Performance Objectives Description

Scenario Example with Performance Objectives

DISPATCH TO CANDIDATE

You are called to respond to an accident of a customer who possibly fell out of the chair at Tower #6 of “Dead Mans Chair”.

You find the customer standing under the lift in deep snow, height to chair approximately 12 feet.

ADDITIONAL INFORMATION GIVEN TO CANDIDATE

Dispatch: Equipment and available personnel to be sent upon request of the rescuer on scene.

INJURY	ENVIRONMENT	PERSONNEL
Knee sprain Possible neck or spine injury	Deep powder on steep terrain under the lift	Trained rescuer

PATIENT SUMMARY: VITAL SIGNS

Time in minutes	Pulse and respirations
Throughout	PULSE - 84 REGULAR RESPIRATIONS - 20

GENERAL SCENARIO DESCRIPTION:

A 15-year-old male skier falls 12 feet out of the chair into the snow under the chair. His friends reported this to the lift operator at the top. Patient is standing in a large depression in the snow. Patient complains of pain in the right knee. Patient is alert and responsive to your questions when you arrive. He does not complain of any neck or back pain, and wants to return to skiing.

INFORMATION FOR SCENARIO PLANNING AND OEC INSTRUCTORS:

This scenario addresses the need for a thorough assessment based on the MOI to determine the need for spinal immobilization. The trainee should demonstrate understanding that a fall more than 2 ½ to 3 times one’s height presents the danger of spinal trauma. This is mitigated in this scenario by the soft landing in the snow, and assessment demonstrates no signs of head or spinal trauma. Trainee should be able to communicate a rationale for the decision to use spinal immobilization based on assessment and legal issues of patient being a minor. Trainee should also demonstrate how he would address the fact that the patient is a minor.

Location/terrain: Difficult to moderate terrain with deep powder under a lift in a closed area.

Moulage: None

Weather: Must be the same as the day of scenario use

SPECIFIC INSTRUCTIONS TO INJURED PATIENT

- You’re position: Patient is standing under the lift.
- Uncooperative teenager-disrespect to adults

Patient Behavior:

- Patient is oriented and alert.
- Patient complains of pain in the right knee.
- Patient reports no tenderness upon palpation of spine.
- Patient reports no neurological impairment in his lower extremities.
- He feels that he can return to skiing.

Patient Answers to SAMPLE

Signs and symptoms: as listed above

Allergies: None

Medications: None

Past history: Has had previous knee surgery

Last meal: Has not eaten all day.

Events leading: Fell out of the chair trying to fix his boot.

Pain: Pain in right knee, but says he is fine.

SCENARIO PERFORMANCE OBJECTIVES

Decision Making

Candidate clearly demonstrates their ability to:

- Secure scene; stop lift until assessment is performed to verify severity of injury.
- Patient assessment: correctly identify all injuries found and reported, but also consider possible injuries due to MOI. Assessment should include how he landed and rule out the presence of any neurological deficits from the fall.
- Inform patient of dangers of this large a fall and possible injuries to the spine and back. Determine where his parents are; inform him of the impact of being a minor about the ability to give informed consent and implied consent.
- Notify management of a fall from a lift.
- Have base and or management attempt to find parents.
- When and how to document the incident

Problem Management

- BSI precautions
- OEC skills: management of injury near a joint
- Spinal immobilization per local protocol especially since the patient is a minor and needs treatment for knee injury anyway
- Parental release of liability by parents for a minor.
- Management notification of chair lift involvement injury/incident.
- A patient of minor age

Leadership

Candidate clearly demonstrates their ability to:

- Develop and execute a plan of action
- Demonstrate thorough understanding of legal issues related to minor giving consent and how this impacts his decisions
- Directs others with clear instructions and with confidence
- Communicates with clarity and firmness with a minor patient
- Directs additional rescuers to obtain statements from any witnesses
- Conduct a thorough investigation with documentation

SPECIFIC COMMENTS FOR EVALUATORS:

The rescuer should be evaluated on:

- Their knowledge of MOI issues
- Reasons for concern about possible hidden spinal problems
- Knowledge of legal issues related to a 15 year old falling from a chair
- Rescuer should demonstrate knowledge of management issues and local protocols
- Rescuer should develop a plan for extrication and transport to patrol room for further assessment and consultation with parents
- Evaluators may ask as many question of the candidate as they wish after the scenario, however, please document you questions and candidates' responses on the candidates' scorecard.

Appendix V

**Senior Emergency Management Evaluation
Quality Assurance Feedback
(To be completed by visiting division staff)**

Central Division Quality Assurance Feedback for SEM

Region:

Date:

Visiting Division Supervisor Completing Form:

Location:

Region OEC Administrator:

Number of Participants:

Examiners:

Candidates:

Support Staff:

-
- Did the scenarios provide the candidates a fair opportunity to display leadership, problem management and decision making skill?
 - Was the candidate evaluated as lead on one scenario with multiple patients and one scenario where the single patient had multiple injuries?
 - Did the scenarios portray true-to-life incidents?
 - If not, why?
 - Overall impressions of the scenarios
-

- Did the patients portray accurate behavior for the scenarios? Was the behavior consistent throughout the day?
 - If not, why?
 - Was the moulage properly applied? Was it reapplied as needed?
 - If helpers are assigned to a scenario were they coached correctly and were they consistent throughout the day?
 - If not, why?
 - Overall impression of the patients and helpers
-

- Were the candidates well prepared? How were they prepared?
 - Did the region use the candidate skills sign-off sheet?
 - Which candidate team format was used, single candidate team or multiple candidates team?
-

- Were the examiners calibrated?
 - How are the examiners calibrated?
- How were the final results tallied and then presented to the candidates?
- What was the pass/fail ratio of the candidates?

General comments of the evaluation:

Are there any recommendations to improve this event?

References

Central Division Board of Directors. *Central Division Current Policies and Procedures*.

National Ski Patrol Board of Directors, National Program Directors and Coordinators. *Current National Policies and Procedures*. National Ski Patrol System Inc., Lakewood CO.

National Ski Patrol System Inc. 1997. *The Ski Patroller's Manual*. 14th ed. Lakewood CO.

National Ski Patrol System Inc. 1998. *Outdoor Emergency Care Instructor's Manual*, 3rd ed. Lakewood CO.

National Ski Patrol System Inc. 2003. *Outdoor Emergency Care Instructor's Manual*, 4th ed. Lakewood CO.

Acknowledgements for the Central Division Senior Program Manual SEM Section

Central Division Skills Development Team:

Chris Moe	Central Division Senior Program Supervisor
Linda Barthel	Central Division Skills Development Supervisor
Linda Murphy-Jacobs	Assistant Central Division Director

The Skills Development Team greatly appreciates the support the Central Division leadership during this project.

Jim Woodrum	Central Division Director
Brian Cobble	Assistant Central Division Director

The division OEC Supervisors are the eyes and ears of this program. Their knowledge and experience contributed greatly to this project.

Deb Endly	Central Division OEC Supervisor
Hank Herlick	Central Division OEC Supervisor
Ed Humphrey	Central Division OEC Supervisor

All region directors and their staff have provided valuable input to the information found in the Central Division Senior SEM Program. Best practices from all regions were shared and reviewed helping to generate a premier program. The Skills Development team expresses a deep gratitude to all the region directors, their administrators, and staff for their support and input during the development of this document.

Eastern Michigan Region

Ty Damon-Region Director, OEC Administrator-Ellen Burchfield

North Central Region

David Dahl-Region Director, OEC Administrator-Tom Hynes

Northern Michigan Region

Joel Epstein-Region Director, OEC Administrator-Roger Perreault, SEM Administrator-Tena Hayes

Ohio Region

Chris Raudabaugh-Region Director, OEC Administrator-Cheryl Raudabaugh

South Central Region

Thom Rabaglia-Region Director, OEC Administrator-Joe Riley

Southern Region

Ken Meldahl-Region Director, OEC Administrator-Catherine Rausch, Staff-Leonard Davidson, Ken Foszcz, Mary Ellen Hardy, Lenny Kunkle

Southwestern Region

Mindy Mitchell-Region Director, OEC Administrator-Karl H. Bitter,

Western Region

Tom Gray-Region Director, OEC Administrator: Kathy Glynn, SEM Administrator-Mary Pritchett,

Western Michigan Region

John Jenkins-Region Director, OEC Administrator-Brian Klebba