

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

MT EMSC CONNECTION NEWSLETTER



2019

This issue has information on the: Critical Crossroads- children's mental health resource; Pediatric severe TBI Guidelines (New); What is CAPTA?; Disaster trainings, and other pediatric info; and more! Answer Trivia and win a fingertip Pulse Oximeter! First 5 responses.

Critical Crossroads: Pediatric Mental Health Care in the Emergency Department

Webcast: Learn How to Use New Resource for Hospitals – Join our live webcast to learn more about this resource:

CRITICAL CROSSROADS THURSDAY, AUGUST 15, 2019 -- 1:00 -2:30 PM MDT

Webcast Link

All you need to join the webcast is this link.

Plan to log on a few minutes before 1 pm to register.

Outlook Invite: Book Webcast on Your Calendar

Critical Crossroads Toolkit Benefits Hospitals

The [Critical Crossroads](#) toolkit is a new resource to help hospital emergency departments better manage and coordinate care for children and adolescents in mental health crisis.

You can tailor the resources to your specific needs, patient population, and community.

During the webinar, you will learn why we developed the toolkit and how to use it. Presenters include:

- Michael D. Warren, MD, MPH, FAAP, HRSA Associate Administrator for Maternal and Child Health
- Tom Morris, MPA, HRSA Associate Administrator for Rural Health Policy

Can you use the Critical Crossroads toolkit?

Anyone who establishes policies and protocols in emergency departments can use this toolkit.

This includes:

- hospital administrators
- social workers
- pediatric care coordinators
- physicians and nurses
- mental health providers
- ED Managers
- Nurse Mangers

Download the Critical Crossroads toolkit <https://www.hrsa.gov/sites/default/files/hrsa/critical-crossroads/critical-crossroads-tool.pdf>

Critical Crossroads is a product of a partnership between HRSA's Maternal and Child Health Bureau - Emergency Medical Services for Children Program and Federal Office of Rural Health Policy.

PEDIATRIC SEVERE TRAUMATIC BRAIN INJURY CLINICAL PRACTICE GUIDELINES (2019)

Updated Brain Trauma Foundation guidelines for treating severe traumatic brain injury in infants, children, and adolescents were published in 2019 in the journal of Pediatric Critical Care Medicine.

https://reference.medscape.com/viewarticle/910881?src=WNL_drugguide_190715_MSCPREF&uac=310883CK&mpID=2027109&faf=1

Monitoring -Intracranial pressure (ICP) monitoring is recommended. Advanced neuromonitoring (brain oxygenation) should be reserved for patients with no contraindications to invasive neuromonitoring and patients who are not brain dead.

Thresholds -Targeting a threshold of < 20 mm Hg in ICP treatment is recommended. Maintaining a minimum cerebral perfusion pressure (CPP) of 40 mm Hg is recommended.

Treatments

Bolus hyperosmolar therapy (HTS) of 3% saline is recommended for patients with ICP. The recommended effective doses range from 2 to 5 mL/kg over 10 to 20 minutes.

For refractory ICP, a bolus of 23.4% HTS is recommended. Avoiding bolus administration of midazolam and/or fentanyl during ICP crises is recommended due to risks of cerebral hypoperfusion.

Draining cerebrospinal fluid (CSF) through an external ventricular drain (EVD) is recommended for managing increased ICP.

Prophylactic treatment is recommended for reducing occurrence of early (within 7 days) posttraumatic seizures (PTSs).

Moderate (32–33°C) hypothermia is recommended for controlling ICP but is not recommended over normothermia for improving overall outcomes.

In hemodynamically stable patients with refractory ICP, high-dose barbiturate therapy is recommended.

Decompressive craniectomy (DC) is recommended for treating neurologic deterioration, herniation, or intracranial hypertension refractory to medical management.

Initiating early enteral nutritional support (within 72 hours from injury) is recommended for decreasing mortality and improving outcomes.

Corticosteroids are not recommended for ICP.

For more Clinical Practice Guidelines:

go to [Guidelines](#).

<https://login.medscape.com/login/sso/getlogin?urlCache=aHR0cHM6Ly9yZWZlcmVuY2UubWVkc2NhcGUuY29tL2ZlYXR1cmVzL2d1aWRibGluZXM=&ac=402>

For more information, go to [Head Trauma](#).



About CAPTA: A Legislative History Now Available!

One of the key pieces of federal legislation that addresses child abuse and neglect, the Child Abuse Prevention and Treatment Act (CAPTA), was recently amended. [About CAPTA: A Legislative History](#) details the changes as well as summarizes CAPTA's legislative history and purpose. While the full text of CAPTA is available [here](#), child welfare professionals can use this summary to get the essential information.

Three acts have amended CAPTA over the past few years:

- **Justice for Victims of Trafficking Act of 2015 (P.L. 114-22, 5/29/2015)** requires states, as of May 2017, to have provisions in place to identify and assess all reports of known or suspected child victims of sex trafficking and to train workers about identifying, assessing, and providing services for those children.
- **Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act (P.L. 115-271, 10/24/2018)** authorizes grants for a variety of agencies and organizations to help facilitate collaboration in in developing, updating, implementing, and monitoring plans of safe care.
- **Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019)** amends CAPTA to provide immunity from both civil and criminal liability for people who make good-faith child abuse or neglect reports or provide other information or assistance with a report.

Read [About CAPTA: A Legislative History](#) today and learn more about this vital piece of legislation.

For more information and support, see the related resources on [human trafficking](#), [substance use](#), and examples of successful [prevention programs](#).

Your feedback is important. Be sure to let us know how we're doing by [taking our survey](#)! For more information, visit our [website](#), email us at info@childwelfare.gov, or call us toll-free at 1.800.394.3366.



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



DISASTER AND OTHER EDUCATION OPPORTUNITIES:

AWR 148- Crisis Management for School-Based Incidents: Partnering Rural Law Enforcement, First Responders, and Local School Systems - August 21, 2019 08:00-16:00; Miles Community College, Room 106, 2715 Dickinson, Miles City. To register, please visit the website:

https://www.ruraltraining.org/training/schedule/2019-08-21-awr148-milescity-mt-001/?utm_medium=email&utm_campaign=2019-08-21-AWR148-MILESCITY-MT-001%20announcement%20for%20Jun%2026%202019&utm_content=2019-08-21-AWR148-MILESCITY-MT-001%20announcement%20for%20Jun%2026%202019+CID_bfd2aad2b541e163b01ced3629a2cbc4&utm_source=Email%20Marketing&utm_term=Register%20by%20August%207th

Minimum of 20 registrations required by August 7 -- POC- Bill Ellis 406-853-3955 or b.ellis@co.custer.mt.us

Safe Schools Summit (sponsored by MT Office of Public Instruction)

August 20-21, 2019

Copper King Hotel and Convention Center- Butte

Website and Registration Info: <https://jeremybullocksafeschools.com/>

L213: HMA Application Review and Evaluation

September 17-18, 2019 --Helena

POC- Jake Ganieany 406-324-4776 or jake.ganieany@mt.gov

L214: HMA Project Implementation and Closeout

September 19-20, 2019

Helena POC- Jake Ganieany 406-324-4776 or jake.ganieany@mt.gov

Unmanned Aircraft Systems in Disaster Management

Friday, Sept 20th 8-5pm-- Salish Kootenai College -- Pablo, MT

Cost is free. Class is being taught by the national center of excellence on natural disaster preparedness through the University of Hawaii.

Register here: <https://www.eventbrite.com/e/drone-use-in-emergency-management-tickets-62733727267>

For more information email Greg at greg_gould@skc.edu

Group Crisis Intervention (Basic CISM Training)

October 3-4, 2019 – Kalispell --- Registration will open in August

POC- Carol Burroughs carolatwork@montana.net

EXERCISES

Phillips 66 FE

August 21-22, 2019 - Phillips 66- Billings

POC- Allyson Purcell 832-765-3346 or Allyson.C.Purcell@p66.com

Flood TTX -- September 25, 2019 08:00-12:00

Yellowstone County LEPC- Fire Station #1

POC- KC Williams 406-256-2775 or kwilliams@co.yellowstone.mt.gov

Great Montana Shakeout earthquake drill/exercise

Officially scheduled for Thursday, October 17, but some jurisdictions will be doing it on Wednesday, October 16, since the annual Teacher Convention will be October 17 and 18 with no public schools operating on those days. The registration site allows for observing the event on days other than October 17.

Website for more information and to register your participation:

<https://www.shakeout.org/montana/>

MISSING CHILDREN ON THE AUTISM SPECTRUM: TIPS FOR RESPONSE AND INTERACTION held on 04/17/2019 available for on demand viewing.

This is a series of three recorded autism awareness webinars available for viewing on the Discover On Demand web page: <https://ncjtc.fvtc.edu/on-demand> Just scroll down the On Demand page until you see any of the three titles listed below and select Watch Now.

1. Autism Awareness for First Responders, Lori McIlwain
2. Missing Children on the Autism Spectrum: Outcome Data and Insights, Lori McIlwain
3. Responding to Incidents Involving Children on the Autism Spectrum. Police Officers Laurie Reyes and Jason Huggins

If you have questions or difficulty accessing these three recorded webinars, please contact Jeanette Leitner at leitner@fvtc.edu.

JEMS WEBCASTS



When One Patient Turns into Two! – Simulation for Field Deliveries

Presented by Paul Phrampus, MD

A careful curriculum design process can help to ensure positive outcomes when providers care for obstetric patients who deliver in the field. In this webcast, various education strategies, objectives and equipment types will be discussed, allowing you to create a successful program for knowledge, skills and attitudes surrounding the assessment and management of both mom and baby after a field delivery.

[REGISTER NOW! »](#)



Did you know that you can check out the MT EMSC/Child Ready MT OB Manikin that can deliver one or twins? Check out the form on the MT EMSC Webpage.

Or call Robin Suzor # 406-444-0901 or email rsuzor@mt.gov for more information.



THIS HERBAL SUPPLEMENT 'POSES A PUBLIC HEALTH THREAT'

Published Friday 12 July 2019 Published Fri 12 Jul 2019 By [Tim Newman](#) [Fact checked](#) by Isabel Godfrey

Kratom, which is a plant-derived supplement, is growing in popularity. A new report provides further evidence of its adverse effects and calls for more research. Kratom's rise in popularity is concerning. Kratom is an extract from the tropical tree *Mitragyna speciosa*, a relative of the [coffee](#) plant. Historically, manual laborers in Southeast Asia have used the compound — either chewing the leaves or making them into tea — to soothe aches and pains and boost energy levels.

As it stands, kratom is [not illegal](#) in the United States, and people can easily purchase it online. It is most commonly available in the form of a green powdered supplement. Although manufacturers market kratom extract as safe and natural, it is far from inert. Scientists have carried out limited studies on its effects, but it appears to act as a stimulant at lower doses and has a sedative effect at higher doses. Over recent years, usage in the U.S. has increased sharply.

Who uses kratom? Some people with mood disorders or chronic pain use kratom to self-medicate, whereas others use it recreationally. Some individuals with opioid use disorder use the drug because the active component of kratom — mitragynine — acts on opioid receptors.

Although there is no medical evidence to support this use, some people who are dealing with an opioid [addiction](#) consider kratom to be a godsend. Relative to opioid-replacement medications, such as buprenorphine, it is much cheaper and easier to obtain. After witnessing firsthand an increase in patients experiencing either the toxic effects of kratom or symptoms of withdrawal, Prof. William Eggleston from the State University of New York at Binghamton decided to investigate. Prof. Eggleston and his team took data from the National Poison Data System (NPDS) and a County Medical Examiner's Office in New York State. They recently published a brief report in the journal [Pharmacotherapy](#).

A startling increase-- The researchers took data from between January 1, 2011, and July 31, 2018. In total, they identified 2,312 reports that mentioned kratom exposure. **The data describe a worrying trend: In the whole of 2011, there were 18 exposures, but, in just the first 7 months of 2018, there were 357 exposures.** More than half of the events (56.5%) involved taking kratom as a powder, capsule, or tablet, with 86.2% of users taking kratom orally. Many of these events involved multiple substances, so the scientists focused their analysis on the 935 cases that only involved kratom. The most **common adverse events were:**

agitation: 18.6%	tachycardia: 16.9%	drowsiness: 13.6%
vomiting: 11.2%	confusion: 8.1%	seizure: 6.1%
withdrawal: 6.1%	hallucinations: 4.8%	respiratory depression: 2.8%
coma: 2.3%	cardiac or respiratory arrest: 0.6%	

Additionally, they identified four cases of neonatal abstinence syndrome, in which an infant experiences withdrawal from a drug due to exposure during gestation. In four cases, the reports listed kratom as either a contributing factor or a cause of death. In two of these cases, the reports identified kratom alone; in the other two cases, additional compounds played a role. The authors note that reporting drug events to the NPDS is voluntary, so the findings are likely to significantly underestimate the true number of adverse events relating to kratom. Although these findings add to our understanding, there are still questions around who uses kratom, why they use it, and how it interacts with other substances. Prof. Eggleston plans to follow up this work with a deeper dive into kratom and those who use the drug in the U.S.

PEDIATRIC DISASTER PREPAREDNESS TOOLKIT

This toolkit features resources specific to pediatric disaster preparedness. Disaster preparedness is built on and dependent upon pediatric emergency systems of care that operate effectively day-to-day.

Emergency care providers in both the prehospital and emergency department (ED) settings must have appropriate pediatric equipment and supplies, medical oversight, protocols and guidelines, and training in the care of children. Pediatric capabilities of EDs should be known and verified to facilitate initial transport or timely transfer to appropriate levels of care when needed, and transfer guidelines and agreements should be in place.

<https://emscimprovement.center/education-and-resources/toolkits/pediatric-disaster-preparedness-toolbox/>

STUDY FINDS THAT ADVERSE CHILDHOOD EXPERIENCES INCREASE RISK OF OPIOID ADDICTION, RELAPSE AFTER TREATMENT

A newly published study quantifies how trauma experienced during childhood, called adverse childhood experiences, can lead rural people to become addicted to opioids. Common **ACEs** include having an alcoholic or depressed parent, and being abused or neglected.

Researchers from the **University of Tennessee** and the **University of Memphis** conducted an in-depth study of 87 patients seeking opioid addiction treatment at a rural medical clinic. All the patients were white, and 75 percent were male; almost half of them reported four or more adverse childhood events. A higher number of ACEs correlated to an increased risk of addiction relapse: every additional ACE increased the odds of relapse by 17%.

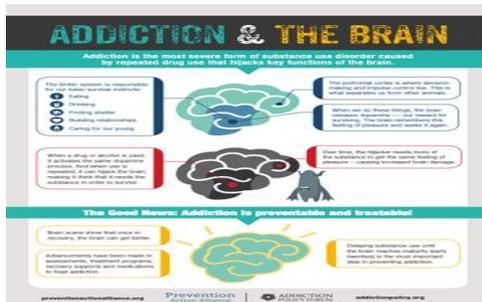
On the other hand, each treatment visit reduced the odds of a relapse by 2%. Relapses occurred in 54% of patients, and the highest relapse rate happened after the first clinic.

Lead author Karen Derefinko said the study shows the lasting impact of ACEs, Jane Stevens [reports](#) for **ACEs Connection**.

"This study will help practitioners understand the importance of providing trauma-informed treatment," Derefinko told Stevens. "Because of the stigma associated with drug use, it's hindered health care workers' understanding of why people use drugs and has led to an assumption that they're bad people."

This shows that trauma-informed care and providing resources does impact how well people can do. It's also validating for patients and gives them a lot of hope." *Written by Heather Chapman*

Need help explaining addiction to your kids? Check out the new video, "**Addiction & the Brain.**" Created in partnership with [Prevention Action Alliance](#), a statewide organization based in Ohio, the video explains how repeated substance misuse can hijack the brain, and why delaying use until the brain has matured is so important.



Click below to download the fact sheet!

https://www.addictionpolicy.org/hubfs/Addiction%20and%20theBrain%20for%20kids_one%20page_6.4.19.pdf

REPORT: This report on EMS in American Indian Reservations and Communities just came to our attention. The report presents the analysis of the survey results. The survey assessed factors related to the quality of EMS response e.g. 911 services, dispatch, accessibility of MVC locations, responders' training and equipment; distance to the hospital, and inter-jurisdictional coordination's as well as comparisons between perceived EMS quality for American Indian Reservations and the Community compared to surrounding areas. The project was led by the Humphrey School of Public Affairs at the University of Minnesota: <https://nasemso.org/wp-content/uploads/EMS-in-American-Indian-Reservations-and-Communities-2019.pdf>.

Also, courtesy of ASTHO:

The Journal of Law, Medicine, and Ethics just released its supplemental issue associated with the 2018 Public Health Law Conference. **Access to the issue is free and links to the articles can be found** here: https://journals.sagepub.com/toc/lmec/47/2_suppl.

Article titles are listed below.

- Legal and Policy Responses to Vaccine-Preventable Disease Outbreaks
- Healthy Spaces: Legal Tools, Innovations, and Partnerships
- Public Health Law Strategies for Suicide Prevention Using the Socioecological Model
- Broadband Access as a Public Health Issue: The Role of Law in Expanding Broadband Access and Connecting Underserved Communities for Better Health Outcomes
- State Approaches to Addressing the Overdose Epidemic: Public Health Focus Needed
- Health Equity, School Discipline Reform, and Restorative Justice
- Public Health and the Four P's of Marketing: Alcohol as a Fundamental Example
- Collaborating with Sovereign Tribal Nations to Legally Prepare for Public Health Emergencies
- Healthy People: The Role of Law and Policy in the Nation's Public Health Agenda
- Becoming a Hybrid Entity: A Policy Option for Public Health
- Responding to Public Health Emergencies at the Local Level: Administrative Preparedness Challenges, Strategies, and Resources
- Civil Rights Law and the Determinants of Health: How Some States Have Utilized Civil Rights Laws to Increase Protections Against Discrimination
- Building the Legal Capacity of the Public Health Workforce: Introducing the Public Health Law Academy
- Cross Sector Data Sharing: Necessity, Challenge, and Hope
- The Ethical and Public Health Implications of Family Separation
- Emergency Declarations for Public Health Issues: Expanding Our Definition of Emergency
- Food Waste: Addressing our 160 Billion Pound Public Health Challenge with Policy and Business Interventions
- Striving for Health Equity through Medical, Public Health, and Legal Collaboration
- Emerging Public Health Law and Policy Issues Concerning State Medical Cannabis Programs
- A Public Health Approach to Gun Violence, Legally Speaking
- Equity in Action: Operationalizing Processes in State Governance

St. Vincent is hosting **A CEN/CFRN/FP-C REVIEW COURSE**. It is called the **CRASH course**. It would be great for nurses wanting to take the CEN or CFRN exams, or for Paramedics wanting to take the FP-C exam. It would also work for those who need CE's to renew their current certification. **People can register at <http://www.camanagement1.org>** . All they need to do is click on course registration and fill out the form. The class is at St. Vincent in the Mansfield Center **September 26 & 27** from 0730-1830 each day. Contact Sam Kaufman, BSN, CEN, CFRN, CCP-C, Director of Emergency Services, 1233 N. 30th St, Billings, MT. 59101

ONLINE REGISTRATION IS OPEN FOR THE 2019 RURAL TRAUMA SYMPOSIUM

Sept. 12-13, 2019, Delta Colonial Hotel, Helena, MT

32nd ANNUAL trauma education symposium for physicians, advanced practitioners, nurses and emergency medical services working in the RURAL ENVIRONMENT. Brought to you by CRTAC and Montana DPHHS EMS & Trauma Systems.

Register now at <http://www.45pr.com/calendar/calendar.htm>



Tricia Bailey, 45th Parallel
Events RMRTS
Conference Coordinator

tricia@45pr.com

(406) 580-5514

TRIVIA

Answer the trivia and win a Fingertip Pulse Oximeter- the first 5 to email answers to Robin - rsuzor@mt.gov **NOT** to the listserve.

1. What is KRATOM?
2. When is the Rocky Mountain Rural Trauma Systems Symposium?
3. What is CAPTA?



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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