

# EMSC/CHILD READY CONNECTION NEWSLETTER

**FEBRUARY 2016: VOLUME 4, ISSUE 2**



**A word from the EMSC Program Manager:**

## Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.

**THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME WITH THE RIGHT RESOURCES!**



**Child Ready Montana-** State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

**Exciting news and events are going on this month!**

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## FEBRUARY IS NATIONAL CHILDREN'S DENTAL HEALTH AWARENESS MONTH

**Fun Activity Sheets for Kids- Check out these games, puzzles, and cool coloring sheets. Print the collection and grab your markers! You'll be on the road to 'Defeat Monster Mouth' in no time.**

Sugar Wars Calendar	Sugar Wars Certificate	Sugar Wars Coloring Sheet
Sugar Wars Healthy Foods Connect Activity	Sugar Wars Maze	Sugar Wars Teen Crossword
Sugar Wars Hidden Sweets Activity	Sugar Wars Paper craft	Sugar Wars Story
Sugar Wars Word Search	Sugar Wars Younger Kids Crossword	

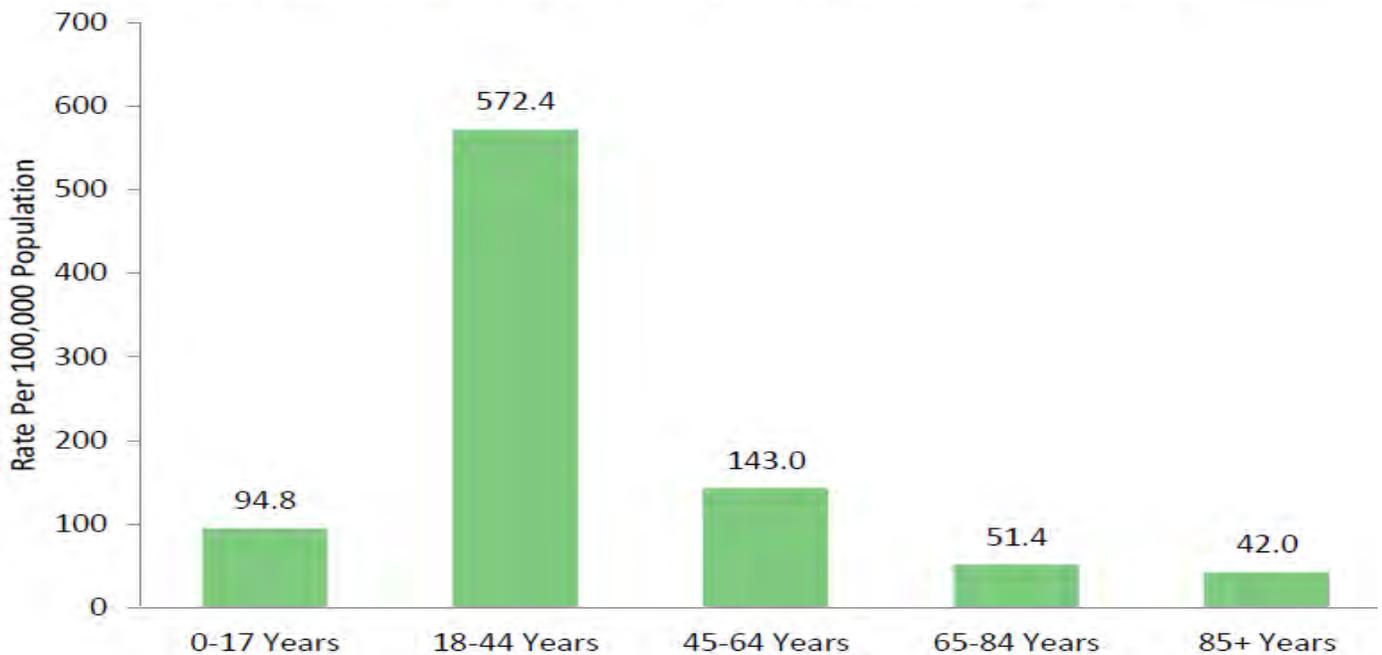
All are available in both English and Spanish. For more information see <http://www.ada.org/en/public-programs/national-childrens-dental-health-month/>

### Emergency Department Encounters for Dental Related Conditions, MT, 2010-2012

**Lack of consistent preventive dental care leads to untreated dental caries, present in 23.7% of the adult civilian non-institutionalized population from 2005 to 2008.** If not treated by a dentist, dental caries may process to serious conditions such as abscesses and cellulitis which require urgent treatment. Untreated caries may result in tooth loss, nutritional problems, and even life-threatening systemic infections. **An increasing proportion of children and adults are being treated in Emergency Departments (EDs) for non-traumatic dental conditions;** several studies found that the majority of these patients are either self-pay or Medicaid beneficiaries, suggesting that they may not have adequate resources to seek appropriate preventive dental care. **These ED visits are largely preventable and they impose substantial costs on the ED system.** Most patients seen in an ED for non-traumatic dental conditions are treated with antibiotics and pain relievers but their underlying conditions are often not resolved, which is likely to lead to repeat visits. This report focuses on ED encounters for non-traumatic dental conditions for Montana residents from 2010 to 2012.

The number of encounters per year ranged from **3061 to 2232 from 2010 to 2012** (262 per 100,000 population) for the three year period, which was 1.0% of all emergency department encounters.

Figure 1. Rate of Emergency Department Encounters for Dental Conditions (ICD-9-CM: 520-523) by Age Group, Montana Residents, 2010-2012



## NATIONAL BURN AWARENESS WEEK 2016

February 1-7, marks the 30th anniversary of National Burn Awareness Week.

### This year's focus will be scald prevention: National Scald

Prevention Campaign materials to educate families and caregivers can be found at [www.flashsplash.org](http://www.flashsplash.org). Help get the word out about these preventable injuries.

The Epidemic of Liquid and Steam Burns- Children and Older Adults Most At-Risk -Each year, over 450,000 burn injuries occur in the United States that are serious enough to require medical treatment.

Between 2007 and 2013, the proportion of burn center admissions due to scald burns increased from 29.8% to 33.7%.

Join in the fight to prevent severe burn and scald injuries.



**It Can Happen In A Flash With A Splash**  
Liquid And Steam Burn Like Fire  
[WWW.FLASHSPASH.ORG](http://WWW.FLASHSPASH.ORG)



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Liquid And Steam Burn Like Fire  
[WWW.FLASHSPASH.ORG](http://WWW.FLASHSPASH.ORG)

## WINTER SPORTS SAFETY:

The behavior and skill level of individuals participating in recreational activities are the primary contributors to risk of injury. Protective equipment is helpful and highly recommended but not adequate in itself to prevent all injuries.

**According to the National Ski Areas Association (NSAA), 67% of skiers and snowboarders wore helmets in the 2011-2012 ski season, up from 10% in the 2000-2001 season.** Helmets reduce the incidence of minor head injuries although according to the NSAA they are less effective at preventing serious injuries.

For snowmobile and off-road vehicle riders, helmets, eye protection, and appropriate gloves can protect against contusions and open wounds; such equipment is less effect for protection from fractures to the extremities and injuries to the spine and back. A Canadian study of hospital admissions in British Columbia found that no horseback rider who died of a head injury wore a helmet. Another Canadian study found that the majority of horseback riders wore no protective chest or headwear. The same study found that more experienced riders were actually more likely to be injured than inexperienced riders because more experienced riders engaged in more aggressive riding.

Individuals participating in recreational activities are personally responsible to realistically asses their own abilities and act accordingly. In Montana, skiers and snowboarders are legally required to ski in a safe manner. Serious snowmobile and off-road vehicle injuries are caused by unsafe riding. Snowmobile drivers must either possess a valid driver's license or complete an approved safety course before operating snowmobiles on Montana public lands. Although anyone with a driver's license is legally allowed to operate a snowmobile in Montana, safety courses can and should be taken in person or online. **Montana State Parks recommends online training from Fresh Air Educators and the ATV Safety Institute's hands on safety course.**

**In Montana, children aged 11 through 15 years are required to complete a safety certificate course and be accompanied by a licensed driver to operate an off-road vehicle on public roads including unimproved roads on Forest Service land; private lands and lands managed by the Bureau of Land Management have no licensing requirements.**

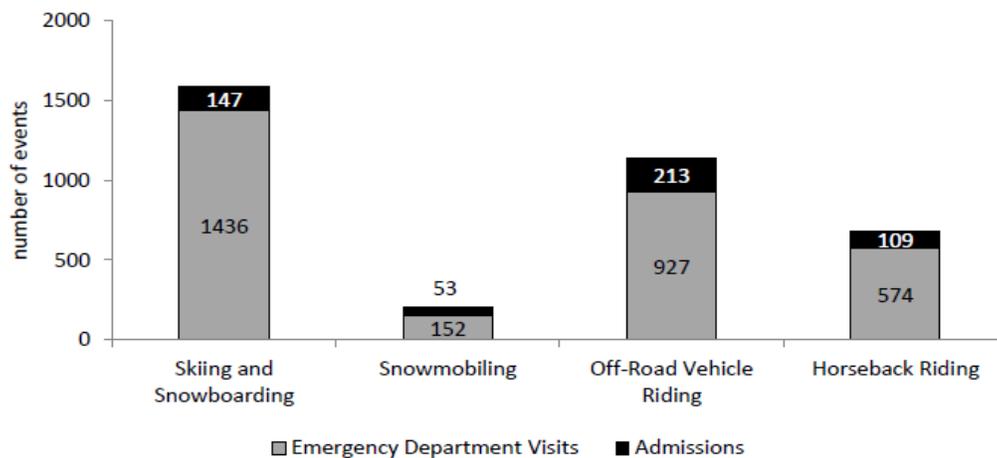
For information about the Montana Hospital Discharge Data System, please contact Cody L Custis, Epidemiologist, Office of Epidemiology and Scientific Support, (406) 444-6947 or [ccustis@mt.gov](mailto:ccustis@mt.gov).

**January 2015— Emergency Department Encounters and Inpatient Admissions for Injuries from Outdoor Recreational Activities** - Cody L. Custis, MS, Montana Hospital Discharge Data System

The most popular recreational activities such as skiing and snowboarding, snowmobiling, off-road vehicle riding, and horseback riding are inherently risky. Here is a look at recreational injuries treated at Montana emergency departments (EDs) or requiring inpatient admission to Montana hospitals from 2011 to 2013 from these four

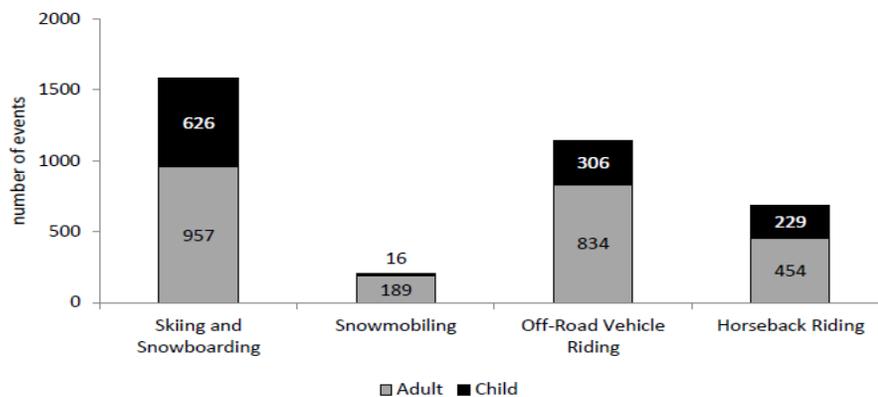
The most common recreational activity resulting in injury that we examined was skiing and snowboarding, followed by off-road vehicle riding, horseback riding, and snowmobile riding. Over 90% of injuries from skiing were treated at EDs; a higher proportion of injures from snowmobiling and off-road vehicle riding (26% and 19%) required admissions as inpatients (Figure 1).

Figure 1. Most Common Causes of Recreational Injuries Treated in Montana Emergency Departments and Hospitals, 2011-2013



The majority of recreational injuries were to adults, although 33% of skiing and snowboarding injuries were to children ages 17 years or younger (Figure 2). Twenty seven percent of off-road vehicle riding injuries were to children ages 17 years or younger, 14% were to children ages 11 through 15 years, and 9% were to children aged ten years or younger. Snowmobiling injuries were mostly to adults; this may be because snowmobile riders must either possess a valid driver’s license or complete an approved safety course before operating snowmobiles on Montana public lands.<sup>4</sup>

Figure 2. Age Distribution of Recreational Injuries Treated in Montana Emergency Departments and Hospitals, 2011-2103





**Break the Cycle**  
Empowering Youth to End Domestic Violence

www.breakthecycle.org  
www.thesafespace.org  
888.988.TEEN  
askanything@breakthecycle.org

**MONTANA**

Each state has different requirements for getting a civil domestic violence protective order. Because it makes protective orders extremely difficult for teens to obtain, Montana's grade for protecting teen victims of domestic and dating violence is a D.

**Love is RESPECT**

This February, start talking about **healthy relationships!**

February is Teen Dating Violence Awareness Month



Heart graphic property of www.LetYourHeartRule.com

See more information at: <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjJmrl6crKAhUT02MKHVAwDO4QFggyMAA&url=https%3A%2F%2Fwww.breakthecycle.org%2Fsites%2Fdefault%2Ffiles%2Fpdf%2Fstate-report-card-full-report.pdf&usg=AFQjCNESZNXgIHvIwI6LdfMW9NFHQzrxYA>

February is Teen Dating Violence Awareness Month, a national effort to raise awareness about dating violence, promote programs that support youth, and encourage communities to prevent this form of abuse with the goal of decreasing the prevalence of dating violence amongst teens.

Did you know that one in three teens will experience some form of dating abuse this year? And that nearly 1.5 million high school students across the nation will experience physical abuse from a dating partner? In fact, **women between the ages of 16 and 24 experience the highest rate of intimate partner violence – almost triple the national average.** The CDC has created a [factsheet](#) that explains the warning signs of teen dating violence as well as strategies to prevent teen dating violence. For more information see: <http://wwav-no.org/february-is-teen-dating-violence-prevention-and-awareness-month>

Take Action- (excerpt from The Montana DPHHS Women's and Men's Health Section's Newsletter regarding possible activities for your community)

**It's Time to Talk begins - February 2nd - [Start the conversation](#)** with your friends, family members or coworkers on this day. Listen to this podcast of Laila Leigh, Break the Cycle's very own Legal Services Manager and host Kristen Rowe-Finkbeiner on Mom's Rising to prepare for your day of discussion.

Available now for [download](#) on iTunes or listen to the segment titled 'Kicking Off 2016 With Good News'. Do you know the facts of dating violence? Share them with those you care about and commit to setting a time to talk throughout the month. Let Break the Cycle know you had a conversation we want to [share](#) your conversation success with the entire community.

**Like to Hang Out?** Raising awareness is as easy as hanging out with your friends. As you're walking the mall, sipping on your favorite warm drink or taking a break from the daily grind - join us by recognizing that everyone deserves a healthy relationship. Seriously! Set up a hang out to talk about healthy relationships and share your hang out selfies with us on [Twitter](#). BTC Staff will be hosting hangouts in LA & DC follow us on [Twitter](#) to learn where we'll be and join us!

**#ChalkAboutLove - February 14 & 29** - Don't just talk about it CHALK about it! Take your message a step further (by getting permission of course) to chalk a sidewalk, your campus, a small board with a message of what love means to you. Share your photos and videos with us by tagging @breakthecycleDV on [Twitter](#) @breakthecycle on [Instagram](#).

## ONLINE PEDIATRICS IN DISASTERS COURSE



**Cost for the entire course, English or Spanish, is \$0 - FREE! Check out the [Catalog section!](#)**

The Site welcomes you to the Pediatrics in Disasters online learning site, a cooperative educational venture created to address the unique physical and psychological needs of children. The training increases the participants' awareness and competence in pediatric disaster planning and response.

The goal of the international program is to train a critical mass of pediatricians and other physicians and health professionals to become involved in pediatric disaster planning for their hospitals and communities.

The online program introduces the participants to relevant material with a manual and key concepts are covered in lecture presentations available online with their corresponding PowerPoint slides.

**These key concepts and skills are then reinforced using interactive online problem-based learning exercises. The design of the course emphasizes active learning concepts, repetitive exposure, and demonstration of competency.**

For each module the participant should take the short quiz, review the learning objectives, read the module in the PEDS manual, and watch the DVD of the lecture before doing the interactive problem-based learning exercise.

The exercise is based on the information found in the manual reading and the lecture. Following the completion of the exercise the participant should answer the questions in the final examination and complete the module evaluation.

***The Pediatrics in Disasters Manual is available online.***

Go to the site and click on the **CATALOG** tab and you will be able to **view details** of each module. The **view details** page contains learning objectives and links to web resources from the American Academy of Pediatric (AAP)

### REMINDER:

**THE MT EMSC/CHILD READY MT PROGRAM IS OFFERING FREE TO YOUR FACILITY OR AREA EMERGENCY NURSING PEDIATRIC COURSES (ENPC) & EMERGENCY PEDIATRIC CARE (EPC) COURSES! DON'T MISS OUT ON THIS FREE EDUCATIONAL OPPORTUNITY!!**

**FUNDING MAY RUN OUT ON MAY 31, 2016.**

**IF YOU ARE INTERESTED OR KNOW SOMEONE WHO MAY BE INTERESTED IN AN ENPC INSTRUCTOR COURSE PLEASE LET ME KNOW. I WOULD LIKE TO OFFER ONE IN MAY 2016 IF THERE IS ENOUGH INTEREST.**



## CHILD READY MONTANA

**Child Ready Montana** is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

### **Ensuring Culturally Effective Pediatric Care: Implications for Education and Health Policy (excerpt)**

*The Journal Pediatrics, December 2004, VOLUME 114 / ISSUE 6*

The article states that “Culturally effective pediatric health care can be defined as the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of all cultural distinctions leading to optimal health outcomes. For the purposes of this policy statement, the term “culture” is used to signify the full spectrum of values, behaviors, customs, language, race, ethnicity, gender, sexual orientation, religious beliefs, socioeconomic status, and other distinct attributes of population groups. “

The article further states “Rather, the focus remains on strategies, whether universally applicable or specifically targeted, that can be applied to one or all of the components of culture to improve the delivery of culturally effective care. Additionally, significant emphasis is placed on barriers to access to care that can be related to a low level of health literacy or unique health care needs, along with considerations of the traditional aspects of culture.”

To promote the provision of culturally effective health care to pediatric patients, the AAP reaffirms its commitment to participate in the development and implementation of educational materials and courses. As such, the AAP maintains that culturally effective health care should be promoted through health policy and education at all levels. It is important to be able to interact effectively and respectfully with patients and their families regardless of the cultural differences that may exist.

These educational efforts should enhance the knowledge and understanding about the cultures of patients and their families and increase their ability to provide care in a manner that is responsive to the individual needs of each patient. Educational programs must focus also on the enhancement of interpersonal and communication skills, which are essential to nurturing and optimizing the health status of patients.

Read full article at:

<http://pediatrics.aappublications.org/content/114/6/1677.full>

Please contact Kassie Runsabove for Cultural Sensitivity Presentations:

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406-238-6216

[Kassie.runsabove@sclhs.net](mailto:Kassie.runsabove@sclhs.net)

### **PATIENT- AND FAMILY-CENTERED CARE MODULE.**

Joe Hansen, Montana’s Family Representative for the EMS for Children Program was instrumental in the development of this new module. Thanks Joe!

**The Patient- and Family-Centered Care module is released online for education and CE!**

**This is the direct link <http://emed.unm.edu/pem/programs/ems-for-children-emsc/emsc-online-collaborative-course-directory.html>**

It can also be found in the list of courses at [www.pediatricemergencytraining.com](http://www.pediatricemergencytraining.com).

## PERINATAL QUALITY COLLABORATIVES (PQC) WEBINAR SERIES

In honor of National Birth Defects Prevention Month, CDC LC features the free Perinatal Quality Collaborative (PQCs) webinar series. PQCs are networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns. Many states have active collaboratives, and others are in development. Access the no-cost webinars to learn about specific quality improvement initiatives and earn free CE.

## PUBLIC HEALTH GRAND ROUNDS: STRATEGIES TO PREVENT PRETERM BIRTHS

Modern technology and stronger public health strategies have made a significant impact in reducing preterm births and infant mortality. However, we still have a lot to learn about the causes of premature birth and how to prevent it. View this archived session of CDC's Public Health Grand Rounds and learn about some of the current efforts being leveraged to accelerate progress in reducing preterm births and to improve neonatal outcomes. Free CE is offered <http://www.cdc.gov/learning/>.

**THE [CDC LEARNING CONNECTION \(CDC LC\)](#)** connects the health workforce to quality public health training opportunities and educational tools. Through website features, social media, and the e-newsletter, CDC LC is the ideal place to stay abreast of new public health learning opportunities, including many that offer free continuing education (CE). Tell your colleagues about CDC LC and encourage them to sign up to receive the monthly e-newsletters.

## IS-366.A: Planning for the Needs of Children in Disasters

### Course Date

12/9/2015

### Course Overview

The purpose of this course is to provide guidance for Emergency Managers and implementers of children's programs about meeting the unique needs that arise among children as a result of a disaster or emergency.

The course includes the following lessons:

- Lesson 1: Course Overview
- Lesson 2: Unique Needs of Children in Disasters
- Lesson 3: Critical Components of a Child's World
- Lesson 4: Mitigation
- Lesson 5: Preparedness
- Lesson 6: Response
- Lesson 7: Recovery
- Resources Toolkit (downloadable PDF file)

Much of the information in this course is based upon a document titled "The Unique Needs of Children in Emergencies: A Guide for the Inclusion of Children in Emergency Operations Plans," published by Save the Children.

### Course Objectives:

At the conclusion of this course, you should be able to create, update, or revise an Emergency Operations Plan for your community or organization to effectively address the unique needs of children in disasters.

### Primary Audience

The target audience for this course is local and state emergency managers and planners. Other individuals or groups that may benefit from taking this course include those directly involved with meeting the needs of children, such as the following:

- Judges and other members of the State, county, and local governmental legal system
- Voluntary Organizations Active in Disasters (VOADs), faith-based organizations, and other non-profits
- Child service agencies
- Child care providers
- Schools

### Prerequisites

None

### CEUs:

0.4

<http://www.training.fema.gov/is/courseoverview.aspx?code=IS-366.a>



## TRIVIA CONTEST:

Answer the trivia and win a free set of the PALS Algorithm Cards—First 4 to email answers to Robin -rsuzor@mt.gov NOT to the listserve.

1. What is the rate of dental related condition for ED visits in Montana?
2. What is one of February's Awareness issues?
3. What is the most common recreational activity injury?
4. What % of snowboarders/skiers wore helmets in the 2011-2012 season?

## TRAINING RESOURCES:

### 59. Free Mobile Resources Support Behavioral Health

The Substance Abuse and Mental Health Services Administration (SAMSHA) has several free apps that can help address some of the toughest mental health and substance use challenges, including suicide prevention, bullying prevention, behavioral health following a disaster, and underage drinking prevention.

- **Suicide Safe** helps health care providers integrate suicide prevention strategies into their practice and address suicide risk among their patients.
- **KnowBullying** provides information and guidance on ways to prevent bullying and build resilience in children. A great tool for parents and educators, KnowBullying is meant for kids ages 3 to 18.
- **SAMHSA Disaster App** provides responders with access to critical resources—like Psychological First Aid and Responder Self-Care—and SAMHSA's Behavioral Health Treatment Services Locator to help responders provide support to survivors after a disaster.
- **Talk. They Hear You** is an interactive game that can help parents and caregivers prepare for one of the more important conversations they may ever have with children—underage drinking.

[For more information...](#)

[http://store.samhsa.gov/apps/?WT.mc\\_id=EB\\_20160105\\_OSAS\\_NAHNWebinar](http://store.samhsa.gov/apps/?WT.mc_id=EB_20160105_OSAS_NAHNWebinar)

## National Pediatric Readiness Project Update

### Pediatric Readiness Continuing to Engage Hospitals in QI

Since the reopening of the Pediatric Readiness Assessment Portal on November 1, more than 175 hospitals have participated in the reassessment. Many took the assessment in 2013 and are evaluating changes in their readiness scores. Other hospitals have joined this important initiative for the first time. It is hoped that all emergency departments will join in on this quality improvement (QI) initiative to help improve care for children!

Visit [PedsReady.org](http://PedsReady.org) to take the assessment and to view participation rates by state.



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