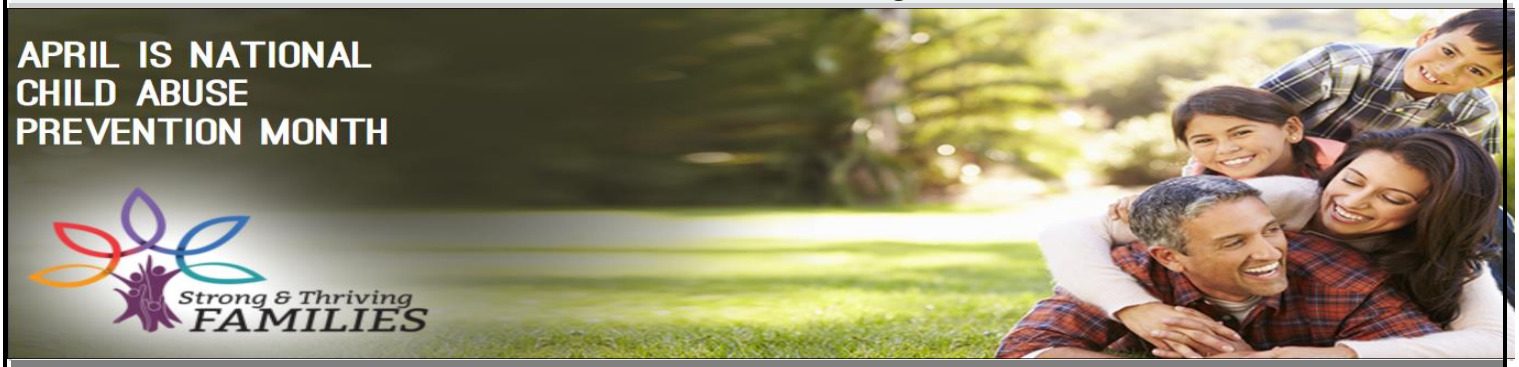
MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

MT EMSC CONNECTION NEWSLETTER 2019

This issue has information on the: Child Abuse Prevention Month; Teen Health Week; H.O.P.E.; Child Abuse Mnemonic; EMS Award Info; MT C.T.F.; Training; and more!



Teen Health Week--April 1-7, 2019

Promoting Teen Health Week

A Guide for Federal Partners and State Adolescent Health Coordinators

The Regional Offices (ROs) for the HHS Office of the Assistant Secretary for Health (OASH) aim to raise awareness and promote adolescent health by collaborating with local, state, tribal, and federal partners. OASH ROs encourage stakeholders, including young people, educators and school administrators, health care professionals and organizations, and community organizations, to participate in Teen Health Week (THW), which takes place April 1-7, 2019. The Office of Adolescent Health's National Call to Action, Adolescent Health: Think, Act, Grow® (TAG) will be the framework for Teen Health Week messaging and outreach efforts. For more information: https://files.constantcontact.com/0d0739ba001/e48e2757-b949-4585-b08d-283736d08eb2.pdf

Offering H.O.P.E.

A webinar training on maternal mental health disorders will be offered in both English and Spanish on **Wednesday, April 10, 2019 from 12:00 - 1:00 pm.** The webinar will provide resources and training on identifying and supporting expectant and new parents struggling with depression and anxiety to nutrition professionals (e.g. WIC, Prenatal Plus), nurse home visitors, lactation consultants, and child care health consultants. Continuing education credits are available for the live broadcast of the English version only. **Objectives: Participants will be able to identify mental health concerns among the pregnant and postpartum population, including "baby blues", depression and anxiety, obsessive-compulsive disorder and psychosis.**

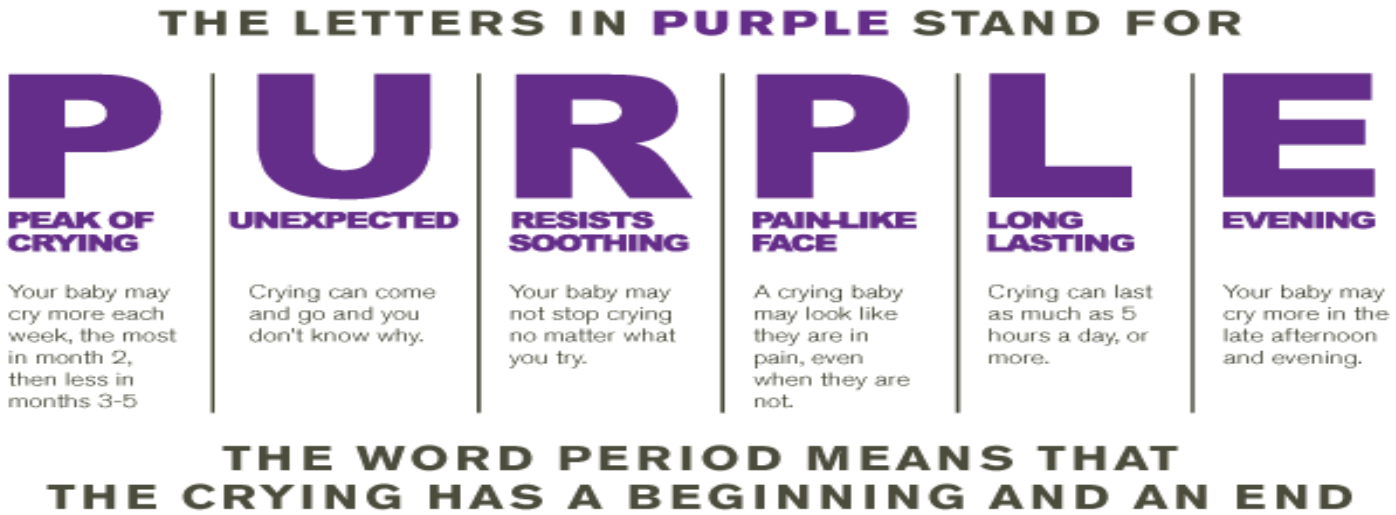
Participants will learn strategies for supporting expectant and new parents with mental health concerns, including suggestions for situations frequently encountered by community-based professionals, such as nutritionists, lactation consultants, health educators, and child care health consultants. Participants will be able to identify professional and family-based resources for mental health concerns during pregnancy and postpartum, including resources about the use of psychotropic medications while breastfeeding.
Webinar Link

Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) Prevention

Period of ***PURPLE*** *Crying* --The *Period of PURPLE Crying* begins at about 2 weeks of age and continues until about 3-4 months of age.

There are other common characteristics of this phase, or period, which are better described by the acronym *PURPLE*. All babies go through this period. It is during this time that some babies can cry a lot and some far less, but they all go through it. **Frustration with infant crying is the number one thing that triggers a person to shake or harm a baby, so it is important for parents and caregivers to know what to expect from newborns**. That way they can be prepared to handle this incredibly stressful and frustrating time.

All babies go through a normal period of increased crying in the first few months of life. This increased crying typically begins at about two weeks of age, peaks in the second month of life, and becomes less in the third or fourth month. Some infants cry more than others, and in some infants, you may not even notice the increased amount of crying, but ALL infants do cry more during this period.



Learn more about normal infant crying Click Here http://www.purplecrying.info/crying.php

What is Shaken Baby Syndrome?

Shaken baby syndrome/abusive head trauma (SBS/AHT) is a term used to describe the collection of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child. In the United States, it is the leading cause of death in child abuse cases, and has been stated as a public health issue by the CDC.

Most often, shaking occurs when a parent becomes overwhelmed with frustration about inconsolable crying. Share what you have learned! Consider telling new parents, grandparents, childcare providers, teenage babysitters, friends… **Really tell anyone about the *Period of PURPLE Crying* and Shaken Baby Syndrome.**

New parents want and expect a wonderful, mostly smiling, responsive baby. But when the baby cries for five hours, the crying is un-soothable and nothing the parents do seems to help, the disappointment can be profound.

Pediatric Disaster Response and Emergency Preparedness Training Registration Form (Course #: MGT)

AUGUST 7-8, 2019

Training location: BENEFIS HEALTH SYSTEM, 1106 South 26th Street, GREAT FALLS MT

Please type or print clearly.

Name_____ Telephone_____

E-mail address_____

Home Address_____ City_____ ST____Zip_____

Emergency Contact_____ Relationship_____ Emergency Phone_____

Are you a citizen of the United States? Yes ___**No:** _*__ **(*submit a *Foreign National Access Visitor Form* by March 01, 2017.) We will not be able to admit any non-US citizen who has not undergone this process.**
(Find form at http://www.crh.noaa.gov/Image/lot/GLOMW/ForeignVisitorForm.doc)

Occupation- Employer_____ Vocation: Please check appropriate box:

____ M.D. – Specialty: _____

____ Mid-Level Provider: _____

____ Nurse – Specialty: _____

____ Emergency Medical Responder (level) _____

____ Mental health _____

____ Law Enforcement _____

____ Public Education _____

____ Other: _____

Prerequisites:	**None**. *[Background should include familiarity with the National Incident Management System (NIMS) and the Incident Command System (ICS) via completion of FEMA Independent study courses ICS-100, 200, and 700 (or their equivalents.]*

Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____

Special skills and/or vocational/disaster training: _____

_____

_____ _____

Signature **Date:**

TRAINING LIMITED TO 80 PARTICIPANTS-

Pediatric Disaster Response and Emergency Preparedness," a 16-hour class conducted in two consecutive days and available at no cost for anyone who might be involved in planning for or addressing the needs of children in a disaster. Special emergency management issues will be addressed i.e., pediatric decontamination, triage and reunification with family. The course was developed by the Texas A&M Engineering Extension Service (TEEX) and the National Emergency Response & Rescue Training Center (NERRTC), and formally certified by the U.S. Department of Homeland Security/FEMA.

Submit Registration Form to MT EMSC Attn: Robin Suzor, PO Box 202951, Helena, MT 59620 or fax to (406) 444-1814 OR electronically to rsuzor@mt.gov.

Date received in the MT EMSC Office: (official use only) _____

Montana Emergency Medical Services for Children (MT EMSC)

Need a downloadable Family Disaster Preparedness Plan Wallet and Checklist Card?
Check this out these two from the National Child Traumatic Stress Network

Wallet Card
https://www.nctsn.org/sites/default/files/resources/special-resource/family_preparedness_wallet_card.pdf

Checklist
https://www.nctsn.org/sites/default/files/resources/tip-sheet/family_preparedness_thinking_ahead.pdf

Montana Conference on Suicide Prevention

Attend the FREE Montana Conference on Suicide Prevention in Helena, MT. Dr. Keita Franklin, National Director of Suicide Prevention for the US Dept. of Veterans Affairs is one of many exciting keynotes.

5.0 CEUs available for free for LAC, SWP, CBHPSS, LCPC, MSW, LCSW, LFMT, Montana Psychologists and **Nurses**.

Friday, June 28, 2019, Helena, MT

Learn more & register here! http://www.montanacosp.org/2019-conference-information.html

To report a possible case of child abuse or neglect, call toll-free 1 (866) 820-5437.

This CHILD ABUSE mnemonic is a resource that promotes thorough interviewing and documentation.

CHILD ABUSE MNEMONIC

CONSISTENCY OF INJURY WITH DEVELOPMENTAL STAGE	▪ Is the incident as described plausible for age and development of the child? ▪ Refer to normal developmental milestones. ▪ "Non-cruisers are non-bruisers!"
HISTORY INCONSISTENT WITH IN JURY	▪ Does the medical history of the child, or the incident history change from person to person? ▪ Is there a previous history of fractures, ingestions or injuries? ▪ Is the injury consistent with the presenting history?
INAPPROPRIATE PARENTAL CONCERNS	Do parents/caregivers: ▪ Ask pertinent questions? ▪ Seem concerned about outcomes? ▪ Offer comfort measures to the child?
LACK OF SUPERVISION	Question family member/caregiver as to: ▪ Who was present? ▪ What happened? ▪ When did it happen? ▪ Where did it happen? ▪ Why did it happen?
DELAY IN SEEKING CARE	Is the time frame between when the injury occurred and when medical care was sought reasonable? Note unusual delays.
AFFECT/ATTRIBUTIONS	▪ Document negative attributions. ▪ Document reaction of child to all family members/caregivers present. ▪ Document response and behavior of family members/caregivers present.
BRUISES	Document findings/absence of findings of head to toe exam with patient unclothed. In documenting bruises note: ▪ Location ▪ Size ▪ Number ▪ Pattern ▪ Color ▪ Non-cruising or non-ambulatory ▪ Presence over bony or non-bony prominence(s)
UNUSUAL INJURY PATTERNS	Describe injury characteristics and diagnostic testing performed. Differentiate between non-intentional versus inflicted patterns, e.g., belt loops, bites, iron burns, hand imprints.
SUSPICIONS	Remember that a report to the Montana CFSD is for "suspicion" of abuse or neglect. YOU do NOT have to prove it. You are a mandated reporter for reasonable suspicion of abuse and neglect. Complete physical exam including body chart and/or photo documentation. Document location, size, color and shape of abnormalities.
ENVIRONMENTAL CUES	If a run report from EMS is present, does it contain any contributing information about the environment in which the injury occurred? Gather information from EMS prior to their departure from the ED.

MONTANA 2019 EMS AWARD NOMINATION FORM

Daily EMS Providers respond to assist the citizens and visitors to MT. The MT EMS & Trauma Systems has established an awards program. The intent of this program is to recognize both a volunteer and a career EMS Provider, an exceptional EMS Agency, a 911 Dispatcher, and new this year, any individual who makes a major contribution to EMS in MT! The recognition will be given in an awards ceremony on Thursday, May 23 in the Capitol Rotunda.

The nominations are for the following awards:

- **EMS Volunteer Provider of the Year –** This award honors a Volunteer Emergency Care Provider who is exemplary in his or her quality of patient care and/or dedication to his or her community.
- **EMS Career Provider of the Year –** This award honors a Career Emergency Care Provider who is exemplary in his or her quality of care and/or dedication to his or her community.
- **EMS Service of the Year –** This award honors a volunteer or paid EMS Agency that consistently exhibits dedication to improving patient care through education, injury prevention, community awareness, medical director involvement and cooperation with other emergency service organizations in their community.
- **911 Dispatcher of the Year –** This award is to recognize a 911 dispatcher who has shown exemplary performance of duties as the "first, first responder" in medical emergencies.
- **EMS Supporter of the Year –** This award honors an individual who has demonstrated exceptional support for an EMS agency or the broader EMS System. This person may be a law enforcement officer, another healthcare provider, a public official or a community member.

Name of individual or Service: _____ Award Category _____

Address/contact information of Individual or Service: _____

Name & phone # of person making nomination: _____

On a separate page please indicate the reason for your nomination. Please include nominee's EMS background, reason for nomination and contribution/impact. Keep in mind the EMS week theme of **EMS Strong: Beyond the Call.**

Complete and return nominations to:

Shari Graham
NOMINATIONS MUST BE RECEIVED BY
APRIL 19, 2019
EMS System Manager
Helena, MT 59620

Email: sgraham2@mt.gov Fax: 406.444.1814

An awards ceremony will be in Helena May 23, 2019 @ the Capitol Rotunda

Recognizing Implicit Bias Can Reduce Inequities in Children's Health

We can't avoid our own implicit bias, but we can change how we react to it. **Here**, Joseph R. Betancourt, MD, MPH—an internationally recognized expert in healthcare disparities—shares recommendations to help health professionals and improvement teams better identify bias and prevent it from affecting their behaviors and decisions.

Historic Trauma is Affecting Tomorrow's Children: Indigenous People, Breastfeeding and Safe Sleep

When Indigenous people were dispossessed from their land, they not only lost their homes but were separated from their way of life. And in many cases, children were forcefully taken from their families.

How do we synthesize the promotion of breastfeeding and safe sleep practices within the context of this historical trauma? In **this article**, two Indigenous healthcare professionals offer three ideas. https://www.nichq.org/insight/historic-trauma-affecting-tomorrows-children?utm_source=hs_email&utm_medium=email&utm_content=71176722&_hsenc=p2ANqtz-9eB6u6eF0yGdvdkti1DAEv0mjGNnf9TypFc5fWNvVpR3Wl3mp3m2R8sjoGoJLZZooGYs3UuUAwEvn0wKX3QZORvnPoNA&_hsmi=71176722

Countering Systems of Oppression: Reflections on Racial Responsibility in Systems Improvement Work

Countering systemic racism in our health systems is not easy. It takes intention, self-reflection, honesty and uncomfortable conversations. **Here**, two health professionals describe their experiences and share six questions that can help spark the conversations needed for change.

CONNECT is a secure, web-based system for sending and receiving referrals. Agencies are brought together under a single information sharing agreement Memorandum of Understanding (MOU) and Release of Information (ROI) that is HIPAA, FERPA, 42CFR and IDEA compliant is a closed-loop referral system, meaning that there is a bi-directional flow of information.

The result is a heightened level of communication among service providers, more efficient care coordination, and a measurable impact on health outcomes. Strategic referral tracking via CONNECT aims to improve the referral process in our communities by establishing accountability and improving processes for the exchange of client information. The goal is to foster collaborative culture among service providers in Montana.

By the end of 2019, CONNECT will be available in every community across Montana. **A full-time Referral Coordinator is available for tech support, training, community presentations and administrative assistance at no charge**. Each region will have at least one local Referral Coordinator as we move statewide.

CONNECT is not limited to any specific type of service provider including medical providers and EMS. We aim to offer a diverse array of services in our local and statewide referral networks, providing the widest variety of options for Montanans in need.

https://connectmontana.org/about-connect/

COUNTIES

Current Users of CONNECT: Cascade County (Great Falls) Flathead County (Kalispell) Glacier County (Browning) Lewis & Clark County (Helena) Park County (Livingston) Silver bow County (Butte) Yellowstone County (Billings)

April is Strengthening Families Month – prevent child abuse and neglect in Montana

This month and throughout the year, we can create the best path to a prosperous future by giving all children the experiences they need to become leaders tomorrow. Celebrate this opportunity during Strengthening Families Month, and choose to create a community that enables all of its children to develop—socially, emotionally, and cognitively—and ultimately end child maltreatment.

What does development, and specifically, brain development, have to do with preventing child abuse and neglect? Plenty. Science tells us that the experiences children have early in life build the architecture of their developing brains. Like a well-built house, brains require a strong foundation, upon which all further development can flourish. Experiences of abuse and neglect damage a brain's early foundation and disrupt subsequent brain development. As said by Zero to Three in their 2019 State of Babies Yearbook, far too many babies face persistent hardships—such as food insecurity, unstable housing, and exposure to violence—that undermine their ability to grow and thrive.

To create a brighter future for all, we must ensure that implemented programs and policies are responsive to babies' and their families' needs and based on science.

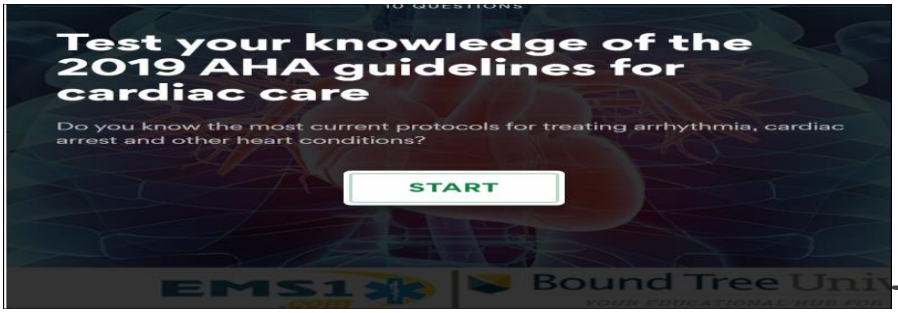
Baby-prioritizing programs, validated through science, include the home-visiting program of Thrive, a Children's Trust Fund prevention grantee. Thrive's Partnership Project provides free home visits to young families in Gallatin Valley with children 0-5 years of age. These voluntary visits allow family support workers to identify which families are experiencing conditions that can cause toxic stress, such as extreme poverty, family violence, maternal depression, and other mental health concerns. Once identified, the program connects these families to the community supports they need to buffer this toxic stress, increasing the likelihood of healthy outcomes.

The Partnership Project reaches many, but not all, of the Gallatin Valley families who need it. Per year, around 300 parents in the community access Partnership Project home visiting, but many more are eligible for the service. Home visiting not only effectively supports healthy child development but reduces child maltreatment. In a 15-year study of Nurse-Family Partnership programs, rates of child abuse and neglect among low-income families in the program decreased by 48 percent. It is as if we have a vaccine to prevent childhood disease, but only a limited portion of children receive it.

Home visits to newborns offer an opportunity to lay a strong foundation right from the very start of life. The Children's Trust Fund continues to support effective programs like the Partnering Project so that more eligible family can access prevention services, and more children can thrive.

During Strengthening Families Month, let us celebrate that many parts of our communities are coming together to create positive, healthy environments that support children's development. Please join us in supporting these prevention initiatives to end child maltreatment in our state.

Learn how Montana measures up to the nation on indicators related to raising healthy, happy children through the State of Montana's Babies fact sheet, and identify targets for where you will invest your strengthening families work next!



TEST YOUR KNOWLEDGE

Find out how well you know the most current AHA Guidelines for treating arrhythmia, cardiac arrest and other heart conditions. https://www.boundtree.com/university/cardiac-care/aha-guidelines-quiz?utm_source=feb19&utm_medium=email&utm_campaign=btunewsletter&utm_content=quiz

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TRIVIA

Answer the trivia and win a SWAT-T (pediatric stop the bleed)- the first 3 to email answers to Robin -rsuzor@mt.gov NOT to the listserve.

1. **What one piece of advice from the Sloth?**
2. **What one awareness event is for April?**
3. **What does PURPLE stand for?**

MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services

PublicHealth IN THE 406

MONTANA EMS & TRAUMA SYSTEMS PROGRAM

EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 – CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

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