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

MT EMSC CONNECTION NEWSLETTER June 2019

This issue has information on the: PAX-Good Behavior Game; Tick Bite Resources; Distracted driving; Sepsis; and CT Algorithms; Training; and more!

Governor Bullock Announces Federal Grant to Support PAX Good Behavior Game in Montana School

– Governor Steve Bullock announced Montana received $2.1 million in federal grant dollars to support the PAX Good Behavior Game in schools across the state. **"In confronting youth suicide, substance abuse and peer pressure, we need to do everything we can to help our kids become more resilient,"** Governor Bullock said. **"The Good Behavior Game is evidence-based and has shown great promise in Montana. This is an excellent opportunity to provide a valuable tool to even more of our students and teachers in classrooms."**

Sheila Hogan, director of the Department of Public Health and Human Services, said the Good Behavior Game provides teachers with research-based strategies focused on creating a classroom climate that facilitates productivity, teamwork, and encourages development of resiliency that will continue over the course of a student's lifetime. With additional funding, more schools and communities will be able to utilize the program. **"We anticipate this funding will provide the opportunity for at least 35 more schools across the state to implement this program in their classrooms,"** Director Hogan said.

Through HB 118 funding from the 2017 Legislature and various other funding sources, hundreds of teachers and thousands of students in 47 Montana schools have already been trained on the Good Behavior Game over the past several years. The program is designed for K-5 classrooms. Schools currently using the program are in Absarokee, Belgrade, Billings, Bozeman, Browning, Canyon Creek, Clancy, Cut Bank, Dillon, East Helena, Fromberg, Gardiner, Heart Butte, Helena, Joliet, Lakeside, Livingston, Manhattan, Missoula, Shepherd, Twin Bridges, Wibaux, and Wilsall. Several school districts offer the program in multiple schools.

The deadline to apply for this new funding is June 28, 2019. Interested public or private schools or community coalitions can submit a grant proposal online here: http://vendorresources.mt.gov/. Funds will be used for training school personnel delivered by the PAXIS Institute, the organization that developed the program. PAXIS will also offer community strategic planning and development training to educate communities about the program and assist with sustainability plans. School personnel will receive in-person training as well as additional resources including stipends for classroom supplies and ongoing personal support, mentoring, and coaching. Grant funding will also pay for continued program evaluation performed by the University of Montana.

The Center for Children, Families, and Workforce Development (Center) at the University of Montana is evaluating schools already using the program with suicide prevention funding allocated during the 2017 legislative session. The Center will continue follow-up research to determine effectiveness of the program as more schools are funded. Part of the evaluation plan is collecting student behavioral data as well as pre-and post-test surveys where teachers measure behavioral, skill, and attitude gains from the beginning of the school year to the end.

Tick Bite Prevention Comic for Summer Campers

Help make sure children have fun in the outdoors without getting tick bites this summer. Download CDC's tick bite prevention comic that gives tips on keeping ticks away.

New Training Tool for Deadly Tickborne Disease

The Rocky Mountain spotted fever (RMSF) module is an interactive clinical education tool with case-based scenarios that provides technical training on RMSF. Learn more here.

Emotional Health:

It is very common to feel worry, stress, anxiety, and grief during and after a disaster. An event such as a tornado affects people differently, especially children. Give yourself the space to acknowledge these feeling and track how they change over time.

Follow these steps to help you and others cope:

- Share your feelings with a friend or family member.
- Take breaks and make time to unwind. Try to return to activities that you enjoy.
- Avoid excessive exposure to media coverage after the event.
- Try to eat healthy, exercise, get plenty of sleep, and avoid alcohol and other drugs.
- Ask for help. Talk to a counselor, doctor, or clergy member. You can also contact the SAMHSA helpline at 1-800-985-5990 or text TalkWithUs to 66746.

CDC's Ready Wrigley activity book "Coping After a Disaster" is a great resource to help kids begin processing their feelings after an emergency. Other activities, games, and resources relating to children and disasters can be found here.

Education/Training

Title: Pediatric Environmental Health Specialty Units (PEHSU) Grand Rounds Webinar
Date: Monday, June 17, 2019
Time: 1:00pm ET/12:00pm CT
Presenters: Kevin Chatham-Stephens, MD, FAAP; Robert Geller, MD, FAAP

The unique needs of children mandate specialized and appropriate planning for disasters and environmental risks. Children are uniquely susceptible before, during, and after disasters, and special considerations need to be made by health professionals and others when planning for these disasters. Oftentimes, environmental risks or disasters present their own unique set of challenges.

During this webinar, learn about what the PEHSUs and the CDC Children's Preparedness Unit do to address children's needs during these special situations. Academy resources and ways to connect with pediatricians or pediatric experts in your area will be highlighted.

Email DisasterReady@aap.org to receive registration information!

DISTRACTED DRIVING

Be careful out there and make sure you attend TIM training (Traffic Incident Management).

If you are not able to attend a local TIM course, TIM is available online through the National Responder Safety Learning Network.
https://learning.respondersafety.com/Clusters/National-TIM-Training-Certificate.aspx

Scary statistics from the National Safety Council:

- **71% of drivers admitted to taking photos and texting while driving by emergency workers.**
- **Sixteen percent of drivers say they've struck or nearly struck an emergency vehicle or first responder on the side of the road.**
- **Forty first responders were killed on the side of the road last year, up 60% from 2017.**
- **So far this year, 21 have died, including 10 police officers; 14 officers were hit and killed in all of 2018.**

Please help keep our First Responders safe as they try to keep others safe!

DISTRACTED DRIVERS AN INCREASING THREAT TO FIRST RESPONDERS

https://www.cbsnews.com/news/distracted-drivers-an-increasing-threat-to-first-responders/

New research shows that many drivers are profoundly distracted by their phones when they're going past first responders working accidents on the roadways.

New research from the National Safety Council found 71% of drivers admitted to taking photos and texting while driving by emergency workers; that's nearly triple the 24% who admitted to doing it under normal driving conditions.

Sixty percent admitted to posting to social media; two-thirds have emailed about what they're driving by.

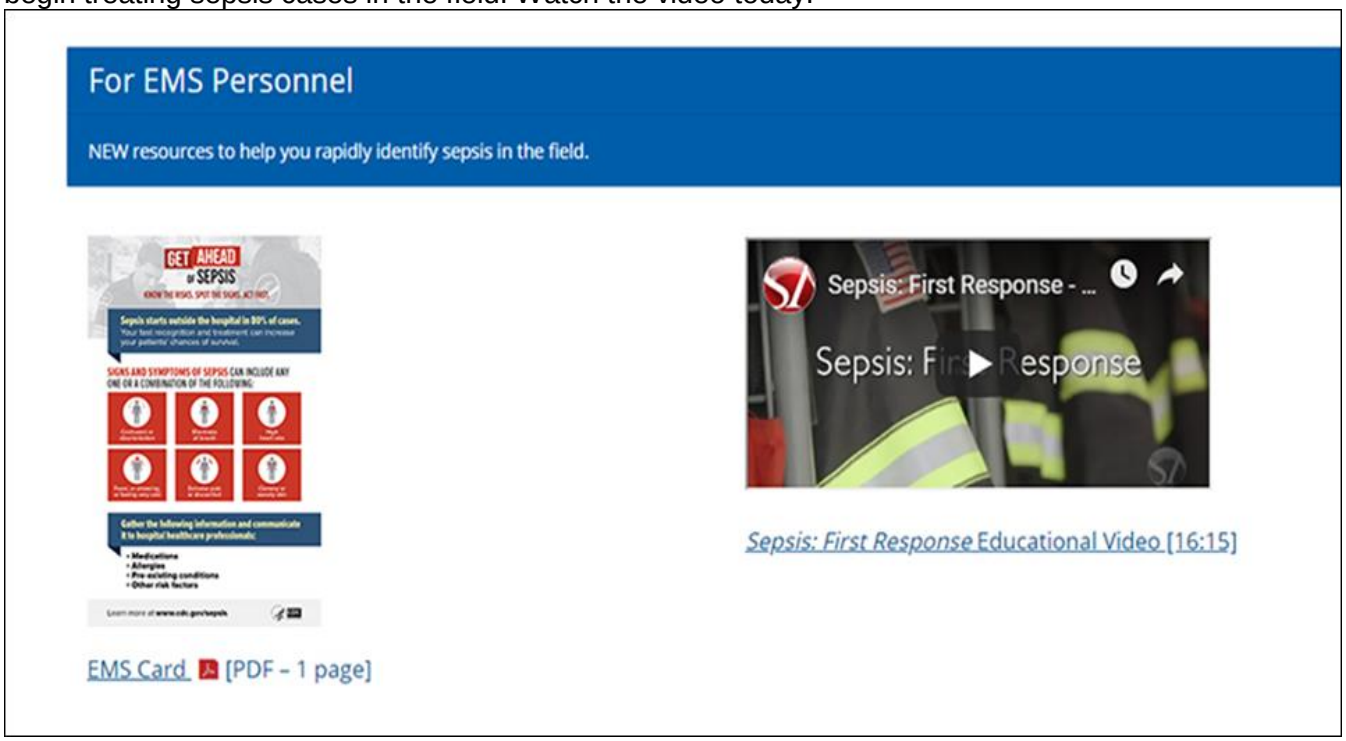
And the results are increasingly deadly. Sixteen percent of drivers say they've struck or nearly struck an emergency vehicle or first responder on the side of the road. Forty first responders were killed on the side of the road last year, up 60% from 2017. -- 21 have died, including 10 police officers; 14 officers were hit and killed in all of 2018.

SEPSIS!

Did you know Emergency Medical Service (EMS) personnel are often the first medical providers to see patients with sepsis? **Sepsis starts outside the hospital in 80% of cases**. Your fast recognition and treatment in the field can increase your patients' chances of survival.

In honor of National EMS Week May 19-25, 2019, CDC has NEW sepsis educational resources available:

- EMS Card—Our new EMS Card was designed to remind you of the signs and symptoms of sepsis and critical medical information to obtain in the field and communicate to hospital healthcare professionals. Download and share this resource with your colleagues today.
- *Sepsis: First Response* Educational Video—CDC partnered with Sepsis Alliance on *Sepsis: First Response*, an online educational video that provides EMS personnel with tools to rapidly identify and begin treating sepsis cases in the field. Watch the video today.



To learn more about sepsis and how to prevent infections, visit www.cdc.gov/sepsis.

ECHO Series to Diagnose & Treat Children with Mental Illness

In this series, pediatric psychiatry experts will share information on approach, assessment, diagnosis, treatment, and management of these complex health conditions. Participants can expect to improve their ability and confidence to accurately determine the diagnosis and appropriate treatment plan for patients presenting with symptoms of mental health conditions. Participants will also be encouraged to share patient cases and experiences and will receive feedback from reputable child psychiatrists, a clinical social worker and fellow pediatric primary care providers. Join ECHO Colorado for 6 weekly ECHO sessions, on Tuesdays from **June 11-July 23, 2019, 12:00-1:00 PM MDT**

Learn more & register here!

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/Foreign/VisitorForm.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)

Webinar- Introducing the Rural Telehealth Toolkit *NEW!*

Join RHI Hub for a webinar on establishing rural telehealth programs, including three organizations discussing their lessons learned. Featured speakers include Alexa Siegfried, Research Scientist at the NORC Walsh Center for Rural Health Analysis; Susan Maley, who managed the Rural Veterans Health Access Program from 2014 to 2018; David Scott, Professor of Pharmacy Practice at the School of Pharmacy, NDSU College of Health Professions; and Danielle Louder, Program Director for the Northeast Telehealth Resource Center (NETRC).

June 5, 2019, 11:00 AM MDT
Learn more & register here!

RECEIVE FREE MENTAL HEALTH TRAININGS AND RESOURCES

The Substance Abuse and Mental Health Services Administration is funding the Mountain Plains Mental Health Technology Transfer Center (MHTTC). The Mountain Plains MHTTC serves the states of Colorado, **Montana**, North Dakota, South Dakota, Utah, and Wyoming (HHS Region 8).

The primary focus of the center is to provide free training, resources, and technical assistance to individuals who serve persons with mental illness in Region 8.

Here is why you should consider Joining the Listserv:

- Be the first to get information about free trainings and webinars
- Learn about new products developed for working with rural populations
- Access trainings and videos on: ACES, First Episode Psychosis, School Mental Health, Suicide Prevention, and more
- Find out when new MP-MHTTC curriculum infusion packets, podcasts, and videos are released

Learn more & sign up for the Listserv here!

CHILD READY montana CULTURAL AWARENESS RESOURCE CORNER

Montana is home to eleven federally recognized Indian Tribes and one state recognized tribe, six reservations, and approximately 78,000 people of American Indian heritage.

However, these communities have seen a devastating number of health disparities develop. American Indians and Alaska Natives are dying at a quicker rate than all other Americans. **Healthcare is not a one-size fits all**. There are critical gaps within Montana's healthcare system, and too many minorities are falling through the cracks, some not getting help until it is already too late. An NBC report states "half of tribal members said they have to wait two weeks for care they think is urgent – and 71% of Native Americans said they go to the hospital or clinic for primary care compared to 51% of Whites." Emergency room visits are expensive and those who see this as their only option will choose to live with their ailments until they become intolerable, justifying a trip to the ER.

Northwestern Montana has highest percentages for following categories:

No Healthcare Coverage (18.6%),
Could Not Afford to See a Doctor in Past Year (15.4%),
No Yearly Routine Check-Up (38.5%). Eastern & Central MT also have similar results just slightly lower.

Montana also has a growing population of Latino and Asian minorities, and very recently there are agreements to resettle refugees in Western Montana from all over the world. In the 1970s, Hmong and Vietnamese refugee immigrants settled in the Missoula area, after surviving a tormented history of upheavals and migration, being pushed out of southern China into North Vietnam, Laos, and Thailand. https://ywcaofmissoula.org/wp-content/uploads/2017-Montana-Racial-Equity-Report-Full.pdf

Suggested CT Algorithm for Mild Traumatic Head Injury (GCS 14 or 15)

Age 2-17 Years

GCS=14
Or
Other signs of altered mental status (any of the following):
- Agitation
- Somnolence
- Repetitive questioning
- Slow response to verbal communication

Or
Signs of basilar skull fracture

YES → **CT Recommended** — 4.3% risk of clinically important TBI

NO ↓

History of LOC
Or
History of vomiting
Or
Severe mechanism of injury (any of the following):
- Motor vehicle crash (MVC) with patient ejection
- MVC with death of another passenger
- MVC with rollover
- Pedestrian or bicyclist without helmet struck by a motorized vehicle
- Falls of more than 1.5 m (5 feet)
- Head struck by a high-impact object

Or
Severe headache

YES ↓ — 0.9% risk of clinically important TBI

NO — < 0.05% risk of clinically important TBI

CT generally not recommended
The risk of clinically important TBI for these patients is exceedingly low, generally lower than the risk of CT-induced malignancies.

Observation versus CT on the basis of other clinical factors including:
- Physician experience
- Multiple versus isolated findings (Patients with certain isolated findings such as isolated LOC, isolated headache, isolated vomiting, and certain types of isolated scalp hematomas in infants older than 3 months have a substantially lower than 1% risk of clinically important TBI)
- Worsening symptoms or signs during or after emergency department observation
- Parental preference

Based on Figure 3 of Kuppermann, et al, Identification of children at very low risk of clinically important brain injuries after head trauma: a prospective cohort study, Lancet, 2009 Oct 3;374(9696):1160-70.
2019 Version

FLIP FOR AGE 0-23 MONTHS →

Suggested CT Algorithm for Mild Traumatic Head Injury (GCS 14 or 15)

Age 0-23 Months

GCS=14
Or
Other signs of altered mental status (any of the following):
- Agitation
- Somnolence
- Repetitive questioning
- Slow response to verbal communication

Or
Palpable skull fracture

YES → **CT Recommended** — 4.4% risk of clinically important TBI

NO ↓

Occipital or parietal or temporal scalp hematoma
Or
History of LOC >= 5 seconds
Or
Severe mechanism of injury (any of the following):
- Motor vehicle crash (MVC) with patient ejection
- MVC with death of another passenger
- MVC with rollover
- Pedestrian or bicyclist without helmet struck by a motorized vehicle
- Falls of more than 0.9 m (3 feet)
- Head struck by a high-impact object

Or
Not acting normally per parent

YES ↓ — 0.9% risk of clinically important TBI

Observation versus CT on the basis of other clinical factors including:
- Physician experience
- Multiple versus isolated findings (Patients with certain isolated findings such as isolated LOC, isolated headache, isolated vomiting, and certain types of isolated scalp hematomas in infants older than 3 months have a substantially lower than 1% risk of clinically important TBI)
- Worsening symptoms or signs during or after emergency department observation
- Age <= 3 months higher risk
- Parental preference

NO ↓ — < 0.02% risk of clinically important TBI

CT generally not recommended
The risk of clinically important TBI for these patients is exceedingly low, generally lower than the risk of CT-induced malignancies.

EMSC Emergency Medical Services for Children KANSAS

Based on Figure 3 of Kuppermann, et al, Identification of children at very low risk of clinically important brain injuries after head trauma: a prospective cohort study, Lancet, 2009 Oct 3;374(9696):1160-70.
2019 Version

FLIP FOR AGE 2-17 YEARS →

June is Child Vision Awareness Month

Children's vision challenges are particularly hard to detect because the child may not know they are seeing the world differently than other children. Infants and children should have eye exams to be sure that they can see both near and far away, make sure their eyes work together to focus on a single object, and that the eyes are disease free.

If vision problems are not detected, children can have developmental problems that are sometimes misdiagnosed as ADHD or other learning disabilities. Infants with vision loss cannot pick up cues such as body language and facial expressions which can hinder their language development. The same challenges can cause a child to have trouble learning to read or write since they cannot see the letters properly or keep them in focus long enough to process them. Once properly diagnosed, **glasses can correct many of these challenges**, other times vision therapy is required. This process includes exercises that strengthen the muscles around the eyes and create good habits for the eyes.

IMPROVE DAD'S DIET FOR HEALTHY BABIES AND RAISING KIDS WITH A HEALTHY WEIGHT

We know a Mother's diet plays a large role in the development of a baby during pregnancy **but in honor of Father's Day let's give Dad some credit too.** Studies have recognized that a man's diet and parenting style contributes to a child's development and overall health and weight gain. Here's a refresher: Folate status of the *father*, not just the mother, could be equally critical in predicting healthy pregnancy outcomes. In a lab setting, scientists from McGill University found that folate deficient diets in males were associated with a 24% increase in birth defects, including severe facial and skeletal malformations (vs. 3% in the control group).

Another study on parenting style involving nearly 5,000 4- and 5-year-olds found that laissez-faire fathers were more likely to have obese children when compared to fathers with a more structured approach to parenting. Surprisingly, no such association was found on the mothers' side, though other studies suggest parents with low concern over their children's weight have the heaviest offspring. Higher intakes of fruits and vegetables don't stop at healthier children. One study found that as men age daily consumption of fruits, vegetables and orange juice may help them to hold onto their cognitive function as a result! Men that ate the most fruits and vegetables early in life were at lower risk of poor brain function. **Bottom line, dads should eat a variety of produce and eat it often. Doing so will create habits that will benefit themselves and their children through their lifetimes.**

TRIVIA *Answer the trivia and win an infant blood pressure cuff- the first 5 to email answers to Robin -rsuzor@mt.gov* ***NOT*** *to the listserve.*

1. **What is PAX?**
2. **What % of drivers admit to texting pictures while driving by emergency workers?**
3. **What is RMSF?**

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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