AAP INITIATIVE - PROTECT CHILDREN FROM FIREARM INJURIES
The American Academy of Pediatrics (AAP) has launched a new research initiative to protect children from firearm injuries. The AAP Gun Safety and Injury Prevention Research Initiative will bring together experts to study and implement evidence-based interventions. The AAP Board of Directors has approved initial funding of $500,000 from the AAP Friends of Children and Tomorrow's Children Endowment funds. The Academy also will be fundraising and forming partnerships to support its efforts.

See the AAP News article, “Call to Action: New AAP Research Initiative Aims to Protect Children from Firearm Injuries”, for additional information. Also see the National Prevention Science Coalition briefing on Capitol Hill to address gun violence prevention and school safety. David Schonfeld, MD, FAAP, AAP DPAC member, was one of the panel presenters [link to article].

PEDIATRIC AND PUBLIC HEALTH PREPAREDNESS EXERCISE RESOURCE KIT
The AAP and the Centers for Disease Control and Prevention (CDC) have collaborated to promote pediatric preparedness through implementation of pediatric-focused exercises (as well as by adding pediatric content to existing exercises).

The AAP developed a Pediatric and Public Health Preparedness Exercise Resource Kit to assist coalitions, hospitals, and other entities with these efforts. The Academy is looking for a few entities within states or communities that might be willing to use these materials to plan and conduct a pediatric-focused tabletop exercise. As part of this approach, the AAP would want the entity to finish the exercise and share any suggestions to improve the Resource Kit.

If you would like more details regarding this request, or would like to review the Resource Kit, please email DisasterReady@aap.org.

Every month should be child abuse and neglect prevention month, this abstract has yet another reason to be vigilant about, prevent, and report child abuse (ACEs*).

CHILDHOOD AND ADOLESCENT ADVERSITY AND CARDIOMETABOLIC OUTCOMES

A Scientific Statement from the American Heart Association--ABSTRACT: Adverse experiences in childhood and adolescence, defined as subjectively perceived threats to the safety or security of the child’s bodily integrity, family, or social structures, are known to be associated with cardiometabolic outcomes over the life course into adulthood. This American Heart Association scientific statement reviews the scientific literature on the influence of childhood adversity on cardiometabolic outcomes that constitute the greatest public health burden in the United States, including obesity, hypertension, type 2 diabetes mellitus, and cardiovascular disease.

This statement also conceptually outlines pathways linking adversity to cardiometabolic health, identifies evidence gaps, and provides suggestions for future research to inform practice and policy. For more information on this abstract see: [link to article].
DPHHS PROMOTES NATIONAL ‘STOP THE BLEED’ EFFORT

The MT DPHHS officials promoted National Stop the Bleed Day (March 31) by offering a short training about life-saving information Montanans should know about how to stop bleeding caused by a traumatic injury. *Stop the Bleed* is a national awareness campaign and a call to action. The campaign is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency.

According to Alyssa Johnson, MT DPHHS Trauma Systems Manager, the top cause of preventable death in trauma is bleeding- 20 percent of people who have died from traumatic injuries could have survived with quick bleeding control. “It only takes a few hours to receive this life-saving training and it can be the difference between life and death for an injured person,” Johnson said.

Johnson said 134 instructors in Montana offer this type of training statewide to the public in all corners of the state and several locations in between. DPHHS has put together in an interactive map with contact information of the state’s *Stop the Bleed* trainers to help those interested find classes.

Johnson said the MT DPHHS is looking for additional instructors. The requirement to be an instructor includes first responders, EMTs, athletic trainers, RNs, MDs and several others.

One of the *Stop the Bleed* campaign goals is to encourage the public to acquire the skills and confidence to control bleeding in emergency situations, such as a life-threatening injury from a motor vehicle collision, a stab wound or gunshot wound. In many instances, a bystander acts as the first responder and is the first point of contact in the chain of survival. The *Stop the Bleed* concept is similar to CPR or automatic defibrillator training.

During a *Stop the Bleed* training, participants will learn how to:

- Determine if an area is safe to proceed toward a victim to provide assistance.
- Identify any nearby tools to assist such as a publicly placed bleeding control kit or everyday items that can be used to control bleeding.
- Use one’s hands to apply direct pressure at the site of the wound to stop bleeding.
- Pack a deep wound with cloth or gauze to control bleeding.
- Correctly apply a tourniquet to an injured limb to stop bleeding.
- Keep the victim calm until help arrives.

Additional information can be found online at [http://dphhs.mt.gov/publichealth/emsts/traumasystems/stopthebleed](http://dphhs.mt.gov/publichealth/emsts/traumasystems/stopthebleed)

NATIONAL CHILDREN’S MENTAL HEALTH AWARENESS DAY

National Children's Mental Health Awareness Day seeks to raise awareness about the importance of children’s mental health and to show that positive mental health is essential to a child’s healthy development from birth. Learn about Awareness Day and find activities and resources to support your own efforts to raise awareness.

**Awareness Day 2018**: Partnering for Health and Hope Following Trauma is on May 10. This year’s national observance focuses on the importance of an integrated health approach to supporting children, youth, and young adults with serious emotional disturbance who have experienced trauma. For more information and downloadable graphics, visit the continually updated Awareness Day 2018 page at [https://www.samhsa.gov/children/awareness-day/2018](https://www.samhsa.gov/children/awareness-day/2018)
Thanks to Francine Janik for sharing her pictures of the Refresher using the MT EMSC/Child Ready Training Manikins and other interesting beneficial materials.

To check out the MT EMSC Child Ready MT Manikins, go the MT EMSC web page to locate the Manikin Checkout form. These are free of charge, request, they will be shipped out on first come first served basis, we ask you to take care of them and ship them back to the MT EMSC after the training.

- OB pelvic manikin with twins
- Pediatric IO
- Pediatric Airway
- Pediatric Nick special needs baby comes with scenario booklet
- AED trainer with pediatric pads
- Pediatric manikin ALS trainer comes with scenario booklet
- High def manikin available for mock codes (schedule with Jason Mahoney with 373 Consulting jason@373consulting.com)
MONTANA JOINS NATIONAL COLLABORATIVE FOR BIO-PREPAREDNESS

The Montana Department of Public Health and Human Services (MT DPHHS) has completed Data Use and Analytic Agreements with Biospatial, Inc., to become the seventh state to join the National Collaborative for Bio-Preparedness (NCBP).

Montana will be submitting National EMS Information System (NEMSIS) data elements both to assist in national preparedness and to enhance the state’s ability to visualize their data with other data layers of relevance. The other states participating include Arkansas, Florida, Illinois, Kansas, Mississippi and Rhode Island.

Jim DeTienne, Section Supervisor for Montana EMS and Trauma Systems, states that the collaborative provides an “opportunity to collect information from disparate datasets in other agencies that will help us all strengthen our programs and partnerships. I can’t think of a better way to utilize data to help strategize and prioritize our programs and initiatives.” To this end, he has a wide range of data he would like to incorporate into the system, including trauma registry, hospital discharge, crash records and CDC’s syndromic surveillance data (ESSENCE). DeTienne believes that the NCBP project gives his office the ability, “to actually use data, not just collect it.” Also, this will provide EMS services the tools to see the value of their data.

The NCBP is a collaborative of state and local responders and the national preparedness enterprise to provide early warning of health events and trends not otherwise detectable. NCBP has been a groundbreaking, multi-year pilot cooperative research and development program between the University of North Carolina (UNC) and the Office of Health Affairs in the Department of Homeland Security (DHS). Through a new partnership between UNC and Biospatial Inc., NCBP is transitioning to a commercially hosted system, while maintaining NCBP’s unique mission and capabilities through growing and sustaining our national network of data owners and NCBP users. In exchange for access to EMS data, NCBP provides operational and clinical insight to state and local data owners to help improve operations and patient outcomes. NCBP provides alerts to anomalous health events, visualization of syndromic events and trends, and clinical and operational dashboards.

Biospatial and UNC are working closely with the National Association of State EMS Officials (NASEMSO) to develop and grow the Collaborative through state EMS offices. NASEMSO has partnered with the NCBP because of the value the analytics can provide to the NEMSIS data that state EMS offices collect. The NCBP has created a pathway to contribute to state-specific surveillance and offer real-time value to state epidemiologists and state health officers.

Disaster Mental Health Response for Children (3rd Edition)
The purpose of the Disaster Mental Health Response for Children, Educational Module is to provide education and resources that can be used as just-in-time training to prepare providers to identify the needs of pediatric survivors so that they may provide support in a way that helps these children return to pre-disaster levels of functioning. It will discuss a number of topics including:

- Common Reactions to Disasters
- Childhood Grief and Childhood Grief in Disasters
- Severe Reactions to Disasters: Stress, Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD)
- Risk Factors for Developing PTSD
- When to Seek Help
- Helping Children
- Psychological First Aid
- Talking to Kids About Disaster
- Pre-hospital and hospital professionals, primary healthcare providers, public health department personnel, nonmedical volunteers and mental health professionals will utilize these materials to further enhance the care of children during and after disasters. PublicHealthLearning.com registration and navigation instructions. https://www.publichealthlearning.com/
### Safe On All Roads (SOAR)

American Indians comprise 6.2% of the population in Montana, but represent about approximately 17% of the motor vehicle crash deaths in the state each year. In an effort to spread the safety message in Tribal communities, the Montana Department of Transportation (MDT) develop the Safe on All Roads (SOAR) Program.

**PROGRAM GOAL**

The Montana Department of Transportation is deeply committed to reducing crash deaths and injuries on the reservations in Montana. The department initiated the SOAR program to reduce highway fatalities through education and community outreach on Montana Reservations.

**Occupant Protection Objectives**

1. Increase seat belt use
2. Increase awareness of the value of seat belts
3. Support education regarding proper use of child safety seats

**Impaired Driving Objectives**

1. Reduce incidence of driving impaired
2. Educate young adults and youth not to ride with a driver who has been drinking

This is a traffic safety education program that provides strong and meaningful messages relevant to the individual culture of each community. Learn more here! [http://montanaruralhealthinitiative.info/?p=5860](http://montanaruralhealthinitiative.info/?p=5860)

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### MAY IS TEEN PREGNANCY PREVENTION MONTH

Are you concerned about teen pregnancy in your community? Learn more about the issue, contributing factors, and how to take action with the resources here.

- [2016 County Teen Birth Rates in Montana](#) – Birth rates by county.
- [Montana Personal Responsibility Education Program](#) - the goal of PREP is to prevent teen pregnancy and sexually transmitted infections and to help teens go on to lead healthy, productive lives.

**Simple Strategies for Action**

- **Build a coalition for change** - The [Community Tool Box](#) includes step-by-step guidance on improving community health and wellbeing.
- **Host a workshop** - [Many family planning clinics](#), county health departments, and public health nurses provide free or low-cost workshops to organizations, schools, and parents on issues relating to reproductive health.

**Guidance for Health Providers**

- [Guide to Clinical Preventive Services 2014](#)
- [Tools for Providers- Increasing Contraceptive Access](#)
- [Contraceptive and Reproductive Health Services for Teens](#)
- [Teen Pregnancy Prevention Successful Strategies](#)

**Contact:** Kimberly Koch, MPH, Program Specialist at: [kkoch@mt.gov](mailto:kkoch@mt.gov)
TREATING PEDIATRIC PATIENTS CAN BE NERVE-WRACKING

Especially if providers have minimal experience with treating children. That’s why Benjamin Martin, EMT-P, MPA, Lieutenant at Henrico County (Va.) Division of Fire, felt compelled to share his experiences with pediatric patients so other providers could feel better prepared for their next pediatric call.

Martin presented “Rapid Recognition of Acute Pediatric Distress Patterns” at the EMS Today conference. Martin revealed what he calls an inconvenient truth: you were lied to in EMT school—kids are like small adults. They have fundamental physiological and anatomical differences requiring different dosing and equipment sizes, but the treatment methods used for adults basically mirror treatments for children.

IDENTIFYING PATTERNS

Martin began his presentation with a quote from author and physician Ron M. Walls: “In human factors analysis, failure to recognize a pattern is often precursor to medical error.” Martin emphasized the importance of being able to accurately identify patterns that determine the cause of a child’s respiratory emergency. If you don't have them memorized, medical error is inevitable.

If respiratory distress isn't immediately evident, particularly for an infant or toddler who can’t yet communicate their difficulty breathing, the following are identifying symptoms a child would present during such an episode: nasal flaring; uncorrected noisy respiration; mottling, pallor, or cyanosis; altered mental status, and a heart rate below 60 or above 180.

Of course, it is important to assess the child’s general appearance (alertness, ability to make eye contact, spontaneous motor activity, quality of speech/crying), breathing (abnormal breath or lung sounds, chest retractions, grunting or wheezing), and circulation (color, temperature, capillary refill, pulse quality).

With that said, Martin made a point to encourage providers to also listen to the parents. They know their children best—they know what's normal and abnormal behavior for them, and they might be able to provide more insight into their condition than your initial assessment of the child’s presenting symptoms.

BE SENSITIVE TO THEIR EMOTIONS

“It is critical throughout the pediatric assessment that health care providers are cognizant of the emotional and physiological needs of the child, their family members, and themselves,” Martin said.

Parents are often more frightened than their sick or injured children are during an emergency. Martin stresses not to dismiss their fear, though it may be easy to while doing your routine assessment. “Engage, educate, and respect the parents,” he said. This can be done through simple actions like allowing mom or dad to hold their child’s hand during the assessment or showing a scared kid how you’re going to take his or her blood pressure by doing it to their favorite stuffed animal first.

KNOW THE PATTERNS

Below are some common pediatric emergencies accompanied by respiratory distress that Martin reviewed. He emphasized that providers should be well-familiarized with each of their respiratory distress patterns to ensure accurate treatment of the pediatric patient.

- Bronchiolitis (RSV)
- Croup
- Epiglottitis
- Febrile seizures
- Asthma
- Meningitis

If your service or facility would like to schedule a pediatric mock code or training, please contact Jason Mahoney, the MT EMSC Child Ready Pediatric Liaison at 406-670-3548 or jason@373consulting.com.
RECENT SYPHILIS CASES IN MONTANA AFFECTING MORE WOMEN

During the first couple of months in 2018, nine new syphilis cases were reported in Montana, continuing the 2017 outbreak experienced when 49 cases were reported. The increase in cases is alarming when compared to the average of 12 cases per year reported from 2014-2016. While cases in past years occurred primarily among men who have sex with men, 4 out of 9 of the 2018 cases are women. The increase of cases among women is a concern because the infection can be easily passed to an unborn child, resulting in serious complications or death of the baby. One of the most serious complications is congenital syphilis, which can occur when an untreated woman with syphilis gives birth. Up to 40 percent of babies born to women with untreated syphilis die from the infection as a newborn.

Yellowstone County reported 2/3 of this year’s cases with others identified in Cascade, Gallatin and Lewis & Clark counties.

THE RESURGENCE OF SYPHILIS

Syphilis case numbers have been increasing in the United States for several years. In 2017 there were more than 27,000 cases reported, an all-time high. During 2015–2016, the national syphilis rate increased by 17.6% to its highest reported rate since 1993. The CDC issued a new call to action in April 2017 that called for increased surveillance, data collection, and community involvement. Rates of syphilis have been increasing in men, women, and once again in newborns (congenital syphilis). During 2012–2016, the syphilis rate increased among all race/ethnicity groups. Pregnant women and men who have sex with men (MSM) have been identified as two of the highest-risk populations that should be targeted for screening.

Syphilis is caused by the bacterium Treponema pallidum. This is a sexually transmitted disease that can present in four stages if not treated. Transmission is by direct contact with a syphilitic sore on the skin (chancre) or in the mucous membranes. Syphilis is most likely transmitted during oral, anal, and vaginal sexual activity. It can also be passed from mother to fetus during pregnancy or to an infant during delivery. Transmission from mother to child in utero can result in fetal demise.

This disease has four stages: primary, secondary, latent, and tertiary.

During the primary stage there will be one or several painless, firm, round sores termed chancres. These appear about three weeks after exposure. Chancres disappear within 3–6 weeks, but without treatment the disease may progress to the secondary phase. Syphilis can appear to be very similar to HIV infection.

In the secondary stage the following may occur: a non-itchy rash that is rough, red or reddish-brown in color, that starts on the trunk and spreads to the entire body, including the palms of the hands and soles of the feet; oral, anal, and genital wartlike sores; muscle aches; fever; sore throat; swollen lymph nodes; patchy hair loss; fatigue; weight loss; and headaches. If this is not recognized or treated, there may be progression to latent or tertiary stages.

The third or latent stage presents with no outward symptoms and can last for years before progressing to the tertiary stage. During this stage, which can occur 10–30 years after onset of the infection (normally after a period of latency), there are no symptoms. The CDC says treatment should be offered even without symptoms.

During the tertiary stage the disease presents with damage to the heart, blood vessels, liver, bones, and joints, soft tissue swellings that can occur anywhere on the body, and organ damage.

Another stage that may occur is neurosyphilis, a condition in which the bacteria spreads to the nervous system resulting in dementia or altered mental status, an abnormal gait, numbness in the extremities, headache or seizures, and vision problems or loss. The incidence of tabes dorsalis is rising, in part due to coinfection with HIV. This disease can be fatal in some untreated individuals; the treatment is IV penicillin.
CONGENITAL SYphilis

Cases of congenital syphilis are also increasing. In 2016 there were a total of 628 reported cases, including 41 syphilitic stillbirths. This number represents a 27.6% increase in one year. Infected mothers transfer syphilis to their fetuses. All pregnant women are tested for syphilis as part of standard prenatal care; however, access to complete prenatal care can be a challenge for some.

Symptoms that may suggest congenital syphilis are divided into early signs (first two years of life) and late signs (onset after the second year of life). About two-thirds of infants with congenital syphilis are asymptomatic at birth. Patient assessment should include asking whether the patient has been receiving prenatal care and whether there has ever been a history of STD. Symptoms, if present, may include rash, jaundice, and hepatosplenomegaly.

Currently there is no test available to screen babies at birth. A baby who is suspect for congenital syphilis will require hospital admission and treatment with IV penicillin G.

Treatment

With early diagnosis, syphilis is an easily treatable disease. Treatment involves a single intramuscular injection of long-acting benzathine penicillin. The dose is 2.4 million units. Treatment results in a cure for this disease for persons in the primary, secondary, and early latent stages. For persons with latent syphilis, three injections are administered at weekly intervals. Persons with penicillin allergy may receive doxycycline or tetracycline, and infants and children who have a history of penicillin allergy should be desensitized to allow for treatment with penicillin.

IMPLICATIONS FOR PROVIDERS

It is important for prehospital providers to be aware of the signs and symptoms of syphilis. It is also beneficial to be aware of the case rate in your area and state. Identification in the field as part of physical assessment will assist in bringing attention to this disease and encourage testing. Education and training on syphilis is a training requirement in the OSHA bloodborne pathogens standard, 29 CFR 1910.1030, and its companion document, Compliance Directive CPL 02-02.069.

OSHA recognizes syphilis as a possible occupational health risk. Risk for occupational exposure to syphilis would be related primarily to injury with a contaminated needle. It has long been recommended by the CDC that persons who test positive for HIV be tested for syphilis, as there is often coinfection. Thus, testing for syphilis should be a part of post exposure testing in cases where the source is positive for HIV infection.

A call for routine universal testing for syphilis was published in the CDC STD guidelines updated in the fall of 2015. The guidelines include the following: 1) universal screening and evaluation of serologic and behavioral data from high-risk populations; 2) annual testing for hepatitis C in persons with HIV infection; 3) correctional facilities staying apprised of syphilis prevalence as it changes over time; and 4) routine testing for pregnant women.

A disease such as syphilis cannot be eliminated without screening, testing, and treatment, and follow-up with the sexual partners of persons found to be infected. This will take an effort on the part of all healthcare workers.

Perhaps this begins with bringing about awareness of this disease and the case numbers in this country. EMS personnel can assist and raise awareness of this critical issue.

- An online CDC Self-Study Module for Clinicians (1.0 CME, CNE, or CEU) on syphilis can be found at: http://www2a.cdc.gov/stdtraining/self-study/default.htm
- Additional clinical training slides are available at: http://www.cdc.gov/STD/training/clinicalslides/default.htm
- Additional information regarding resources and Montana specific information can be found at: http://dphhs.mt.gov/publichealth/hivstd/stdprevention.aspx
- Details regarding signs and symptoms, testing and treatment can be found in CDC's 2015 STD Treatment Guidelines.
- Health Alert Network are sent to health departments, tribal health agencies and other health partners in Montana
MAY IS MELANOMA/SKIN CANCER DETECTION AND PREVENTION MONTH

Skin cancer is the most common type of cancer in the United States. Ultraviolet (UV) radiation from the sun is the main cause of skin cancer. UV radiation can also come from tanning booths or sunlamps. The most dangerous kind of skin cancer is called melanoma. The good news? Skin cancer can almost always be cured when it’s found and treated early — even melanoma. Communities, health professionals, and families can work together to prevent skin cancer or detect it early on.

This May, **spread the word about strategies for preventing skin cancer and encourage communities, organizations, families, and individuals to get involved.**

- Encourage families to adopt good habits together, like wearing sunscreen with SPF 15 or higher and limiting their time in the sun.
- Motivate teachers and administrators to teach kids about the harm of UV radiation and why it’s important to protect yourself.
- Identify youth leaders in your community who can talk to their peers about taking steps to prevent skin cancer.
- Partner with a local hospital, state fair, or similar organization to host a skin cancer screening event.

The toolkit is full of ideas to help you take action today. For example:

- [Add information about skin cancer prevention to your newsletter.](#)
- [Tweet about Melanoma/Skin Cancer Detection and Prevention Month.](#)
- [Host a community event where families can learn how to prevent skin cancer.](#)

Check out the healthfinder.gov/NHO web page for more information.

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**TRIVIA**

Answer the trivia and win a SWAT-T pediatric tourniquet— to the first 3 to email answers to Robin –rsuzor@mt.gov NOT to the listserve.

1. What is melanoma?
2. What is ACEs?
3. What is SOAR?