

EMSC/CHILD READY CONNECTION NEWSLETTER

SEPTEMBER 2015: VOLUME 3, ISSUE 9

A word from the EMSC Program Manager:

Greetings!

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

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

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



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

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

Exciting news and events are going on this month!

September is National Disaster Preparedness Month - see resources on page 2.

Which hospitals have been formally recognized as Pediatric Facilities? See page 3

National Suicide Prevention week and Montana Suicide reports? Which day of the week has the most suicides? See pages 4 & 5.

Return to School Safety Tips. See page 6.

Comics and health, how they can help patients understand their own health issues? See page 8.

Trivia and the National Pediatric Disaster Conference information. See page 9.

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NATIONAL PREPAREDNESS MONTH

Each year during September, the American Academy of Pediatric (AAP) supports the Federal Emergency Management Agency (FEMA) sponsored National Preparedness Month to enable citizens to prepare for and respond to all types of emergencies, including natural disasters and terrorist attacks.

This year's theme is "**Don't Wait. Communicate. Make Your Emergency Plan Today.**" The *AAP Children and Disasters* website has a dedicated Web page for National Preparedness Month. The web page includes ideas for members who wish to get involved or implement general preparedness activities, including strategies to address influenza prevention and control in high risk children.

The FEMA America's PrepareAthon is an opportunity for individuals, organizations, and communities to prepare for specific hazards through drills, group discussions, and exercises. The goal of the campaign is to increase the number of individuals who understand which disasters could happen in their community, know what to do to be safe and mitigate damage, take action to increase their preparedness, and participate in community resilience planning. The CDC Office of Public Health Preparedness and Response will focus on developing communities of preparedness during National Preparedness Month. Weekly messages will focus on family, neighborhood, workplace and school, and global preparedness. The final four days will focus on sharing preparedness resources with the online social media community. Visit the CDC National Preparedness Month Web page. Also see the **CDC Caring for Children in a Disaster Web page** (the home page for the CDC Children's Preparedness Unit activities).

<http://www.ready.gov/september>

EMERGENCY RESPONSE FOR PEOPLE WHO HAVE ACCESS AND FUNCTIONAL NEEDS

This online version of a job aid flip book created with partners at SPAWAR for emergency responders is designed to assist people with access and functional needs in the response and recovery phases of an emergency or disaster.

Access and functional needs includes people with disabilities as well as individuals who may need additional assistance before, during, and after an emergency or disaster incident. Other examples of people with access and functional needs includes people who speak English as a second language, people who speak a language other than English, people who need transportation assistance, and **children with or without disabilities.**

Guide: Provides an electronic version of the Emergency Response for People Who Have Access and Functional Needs: A Guide for First Responders. This version includes links to videos and additional resources. This electronic version (.pdf) can also be printed on standard paper.

Flip Book: Provides an electronic version of the Emergency Response for People Who Have Access and Functional Needs: A Guide for First Responders flip book. This version includes links to videos & additional resources.

Checklist: Provides an On-The-Spot Assessment Strategies Checklist that may help to quickly identify resources, considerations or communication strategies to maintain the individual's independence in an emergency situation. The checklist includes links to specific portions of the guide. This electronic checklist (.pdf) can also be printed on standard paper. **See <http://terrorism.spcollege.edu/SPAWARAFN/index.html>**

Video: Provides video links to scenarios, demonstrations and interviews which support emergency response for people who have access and functional needs.

MONTANA PEDIATRIC FACILITY RECOGNIZATIONS

Congratulations to the following Montana hospitals who have been formally recognized as:

PEDIATRIC PREPARED: COLSTRIP MEDICAL CENTER

NORTHERN MONTANA HOSPITAL (HAVRE)

STUDY SHOWS FACTORS CONTRIBUTING TO PEDIATRIC PATIENT SAFETY IN THE OUT-OF-HOSPITAL SETTING DIFFER SIGNIFICANTLY FROM HOSPITAL-BASED CARE

A national survey of more than 750 emergency medical services providers conducted by researchers at Oregon Health & Science University identified airway management skills, personal anxiety and limited pediatric care proficiency among key factors that may contribute to pediatric safety events for children in out-of-hospital emergent care situations. The study, published online in *The Journal of Pediatrics*, supports the American Academy of Pediatrics' recommendation for pediatric physician involvement in EMS training, medical oversight and policy development.

"Pediatric care merits specialized attention because of its unique challenges, including age-dependent anatomic differences, varied medication dosing and size-based equipment needs," said the study's lead researcher Jeanne-Marie Guise, M.D., M.P.H., professor of obstetrics and gynecology, and emergency medicine, in the OHSU School of Medicine. **"Understanding and properly reacting to these factors, as well as providing training for all health care providers, is pivotal not only to preventing medical errors in pediatric cases, but also in strengthening health care delivery across the United States."**

To conduct the research, Guise and colleagues used a structured group interaction process known as the Delphi method, to achieve unbiased consensus from participants representing 44 states, making it one of the largest nationwide surveys of its kind. Qualitative and quantitative analyses of responses were conducted to identify the factors perceived as most and least likely to lead to pediatric safety events.

From an initial set of 150 potential contributing factors, survey respondents also **perceived lack of experience with pediatric equipment**, as well as the interference of patient family members as potential causes of pediatric safety events. In addition, while surveyed EMS **providers identified medication errors and team member communication among patient safety causes**, these factors ranked much lower than what was seen in in-hospital settings, illustrating a viable difference between in-hospital & out-of-hospital care scenarios.

"EMS is an essential contributor to health and health care delivery," said Beech Stephen Burns, M.D., head of pediatric emergency medicine at OHSU Doernbecher Children's Hospital, OHSU School of Medicine. **"When considering that there are an estimated 800,000 to 1.6 million EMS transports of children each year in the U.S., the value of enhancing pediatric training becomes even more apparent to ensure the best outcome for our patients and their families."**

EMERGENCY NURSE PEDIATRIC COURSE (ENPC) AND EMERGENCY PEDIATRIC CARE (EPC) TRAININGS ARE AVAILABLE. THEY ARE SPONSORED BY THE MONTANA EMS FOR CHILDREN PROGRAM. TO SCHEDULE A COURSE IN YOUR AREA/REGION, CONTACT ROBIN AT rsuzor@mt.gov.



NATIONAL SUICIDE PREVENTION WEEK



The ED is the frontline of medicine and often serves the doorway into the medical system for people in distress, including people who attempt suicide. Individuals who have attempted suicide are at increased risk for later dying by suicide, and up to 20 percent of those who attempted suicide in the past will try again in the future. **The ED is often the initial point of contact with the health system for many of these individuals, and it offers a unique opportunity to help people who have attempted suicide to begin to recover from the depression and hopelessness that led to their suicide attempt.**

Many resources are available and the purpose of the brochures are to provide quick tips to enhance care in the ED for people who have attempted suicide, while also providing information on the Health Insurance Portability and Accountability Act (HIPAA), patient discharge, and resources about suicide for medical professionals, patients, and their families.

SUICIDE: Helping Patients and Their Families After the Attempt:

Patient Care in the Emergency Department: Helpful Tips

Communicating With a Patient's Family or Other Caregivers

Communicating With Other Medical Professionals About a Patient

Patient Discharge From the ED: What the ED Can Do To Ease the Transition

Resources for Patients and Families in the Emergency Department

Available brochures (each brochure includes information on safety and recovery and resources for help.)
SEE more at: <http://dphhs.mt.gov/amdd/Suicide.aspx>

[Preventing Suicide: A Toolkit for High Schools](#)

[Preventing Suicide by American Indians](#)

[Suicide Survivor Handbook](#)

[Talking to Children About Suicide](#)

[Warning Signs of Suicide](#)

[Warning Signs Poster](#)

[Youth Suicide Prevention Video](#)

[Suicide Mortality Review Team](#)

[Altitude and Suicide](#)

[Bullying and Suicide Prevention- SAMHSA Webinar](#)

[Assessment of Suicide Risk using C-SSRS \(please watch training video before using scales\)](#)

[Suicide Prevention Toolkit For Rural Primary Care Providers](#)

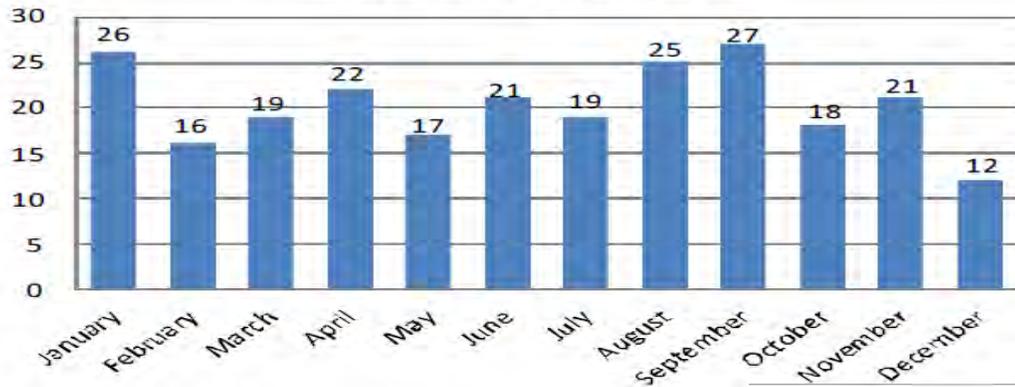
DEPRESSION IS TREATABLE, SUICIDE IS PREVENTABLE

**If you are in crisis and want help, call the Montana Suicide Prevention Lifeline, 24/7, at
1-800-273-TALK
(1-800-273-8255)**

If you have any questions or want additional information, please contact: **Karl Rosston, LCSW
Suicide Prevention Coordinator, Montana DPHHS, 406-444-3349, krosston@mt.gov**

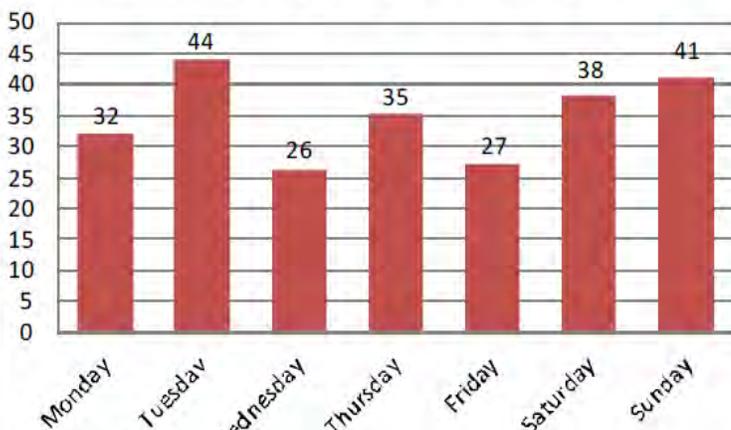
MONTANA STATISTIC FOR SUICIDE

Suicide by Month

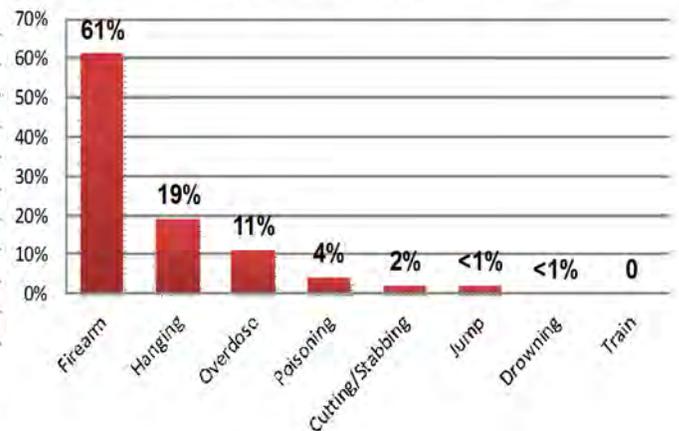


This report is the *final* report for the calendar year 2014 and is based on data collected from coroner reports, death certificates, toxicology reports, health care information, and mental health information on those whose death was identified as a suicide by the coroner. See report at [2014 SMRT Final Report](http://dphhs.mt.gov/amdd/) <http://dphhs.mt.gov/amdd/>

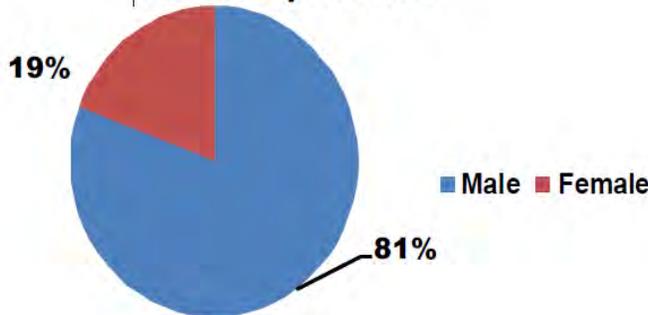
Suicides by Day of the Week



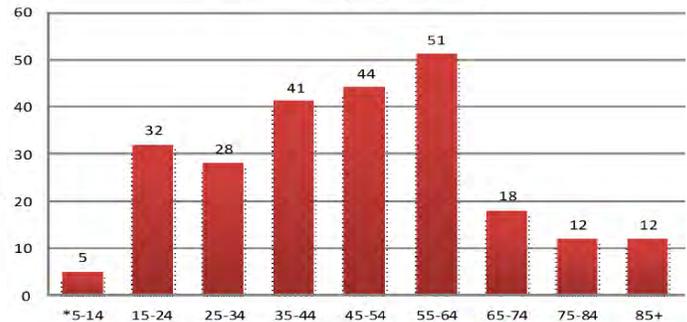
Percentage of Suicide by Means



Suicide by Gender



Suicides by Age Group



MONTANA SUICIDE REVIEW TEAM (MSR) Summary Report-January 1- December 31, 2014

The MSR team is a statewide effort to identify factors associated with suicide in an effort to develop prevention strategies. The MSR team is composed of mental health, social service, law enforcement, coroners, and other experts to review suicide deaths.

The purpose of the review team is to determine if a suicide was preventable and the factors associated with the suicide. The prevention of suicide is both the policy of Montana and a community responsibility. The suicidal death of a person can be viewed as a sentinel event that is a measure of a community's overall social and economic well-being and health. The MSR team process identifies critical community strengths and needs to understand the unique social, health and economic issues associated with suicide.

The goal of the MSR team program is to reduce the inequalities that impact the number of deaths through local community and state collaboration.

INJURY PREVENTION ADVISORY: RETURN TO SCHOOL SAFETY TIPS

Schools are back in session and that means parents should take time with their kids to review transportation safety tips together. Riding on a school bus is one of the safest forms of transportation for kids to get back and forth to school. The most dangerous part is not riding on a school bus, but getting on and off of it, so children should be extra cautious in the school bus “danger zone” which is 10 feet in front, behind and on the sides of a school bus.

According to the National Highway Traffic Safety Administration (NHTSA), from 2004 to 2013, there were 327 school-age children who died in school-transportation-related crashes; 54 were occupants of school transportation vehicles, 147 were occupants of other vehicles, 116 were pedestrians, and 9 were pedal cyclists. There were more school-age pedestrians killed between the hours of 7 and 8 a.m. and between 3 and 4 p.m. than any other hours of the day.

To further enhance school transportation safety, NHTSA offers the following traffic tips for everyone (motorists, children and their parents):

Motorists should drive with extra caution around children going to/from school:

- Obey signs, signals, and crossing guards in school zones.
- Slow down at bus stops, school zones, in low light or bad weather.
- Learn and obey the school bus laws
- Drive focused and alert at all times— avoid use of electronic devices and other distracting behaviors
- Ensure everyone in the vehicle is buckled up properly (children in the back seat in the proper seat.)
- Drop off child and ensure he/she does not have to cross the street, and then avoid U-turns.
- Look for and expect to see pedestrians and bicyclists, especially before and after school.

School bus riders are safest when children:

- Stay 3 giant steps (6 feet) away from the curb when waiting for the bus; and wait until the driver says to board.
- Quickly board the bus, find a seat, sit facing the front, obey the school bus driver and safety patrols.
- When getting off the bus, cross in front at least 5 giant steps (10 feet) away and look left-right-left for traffic. Wait for the driver to signal it is safe to cross.

Walking to school is safer when children:

- Walk with an adult, responsible older sibling, or in a group.
- Walk on the sidewalk if there is one, or walk facing traffic as close to the edge as possible.
- Walk focused and alert. Never use electronics when crossing the street.
- Pay attention to your surroundings and don't play with, push or shove others.
- Cross at a corner, in a crosswalk, or with a pedestrian WALK signal.
- Stop, look left-right-left for all traffic, including bicycles, before crossing. Cross only when it is clear.
- Wear bright colors and/or use lights or reflective gear to be more visible to motorists.

Biking to and from school is safer when children and adults alike:

- Wear and buckle a properly fit helmet every ride.
- Wear bright colors and/or use lights or reflective wear to be more visible to motorists.
- Obey traffic safety rules—ride in the same direction as traffic and stop at all stop signs and signals.
- Choose safe routes to ride, including streets with lower traffic volume and speeds.
- Ride focused and alert—never using electronics or both ear buds while riding

Contact Jeremy Brokaw for more injury prevention tips at (406)444-4126 or jbrokaw@mt.gov.

CONGRESS WANTS AIRLINE MEDICAL EMERGENCY KITS TO INCLUDE PEDIATRIC SUPPLIES

Recently, several Members of Congress introduced legislation (**H.R. 3379, the Airline KITS Act**) to require that the Federal Aviation Administration (FAA) update its rules regarding airline medical emergency kits to mandate the inclusion of pediatric supplies.

The Hill ("**House Bill Would Mandate Emergency Supplies for Kids on Planes**," July 29, 2015) reports that these kits currently lack pediatric-sized airway and cardiovascular resuscitation equipment along with pediatric doses of medication. If the bill were to become law, the FAA, most likely with input from the public, would determine the exact supplies that planes must carry to treat children.



CHILD READY MONTANA

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

UPCOMING EDUCATION:

Children's Hospital Colorado and University of Colorado School of Medicine Pediatric Grand Rounds:

<http://www.childrenscolorado.org/File%20Library/Health-Pros/Grand-Rounds/Grand-Rounds-Sept-2015.pdf>

September 4th 12-2 PM: Clinical Effectiveness: Is there a "Right" way to practice medicine?

September 11th 12:30-1:30PM: The impact of Global Climate Change on Children and Families

September 18th 12-1:30PM: Protecting the newborn brain- A 21st Century view

Seattle Children's Hospital Pediatric Grand Rounds:

<https://bluejeans.com/832269190/>

Contact Marianne Gonterman at Seattle Children's (206) 987-5318 or email

Marianne.gonterman@seattlechildrens.org

September 3rd 1-2pm MDT: Bronchiolitis Updated Practice Guidelines of Care

EMSC and Child Ready are available for sites reviews and mock codes please contact Kassie Runsabove 238-6216 or Robin Suzor 406-444-0901.

Remember to send in your facilities Demographic Information Form to help us schedule your facility's Pediatric Facility Recognition Site Visits. See form at <http://dphhs.mt.gov/publichealth/EMSTS/emsc/Pedsfacilityrecognition>.

COMICS AND UNDERSTANDING HEALTH

Comics can provide essential information and emotional support to patients across a range of health conditions, according to a new study. Educational comics cover a range of illnesses and conditions such as diabetes, dementia and cancer. They serve to raise awareness, prepare patients for procedures, help with decision-making, promote self-management or just increase understanding and acceptance of a condition.

Project leader and research associate Dr. Sarah McNicol says the comics **play a more important role than simple information provision**. They help patients and their families deal with the social and psychological issues associated with illness. **"The study found that educational comics can support understanding of factual health information through providing simple explanations free from jargon and through the effective use of images,"** said Dr. McNicol. **"But through the use of narrative, humor, images, characterization and informal language, comics can also offer reassurance, empathy and companionship and help family members come to a greater understanding of a condition."**

Something as simple as an educational comic can have a big impact for the wellbeing of patients, helping them and their families to deal with the social and psychological issues associated with illness. **They create dialogue between patients, families and healthcare professionals.**

Public health and comics have long worked together -World War II posters and pamphlets used illustrations to warn soldiers about venereal disease —but in the modern age, health professionals and artists are working to bring new life to the medium on two fronts: comics as educational tools for public health, and first-person narratives sharing the patient experience. Sometimes, those aspects overlap in a single comic.

"Comics is a rather anarchic medical medium," said Ian Williams, MD, MA, a Brighton, United Kingdom-based physician and comics artist and writer who founded Graphic Medicine, a website and annual conference celebrating health and art.

This is a panel from "The Adventures of Iggy and the Inhalers," an asthma comic from Booster Shot Comics. Public health workers are using comics to educate on a range of health issues. Image courtesy Booster Shot Comics.

<http://www.medscape.com/viewarticle/832272>



Comics are not just kids' stuff, however. The Centers for Disease Control and Prevention has created a motion comic that educates young adults on HIV and other sexually transmitted infections. The comics are aimed at people ages 15 to 24 to increase their health literacy and were created by a team of CDC researchers and Terminus Media artists.

In the most recent data — collected in 2011 — nearly half of all new sexually transmitted infections (STI) diagnoses were among people between 15 and 24 years old. More than a quarter of all new HIV infections occurred among people ages 13 and 24 years old, as well.

"Lack of knowledge, low levels of health literacy, attitudes and incorrect beliefs all contribute to the high rates of STDs and HIV among youth," the comics' creators wrote in their description of the project for the Department of Health and Human Services Idea Lab, a contest that encourages innovation in health.

"Our testing showed that among viewers, the motion comic decreased HIV stigma and increased intentions to engage in HIV/STD protective behaviors, e.g., condom use, abstinence and HIV/STD knowledge."

The CDC comics are not limited to a three-panel strip: Motion comics include animation, sound effects, voiceovers and a musical score. They use technology to meet their audience where it is. In a pilot study, viewers who watched the motion comic showed increased knowledge about HIV, STIs and protective behaviors such as abstinence and condom use. The study also indicated a reduction in HIV stigma.

The comic, called "There is Something I Need To Tell You," will have its public debut at the APHA's 142nd Annual Meeting and Exposition, at session 5074 on Wednesday, Nov. 19.



TRIVIA CONTEST:

Email rsuzor@mt.gov Answer the trivia and win a free DVD- "Family & Friends: CPR anytime" Training on hands only CPR courtesy of the Cardiac Ready Communities' Program.

1. What is the theme for this year's National Preparedness Month?
2. What day of the week do most suicides occur?
3. What is one example of a suicide prevention resource?
4. What is the Montana Suicide Prevention Hotline?

TRAINING RESOURCES:

NATIONAL PEDIATRIC DISASTER COALITION CONFERENCE November 2-4, 2015

This national conference, taking place in Scottsdale, Arizona, is focused on providing tools, training, resources, and information to facilitate continuous improvement in pediatric disaster preparedness. Nationally-recognized speakers will address many key areas of disaster preparedness and response that are specific to children and the field of pediatrics. The conference is for medical practitioners, clinical staff, hospital emergency managers, other hospital representatives, local, state, and federal government, emergency medical system/technicians, community leaders, school nurses, other school representatives, behavioral health providers, and faith-based organization representatives.

Additional information on upcoming events and education and training opportunities are available, including details about all AAP 2015 National Conference sessions that focus on disaster medicine .

See more information at <https://www.npdconference.org/>

NOW AVAILABLE: PEDS READY DATA WEBINAR CONVERTED TO ON-DEMAND LEARNING MODULE

The EMSC-hosted webinar *Pediatric Readiness Data: An Opportunity to Improve Quality of Care in Your Emergency Department* (originally aired in December 2014), is now available as an [on-demand online learning module](#). **The module defines quality improvement; highlights key components of the quality improvement process, and discusses how to apply essential quality improvement methodologies to improve pediatric emergency care using the National Pediatric Readiness data.**

Charles Macias, MD, MPH, and Kate Remick, MD, discuss the importance of quality improvement in pediatric emergency care, a key quality improvement framework, and potential for quality improvement projects using the National Pediatric Readiness data. Evelyn Lyons, RN, MPH, illustrates the real life application of quality improvement in pediatric emergency care.

This educational event targets hospital emergency department (ED) Pediatric Readiness respondents. Content is appropriate for all ED leaders, including ED medical directors, managers, education specialists, quality improvement coordinators, as well as hospital leadership, quality improvement department staff, EMSC program managers, and state departments of health/hospital regulatory staff. **Continuing CEUs are available for those that complete the module, the evaluation, and score a 70% or higher on the post-assessment. For more information see http://emscnrc.org/EMSC_Resources/CME_Training/**

